Subject Access Request

Patient	Mr Alisdair MacDonald
Date of birth	04-Feb-1986 (age 40)
Gender	M
NHS number	674/86/018
Patient's address	40 Balgray Avenue Kilmarnock East Ayrshire KA1 4QS
Date range selected	04-Feb-1986 - 22-July-2026
Organisation	
Policy number	

Problems

Active

18-July-2026 Dr Belinda Chan (BC)
Serum cholesterol

18-July-2026 Dr Belinda Chan (BC)
Serum inorganic phosphate

06-July-2026 Dr Belinda Chan (BC)
Obesity

24-Apr-2026 Ms Erin Lannie (EL)
Spontaneous pneumothorax NOS
left

27-Mar-2026 Miss Amy Ferguson (AFE)
Recurrent depression
with psychosis

11-Oct-2022 Dr Kenneth Irvine (KI)
Family bereavement

25-July-2017 Dr Kenneth Irvine (KI)
Hidradenitis suppurativa

27-Oct-2014 Dr Esther McGregor (EM)
Adverse reaction to Penicillin V
personal history of rash and vomiting aged approx 12

12-Apr-2012 Mrs Lynn Cou***ugh (LYNN_16992)**
Anxiety states

28-Jan-2011 Mrs Lynn Cou***ugh (LYNN_16992)**
Pilonidal cyst with abscess

25-Aug-2010 Mrs Lynn Cou***ugh (LYNN_16992)**
History of domestic violence

07-Feb-2010 Mrs Lynn Cou***ugh (LYNN_16992)**
Overdose of drug
insulin & alcohol

12-Oct-2009 Mrs Lynn Cou***ugh (LYNN_16992)**
Nondependent alcohol abuse

22-Mar-2009 Mrs Lynn Cou***ugh (LYNN_16992)**
Closed reduction of fracture of wrist

01-Aug-2008 Mrs Lynn Cou***ugh (LYNN_16992)**
Head injury

05-Dec-2005 Mrs Lynn Cou***ugh (LYNN_16992)**
Cutaneous abscess

05-Apr-2005 Mrs Lynn Cou***ugh (LYNN_16992)**
Closed reduction of dislocation of patella

25-Feb-2005 Mrs Lynn Cou***ugh (LYNN_16992)**
Complete tear, knee, anterior cruciate ligament

01-Nov-2004 Mrs Lynn Cou***ugh (LYNN_16992)**
Misuse of drugs NOS
speed hash ectasy

01-Aug-2004 Mrs Lynn Cou***ugh (LYNN_16992)**
Closed fracture thoracic vertebra

06-Dec-2001 Mrs Lynn Cou***ugh (LYNN_16992)**
Skin and subcut tissue infection NOS

Significant Past

08-May-2026 Ms Erin Lannie (EL)
Endoscopic pleurodesis using talc (Left)

08-May-2026 Ms Erin Lannie (EL)
Operations, procedures, sites
left VATS bullectomy

31-July-2013 Mrs Lynn Cou***ugh (LYNN_16992)**
Overdose of drug
insulin 22/4/2010

22-May-2013 Miss Amy Ferguson (AFE)
Cellulitis and abscess NOS

10-Jun-2009 Miss Amy Ferguson (AFE)
Excision of pilonidal sinus NEC

12-Aug-2008 Mrs Lynn Cou***ugh (LYNN_16992)**
Head injury

Minor Past

14-Jun-2022 Mrs Joanne Howieson (JH)
Body mass index 40+ - severely obese

28-July-2020 Dr David Curran (JC)
Telephone encounter
sore ear - thinks has a spot in ear - mob no pref

20-Mar-2018 Dr Claire Davey (CD)
Cellulitis NOS

13-Nov-2017 Dr Claire Davey (CD)
Dental abscess

03-Aug-2017 Dr Glenn Mulligan (GM)
Body mass index 30+ - obesity

28-Oct-2016 Dr David Curran (JC)
Medication review

27-Oct-2014 Dr Esther McGregor (EM)
Chest infection

27-Oct-2014 Dr Esther McGregor (EM)
Acne vulgaris

03-Jun-2014 Dr Kenneth Irvine (KI)
Cellulitis and abscess NOS

07-Jun-2013 Miss Karen McGuffie (KAREN_16992)
Drainage of abscess of head or neck
Left

Consultations

18-July-2026 Dr Belinda Chan (BC) Laboratory

Problem	Obesity
Problem	Serum cholesterol
History	History Chol 5.6 TC:HDL ratio 7.0
Comment	Comment appt for BP (pls task readings to GP so ASSIGN score can be calculated, pls also ask pt ? any family history of cardiovascular disorders)
Problem	Serum inorganic phosphate
History	History low Phosphate 0.47 , also sl low K+ 3.4
Comment	Comment recheck bloods after completion of course below
Medication	Medication Phosphate-Sandoz Tablets 9 tablet 1 TAB THREE TIMES A DAY

16-July-2026 MS Nicole Morgan (NMO) Old Irvine Road SurgeryMain Surgery

Problem	Obesity
History	History Attended for bloods as per Dr Chan request
Comment	Comment Patient advised he has fasted for these bloods. Bloods taken right ACf, no issues.

16-July-2026 Dr Belinda Chan (BC) General Practice Surgery

Result	**Thyroid function test**:		
	TSH	1.21 mU/L	(Range: 0.27 - 4.2)
	Free T4	17.7 pmol/L	(Range: 10 - 22)
Result	**Plasma lipids**:		
	LDL Cholesterol	3.6 mmol/L	(No range available)
	Triglyceride	2.7 mmol/L	(No range available)
	Cholesterol:HDL Ratio	7	(No range available)
	HDL Cholesterol	0.8 mmol/L	(No range available)
	Cholesterol	5.6 mmol/L	(No range available)
Result	**(Non Coded Event - SERUM FERRITIN)**:		
	Ferritin	71 ug/L	(Range: 30 - 400)
Result	**Serum folate**:		
	Folate	10.7 ug/L	(Range: 3.9 - 26.8)
Result	**Plasma vitamin B12 level**:		
	Vitamin B12	256 ng/L	(Range: 197 - 771)
Result	**Bone profile**:		
	Phosphate	**0.47 mmol/L**	**(Range: 0.7 - 1.5)**
	Adjusted Calcium	2.34 mmol/L	(Range: 2.2 - 2.6)
	Calcium	2.3 mmol/L	(Range: 2.2 - 2.6)
Result	**Liver function test**:		
	Globulin	34 g/L	(Range: 21 - 35)
	Albumin	42 g/L	(Range: 35 - 50)
	Total Protein	76 g/L	(Range: 60 - 80)
	ALT	18 U/L	(Range: 5 - 55)
	AST	21 U/L	(Range: 10 - 45)
	ALP	126 U/L	(Range: 30 - 130)
	Bilirubin	5 µmol/L	(No range available)
Result	**Urea and electrolytes**:		
	eGFR result/1.73m2 >60		(No range available)
	Chloride	102 mmol/L	(Range: 95 - 108)
	Potassium	**3.4 mmol/L**	**(Range: 3.5 - 5.3)**
	Sodium	140 mmol/L	(Range: 133 - 146)
	Creatinine	67 µmol/L	(Range: 50 - 120)
	Urea	3.3 mmol/L	(Range: 2.5 - 7.8)
Result	**(Non Coded Event - FULL BLOOD COUNT)**:		
	Basophils, 0	0 10*9/L	(No range available)
	Eosinophils	0.3 10*9/L	(Range: 0.1 - 0.7)
	Monocytes	0.9 10*9/L	(Range: 0.2 - 0.9)
	Lymphocytes	2.1 10*9/L	(Range: 1.1 - 5)
	Neutrophils	**7.4 10*9/L**	**(Range: 1.5 - 6.5)**
	Platelets	332 10*9/L	(Range: 150 - 400)
	MCHC	340 g/L	(Range: 316 - 349)
	MCH	29.2 pg	(Range: 27.3 - 32.6)
	MCV	86 fL	(Range: 82 - 98)
	Haematocrit	0.41 %	(Range: 0.39 - 0.5)
	RBC	4.73 10*12/L	(Range: 4.32 - 5.66)
	White Cell Count	**10.8 10*9/L**	**(Range: 3.7 - 9.5)**
	Haemoglobin	138 g/L	(Range: 133 - 176)
Result	**(Non Coded Event - GLYCATED HB)**:		
	Haemoglobin A1c (IFCC)	34 mmol/mol	(Range: 20 - 41)

15-July-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

09-July-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

06-July-2026 Dr Belinda Chan (BC) Old Irvine Road SurgeryMain Surgery

	Problem	Obesity	
	Comment	Comment bloods , wt mx ref dictated.	
	History	History swearing today but apologised after! said he gained about a stone after admission although was not eating as much. keen for support to lose weight - aware now his weight is also a huge contributing factor to his breathing issues.	
	Problem	Spontaneous pneumothorax NOS	
	History	History unhappy with initial hosp team who did his chest drain was told will not recur but then it did and he ended up needing further procedure in GNJH. still feels v breathless - exsmoker stopped 3 yrs ago but had smoked for 20 yrs. feels v SOB on exertion. See CTPA negative for PE (I have deleted this code for this his summary) also comment on severe predominantly paraseptal emphysematous change.	
	Examination	Examination Sats 96% HR 95 chest clear no added sounds a/e R=L	
	Comment	Comment likely has element of COPD but given recent procedure await f/up by Thoracic surgeons before planning any spirometry. IDL states he should have f/up within 6 weeks post dc - advised if not heard of any appt in next 2 weeks to let us know/ or can contact GNJH team directly.	
	Problem	Recurrent depression	
	History	History feels his psych meds are also causing his weight issues - said he will speak to his Psych Dr Nalci abt this.	
	Result	Result attended today with ***** *****	
	Examination	O/E - height	164 cm
	Examination	O/E - weight	137.8 Kg
	Examination	Body Mass Index	51.23

06-July-2026 Dr Belinda Chan (BC) Triage

Problem	Problem lung surgery a few months ago , strugg with breathing when out walking	
Problem	Spontaneous pneumothorax NOS	
History	History underwent left VATS, bullectomy and talc pleurodesis 8/5/26 - note AE attendance with chest pain - coded as Pulmonary embolism but note CTPA 17/6/28 was NEGATIVE for PE.	
Comment	Comment said worried abt his weight BMI is 50 - wondering if contributing to his breathing issue. see.	

21-May-2026 Ms Anisa Haleem (AS) Old Irvine Road SurgeryMain Surgery

Comment	Prescription by supplementary prescriber SR dihydrocodeine- only for for short term use due to addictive potential. D/w patient- advised to use sparingly, states suffering from significant pain since discharge. Have advised I will issue a small supply od DHC but if requiring again- will need further review.	
Medication	Medication Dihydrocodeine Tablets 30 mg 28 tablet ONE TO BE TAKEN 4 HOURLY AS REQUIRED	

19-May-2026 Mr Steven McKee (SMC) Data Entry

	Problem	Problem Left VATS, bullectomy and talc pleurodesis	
	Comment	Comment -Referral send from hospital to DN re wound care. -Analgesia and laxatives noted only. 2/52 given of d/c.	
	History	Post hospital dischrge med reconciliation with medical notes	
	Comment	Medication commenced Dihydrocodeine, Macrogol sachets, Paracetamol	
	Result	Follow up in outpatient clinic in 6/52	
	Result	Follow-up arranged by practice At port site - staple removalm wound cleaned and redressed on 15/5/26 . Site 3 and 4 to be cleaned and dressed on 15/5. Pleural drain site - suture and staple removal if wound allows 18/5, wounds to be cleeaned and redressed	
13-May-2026	History	Discharged from hospital	
05-May-2026	History	Admission to hospital	

28-Apr-2026 Mr Steven McKee (SMC) Data Entry

	Problem	Problem Spontaneous pneumothorax (L)
	History	Post hospital dischrge med reconciliation with medical notes
	Comment	Short term drug therapy Doxycycline
27-Apr-2026	History	Discharged from hospital
24-Apr-2026	History	Admission to hospital

27-Apr-2026 MS Rachel Ireland (RIRE) Telephone Call

	Comment	Appt cancelled by patient - face to face consultation with locum GP on Wednesday 29/04/2026 for non-healing ulcers. Cancelled as patient discharged this morning from XH following colapsed lung. Agreed patient will call to re-schedule this appointment once they feel able. Awaiting IDL.

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

	Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Alisdair MacDonald, You have a pre-booked appointment to see the doctor on Wednesday 29th April this week at 10.30am. If you are unable to attend please contact surgery on 01563 522413 to let us know Old Irvine Road Surgery

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

	Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Alisdair MacDonald, You have a pre-booked appointment to see the doctor on Wednesday 29th April this week at 9am. If you are unable to attend please contact surgery on 01563 522413 to let us know Old Irvine Road Surgery

01-Apr-2026 Ms Anna Riddex (ARID) Old Irvine Road SurgeryMain Surgery

	Comment	Medication decreased Quetiapine morning dose reduced from 100mg to 50mg
	Result	Post hospital discharge medication reconciliation with pt Tc with pt - aware of reduction, 2 wk issued to sync with night time dose.
	Result	Follow-up arranged by practice Appt to assess abscesses
	Medication	Medication Quetiapine Fumarate Tablets 25 mg 28 tablet TWO (50MG) TO BE TAKEN IN THE MORNING
	Read Code	Prescription by supplementary prescriber
27-Mar-2026	History	Outpatient clinic letter received

05-Jan-2026 Dr Aleea Mahmood (AMA) Old Irvine Road SurgeryMain Surgery

	Problem	Hidradenitis suppurativa
	History	History this one particular abcess, ongoing for 1-2 weeks. reduced appetite, no temp.
	Examination	Examination HR 100bpm, sats 97% Raised BMI- abcess under abdominal apron, fairly central, appro4-5cm, leaking blood stained pus.
	Comment	Comment start oral abx, not keen for I&D, suggest low threshold over next couple of days for re-review given size, may require drainage.

20-Oct-2025 Ms Kirsteen Upton (KUP) Data Entry

	Comment	Medication decreased Mirtazapine reduced to 30mg
	Comment	Comment Pharmacy will remove 45mg tabs from last issue (not collected yet), new Rx issued
	Result	Follow up in outpatient clinic AMHT
02-Sept-2025	History	Outpatient clinic letter received

02-Oct-2025 Mrs Joanne Howieson (JH) Telephone Consultation

	Problem	Hidradenitis suppurativa
	History	History Triage - see entry emis consults 18/09 and 08/09, multiple reviews going back to 2017. States Doxyccycline did help reduce redness and inflammation when he finished the abx. Feels since finishing abx skin flaring again R side groin, L side axilla and apron fold. States not quite as bad as it was initially but feels it will be just as bad fairly soon. Ex smoker one year, now vapes.
	Comment	Comment Initially offered appt, asking if he could try the longer term abx as previously discussed it could be an option. Discussed management guidelines. May benefit from 3/12 course of abx, agreed to trial abx as prescribed, seek review 1-2 weeks before supply due to finish. CPossible s/e discussed, continue to use hibiscrub sparingly. Worsening advice discussed, seek review sooner oif any problems.
	History	User of electronic cigarette
	Social	Ex smoker
	Medication	Medication Lymecycline Capsules 408 mg 56 capsule ONE TO BE TAKEN EACH DAY
	Read Code	Smoking cessation advice

08-Sept-2025 Mrs Joanne Howieson (JH) Telephone Consultation

Problem	Hidradenitis suppurativa
History	History Routine tel cons - Derm review. Se previous consult, is still on doxycycline, thinks he has another week to go, reports abscesses have improved, not totally gone away. Is also using hibiwash sparingly.
Comment	Comment Happy to see how skin is once he has finished the abx, he is hoepful skin is much improved. Pt doesn't feel he needs seen at moment. Worsening advice discussed.

18-Aug-2025 Mrs Joanne Howieson (JH) Old Irvine Road SurgeryMain Surgery

Problem	Hidradenitis suppurativa
History	History States previous appt for HS tried Flucloxacillin, childhood allergy but couldn't recall, Reports Fluclox made him very sick, only took one dose. Has stopped smoking, now vapes. Thinks hibiscrub helped, tried to order it again but didn't get it.
Examination	Examination Abscess x2 L side lower abdominal apron fold. x1 L groin. Looks infected. No fever. temp 36.4c, pulse 80reg. Chatty, no distress.
Comment	Comment Feels he responded well previously in 2022 to Doxycycline. Treatment as prescribed, have arranged phone review 08/09/25, may need face to face consultation. Worsening advice and possible s/e of medication discussed, seek review sooner if any problems.
History	User of electronic cigarette
Social	Ex smoker
Medication	Medication Hibiwash Solution 4 % 500 ml USE AS SOPA SUBSTITUTE TO AFFECTED AREAS AS DIRECTED
Medication	Medication Doxycycline Hyclate Capsules 100 mg 28 capsule TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY
Medication	Medication Co-Codamol 8/500 Tablets 50 tablet TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED
Read Code	Smoking cessation advice

18-Aug-2025 Mrs Joanne Howieson (JH) Telephone Consultation

History	History Triage - abcess at waist travelling to groin.
Comment	Comment Appt

05-Aug-2025 Ms Patricia Davies (PDAV) Old Irvine Road SurgeryMain Surgery

Comment	Failed encounter tried calling to clarify antibacterial wash as below as this is what he has previously had. No answer
Comment	Prescription by supplementary prescriber - issued as before
Medication	Medication Hibiscrub Cleansing solution 20 % (Chlorhexidine Gluconate 4 %) 500 ml AS SOAP SUBSTITUTE FOR AFFECTED AREAS.

23-May-2025 Ms Kirsteen Upton (KUP) Telephone Encounter

Comment	Comment SR - Need alt rx for Quetiapine 200mg - unable to get 200mg tabs, owe patient 8d supp. Long term supply issue with all MR preps of quetiapine. Local guideline developed with specialists advises splitting MR dose to equivalent dose of IR quetiapine bd.
Comment	Comment Spoke with pt. Understanding of reason for change. Currently takes MR 200mg mane so happy to change to 100mg mane and 200mg nocte of IR dose. Has enough meds until after BH weekend.

22-May-2025 MS Rachel Ireland (RIRE) Telephone Call

Comment	Comment Pateint called as still owed 8 day supply of Quietiapine 200mg tablets but having issues sourcing. Spoke with Shortlees chemist and confirmed this, No date confirmed for these becoming available again - Query if worth changing normal dosage to all 100mg tablets. Passed to Pharmacy Team.

03-Feb-2025 Mrs Elaine Scott (ES) Old Irvine Road SurgeryMain Surgery

Problem	Hidradenitis suppurativa
History	History As triage - flare up, abscess on right side chest, and left groin.
Examination	Examination Not unwell, overweight. Temp 36.6. Leaking abscess in skinfold below right breast, mild erythema, scarring from previous flare ups. Further abscess in left groin area skin fold, scarring from previous abscess's, minimal exudate.
Comment	Comment Allergy to pen V buts says ok with fluclox. Given below with worsening advice. Offerred to re-refer to dermatolgy as didn't respond previously - declined this.
Medication	Medication Flucloxacillin Capsules 500 mg 28 capsule ONE TO BE TAKEN FOUR TIMES A DAY

03-Feb-2025 Mrs Elaine Scott (ES) Triage Telephone Consultation

History	History mob - abcesses, one chest one waistband
History	History Never been away, bad flare up. Had flu type illness last couple of weeks.
Comment	Comment See at surgery.

09-Dec-2024 Dr David Curran (JC) Old Irvine Road SurgeryMain Surgery

Problem	Hidradenitis suppurativa
Examination	Examination infection right axilla and breast
Comment	Treatment started arrange telephone review
Comment	Patient awaiting OPD appt. derm on w/l 2yrs?

22-Mar-2024 Ms Anisa Haleem (AS) Old Irvine Road SurgeryMain Surgery

Comment	Prescription by supplementary prescriber See Dr McGregor entry below - request for latex free dressing. Rx issued for hydrofilm dressing-
Medication	Medication Hydrofilm Dressing 10 cm x 12.5 cm 1 DRESSING APPLY AS DIRECTED

18-Mar-2024 Dr Esther McGregor (EM) General Practice Surgery

Problem	Hidradenitis suppurativa
History	History infected abscess/sores left side abdo apron again. He is buyign valuaid dressings like mepore but latex free. using about size 8cm x 16cm. Could pharmacy please find a prescribable dressing which is latex free thanks given info on HS. refer to derm opd. to see nurse for bloods.
Medication	Medication Doxycycline Hyclate Capsules 100 mg 56 capsule 1 TO BE TAKEN DAILY

08-Sept-2023 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of SMS message / Dear Alisdair MacDonald, Your prescription has been phoned through to your pharmacy. Old Irvine Road Surgery

20-Oct-2022 Dr Kenneth Irvine (KI) Data Entry

Comment	Comment drug manufacturing or supply problem with temazepam ... zopiclone alternative
Medication	Medication Zopiclone Tablets 7.5 mg 14 tablet ONE TO BE TAKEN AT NIGHT

14-Oct-2022 Dr Glenn Mulligan (GM) Old Irvine Road SurgeryMain Surgery

History	History email.
Medication	Medication Temazepam Tablets 20 mg 14 tablet ONE TO BE TAKEN AT NIGHT

11-Oct-2022 Dr Kenneth Irvine (KI) Data Entry

Problem	Family bereavement
History	History ***** died tragically in house fire around 3/10/22

22-Aug-2022 Mrs Joanne Howieson (JH) General Practice Surgery

Problem	Hidradenitis suppurativa	
Examination	Examination Size of 5p piece erythematous circular patch, some heat and central pustule. Has reduced in size from ADOC report. Non fluctuant. States no longer painful. No fever, otherwise well. Known HS, has used hibiscrub before. Temp 36.5c, pulse 78reg. Long hair and long beard, looks matted unkempt. Admits cannot get comb through hair, doesn't wash it as shampoo makes it worse.	
Comment	Comment Plans to get hair and beard cut at charity shave at a pub in Glasgow next month with friends. Did discuss could ask ***** to help him wash it with conditioner and detangling comb. Needfs to tie hair up to allow neck problem to breathe and get better. Advised to continue hibiscrub on affected areas. Worsening advice / possible s/e ofd abx discussed.	
Medication	Medication Doxycycline Hyclate Capsules 100 mg 14 capsule TAKE 1 CAPSULE TWICE DAILY	
Medication	Medication Hibiscrub Cleansing solution 20 % (Chlorhexidine Gluconate 4 %) 500 ml AS SOAP SUBSTITUTE FOR AFFECTED AREAS.	

22-Aug-2022 Mrs Joanne Howieson (JH) Telephone Consultation

History	History Triage - Abcess on back of neck , unable to send pic. States had adoc visit 14/08/22, was issued with Doxy 100mg BD for 1/52. Thinks has helped a bit but symptoms not resolving. Needs more abx.	
Comment	Comment Advised would need to assess. Appt arranged.	

18-July-2022 Ms Karen Lawrence (KL) Old Irvine Road SurgeryMain Surgery

Comment	Comment Attended for bloods as requested below KL	
Examination	O/E - height	164 cm
Examination	O/E - weight	125 Kg

15-July-2022 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

30-Jun-2022 Mrs Fiona Murray (FMU) Data Entry

Comment	Comment pc from ***** asking about missing rx - I adv ***** she still hadn't updated us with pts own mob number - I adv we need this to send pt a text to make appt as per JH 22/6/22 (I didn't give any more info so we get the number)

30-Jun-2022 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of SMS message / Dear Alisdair MacDonald, Cn you contact the surgery to book a blood test, week beginning 18th July. Thanks Old Irvine Road Surgery

30-Jun-2022 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Alisdair MacDonald, a new prescription is available for you to collect at the chemist. Thanks Old Irvine Road Surgery

22-Jun-2022 Mrs Joanne Howieson (JH) Data Entry

Comment	Comment Repeat bloods 4/52.

16-Jun-2022 Ms Alison Muirhead (AMU) North West Kilmarnock Area CentreBranch Surgery

Comment	Comment Non fasted bloods obtained as per ANP Howieson request. BP under target, patient relieved about same as he had anxieties surrounding exercising with high blood pressure. Patient actively trying to lose weight, rejoining weight loss classes with family members. Councilled on alcohol intake. Has stated he had planned to not drink any alcohol for duration of antibiotics course. Has said he usually drinks beer, a couple each night and slightly more at weekends, but currently not drinking at all. Says he will actively cut down on alcohol intake once antibiotics have finished. Advised regarding weekly limits advisory and aiming for at least 2 dry days per week.	
Examination	Systolic blood pressure	128 mm Hg
Examination	Diastolic blood pressure	78 mm Hg
Examination	O/E - height	164 cm
Examination	Body Mass Index	49.38
Social	Alcohol consumption	25 units/week
Social	Less than 30 mins/day of at least mod int physc act >=5 week Admits he has a sedentary lifestyle. Has bought exercise equipment to use at home as has anxieties about going to the gym or walking any distance in public.	
Social	Takes inadequate exercise	
Read Code	Health ed. - alcohol	

14-Jun-2022 Mrs Joanne Howieson (JH) Old Irvine Road SurgeryMain Surgery

Problem	Hidradenitis suppurativa	
History	History Chronic issue, nultiple scars from previous surgerys and flares.	
Examination	Examination Bilateral axilla scarring, groins, bold siudes apron folds. BMI upto 47, has gained 30kg since 2017. L side apron fold states boil burst last week, feels never full resolved. Skin intact, non fluctuant, does have scarring, no obvious acute flare. Temp 36.8c, pulse 84reg.	
Comment	Comment Did discuss high BMI and smoking can cause flares of HS, states always had it even when he was slim. Trial treatment as prescribed, feels short courses of doxycycline don't really help. Advised hibiscrub only to afected areas. Worsening advice discussed.	
Problem	Body mass index 40+ - severely obese	
Comment	Comment Did not discuss weight management today, was annoyed with himself that he has put on more weight, knows its not good. Agreed to return for consult with PN for full template to be completed, health promotion opportunity and bloods as listed to exclude diabetes.	
Examination	O/E - weight	132.8 Kg
Examination	Body Mass Index	47.05
Social	Current smoker	
Medication	Medication Lymecycline Capsules 408 mg 56 capsule ONE TO BE TAKEN EACH DAY	
Medication	Medication Hibiscrub Cleansing solution 20 % (Chlorhexidine Gluconate 4 %) 500 ml AS SOAP SUBSTITUTE FOR AFFECTED AREAS.	
Read Code	Smoking cessation advice	

14-Jun-2022 Dr Aleea Mahmood (AMA) Old Irvine Road SurgeryMain Surgery

History	History TT - with *****. abcess in groin area- usually burst and subside on their- own, this one ongoing for a few weeks, unwell over the weekend with temp + lack of appetite approx size of a 10p piece. ***** thinks needs to be lanced. note not had any antibiotics in last few weeks.	
Comment	Comment see to assess. appt given for today.	

02-Jun-2022 Ms Sioban Webster (SWE) Old Irvine Road SurgeryMain Surgery

14-Jun-2022	Medication	Medication Mirtazapine Tablets 45 mg 7 tablet ONE TO BE TAKEN AT NIGHT	
14-Jun-2022	Medication	Medication Quetiapine Fumarate M/R tablets 200 mg 7 tablet 1 DAILY	
14-Jun-2022	Medication	Medication Quetiapine Fumarate Tablets 100 mg 7 tablet ONE TO BE TAKEN AT NIGHT	
	Comment	Comment Unscheduled Care - Pharmacy Supply script scanned	

03-May-2022 Ms Sioban Webster (SWE) Old Irvine Road SurgeryMain Surgery

10-May-2022	Medication	Medication Quetiapine Fumarate Tablets 100 mg 5 tablet ONE TO BE TAKEN AT NIGHT	
	Comment	Comment Unscheduled Care - Pharmacy Supply script scanned	

23-Feb-2022 Mrs Elaine Scott (ES) Telephone Consultation

History	History Triage - ***** mob -? mouth infection
History	History ***** ***** - At dentist last week - couldn't see any sign of infection. Now pain one side, face swollen, feeling unwell, temp up, pain++. Taking fluids but struggling to eat. Taking paracetamol and ibuprofen - now not helping.
Comment	Comment Treat as dental abscess, given below, allergy to pen v. DHC to be used only when required. Seek review if persists/worsens.
Medication	Medication Metronidazole Tablets 400 mg 21 tablet ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Dihydrocodeine Tablets 30 mg 28 tablet ONE TO BE TAKEN EVERY FOUR TO SIX HOURS

02-Feb-2022 Miss Fiona Dobbie (FION) Data Entry

Comment	Comment ***** states has received quetiapine 100mg and mirtazapine script but not 200mg MR - advised scripts were done for this 28/01 and today so should be at pharmacy. wanting to switch pharmacies. Have changed screen message to shortlees

31-Jan-2022 Miss Fiona Dobbie (FION) Data Entry

Comment	Prescription by supplementary prescriber Quetiapine 200 M/R on repeat but 100mg immediate release not on repeat. Have issued 100mg immediate release as per psych letter and moved to repeat. For review with psych in around 5 months,
Medication	Medication Quetiapine Fumarate Tablets 100 mg 28 tablet ONE TO BE TAKEN AT NIGHT

19-Jan-2022 Ms Gemma Blades (GB) Old Irvine Road SurgeryMain Surgery

Comment	Comment Patients ***** called in to cancel his appointment for tomorrow says he doesn't need it anymore.

19-Jan-2022 Mrs Elaine Scott (ES) Telephone Consultation

History	History Triage - ear infection - *****
History	History ***** - unusual problem with ear, pain, tinnutis. Day 4 today. Had ear calm with a little effect. Taking paracetamol. Not keen on attending surgery .
Comment	Comment Declined appt this afternoon with GP, agreed to attend tomorrow.

07-Jan-2022 Dr David MacDonald (DMAC) Telephone Consultation

History	History Telephone consultation due to COVID-19. Phoned Patient and spoke to ***** again. She advised me that abscess skin looks purplish/blacjk. I have advised that in this case I am very keen for him to be seen and would think about ambulance. I ave offered several time to come out even on the way home but Alisdair has again declined. I havee advised I am worried about sepsis and infection and potential harm. I have outlined I would potentially phone an ambulance/get OOH and he should be seen at least today. ***** happy with this but alisdair has specifically declined. I note recent pysch input raising no cognitive or mood issues that would raise possibilty of mental health act use etc.
Comment	Comment Advised happy to be phoned if wishes to be seen. Otherwsie be aware of other services and call if changes mind or feels situation worsening

07-Jan-2022 Dr David MacDonald (DMAC) Telephone Consultation

History	History Telephone consultation due to COVID-19. Has had abscess on abdomen for several weeks since before XMAS. ***** had given him some Amoxicillin she had in cupboard but no real effect from this. Feels there is some pus and blood and feels there is some redness spreading. No fevers but Alasdair is eating less and bowels and bladder moving ok. DN was in today and stated needs appt. today and failing that should get OOH to see.
Comment	Comment Discussed not pointing and already burst so would not need incision and drainage. Offered appt but can't get down. OFfered HV - patient declined. Advised ocncerned about infection so happy to do abx but with strong worsening advice and they know OOH is there. Again reiterated happy to do call but patient again declined. If worsening must attend hospital.
Medication	Medication Doxycycline Hyclate Capsules 100 mg 14 capsule TAKE 1 CAPSULE TWICE DAILY

07-Jan-2022 Dr David MacDonald (DMAC) Data Entry

	History	History NO reply. Message left.

07-Jan-2022 Dr David MacDonald (DMAC) Data Entry

	History	History Telephone consultation due to COVID-19. No reply. Will try again later.

22-Dec-2021 Mr Bismark Ntim-Peasah (BNP) Old Irvine Road SurgeryMain Surgery

	Comment	Prescription by supplementary prescriber SR rx issued as per Adult mental health request (15 Dec). rx to be signed by FD.
	Medication	Medication Quetiapine Fumarate Tablets 100 mg 28 tablet ONE TO BE TAKEN AT NIGHT
	Medication	Medication Quetiapine Fumarate M/R tablets 200 mg 28 tablet ONE TO BE TAKEN AT NIGHT

22-Dec-2021 Mr Bismark Ntim-Peasah (BNP) Old Irvine Road SurgeryMain Surgery

	Problem	Problem clinic letter- psychiatry
	History	Medication reconciliation
	Comment	Drug therapy discontinued quetiapine 300mg MR
	Comment	Medication changed quetiapine 200mg MR +quetiapine 100mg immediate release
	Result	Follow up in outpatient clinic next appointment at outpatient clinic in 6 months
21-Dec-2021	History	Outpatient letter

22-Dec-2021 Mr Anonymous User (ANON) MJog

	Read Code	Informing patient Summary of text message sent to patient / Dear Alisdair MacDonald A letter has been received by your doctor from the hospital requesting that you be started on a new prescription. This will be available for you to collect at your usual chemist. Please allow up to 3 working days before collection. Thanks Old Irvine Road Surgery / Letter received

16-Dec-2021 Dr Glenn Mulligan (GM) Docman

	History	History ***** - pls call them. I am not sure there is an M/R 250mg version. Thanks

19-Oct-2021 Mr Anonymous User (ANON) MJog

	Read Code	SMS text sent to patient Emergency clinic Only

17-Aug-2021 Mr Anonymous User (ANON)

13-Aug-2021	Vaccination	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pfizer (By S Armour) *FE3380/ PF/IM/LUA//C-19 Pfizer (By S Armour)*

06-July-2021 Ms Carrie McAllister (PHLEBOTOMI16992) North West Kilmarnock Area CentreBranch Surgery

	Comment	Comment Wound dry and well healed, no further dressings required.

01-July-2021 Ms Carrie McAllister (PHLEBOTOMI16992) North West Kilmarnock Area CentreBranch Surgery

	Comment	Comment No exudate on dressing, minute opening, dry, redressed with aquacel and mepilex border adhesive.

28-Jun-2021 Ms Emma Newlands (EN) North West Kilmarnock Area CentreBranch Surgery

	Comment	Comment No exudate on previous dressings. Wound dry. Cleansed with saline and dressed with kliniderm . R/v Thursday

25-Jun-2021 Ms Emma Newlands (EN) North West Kilmarnock Area CentreBranch Surgery

	Comment	Comment Wound continues to heal well, shallow and closing in. Cleansed with prontosan and redressed with alginate and kliniderm. R/v twice weekly, changed to Mon-Thurs

22-Jun-2021 Ms Carrie McAllister (PHLEBOTOMI16992) North West Kilmarnock Area CentreBranch Surgery

	Comment	Comment wound shallow and closing in, no exudate present, cleansed with saline and redresed with sorbsan flat laid on wound, mepilex border adhesive to cover. R/V Fri.

22-Jun-2021 Mr Anonymous User (ANON)

18-Jun-2021 Vaccination Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By K Egan) *ET8885/ PF/IM/LUA//C-19 Pifzer (By K Egan)*

21-Jun-2021 Ms Emma Newlands (EN) North West Kilmarnock Area CentreBranch Surgery

Comment Comment Remains with minimal exudate from wound. Cleansed with saline and redressed with sorbsan ribbon on top of wound with kliniderm to cover. Daily app not required. Mon, Wed, Fri. Due to PLT on Wed app made for Tuesday this week only.

18-Jun-2021 Mrs Lorraine Ferrara (LF) North West Kilmarnock Area CentreBranch Surgery

Comment Comment Wound shallow, not able to pack. Very small exudate coming from wound now. Cleansed with prontosan. Sorbsan ribbon placed on top of wound with mepilex border to cover. Review monday.

17-Jun-2021 Ms Emma Newlands (EN) North West Kilmarnock Area CentreBranch Surgery

Comment Comment Wound continues to improve. Cleansed with saline and redressed with sorbsan ribbon and kliniderm. R/v tomorrow

16-Jun-2021 Ms Emma Newlands (EN) North West Kilmarnock Area CentreBranch Surgery

Comment Comment Improved since the last consultation with myself. Cavity cleasned with prontosan and redressed with sorbsan ribbon and kliniderm. R/v tomorrow

16-Jun-2021 Ms Maxine Flynn (MFL) Data Entry

Comment Comment SR Dressits x1 pack, Sorbsan Ribbon 40cm 1 box, Kilinderm border 10x10cm 1 box - Rx issued for GP to sign
Medication Medication Dressit Sterile Dressing Pack with medium/large gloves 10 pack USE AS DIRECTED
Medication Medication Sorbsan Ribbon Cavity Dressing With Probe 40 cm 5 dressing AS DIRECTED
Medication Medication Kliniderm Foam Border Dressing square, 10 cm x 10 cm 10 dressing USE AS DIRECTED

15-Jun-2021 Mrs Mairi Kirkpatrick (MK) North West Kilmarnock Area CentreBranch Surgery

Comment Comment Cavity cleansed with Prontosan. Packed with small amount of Sorbsan ribbon and covered with Mepilex border. Has appointments daily this week.

14-Jun-2021 Mrs Mairi Kirkpatrick (MK) North West Kilmarnock Area CentreBranch Surgery

Comment Comment Small amount of pus in cavity, not inflammed or swollen. Cleansed with Prontosan and packed with Sorbsan ribbon. Klinderm border to cover. Review tomorrow. Prescription request to pharmacy team for dressings.

11-Jun-2021 Mrs Lorraine Ferrara (LF) North West Kilmarnock Area CentreBranch Surgery

Comment Comment I reciept of dressings for DN's. Wound no change clean-looking, bloody and about 0.5 cm in depth. Cleansed with prontosan and packed with sorbsan ribbon and mepilex border to cover.

10-Jun-2021 Ms Emma Newlands (EN) Data Entry

Comment Comment Phoned DN Nicki Herbert- Alisdair will get a visit from the DNs during the weekend. Dressings to be given to Alisdair on Friday for DN use.

10-Jun-2021 Ms Emma Newlands (EN) North West Kilmarnock Area CentreBranch Surgery

Comment Comment Wound remains clean looking. Cleansed with prontosan and redressed with sorbsan ribbon and kliniderm silcone border. R/v Tomorrow with Lorriane

09-Jun-2021 Mrs Lorraine Ferrara (LF) North West Kilmarnock Area CentreBranch Surgery

Comment Comment Abcess remains clean looking. Cleansed with prontosan, repacked with sorbsan ribbon and covered with mepilex. Review daily.

08-Jun-2021 Ms Carrie McAllister (PHLEBOTOMI16992) North West Kilmarnock Area CentreBranch Surgery

	Comment	Comment Abscess clean looking, cleansed with saline and redressed with sorbson ribbon, mepilex border adhesive to cover , r/v tomorrow.

07-Jun-2021 Ms Emma Newlands (EN) North West Kilmarnock Area CentreBranch Surgery

	Comment	Comment Abscess has been drained. Wound 1cm tracking, Alisdair and his ***** have been dressing themselves advised Alisdair he needs daily dressings. No signs of infection. Cleansed with saline and redressed with Sorbaderm packing and kliniderm. R/v Tomorrow.

07-Jun-2021 Mrs Joanne Howieson (JH) Telephone Consultation

	History	History Was added to triage list by mistake. Spoke to *****, she explained Alisdair had been to ED 3/7 ago, had abscess incision and packed. ED had advised needs appt with PN today to change dressing. Has already got an appt at North west this afternoon. ***** states ED advised abx not required as he had just completed 2 courses of abx. No action required as has appt with PN.

03-Jun-2021 Ms Sioban Webster (SWE) Data Entry

15-Jun-2021	Medication	Medication Mirtazapine Tablets 45 mg 7 tablet ONE TO BE TAKEN AT NIGHT
15-Jun-2021	Medication	Medication Quetiapine Fumarate M/R tablets 300 mg 7 tablet ONE TO BE TAKEN AT NIGHT
	Comment	Comment Unscheduled Care - Pharmacy Supply script scanned

21-May-2021 Mrs Elaine Scott (ES) E-consult

	History	History "I have an abscess, I am quite prone to them." Armpit has an abscess." "It's a ping pong ball sized abscess" "A course of antibiotics usually helps. I have had several abscesses in the past that needed me to be hospitalised and them operated on but I don't think this one is at that stage."
	Comment	Comment Thank you for your recent eConsult request. You have a prescription ready for collection at the surgery. Please contact 111 if your condition worsens over the weekend. Regards, Elaine Scott ANP
	Medication	Medication Doxycycline Hyclate Capsules 100 mg 14 capsule TAKE 1 CAPSULE TWICE DAILY

20-May-2021 Ms Gemma Blades (GB) Old Irvine Road SurgeryMain Surgery

	Comment	Alert received from telehealth monitoring system *General advice consultation for Alisdair Macdonald DOB 04-02-1986 submit...,*

31-Mar-2021 Mr Stuart Robertson (SR) Data Entry

	Comment	Comment CPUS supply 27/3/21
	Medication	Medication Mirtazapine Tablets 45 mg 7 TABLET ONE TO BE TAKEN AT NIGHT
	Medication	Medication Quetiapine Fumarate M/R tablets 300 mg 7 TABLET ONE TO BE TAKEN AT NIGHT

14-Jan-2021 Dr Belinda Chan (BC) Old Irvine Road SurgeryMain Surgery

	History	History task ; chemist asking for another px for doxycycline to cover for px 13/10/20.

13-Jan-2021 Dr Fiona Dunn (FD) E-consult

	Problem	Hidradenitis suppurativa
	Medication	Medication Doxycycline Hyclate Capsules 100 mg 14 capsule TAKE 1 CAPSULE TWICE DAILY
	Comment	Comment "Thank you for your recent eConsult request. A fit note will be posted out to you. Regards Dr Dunn"

12-Jan-2021 Miss Chloe Shannon (CSH) Old Irvine Road SurgeryMain Surgery

	Comment	Alert received from telehealth monitoring system *General advice consultation for Alisdair Macdonald DOB 04-02-1986 submit...,*

13-Oct-2020 Mrs Elaine Scott (ES) Triage

History	History Earache. Started a few days ago - hearing reduced, tried cleaning, olive oil, hot and itchy, sore - achey. Doesn't feel great, has abscess on back also - size of golf ball, started a few days ago. Feeling a bit run down generally.
Comment	Comment Allergic to penicillin, erythromycin CI with quetiapine. Given below for abscess, continue with olive oil for ear. Review if either persists/worsens.
Social	Social COVID19 PANDEMIC 2020
Medication	Medication Doxycycline Hyclate Capsules 100 mg 14 capsule TAKE 1 CAPSULE TWICE DAILY

28-July-2020 Dr David Curran (JC) Telephone Consultation

Problem	Telephone encounter sore ear - thinks has a spot in ear - mob no pref
Comment	Failed encounter - message left on answer machine

06-Mar-2020 Dr Kenneth Irvine (KI) Telephone Consultation

Read Code	Medication review done

30-Jan-2020 Mrs Elaine Scott (ES) North West Kilmarnock Area CentreBranch Surgery

History	History Cold for 4-5 days now been in chest for over 1 week. Eating and drinking normally.
Examination	Oxygen saturation at periphery Not unwell or distressed. 96 %
Examination	O/E - pulse rate 109 beats/minute
Examination	O/E - tympanic temperature Chest clear, good bilateral AE. 36.7 C
Comment	Comment Advised likely viral infection, should settle 1-2 weeks. Review if persists/worsens.

04-Dec-2019 Mrs Mary Hay (MARY_16992) Old Irvine Road SurgeryMain Surgery

Comment	Comment Letter sent to contact Comm Connnector- and message left with ***** for same

01-Apr-2019 Dr Kenneth Irvine (KI) Data Entry

Comment	Comment esa113

23-Jan-2019 Dr Fiona Dunn (FD) Data Entry

24-Jan-2019	Medication	Medication Mirtazapine Tablets 45 mg 7 tablet ONE TO BE TAKEN AT NIGHT
	Comment	Comment Unscheduled Care - Pharmacy Supply script scanned

26-Dec-2018 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

30-July-2018 Dr David Curran (JC) Data Entry

Problem	Anxiety states
History	Medication changed as per docman psych
Comment	Comment increase next script
Medication	Medication Quetiapine Fumarate M/R tablets 300 mg 30 tablet ONE TO BE TAKEN AT NIGHT

06-Apr-2018 Ms Carrie McAllister (PHLEBOTOMI16992) Data Entry

Comment	Did not attend - no reason

20-Mar-2018 Dr Claire Davey (CD) General Practice Surgery

Problem	Cellulitis NOS
History	History R side of scrotum. Prone to skin infections.
Examination	Examination Not systemically unwell, T 37.4. Cellulitis noted. No tracking, no pus seen, nil to excise.
Comment	Comment AB and dressings, fasting sugar pls, - &gtED if fails to improve over the next 3 days.

30-Jan-2018 Mrs Kirsty McMaster (KIRSTY_16992) Externally Entered

Attachment	EMIS attachment reference code *letter to patient from wp*

29-Dec-2017 Dr Claire Davey (CD) General Practice Surgery

Problem	Hidradenitis suppurativa	
History	History Recurrence of same, feels this comes on when he gets stressed.	
Examination	Examination Not systemically unwell, pus seen. Says prev tested for DM.	
Comment	Comment AB, analgesia, dressings. Chat re recent dental surgery.	
Medication	Medication Mepore Dressing 7 cm x 8 cm 20 dressing TO BE USED AS DIRECTED	

04-Dec-2017 Dr Glenn Mulligan (GM) Old Irvine Road SurgeryMain Surgery

History	History quetiapine to 300mg MR.	

13-Nov-2017 Dr Claire Davey (CD) General Practice Surgery

Problem	Dental abscess	
History	History L upper gum. Pain and swelling present for 3/7. Swollen and sore. Needs dental review. Explained I'm not happy to treat with AB or analgesia and that review by the most appropriately qualified professional is very important. Says he will go to his dentist just now to get an appt.	

03-Aug-2017 Dr Glenn Mulligan (GM) Old Irvine Road SurgeryMain Surgery

Problem	Body mass index 30+ - obesity	
Examination	O/E - height	168 cm
Examination	O/E - weight	103 Kg
Examination	Body Mass Index	36.49
History	Current smoker chat re chest - stabvle. CXR &gt&gt	
History	Smoking cessation advice ++ Gen congested esp summer.	
Examination	Examination mild rhinitis.	
Comment	Comment not keen on rx.	
History	History axilla settling - some fluid still--obs.	
Comment	Comment advice ++ re weight/smoking.	

25-July-2017 Dr Kenneth Irvine (KI) Data Entry

History	History z	

25-July-2017 Dr Kenneth Irvine (KI) General Practice Surgery

Problem	Hidradenitis suppurativa	
History	History x 1/52 l axilla mod inflamed	
Medication	Medication Doxycycline Hyclate Capsules 100 mg 14 capsule 1 CAPSULE TWICE DAILY	
Comment	Comment reassured see as nec	

14-Jun-2017 Dr Glenn Mulligan (GM) Old Irvine Road SurgeryMain Surgery

History	History Chronic cough/occ sputum/occ wheeze. smoker++ No pets; no fhx relevant. nose/throat ok.	
Examination	General examination of patient well;	
Examination	Heart rate	110 beats/minute
Examination	Oxygen saturation at periphery	97 %
Examination	Examination no lad; thropat/nose/chest clear.	
Comment	Comment inx. ?get spirom then.,	

01-Apr-2017 Dr Kenneth Irvine (KI) Data Entry

Comment	Comment esa 113 form	

28-Oct-2016 Dr David Curran (JC) Telephone Consultation

Problem	Medication review	
History	History as per psych	
Comment	Medication increased quetiapine mr 350mg nocte	
Medication	Medication Quetiapine Fumarate M/R tablets 50 mg 30 tablet ONE TO BE TAKEN AT NIGHT	

15-Sept-2016 Dr Glenn Mulligan (GM) Old Irvine Road SurgeryMain Surgery

History	History note psych rv.	

16-Oct-2015 Dr Fiona Dunn (FD) North West Kilmarnock Area CentreBranch Surgery

History	History abscess left upper inner thigh, did leak some last night after hot bath,
Examination	Examination tender red grape size but soft
Comment	Comment abs and analgesia
Medication	Medication Co-Codamol 8/500 Tablets 40 tablet TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED
Medication	Medication Doxycycline Hyclate Capsules 100 mg 14 capsule 1 CAPSULE TWICE DAILY

18-Sept-2015 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

07-Jan-2015 Mrs Mairi Kirkpatrick (MK) North West Kilmarnock Area CentreBranch Surgery

Comment	Comment Came for review of abscess. Started to leak this morning when in bath. Has now busrt completely with lots of pus oozing. Cleaned with saline and Inadine applied with dry dressing. Feeling much better, advised regular paracetamol and given gauze swabs and Mepore to change frequently. Seeing Dr Mulligan tomorrow.

07-Jan-2015 Dr Glenn Mulligan (GM) Old Irvine Road SurgeryMain Surgery

History	History Has appt - discuss bloods then.

06-Jan-2015 Dr Sarah McLaughlin (SM) Old Irvine Road SurgeryMain Surgery

History	History Has an abscess and already on antibiotics for back spots lymecycline, no hx diabetes, Allergic to penicillin - rahs, and because on quetiapine says cant get erythromycin
Examination	Examination Temp 37, HR 101, sats 99%, lower abdomen, note abscess lower abd - aprrox 4cm diameter with surrounding redness 11cm, not oozing at present, but note punctum,
Comment	Comment IMP - Skin abscess / infection. For doxycycine, bloods - fbc u/e glu, site marked, review on Thursday, If not settling or worsens, ?hospital review for incision, drainage, knows to contact sooner if worse, NHS 24 if ooh or A/E smcl
Medication	Medication Doxycycline Hyclate Capsules 100 mg 14 capsule 1 CAPSULE TWICE DAILY

14-Nov-2014 Dr Kenneth Irvine (KI) Old Irvine Road SurgeryMain Surgery

Problem	Chest infection
History	Oxygen saturation at periphery not completely better 98 % chest clear throat mild red ears l clear r wax ++ t 36.2
Medication	Medication Mirtazapine Tablets 45 mg 28 TABLET ONE TO BE TAKEN AT NIGHT
Comment	Comment on quetiapine 300m g now

27-Oct-2014 Dr Esther McGregor (EM) North West Kilmarnock Area CentreBranch Surgery

Problem	Chest infection
History	Current smoker cough with green sputum. high temp.
Comment	Comment discussed using erythro as allergic to pen v he says. is long qt risk so below given instead
Medication	Medication Doxycycline Hyclate Capsules 100 mg 8 CAPSULE TAKE 2 CAPSULES ON THE 1ST DAY AND AFTER THAT TAKE 1 CAPSULE DAILY.
Problem	Acne vulgaris
History	History severe pustular cystic acne on his back. given below to start after doxy finished
Medication	Medication Lymecycline Capsules 408 mg 56 capsule ONE TO BE TAKEN EACH DAY

03-Oct-2014 Dr Glenn Mulligan (GM) Data Entry

Medication	Medication Mirtazapine Tablets 45 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

04-Aug-2014 Dr Kenneth Irvine (KI) Data Entry

Medication	Medication Quetiapine Fumarate M/R tablets 50 mg 28 tablet ONE TO BE TAKEN AT NIGHT
Comment	Comment prescription request per psych letter 28/5 to inc to quetaipine 2 50 mcg daily
Read Code	Medication review done

16-Jun-2014 Dr Kenneth Irvine (KI) Data Entry

Comment	Comment prescription request mirtazipine

10-Jun-2014 Dr Kenneth Irvine (KI) Old Irvine Road SurgeryMain Surgery

Comment Comment improving finish llast 5/7 abx should be ok

05-Jun-2014 Dr Kenneth Irvine (KI) Old Irvine Road SurgeryMain Surgery

History History seems better in terms less swelling cheek continue abx see next week

03-Jun-2014 Dr Kenneth Irvine (KI) Old Irvine Road SurgeryMain Surgery

Problem Cellulitis and abscess NOS
History History lateral to r side of nose has spread since started eryth 250 qid
Examination Examination swelling laterally to cheek t 37.3 p 100
Medication Medication Erythromycin E/c tablets 250 mg 56 TABLET TWO TO BE TAKEN FOUR TIMES A DAY
Comment Comment increase to eryth 500mg qid see 2/7

22-May-2014 Dr Kenneth Irvine (KI) Telephone Consultation

History History sees dr lewis next week quetiapine been on 6/12 helps his anxiety sees jim young feels mirtazipine helps sleep 5-6 hours appetite variable has support of *****

12-May-2014 Dr Glenn Mulligan (GM) Data Entry

Medication Medication Mirtazapine Tablets 45 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

24-Feb-2014 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

14-Nov-2013 Dr Glenn Mulligan (GM) Old Irvine Road SurgeryMain Surgery

History History erection probs and diarrh since sertraline but mentally stable.
he will d/w psych re poss alternative.
Comment Current smoker
Comment Smoking cessation advice
Comment Comment also check stool.

14-Nov-2013 Dr Sarah McLaughlin (SM) Data Entry

History History Letter jobcentre club on 29/10/2013 re Work Capaility Assessment - pt meets criteria for Employment and Suport allowance, no longer needs lines smcl

07-Oct-2013 Dr Glenn Mulligan (GM) Old Irvine Road SurgeryMain Surgery

Attachment eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: depression; Duration: 07/10/2013 - 05/11/2013)*

01-Oct-2013 Dr Kenneth Irvine (KI) Data Entry

Medication Medication Sertraline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN EACH DAY

19-Sept-2013 Dr Sarah McLaughlin (SM) Data Entry

History History Med 3 from today for 3wks 'Depression' smcl

10-Sept-2013 Dr Sarah McLaughlin (SM) Data Entry

History History Script marked - WEEKLY dispensing (as note overdose recently). smcl
Medication Medication Quetiapine Fumarate M/R tablets 150 mg 30 tablet ONE TO BE TAKEN EACH DAY

02-Sept-2013 Dr Sarah McLaughlin (SM) Old Irvine Road SurgeryMain Surgery

History History Attacked about a month ago, Ear bitten; Seen in hosp - ear trimeed, On job seekerrs, seeing psych Dr Nitu, on quetiapine, still v anxious, cant leave house, getting panic attacks, On job seekers, feels cant claim job seekers saying fit for work when feels cant leave the house. Jim CPN from Crisis team spoke to him and told to see his GP re sick line, 2) given Hep B vaccien on 27th July in A/E, 2nd (30th July) and 3rd (2nd Aug) ones here in surgery.
Examination Examination Note left pinna, healed bite mark.
Comment Comment Med 3 from today for 3wks, 'Depression' . to keep engaging with CMHT. smcl

16-Aug-2013 Mrs Elaine Scott (ES) Old Irvine Road SurgeryMain Surgery

Comment Failed encounter - DNA for 3rd Hep B vaccine.

05-Aug-2013 Mrs Elaine Scott (ES) Old Irvine Road SurgeryMain Surgery

	Examination	Examination One suture remaining in left pinna - removed with ease.

02-Aug-2013 Mrs Elaine Scott (ES) Old Irvine Road SurgeryMain Surgery

	Comment	Comment Well, no CI to 2nd Hepatitis B vaccine. Engerix B to left deltoid.
	Vaccination	2nd hepatitis B vaccination *AHBVC053AG exp 01/2014 (GMS)*
	History	History Very self conscious about ear.
	Comment	Comment Mepilex border to cover left ear. Sutures were removed at hospital today.

30-July-2013 Mrs Elaine Scott (ES) Old Irvine Road SurgeryMain Surgery

	History	History Left ear injury following assault - pinna bitten off. Attended hospital for suturing - see A&E letter.
	Comment	Comment Remainder of pinna cleaned, chloramphenicol applied as hospital instruction. Mepore to cover. Had 1st Hep B on 27/07/13 at hospital.
	Comment	Comment Has appt for suture removal at hospital on Friday, also has appt for PN Friday afternoon - use this for hep B vaccine.
	Examination	Examination Back wound scabbed over - no sign of infection.
27-July-2013	Vaccination	1st hepatitis B vaccination

29-July-2013 Mrs Mary Hay (MARY_16992) Externally Entered

	Attachment	DNA surgery appointment - 2nd letter *DNA 2*

27-July-2013 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

26-July-2013 Mrs Beth Evans (BETH_16992) Externally Entered

	Attachment	DNA surgery appointment - 1st letter *dna 1*

26-July-2013 Ms Carrie McAllister (PHLEBOTOMI16992) Old Irvine Road SurgeryMain Surgery

	Comment	Comment DNA appt

25-July-2013 Ms Carrie McAllister (PHLEBOTOMI16992) Old Irvine Road SurgeryMain Surgery

	Comment	Comment DNA appt

24-July-2013 Mrs Elaine Scott (ES) Data Entry

	Comment	Failed encounter - DNA appt for dressing change.

22-July-2013 Mrs Elaine Scott (ES) Old Irvine Road SurgeryMain Surgery

	Examination	Examination Wound appears clean and healing.
	Comment	Comment Cleaned with saline, repacked with sorbsan ribbon. Tielle to cover. Review 2/7 - advised to contact if any problems tomorrow.

19-July-2013 Mrs Elaine Scott (ES) Old Irvine Road SurgeryMain Surgery

	History	History Had I&D of abscess 17th -missed appt yesterday.
	Examination	Examination Large wound left side upper back, draing blood-stained serous fluid.
	Comment	Comment Wound cleaned with saline, packed with alginate ribbon, skintact and mepore to cover. Will try to arrange DNs for weekend and dressings - Friday, 15.50hrs!!

19-July-2013 Mrs Elaine Scott (ES) Third party Consultation

	Comment	Comment Spoke to Jennifer DN - arranged visits Saturday and Sunday. Given dressing packs and mepore plus prescription for dressings/packing.
	Comment	Comment Message left on answermachine to inform patient DNs arranged.

17-July-2013 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

17-July-2013 Dr Pauline McCluskey (PM) Old Irvine Road SurgeryMain Surgery

Problem	Problem abscess
History	History left upper back - ripe for I&D - prone to these always need drained - allergic to penicillin - rash and sickness.

28-May-2013 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

28-May-2013 Dr Kenneth Irvine (KI) General Practice Surgery

History	History ref to ent for I and D large abscess of l side of neck

14-Mar-2013 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

28-Feb-2013 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

23-Feb-2013 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

11-Jan-2013 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

10-Jan-2013 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

01-Jan-2013 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

25-Apr-2012 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

15-Dec-2011 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

12-Oct-2011 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

11-Oct-2011 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

26-Aug-2011 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

24-Jun-2011 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

11-May-2011 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

03-May-2011 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

02-Mar-2011 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

15-Oct-2010 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

27-Aug-2010 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

26-Aug-2010 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

27-Apr-2010 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

27-Apr-2010 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

24-Apr-2010 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

11-Oct-2009 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

11-Oct-2009 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

09-Jun-2009 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

Medications (inc. issues)

Acute

16-Jun-2021 Dressit Sterile Dressing Pack with medium/large gloves
10 pack - USE AS DIRECTED

Repeat

17-Jun-2026 Mirtazapine Tablets 30 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

17-Jun-2026 Quetiapine Fumarate Tablets 200 mg
28 tablet - ONE TO BE TAKEN AT NIGHT

17-Jun-2026 Quetiapine Fumarate Tablets 25 mg
56 TABLET - TWO (50MG) TO BE TAKEN IN THE MORNING

18-May-2026 Quetiapine Fumarate Tablets 25 mg
56 TABLET - TWO (50MG) TO BE TAKEN IN THE MORNING

18-May-2026 Mirtazapine Tablets 30 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

18-May-2026 Quetiapine Fumarate Tablets 200 mg
28 tablet - ONE TO BE TAKEN AT NIGHT

16-Apr-2026 Mirtazapine Tablets 30 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

16-Apr-2026 Quetiapine Fumarate Tablets 25 mg
56 TABLET - TWO (50MG) TO BE TAKEN IN THE MORNING

16-Apr-2026 Quetiapine Fumarate Tablets 200 mg
28 tablet - ONE TO BE TAKEN AT NIGHT

01-Apr-2026 Quetiapine Fumarate Tablets 25 mg
28 tablet - TWO (50MG) TO BE TAKEN IN THE MORNING

01-Apr-2026 Quetiapine Fumarate Tablets 25 mg
56 TABLET - TWO (50MG) TO BE TAKEN IN THE MORNING

19-Mar-2026 Mirtazapine Tablets 30 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

19-Mar-2026 Quetiapine Fumarate Tablets 200 mg
28 tablet - ONE TO BE TAKEN AT NIGHT

23-Feb-2026 Mirtazapine Tablets 30 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

23-Feb-2026 Quetiapine Fumarate Tablets 200 mg
28 tablet - ONE TO BE TAKEN AT NIGHT

21-Jan-2026 Quetiapine Fumarate Tablets 200 mg
28 tablet - ONE TO BE TAKEN AT NIGHT

21-Jan-2026 Mirtazapine Tablets 30 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

05-Jan-2026 Hibiwash Solution 4 %
500 ml - USE AS SOPA SUBSTITUTE TO AFFECTED AREAS AS DIRECTED

17-Dec-2025 Quetiapine Fumarate Tablets 200 mg
28 tablet - ONE TO BE TAKEN AT NIGHT

17-Dec-2025 Mirtazapine Tablets 30 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

17-Nov-2025 Mirtazapine Tablets 30 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

17-Nov-2025 Quetiapine Fumarate Tablets 200 mg
28 tablet - ONE TO BE TAKEN AT NIGHT

20-Oct-2025 Mirtazapine Tablets 30 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

20-Oct-2025 Mirtazapine Tablets 30 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

16-Oct-2025 Quetiapine Fumarate Tablets 200 mg
28 tablet - ONE TO BE TAKEN AT NIGHT

04-Sept-2025 Quetiapine Fumarate Tablets 200 mg
28 tablet - ONE TO BE TAKEN AT NIGHT

18-Aug-2025 Hibiwash Solution 4 %
500 ml - USE AS SOPA SUBSTITUTE TO AFFECTED AREAS AS DIRECTED

18-Aug-2025 Hibiwash Solution 4 %
500 ml - USE AS SOPA SUBSTITUTE TO AFFECTED AREAS AS DIRECTED

04-Aug-2025 Quetiapine Fumarate Tablets 200 mg
28 tablet - ONE TO BE TAKEN AT NIGHT

02-July-2025 Quetiapine Fumarate Tablets 200 mg
28 tablet - ONE TO BE TAKEN AT NIGHT

23-May-2025 Quetiapine Fumarate Tablets 200 mg
28 tablet - ONE TO BE TAKEN AT NIGHT

23-May-2025 Quetiapine Fumarate Tablets 200 mg
28 tablet - ONE TO BE TAKEN AT NIGHT

Past

20-July-2026 Phosphate-Sandoz Tablets Acute Medication (Past)
9 tablet - 1 TAB THREE TIMES A DAY

18-July-2026 Phosphate-Sandoz Tablets Acute Medication (Past)
9 tablet - 1 TAB THREE TIMES A DAY

21-May-2026 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN 4 HOURLY AS REQUIRED

21-May-2026 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN 4 HOURLY AS REQUIRED

19-Mar-2026 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

23-Feb-2026 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

21-Jan-2026 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

05-Jan-2026 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY

05-Jan-2026 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY

17-Dec-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

17-Nov-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

16-Oct-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

02-Oct-2025 Lymecycline Capsules 408 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

02-Oct-2025 Lymecycline Capsules 408 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

04-Sept-2025 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

04-Sept-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

18-Aug-2025 Co-Codamol 8/500 Tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

18-Aug-2025 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY

18-Aug-2025 Co-Codamol 8/500 Tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

18-Aug-2025 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY

05-Aug-2025 Hibiscrub Cleansing solution 20 %(Chlorhexidine Gluconate 4 %) Acute Medication (Past)
500 ml - AS SOAP SUBSTITUTE FOR AFFECTED AREAS.

05-Aug-2025 Hibiscrub Cleansing solution 20 %(Chlorhexidine Gluconate 4 %) Acute Medication (Past)
500 ml - AS SOAP SUBSTITUTE FOR AFFECTED AREAS.

04-Aug-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

04-Aug-2025 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

02-July-2025 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

02-July-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

28-May-2025 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

23-May-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

22-Apr-2025 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

22-Apr-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

22-Apr-2025 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

21-Mar-2025 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

21-Mar-2025 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

21-Mar-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

20-Feb-2025 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

20-Feb-2025 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

20-Feb-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

03-Feb-2025 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

03-Feb-2025 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

22-Jan-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

22-Jan-2025 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

22-Jan-2025 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

09-Dec-2024 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

09-Dec-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - TAKE 1 CAPSULE TWICE DAILY

09-Dec-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - TAKE 1 CAPSULE TWICE DAILY

09-Dec-2024 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

09-Dec-2024 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

08-Nov-2024 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

08-Nov-2024 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

08-Nov-2024 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

08-Oct-2024 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

08-Oct-2024 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

08-Oct-2024 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

11-Sept-2024 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

11-Sept-2024 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

11-Sept-2024 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

08-Aug-2024 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

08-Aug-2024 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

08-Aug-2024 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

04-July-2024 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

04-July-2024 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

04-July-2024 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

23-May-2024 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

23-May-2024 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

23-May-2024 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

22-Apr-2024 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

22-Apr-2024 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

22-Apr-2024 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

22-Mar-2024 Hydrofilm Dressing 10 cm x 12.5 cm Acute Medication (Past)
1 DRESSING - APPLY AS DIRECTED

22-Mar-2024 Hydrofilm Dressing 10 cm x 12.5 cm Acute Medication (Past)
1 DRESSING - APPLY AS DIRECTED

21-Mar-2024 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

21-Mar-2024 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

21-Mar-2024 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

18-Mar-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - TAKE 1 CAPSULE TWICE DAILY

18-Mar-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - TAKE 1 CAPSULE TWICE DAILY

18-Mar-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
56 capsule - 1 TO BE TAKEN DAILY

18-Mar-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
56 capsule - 1 TO BE TAKEN DAILY

20-Feb-2024 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

20-Feb-2024 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

20-Feb-2024 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

17-Jan-2024 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

17-Jan-2024 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

17-Jan-2024 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

11-Dec-2023 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

11-Dec-2023 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

11-Dec-2023 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

09-Nov-2023 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

09-Nov-2023 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

09-Nov-2023 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

05-Oct-2023 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

05-Oct-2023 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

05-Oct-2023 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

08-Sept-2023 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

08-Sept-2023 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

08-Sept-2023 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

27-July-2023 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

27-July-2023 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

27-July-2023 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

26-Jun-2023 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

26-Jun-2023 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

26-Jun-2023 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

24-May-2023 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

24-May-2023 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

24-May-2023 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

25-Apr-2023 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

25-Apr-2023 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

25-Apr-2023 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

24-Mar-2023 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

24-Mar-2023 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

24-Mar-2023 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

27-Jan-2023 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

27-Jan-2023 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

27-Jan-2023 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

21-Dec-2022 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

21-Dec-2022 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

21-Dec-2022 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

18-Nov-2022 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

18-Nov-2022 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

18-Nov-2022 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

20-Oct-2022 Zopiclone Tablets 7.5 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

20-Oct-2022 Zopiclone Tablets 7.5 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

14-Oct-2022 Temazepam Tablets 20 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

14-Oct-2022 Temazepam Tablets 20 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

03-Oct-2022 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

03-Oct-2022 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

03-Oct-2022 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

07-Sept-2022 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

07-Sept-2022 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

07-Sept-2022 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

22-Aug-2022 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - TAKE 1 CAPSULE TWICE DAILY

22-Aug-2022 Hibiscrub Cleansing solution 20 %(Chlorhexidine Gluconate 4 %) Acute Medication (Past)
500 ml - AS SOAP SUBSTITUTE FOR AFFECTED AREAS.

22-Aug-2022 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - TAKE 1 CAPSULE TWICE DAILY

22-Aug-2022 Hibiscrub Cleansing solution 20 %(Chlorhexidine Gluconate 4 %) Acute Medication (Past)
500 ml - AS SOAP SUBSTITUTE FOR AFFECTED AREAS.

29-July-2022 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

29-July-2022 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

29-July-2022 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

30-Jun-2022 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

30-Jun-2022 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

30-Jun-2022 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

14-Jun-2022 Lymecycline Capsules 408 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

14-Jun-2022 Hibiscrub Cleansing solution 20 %(Chlorhexidine Gluconate 4 %) Acute Medication (Past)
500 ml - AS SOAP SUBSTITUTE FOR AFFECTED AREAS.

14-Jun-2022 Lymecycline Capsules 408 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

14-Jun-2022 Hibiscrub Cleansing solution 20 %(Chlorhexidine Gluconate 4 %) Acute Medication (Past)
500 ml - AS SOAP SUBSTITUTE FOR AFFECTED AREAS.

02-Jun-2022 Mirtazapine Tablets 45 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

02-Jun-2022 Quetiapine Fumarate Tablets 100 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

02-Jun-2022 Quetiapine Fumarate M/R tablets 200 mg Acute Medication (Past)
7 tablet - 1 DAILY

02-Jun-2022 Quetiapine Fumarate M/R tablets 200 mg Acute Medication (Past)
7 tablet - 1 DAILY

02-Jun-2022 Quetiapine Fumarate Tablets 100 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

02-Jun-2022 Mirtazapine Tablets 45 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

30-May-2022 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

30-May-2022 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

30-May-2022 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

05-May-2022 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

05-May-2022 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

05-May-2022 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

03-May-2022 Quetiapine Fumarate Tablets 100 mg Acute Medication (Past)
5 tablet - ONE TO BE TAKEN AT NIGHT

03-May-2022 Quetiapine Fumarate Tablets 100 mg Acute Medication (Past)
5 tablet - ONE TO BE TAKEN AT NIGHT

21-Mar-2022 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

21-Mar-2022 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

21-Mar-2022 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

04-Mar-2022 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

28-Feb-2022 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

28-Feb-2022 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

23-Feb-2022 Metronidazole Tablets 400 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

23-Feb-2022 Metronidazole Tablets 400 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

23-Feb-2022 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS

23-Feb-2022 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS

02-Feb-2022 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

02-Feb-2022 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

02-Feb-2022 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

31-Jan-2022 Quetiapine Fumarate Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

31-Jan-2022 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

28-Jan-2022 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

27-Jan-2022 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

07-Jan-2022 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - TAKE 1 CAPSULE TWICE DAILY

07-Jan-2022 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - TAKE 1 CAPSULE TWICE DAILY

23-Dec-2021 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

22-Dec-2021 Quetiapine Fumarate Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

22-Dec-2021 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

22-Dec-2021 Quetiapine Fumarate M/R tablets 200 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN DAILY

22-Dec-2021 Quetiapine Fumarate Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

02-Dec-2021 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

02-Dec-2021 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

22-Oct-2021 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

22-Oct-2021 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

16-Sept-2021 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

16-Sept-2021 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

20-Aug-2021 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

20-Aug-2021 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

02-July-2021 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

02-July-2021 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

16-Jun-2021 Kliniderm Foam Border Dressing square, 10 cm x 10 cm Acute Medication (Past)
10 dressing - USE AS DIRECTED

16-Jun-2021 Sorbsan Ribbon Cavity Dressing With Probe 40 cm Acute Medication (Past)
5 dressing - AS DIRECTED

16-Jun-2021 Kliniderm Foam Border Dressing square, 10 cm x 10 cm Acute Medication (Past)
10 dressing - USE AS DIRECTED

03-Jun-2021 Mirtazapine Tablets 45 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

03-Jun-2021 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

03-Jun-2021 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

03-Jun-2021 Quetiapine Fumarate M/R tablets 300 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

03-Jun-2021 Quetiapine Fumarate M/R tablets 300 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

03-Jun-2021 Mirtazapine Tablets 45 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

21-May-2021 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - TAKE 1 CAPSULE TWICE DAILY

21-May-2021 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - TAKE 1 CAPSULE TWICE DAILY

23-Apr-2021 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

23-Apr-2021 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

01-Apr-2021 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

01-Apr-2021 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

31-Mar-2021 Mirtazapine Tablets 45 mg Repeat Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

31-Mar-2021 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

09-Feb-2021 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

09-Feb-2021 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

14-Jan-2021 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - TAKE 1 CAPSULE TWICE DAILY

13-Jan-2021 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

13-Jan-2021 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - TAKE 1 CAPSULE TWICE DAILY

13-Jan-2021 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

13-Jan-2021 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - TAKE 1 CAPSULE TWICE DAILY

16-Dec-2020 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

16-Dec-2020 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

20-Nov-2020 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

20-Nov-2020 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

27-Oct-2020 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

27-Oct-2020 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

13-Oct-2020 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - TAKE 1 CAPSULE TWICE DAILY

13-Oct-2020 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - TAKE 1 CAPSULE TWICE DAILY

29-Sept-2020 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

29-Sept-2020 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

01-Sept-2020 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

01-Sept-2020 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

05-Aug-2020 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

05-Aug-2020 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

03-July-2020 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

03-July-2020 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

08-Jun-2020 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

08-Jun-2020 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

12-May-2020 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

12-May-2020 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

07-Apr-2020 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

07-Apr-2020 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

06-Mar-2020 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

06-Mar-2020 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

07-Feb-2020 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

07-Feb-2020 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

15-Jan-2020 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

15-Jan-2020 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

27-Dec-2019 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

27-Dec-2019 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

21-Nov-2019 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

21-Nov-2019 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

18-Oct-2019 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

18-Oct-2019 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

16-Sept-2019 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

16-Sept-2019 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

22-Aug-2019 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

22-Aug-2019 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

10-July-2019 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

10-July-2019 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

09-May-2019 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

09-May-2019 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

03-Apr-2019 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

03-Apr-2019 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

07-Mar-2019 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

07-Mar-2019 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

18-Feb-2019 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

18-Feb-2019 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

24-Jan-2019 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

24-Jan-2019 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

23-Jan-2019 Mirtazapine Tablets 45 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

23-Jan-2019 Mirtazapine Tablets 45 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

18-Oct-2018 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

16-Oct-2018 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

25-Sept-2018 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

05-Sept-2018 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

21-Aug-2018 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

20-Aug-2018 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

27-July-2018 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

23-July-2018 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

15-Jun-2018 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

06-Jun-2018 Quetiapine Fumarate M/R tablets 50 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT FOR 2 WEEKS (TOTAL DOSE 250MG)

06-Jun-2018 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

06-Jun-2018 Quetiapine Fumarate M/R tablets 50 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT FOR 2 WEEKS (TOTAL DOSE 250MG)

06-Jun-2018 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

09-May-2018 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

09-May-2018 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

12-Apr-2018 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

12-Apr-2018 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

20-Mar-2018 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - 1 CAPSULE TWICE DAILY

20-Mar-2018 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - 1 CAPSULE TWICE DAILY

20-Mar-2018 Mepore Dressing 7 cm x 8 cm Acute Medication (Past)
20 dressing - TO BE USED AS DIRECTED

20-Mar-2018 Mepore Dressing 7 cm x 8 cm Acute Medication (Past)
20 dressing - TO BE USED AS DIRECTED

02-Feb-2018 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

02-Feb-2018 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

29-Dec-2017 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

29-Dec-2017 Co-Codamol 8/500 Tablets Acute Medication (Past)
40 tablet - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

29-Dec-2017 Mepore Dressing 7 cm x 8 cm Acute Medication (Past)
20 dressing - TO BE USED AS DIRECTED

29-Dec-2017 Co-Codamol 8/500 Tablets Acute Medication (Past)
40 tablet - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

29-Dec-2017 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - 1 CAPSULE TWICE DAILY

29-Dec-2017 Mepore Dressing 7 cm x 8 cm Acute Medication (Past)
20 dressing - TO BE USED AS DIRECTED

29-Dec-2017 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - 1 CAPSULE TWICE DAILY

29-Dec-2017 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

01-Dec-2017 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

01-Dec-2017 Quetiapine Fumarate M/R tablets 50 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

01-Dec-2017 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

02-Nov-2017 Quetiapine Fumarate M/R tablets 50 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

02-Nov-2017 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

02-Nov-2017 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

06-Oct-2017 Quetiapine Fumarate M/R tablets 50 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

06-Oct-2017 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

06-Oct-2017 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

04-Aug-2017 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

04-Aug-2017 Quetiapine Fumarate M/R tablets 50 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

04-Aug-2017 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

25-July-2017 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - 1 CAPSULE TWICE DAILY

25-July-2017 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - 1 CAPSULE TWICE DAILY

11-July-2017 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

11-July-2017 Quetiapine Fumarate M/R tablets 50 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

11-July-2017 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

15-Jun-2017 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

15-Jun-2017 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

15-Jun-2017 Quetiapine Fumarate M/R tablets 50 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

18-May-2017 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

18-May-2017 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

18-May-2017 Quetiapine Fumarate M/R tablets 50 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

16-Mar-2017 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

16-Mar-2017 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

16-Mar-2017 Quetiapine Fumarate M/R tablets 50 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

14-Feb-2017 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

14-Feb-2017 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

14-Feb-2017 Quetiapine Fumarate M/R tablets 50 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

13-Jan-2017 Quetiapine Fumarate M/R tablets 50 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

13-Jan-2017 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

13-Jan-2017 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

16-Dec-2016 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

16-Dec-2016 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

16-Dec-2016 Quetiapine Fumarate M/R tablets 50 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

18-Nov-2016 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

18-Nov-2016 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

18-Nov-2016 Quetiapine Fumarate M/R tablets 50 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

27-Oct-2016 Quetiapine Fumarate M/R tablets 50 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

27-Oct-2016 Quetiapine Fumarate M/R tablets 50 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

07-Oct-2016 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

07-Oct-2016 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

15-Sept-2016 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

15-Sept-2016 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

21-July-2016 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

21-July-2016 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

23-Jun-2016 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

23-Jun-2016 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

24-May-2016 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

24-May-2016 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

29-Apr-2016 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

29-Apr-2016 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

23-Feb-2016 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

23-Feb-2016 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

28-Jan-2016 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

28-Jan-2016 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

11-Dec-2015 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

11-Dec-2015 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

23-Nov-2015 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

23-Nov-2015 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

16-Oct-2015 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - 1 CAPSULE TWICE DAILY

16-Oct-2015 Co-Codamol 8/500 Tablets Acute Medication (Past)
40 tablet - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

16-Oct-2015 Co-Codamol 8/500 Tablets Acute Medication (Past)
40 tablet - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

16-Oct-2015 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - 1 CAPSULE TWICE DAILY

13-Oct-2015 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

13-Oct-2015 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

03-Sept-2015 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

03-Sept-2015 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

29-July-2015 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

29-July-2015 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

01-July-2015 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

01-July-2015 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

02-Jun-2015 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

02-Jun-2015 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

22-Apr-2015 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

22-Apr-2015 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

13-Mar-2015 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

13-Mar-2015 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

02-Feb-2015 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

02-Feb-2015 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

09-Jan-2015 Mepore Dressing 10 cm x 11 cm Repeat Medication (Past)
10*1 dressing - TO BE USED AS DIRECTED

09-Jan-2015 Gauze Swabs (non-sterile) 10cm x 10cm, Type 13 Light BP 1988, 12-ply Repeat Medication (Past)
1*100 swab - USE AS REQUIRED

09-Jan-2015 Gauze Swabs (non-sterile) 10cm x 10cm, Type 13 Light BP 1988, 12-ply Repeat Medication (Past)
1*100 swab - USE AS REQUIRED

09-Jan-2015 Mepore Dressing 10 cm x 11 cm Repeat Medication (Past)
10*1 dressing - TO BE USED AS DIRECTED

09-Jan-2015 Gauze Swabs (non-sterile) 10cm x 10cm, Type 13 Light BP 1988, 12-ply Repeat Medication (Past)
1*100 swab - USE AS REQUIRED

09-Jan-2015 Mepore Dressing 10 cm x 11 cm Repeat Medication (Past)
10*1 dressing - TO BE USED AS DIRECTED

08-Jan-2015 Steripod Sodium Chloride Sterile Solution 0.9 % Acute Medication (Past)
25 SACHET - TO BE USED AS DIRECTED

08-Jan-2015 Steripod Sodium Chloride Sterile Solution 0.9 % Acute Medication (Past)
25 SACHET - TO BE USED AS DIRECTED

06-Jan-2015 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - 1 CAPSULE TWICE DAILY

06-Jan-2015 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - 1 CAPSULE TWICE DAILY

16-Dec-2014 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

16-Dec-2014 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

14-Nov-2014 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

14-Nov-2014 Mirtazapine Tablets 45 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

14-Nov-2014 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

27-Oct-2014 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 CAPSULE - TAKE 2 CAPSULES ON THE 1ST DAY AND AFTER THAT TAKE 1 CAPSULE DAILY.

27-Oct-2014 Lymecycline Capsules 408 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

27-Oct-2014 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 CAPSULE - TAKE 2 CAPSULES ON THE 1ST DAY AND AFTER THAT TAKE 1 CAPSULE DAILY.

27-Oct-2014 Lymecycline Capsules 408 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

24-Oct-2014 Quetiapine Fumarate M/R tablets 300 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

20-Oct-2014 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

03-Oct-2014 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

03-Oct-2014 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

11-Sept-2014 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

28-Aug-2014 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

28-Aug-2014 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

04-Aug-2014 Quetiapine Fumarate M/R tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

04-Aug-2014 Quetiapine Fumarate M/R tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

21-July-2014 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

21-July-2014 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

21-July-2014 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

16-Jun-2014 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

03-Jun-2014 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

03-Jun-2014 Quetiapine Fumarate M/R tablets 200 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

03-Jun-2014 Erythromycin E/c tablets 250 mg Acute Medication (Past)
56 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY

03-Jun-2014 Erythromycin E/c tablets 250 mg Acute Medication (Past)
56 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY

19-May-2014 Quetiapine Fumarate M/R tablets 150 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

12-May-2014 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

12-May-2014 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

07-Apr-2014 Quetiapine Fumarate M/R tablets 150 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

31-Mar-2014 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

31-Mar-2014 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

24-Feb-2014 Mirtazapine Orodispersible tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

24-Feb-2014 Mirtazapine Orodispersible tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

21-Feb-2014 Quetiapine Fumarate M/R tablets 150 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

29-Jan-2014 Quetiapine Fumarate M/R tablets 150 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

09-Jan-2014 Mirtazapine Tablets 15 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

09-Jan-2014 Mirtazapine Tablets 15 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

30-Dec-2013 Quetiapine Fumarate M/R tablets 150 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

26-Nov-2013 Quetiapine Fumarate M/R tablets 150 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

28-Oct-2013 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

28-Oct-2013 Quetiapine Fumarate M/R tablets 150 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

01-Oct-2013 Quetiapine Fumarate M/R tablets 150 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

01-Oct-2013 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

01-Oct-2013 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

10-Sept-2013 Quetiapine Fumarate M/R tablets 150 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

10-Sept-2013 Quetiapine Fumarate M/R tablets 150 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

12-Aug-2013 Quetiapine Fumarate M/R tablets 50 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN EACH DAY

12-Aug-2013 Quetiapine Fumarate M/R tablets 50 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN EACH DAY

30-July-2013 Hepatitis B Surface Antigen Suspension For Injection 20 micrograms/ml, 1 ml vial Acute Medication (Past)
2 vial - TO BE INJECTED

30-July-2013 Hepatitis B Surface Antigen Suspension For Injection 20 micrograms/ml, 1 ml vial Acute Medication (Past)
2 vial - TO BE INJECTED

19-July-2013 Sodium Chloride Irrigation solution 0.9 %, 20 ml unit dose Acute Medication (Past)
10 unit dose - As directed

19-July-2013 Sodium Chloride Irrigation solution 0.9 %, 20 ml unit dose Acute Medication (Past)
10 unit dose - As directed

19-July-2013 Sorbsan Ribbon Cavity Dressing With Probe 40 cm Acute Medication (Past)
5 dressing - AS DIRECTED

19-July-2013 Sorbsan Ribbon Cavity Dressing With Probe 40 cm Acute Medication (Past)
5 dressing - AS DIRECTED

19-July-2013 Mepore Dressing 11 cm x 15 cm Acute Medication (Past)
10 dressing - TO BE USED AS DIRECTED

19-July-2013 Mepore Dressing 11 cm x 15 cm Acute Medication (Past)
10 dressing - TO BE USED AS DIRECTED

Allergies

27-Oct-2014 Dr Esther McGregor (EM)
Adverse reaction to Penicillin V
personal history of rash and vomiting aged approx 12
Drug name allergy
Episodicity - None

Vaccinations

13-Aug-2021 Mr Anonymous User (ANON)
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pfizer (By S Armour)
FE3380/ PF/IM/LUA//C-19 Pfizer (By S Armour)

18-Jun-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By K Egan)
ET8885/ PF/IM/LUA//C-19 Pifzer (By K Egan)

02-Aug-2013 Mrs Elaine Scott (ES)
2nd hepatitis B vaccination
AHBVC053AG exp 01/2014 (GMS)

27-July-2013 Mrs Elaine Scott (ES)
1st hepatitis B vaccination

Referrals

13-July-2026 Dr Belinda Chan (BC)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

22-Mar-2024 Dr Esther McGregor (EM)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

Test Requests

30-Dec-1899 Dr Belinda Chan (BC)

Status	Requested
Innoculation Risk	True
Priority	Normal
Has Fasted?	True
Is Pregnant?	True

30-Dec-1899 Dr Belinda Chan (BC)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 MS Nicole Morgan (NMO)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr Belinda Chan (BC)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr Esther McGregor (EM)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Ms Karen Lawrence (KL)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Mrs Joanne Howieson (JH)
Status Complete
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Mrs Joanne Howieson (JH)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr Claire Davey (CD)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

Test Results

16-July-2026 Mr Anonymous User (ANON)
Result: Thyroid function test

TSH	1.21 mU/L	(Range: 0.27 - 4.2)
Free T4	17.7 pmol/L	(Range: 10 - 22)

16-July-2026 Mr Anonymous User (ANON)
Result: Plasma lipids

LDL Cholesterol	3.6 mmol/L	(No range available)
Triglyceride	2.7 mmol/L	(No range available)
Cholesterol:HDL Ratio	7	(No range available)
HDL Cholesterol	0.8 mmol/L	(No range available)
Cholesterol	5.6 mmol/L	(No range available)

16-July-2026 Mr Anonymous User (ANON)
Result: (Non Coded Event - SERUM FERRITIN)

Ferritin	71 ug/L	(Range: 30 - 400)

16-July-2026 Mr Anonymous User (ANON)
Result: Serum folate

Folate	10.7 ug/L	(Range: 3.9 - 26.8)

16-July-2026 Mr Anonymous User (ANON)
Result: Plasma vitamin B12 level

Vitamin B12	256 ng/L	(Range: 197 - 771)

16-July-2026 Mr Anonymous User (ANON)
Result: Bone profile

Phosphate	**0.47 mmol/L**	**(Range: 0.7 - 1.5)**
Adjusted Calcium	2.34 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.3 mmol/L	(Range: 2.2 - 2.6)

16-July-2026 Mr Anonymous User (ANON)
Result: Liver function test

Globulin	34 g/L	(Range: 21 - 35)
Albumin	42 g/L	(Range: 35 - 50)
Total Protein	76 g/L	(Range: 60 - 80)
ALT	18 U/L	(Range: 5 - 55)
AST	21 U/L	(Range: 10 - 45)
ALP	126 U/L	(Range: 30 - 130)
Bilirubin	5 µmol/L	(No range available)

16-July-2026 Mr Anonymous User (ANON)
Result: Urea and electrolytes

eGFR result/1.73m2 >60		(No range available)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	**3.4 mmol/L**	**(Range: 3.5 - 5.3)**
Sodium	140 mmol/L	(Range: 133 - 146)
Creatinine	67 µmol/L	(Range: 50 - 120)
Urea	3.3 mmol/L	(Range: 2.5 - 7.8)

16-July-2026 Mr Anonymous User (ANON)
Result: (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10*9/L	(No range available)
Eosinophils	0.3 10*9/L	(Range: 0.1 - 0.7)
Monocytes	0.9 10*9/L	(Range: 0.2 - 0.9)
Lymphocytes	2.1 10*9/L	(Range: 1.1 - 5)
Neutrophils	**7.4 10*9/L**	**(Range: 1.5 - 6.5)**
Platelets	332 10*9/L	(Range: 150 - 400)
MCHC	340 g/L	(Range: 316 - 349)
MCH	29.2 pg	(Range: 27.3 - 32.6)
MCV	86 fL	(Range: 82 - 98)
Haematocrit	0.41 %	(Range: 0.39 - 0.5)
RBC	4.73 10*12/L	(Range: 4.32 - 5.66)
White Cell Count	**10.8 10*9/L**	**(Range: 3.7 - 9.5)**
Haemoglobin	138 g/L	(Range: 133 - 176)

16-July-2026 Mr Anonymous User (ANON)
Result: (Non Coded Event - GLYCATED HB)

Haemoglobin A1c (IFCC)	34 mmol/mol	(Range: 20 - 41)

18-July-2022 Mr Anonymous User (ANON)
Result: Plasma gamma-glutamyl transferase level

GGT	40 U/L	(Range: 2 - 50)

18-July-2022 Mr Anonymous User (ANON)
Result: Liver function test

Globulin	30 g/L	(Range: 21 - 35)
Albumin	44 g/L	(Range: 35 - 50)
Total Protein	74 g/L	(Range: 60 - 80)
ALT	18 U/L	(Range: 5 - 55)
AST	18 U/L	(Range: 10 - 45)
ALP	**134 U/L**	**(Range: 30 - 130)**
Bilirubin	3 µmol/L	(Range: 3 - 21)

18-July-2022 Mr Anonymous User (ANON)
Result: Urea and electrolytes

eGFR result/1.73m2 >60		(No range available)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	**3.4 mmol/L**	**(Range: 3.5 - 5.3)**
Sodium	140 mmol/L	(Range: 133 - 146)
Creatinine	55 µmol/L	(Range: 50 - 120)
Urea	3.8 mmol/L	(Range: 2.5 - 7.8)

16-Jun-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - GLYCATED HB)

Haemoglobin A1c (IFCC)	40 mmol/mol	(Range: 29 - 42)
Haemoglobin A1c	5.8 %	(Range: 4.8 - 6)

16-Jun-2022 Mr Anonymous User (ANON)
Result: Thyroid function test

TSH	2.38 mU/L	(Range: 0.27 - 4.2)
Free T4	18.8 pmol/L	(Range: 10 - 22)

16-Jun-2022 Mr Anonymous User (ANON)
Result: Plasma lipids

LDL Cholesterol	3.42 mmol/L	(No range available)
Triglyceride	3.04 mmol/L	(No range available)
Cholesterol:HDL Ratio	7	(No range available)
HDL Cholesterol	0.8 mmol/L	(No range available)
Cholesterol	5.6 mmol/L	(No range available)

16-Jun-2022 Mr Anonymous User (ANON)
Result: Bone profile

Phosphate	**0.56 mmol/L**	**(Range: 0.8 - 1.5)**
Adjusted Calcium	2.22 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.36 mmol/L	(Range: 2.2 - 2.6)

16-Jun-2022 Mr Anonymous User (ANON)
Result: Liver function test

Globulin	31 g/L	(Range: 21 - 35)
Albumin	47 g/L	(Range: 35 - 50)
Total Protein	78 g/L	(Range: 60 - 80)
ALT	22 U/L	(Range: 5 - 55)
AST	17 U/L	(Range: 10 - 45)
ALP	**146 U/L**	**(Range: 30 - 130)**
Bilirubin	4 µmol/L	(Range: 3 - 21)

16-Jun-2022 Mr Anonymous User (ANON)
Result: Urea and electrolytes

eGFR result/1.73m2 >60		(No range available)
Chloride	101 mmol/L	(Range: 95 - 108)
Potassium	3.7 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)
Creatinine	53 µmol/L	(Range: 50 - 120)
Urea	**2.1 mmol/L**	**(Range: 2.5 - 7.8)**

16-Jun-2022 Mr Anonymous User (ANON)
Result: Plasma glucose level

Glucose	4.2 mmol/L	(Range: 3.3 - 6)

16-Jun-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10*9/L	(No range available)
Eosinophils	0.3 10*9/L	(Range: 0.1 - 0.7)
Monocytes	0.8 10*9/L	(Range: 0.2 - 0.9)
Lymphocytes	3.6 10*9/L	(Range: 1.1 - 5)
Neutrophils	6.5 10*9/L	(Range: 1.5 - 6.5)
Platelets	380 10*9/L	(Range: 150 - 400)
MCHC	346 g/L	(Range: 316 - 349)
MCH	31.6 pg	(Range: 27.3 - 32.6)
MCV	91 fL	(Range: 82 - 98)
Haematocrit	0.49 %	(Range: 0.39 - 0.5)
RBC	5.35 10*12/L	(Range: 4.32 - 5.66)
White Cell Count	**11.2 10*9/L**	**(Range: 3.7 - 9.5)**
Haemoglobin	169 g/L	(Range: 133 - 176)

23-Jun-2017 Mr Anonymous User (ANON)
Result: (Non Coded Event - SPUTUM CULTURE AND SENS)

Culture No growth		(No range available)
Appearance Mucoid		(No range available)

06-Jan-2015 Mr Anonymous User (ANON)
Result: (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10*9/L	(No range available)
Eosinophils	0.1 10*9/L	(Range: 0.1 - 0.7)
Monocytes	**1.1 10*9/L**	**(Range: 0.2 - 0.9)**
Lymphocytes	2.3 10*9/L	(Range: 1.1 - 5)
Neutrophils	**8 10*9/L**	**(Range: 1.5 - 6.5)**
Platelets	350 10*9/L	(Range: 150 - 400)
MCHC	348 g/L	(Range: 316 - 349)
MCH	31.2 pg	(Range: 27.3 - 32.6)
MCV	90 fl	(Range: 82 - 98)
Haematocrit	0.46 %	(Range: 0.39 - 0.5)
RBC	5.16 10*12/L	(Range: 4.32 - 5.66)
White Cell Count	**11.5 10*9/L**	**(Range: 3.7 - 9.5)**
Haemoglobin	161 g/L	(Range: 133 - 176)

06-Jan-2015 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Chloride	100 mmol/L	(Range: 95 - 108)
Potassium	3.8 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)
Creatinine	54 µmol/L	(Range: 50 - 120)
Urea	**1.8 mmol/L**	**(Range: 2.5 - 7.8)**

06-Jan-2015 Mr Anonymous User (ANON)
Result: Liver function test

Globulin	31 g/L	(Range: 21 - 35)
Albumin	43 g/L	(Range: 35 - 50)
Total Protein	74 g/L	(Range: 60 - 80)
ALT	20 U/L	(Range: 5 - 55)
AST	25 U/L	(Range: 10 - 45)
ALP	**171 U/L**	**(Range: 45 - 140)**
Total Bilirubin	11 µmol/L	(Range: 3 - 21)

06-Jan-2015 Mr Anonymous User (ANON)
Result: Plasma glucose level

Glucose	4.9 mmol/L	(Range: 3.2 - 6.1)

15-Nov-2013 Mr Anonymous User (ANON)
Result: (Non Coded Event - C Difficile Screen (GDH))

C. difficile screen (GDH) Negative	(No range available)

15-Nov-2013 Mr Anonymous User (ANON)
Result: (Non Coded Event - FAECES CS)

Cryptosporidium sp Not seen	(No range available)
Esch. coli O157 Not isolated	(No range available)
Campylobacter sp Not isolated	(No range available)
Shigella sp Not isolated	(No range available)
Salmonella sp Not isolated	(No range available)
Appearance Semi-solid	(No range available)

18-July-2013 Mr Anonymous User (ANON)
Result: (Non Coded Event - SWAB CULTURE)

Culture	(No range available)

Other Items

08-May-2026	Read Code	Endoscopic pleurodesis using talc (Left)
08-May-2026	Read Code	Operations, procedures, sites left VATS bullectomy
24-Apr-2026	Read Code	Spontaneous pneumothorax NOS left
27-Mar-2026	Read Code	Recurrent depression with psychosis
08-July-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 14:35 on Friday 09 of July at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..
05-July-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 16:00 on Tuesday 06 of July at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..
30-Jun-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 16:00 on Thursday 01 of July at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..
25-Jun-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 16:00 on Monday 28 of June at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..
24-Jun-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 14:50 on Friday 25 of June at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..
21-Jun-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 14:50 on Tuesday 22 of June at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..
18-Jun-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 16:20 on Monday 21 of June at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..
17-Jun-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 14:35 on Friday 18 of June at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..

16-Jun-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 14:25 on Thursday 17 of June at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..
15-Jun-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 14:35 on Wednesday 16 of June at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..
14-Jun-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 11:55 on Tuesday 15 of June at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..
11-Jun-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 14:55 on Monday 14 of June at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..
10-Jun-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 09:25 on Friday 11 of June at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..
08-Jun-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 15:45 on Wednesday 09 of June at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..
07-Jun-2021	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: APPT: 15:45 on Tuesday 08 of June at North West Kilmarnock Area Centre. To cancel please reply with the word CANCEL or call 01563 522413. Coronavirus - DO NOT ATTEND if you have a cough and/or a fever..
06-Mar-2021	Recall	Medication review
05-Apr-2018	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is a reminder about your appointment at 09:40 on Friday 06 of April at Old Irvine Road Surgery. If you cannot attend text CANCEL ...
25-Feb-2018	Read Code	SMS text sent to patient Consent-to-SMS services requested (opt out basis)
01-Apr-2017	Read Code	Medication review done
04-Jan-2016	Read Code	Medication review done
31-July-2013	Read Code	Overdose of drug insulin 22/4/2010
31-July-2013	Read Code	Notes summary on computer
07-Jun-2013	Read Code	Drainage of abscess of head or neck Left
22-May-2013	Read Code	Cellulitis and abscess NOS
12-Apr-2012	Read Code	Anxiety states
28-Jan-2011	Read Code	Pilonidal cyst with abscess
25-Aug-2010	Read Code	History of domestic violence
07-Feb-2010	Read Code	Overdose of drug insulin & alcohol
12-Oct-2009	Read Code	Nondependent alcohol abuse
10-Jun-2009	Read Code	Excision of pilonidal sinus NEC
22-Mar-2009	Read Code	Closed reduction of fracture of wrist
12-Aug-2008	Read Code	Head injury
01-Aug-2008	Read Code	Head injury
05-Dec-2005	Read Code	Cutaneous abscess
05-Apr-2005	Read Code	Closed reduction of dislocation of patella
25-Feb-2005	Read Code	Complete tear, knee, anterior cruciate ligament

01-Nov-2004	Read Code	Misuse of drugs NOS speed hash ectasy
01-Aug-2004	Read Code	Closed fracture thoracic vertebra
06-Dec-2001	Read Code	Skin and subcut tissue infection NOS

Attachments

Additional document
07-Aug-2026
Additional: Additional document

Filename:
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Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010405397896

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0402863410

REFERRAL TO

DieteticsR3
AA AHPs

AHP - East
SCI Gateway Virtual Location
NHS Ayrshire & Arran

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

Urgency of referral	Routine
Date of referral	13-Jul-2026
Date submitted	13-Jul-2026

PATIENT DETAILS

Surname	MacDonald
Forename(s)	Alisdair
Title	-
Sex	Male
Date of birth	04-Feb-1986
CHI no.	0402863410

Patient's address

40 Balgray Avenue
Kilmarnock
KA1 4QS

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr David Curran		
GMC code	3302705	GP code	24236
Practice name	Old Irvine Road Surgery (16992)		
Practice code	80414		

Practice address

4/6
Old Irvine Road
Kilmarnock

Contact number(s)

Voice: 01563 522413
Facsimile: 01563 573559

REFERRING PRACTITIONER DETAILS

Name	Dr. Belinda Mohamad Chan		
GMC code	6129674	GP code	22071
Practice name	The Surgery (80414)		
Practice code	80414		

Practice address

Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Contact number(s)

Voice: [redacted]

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: see below

Comment: I would be grateful for weight management review of this 40 year old man. He is on medications for recurrent depression with psychosis which may be contributing to his weight issues (on Mirtazapine and Quetiapine). He has had a wake up call recently with regards to his weight after suffering from a spontaneous pneumothorax. He has required a left VATS, bullectomy and talc pleurodesis under the thoracic surgeons back in May.

On examination his weight is 137.8 kg and he stands at a height of 164 cm giving him a BMI of 51.23.

It is felt likely that his lifestyle and weight are contributing to his ongoing breathlessness symptoms. He was keen for a referral to yourself to help him lose weight. Many thanks

Examinations and Investigations

Height:	164	-
Weight(kg):	137.8	-
BMI:	51.23	-
Ex smoker:		02-Oct-2025 00:00
Ex smoker:		18-Aug-2025 00:00
Current smoker:		14-Jun-2022 00:00
Current smoker :	chat re chest - stabvle.CXR >>	03-Aug-2017 00:00
Current smoker :	cough with green sputum. high temp.	27-Oct-2014 00:00
Current smoker :		14-Nov-2013 00:00
Alcohol consumption, 25 units/week:		16-Jun-2022 00:00
Takes inadequate exercise:		16-Jun-2022 00:00
Less than 30 mins/day of at least mod int physc act >=5 week:	Admits he has a sedentary lifestyle. Has bought exercise equipment to use at home as has anxieties about going to the gym or walking any distance in public.	16-Jun-2022 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

[redacted]

Additional document
07-Aug-2026
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Pages:

NHS Confidential: [redacted] data about a patient

Mental Health Services

Adult Community Mental Health Services
North West Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & [redacted]

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 28/05/2014
Date Dictated: 28/05/2014
Date Typed: 02/06/2014
Our Ref: JL/JT/
Enquiries to [redacted]
Tel No: [redacted]
Fax No: [redacted]

Dear Dr Curran

ALISDAIR MACDONALD **FLAT 10, 8 BREWLAND STREET, GALSTON, AYRSHIRE, KA4 8AQ**

CHI No: 0402863410

I reviewed Mr MacDonald today, 28th May 2014, at my North West Kilmarnock Area Centre Outpatient Clinic.

He reports "not a great couple of weeks". He has felt "anxious inside" and "lost and frustrated". He is "wanting to do stuff but can't do it due to panics". He recently went out with friends and "had a drink". This is the first time he has had a drink in a number of months but "he passed out" and found himself in a police cell charged with breach of the peace when he woke up. He is due in court tomorrow and he has legal support. This is "a little" stressful for him. He denies illicit drug use and has been unable to stop smoking given his level of anxiety. He lives with his [redacted] and this is working out "quite well". He has a very supportive [redacted] in addition.

Current Medication
Quetiapine modified release 150 mg at night
Mirtazapine 45 mg at night
He denies significant side effects from these and feels that the Mirtazapine is "a lot better" than the Sertraline.

Mental State Examination
He was a casually and appropriately dressed young man with good self care and reasonable eye contact. He was mildly defensive in his posture but he sat appropriately throughout the interview. Speech was spontaneous and appropriate and he had a tendency towards a negative content in his speech. Mood is chronically low but I did not get a sense that it was dramatically worse. He can be a bit more irritable but he denies aggression with this. He denies thoughts of suicide or self harm. He was mildly low objectively with a degree of anxiety but he wasn't distressed. A good rapport was maintained. He can have his chronic background suspicious thoughts but these don't change his behaviour and his "paranoia doesn't run away with me". He is aware of his symptoms but not sure what would help. He

ALISDAIR MACDONALD **FLAT 10, 8 BREWLAND STREET, GALSTON, AYRSHIRE, KA4 8AQ**

CHI No: 0402863410

continues to make his best efforts in terms of securing his own recovery.

Impression
This gentleman with a diagnosis of a depressive illness (ICD 10 Code – F32) and alcohol dependence (ICD 10 Code – F10.2) benefited from the Mirtazapine but has been struggling a little bit with is mood. He had an alcohol binge leading to his arrest but he did not describe heavy regular drinking. He can still describe low mood, anxiety and background suspiciousness.

Recommendations
We discussed how best to proceed and agreed to try increasing his Quetiapine modified release to 200 mg at night. This can be increased as needed and tolerated by 50 mg a month aiming for a maintenance dose of 300 mg at night. If an increase causes problematic side effects then it can be reverted to the previous dose. I will keep him under outpatient clinic review later on in the year but once his antipsychotic prescribing is stabilised, if he still continues to complain of low mood and anxiety symptoms then Venlafaxine XL 75 mg in the morning can be added to run concurrently with his current dose of Mirtazapine. This may have the same side effects as Sertraline so he might not be able to tolerate it but this is something that can be tried if he continues to struggle before I see him again. A subsequent prescribing option might be to add in Lamotrigine but I will advise on that when I see him next. I have asked him to contact us in between times if he feels the need to do this.

Kind regards

Yours sincerely

Authorised on 03/06/2014 16:38:23 by Jamie Lewis.

Dr J Lewis
Consultant Psychiatrist

Additional document
07-Aug-2026
Additional: Additional document

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Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 28/05/2024
Date Dictated: 10/07/2024
Date Typed: 10/07/2024
Our Ref: YN/JT
Enquiries to Ms J [redacted]
Tel No: [redacted]

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Diagnosis: **Recurrent depression with psychosis**

Ongoing diagnostic review

Past alcohol dependence

Recommendations: **Referred back to CPN for community links, assess needs, reduce isolation**

Continue medication

Yearly fasting bloods recommended

Crisis supports reinforced

Clinic review in next 4-6 months

Alisdair had a first phone review with me last week. He is a 38 year old living alone (previous spray painter) He had seen Dr Taylor in 2023 who had referred him for further CPN support however he missed the appointments (some may have been received late)

Alisdair has a long history of mental illness. First admission age 17 (although records not available currently) and has been diagnosed with depression and psychosis and past alcohol dependence. He has not drank for several years. Past illicit substance use when young.

Today he reported he is getting back on track after his [redacted] died in a house fire in 2022. No recurring nightmares etc reported. He sees his [redacted] twice a week and he is trying to garden. He can feel isolated and little to do. He reports sleep can be difficulty and he struggles to switch off at night. Self care slowly improving.

He reported generally feeling well however recurrent abscess seeing GP about.

Meds: mirtazapine 45mg, Seroquel XR 200mg and 100mg IR nocte

He was polite and cooperative and logical on phone. He reported still feeling low but 'not terrible' He worries about panic attacks but seem more controlled. He reported vague auditory hallucinations which seem more controlled on Seroquel. Vague referential delusions like reading into things on the news mentioned. He reported he was content with his medication however he was keen for more support in the community. He denied any thoughts to harm self. He is keen to complete an IT course in future and improve his mental health.

Thank you for your ongoing care of this patient. Please do not hesitate to contact clinic if you have concerns about Alisdair's mental health.

Yours sincerely

Authorised on 10/07/2024 14:51:50 by Yasmin Nalci.

Dr Yasmin Nalci
Locum Consultant Psychiatrist

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07-Aug-2026
Additional: Additional document

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Pages:

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Dr D Chung Dr J Gordon Dr M Draegebo Dr J Mulligan Dr J Mardon Mr J Stevenson
Dr C McGuffie Dr Y Moulds Dr L Black Dr C McRoberts Dr T Hopkins

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577757/8
Fax: 01563 572009

Dr. JD CURRAN
THE SURGERY
OLD IRVINE ROAD SURGERY
4/6 OLD IRVINE ROAD
KILMARNOCK
KA1 2BD

Alisdair Macdonald
14C KNOCKINLAW MOUNT
KILMARNOCK, KA3 2AG

DOB: 04/02/1986
A/E No: XH-15-053710
CHI No: 0402863410

Date and Time of Attendance: 18 Sep 2015 18:49
Total A&E Attendances = 22 , attendances in last year = 0

Diagnosis Sprain , Lateral Ankle Ligament , Right

Treatment Tubigrip, Advice

Drugs:

Investigations X-Ray , Foot Right

Follow up: Discharge, no follow up

Usual place of residence

Additional Information: Right ankle sprain, tubigrip and RICE

David Chung
ED Consultant

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

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07-Aug-2026
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Extension:
Pages:

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Mental Health Services

Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 26/10/2016
Date Dictated: 27/10/2016
Date Typed: 01/11/2016
Our Ref: AG/JT/
Enquiries to Ms J Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Diagnosis: **Depression and Anxiety**
Past alcohol dependence, currently in remission

Psychiatric Medication: **Mirtazapine 45 mg nocte**
Quetiapine modified release 300 mg nocte

Changes to Medication: **Please increase Quetiapine modified release 350 mg nocte.**

Follow up:
1. **Continue with OT**
2. **Outpatient review in 4 months**

I saw the above gentleman in my outpatient clinic at the North West Area Centre on 26th October 2016.

He reported that things had become more difficult for him as his [redacted] is moving out of their joint tenancy. He is unsure what will happen in regards to the tenancy and if he would be able to afford to stay on himself. He is currently seeking advice from Citizen Advise Bureau in regards to whether his benefits may increase to help him cover his increase in rent. He needs help in evaluating this as he feels unable to do it himself at present. I believe that it is approximately one month until his tenancy would have to go solely into his own name. This is a private let tenancy. Should it not be possible for him to afford it he will be looking for accommodation on his own elsewhere. As expected he is feeling very stressed by this and his anxiety has increased as a result.

26th November 2016

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

He did recount to me today that he had previously been feeling very motivated to change and still does so although his last attempt at going back into work has been a "spectacular fail" and has resulted in a panic attack and faint. He was unable to identify any positives in this despite going from being very agoraphobic in the house to trying that. He reported that his mood deteriorated after this incident and his alcohol intake increased. He has now been abstinent for approximately two weeks, saying himself that this was making things worse. He is continuing to experience panic if he tries to go out alone. He does however at home enjoy time with his [redacted] and also enjoys music, television and the computer. He does miss his previous hobbies and friends. He met with my OT colleagues earlier in the day and it has been agreed that they will do some work with him around anxiety management and graded exposure. It has been agreed that this will start up in a few weeks once Alisdair has the difficulties with his tenancy out of the way in order not to make his current situation more difficult. He is having some difficulties sleeping due to increased anxiety although his concentration is Ok. He had no thoughts of deliberate self harm or suicide.

Mental State Examination

Alasdair was a small, plump gentleman with dark brown/red hair and beard. He was dressed in T-shirt and jeans. He did appear anxious and on the edge of his seat but he engaged well despite this. His eye contact was good as was his rapport. Subjectively he described his mood as anxious. Objectively his mood was anxious. Speech was of normal rate, tone and volume. There was no evidence of any formal thoughts disorder and there were no thoughts of deliberate self harm or suicide. There was no evidence of any perceptual disturbance. He had good insight into his difficulties. I believe there is a chronic risk of alcohol misuse.

Impression

Alisdair is a gentleman who has previously had issues with low mood, currently presenting as anxious with agoraphobic and panic symptoms.

Plan

I would appreciate if as per my clinical E-mail his Quetiapine modified release could be increased to 250 mg nocte. He plans to attend the Citizen Advice Bureau for help with his finances and tenancy. He is currently awaiting his OT input and will be seen again in clinic in approximately 4 months time.

Yours sincerely

Authorised on 01/11/2016 14:58:56 by Aileen Guthrie.

Dr Aileen Guthrie
Consultant Psychiatrist

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07-Aug-2026
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To: JD.CURRAN

University Hospital Crosshouse Emergency Department
Kilmarnock
Crosshouse Hospital
KA2 0BE
Tel: 01563 827751/827762

DUTY CONSULTANT: DR LESLEY BROWN

PATIENT DETAILS

Patient Name	Alisdair Macdonald
CHI Number	0402863410
DOB	04/02/1986
Address	25 WADDELL COURT,KILMARNOCK,,, KA3 2EB
Previous Attendances	No Attendances in Last 12 months:2Total Number of Attendances:27

ATTENDANCE DETAILS

Arrival Date & Time	29/04/2026 22:05
Presenting Complaint	collapsed lung?
Diagnosis	Shortness of breath
Treatment	Chest drain
Investigations	X-Ray,Chest X-Ray,Chest X-Ray,Chest
Additional Information	Spontaneous PTx. 2nd in 6 days. Admit medics

DISCHARGE DETAILS

Discharge Date & Time	30/04/2026 08:00
Left Department Date & Time	30/04/2026 16:29
	Admitted CAU
Child Protection	None
Adult Protection /Concern Referral?	No
Clinician Seen	David-Peter Lynch,DLynch

Additional document
07-Aug-2026
Additional: Additional document

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NHS
Ayrshire & Arran

Mental Health Services

East Ayrshire Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Personal in Confidence
Mr Alistair MacDonald
40 Balgray Avenue
Shortlees
Kilmarnock
KA1 4QS

Date: 29th July 2024
Ref: Blue Hub/AL
CHI: 0402863410
Enquiries To:
Direct Line: 01563 578592
01290 425947

Dear Mr MacDonald

Following referral to the Community Mental Health Team, I would like to offer you an assessment appointment

Date: **Thursday 22nd August 2024**

Time: **10.00**

Venue: **North West Kilmarnock Area Centre**

If this appointment is not suitable, please contact the above number to rearrange.

If you do not make contact or you fail to attend your appointment we will therefore discharge you back to the care of your GP at this time.

If you are suffering from recent new respiratory symptoms please do not travel to hospital/outpatient clinic for your appointment, please contact us on the telephone number provided within this letter.

Yours sincerely

COMMUNITY MENTAL HEALTH NURSE (Blue Hub)

Cc Dr Curran, 4/6 Old Irvine Road, Kilmarnock, KA1 2BD
www.nhsaaa.net

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07-Aug-2026
Additional: Additional document

Filename:
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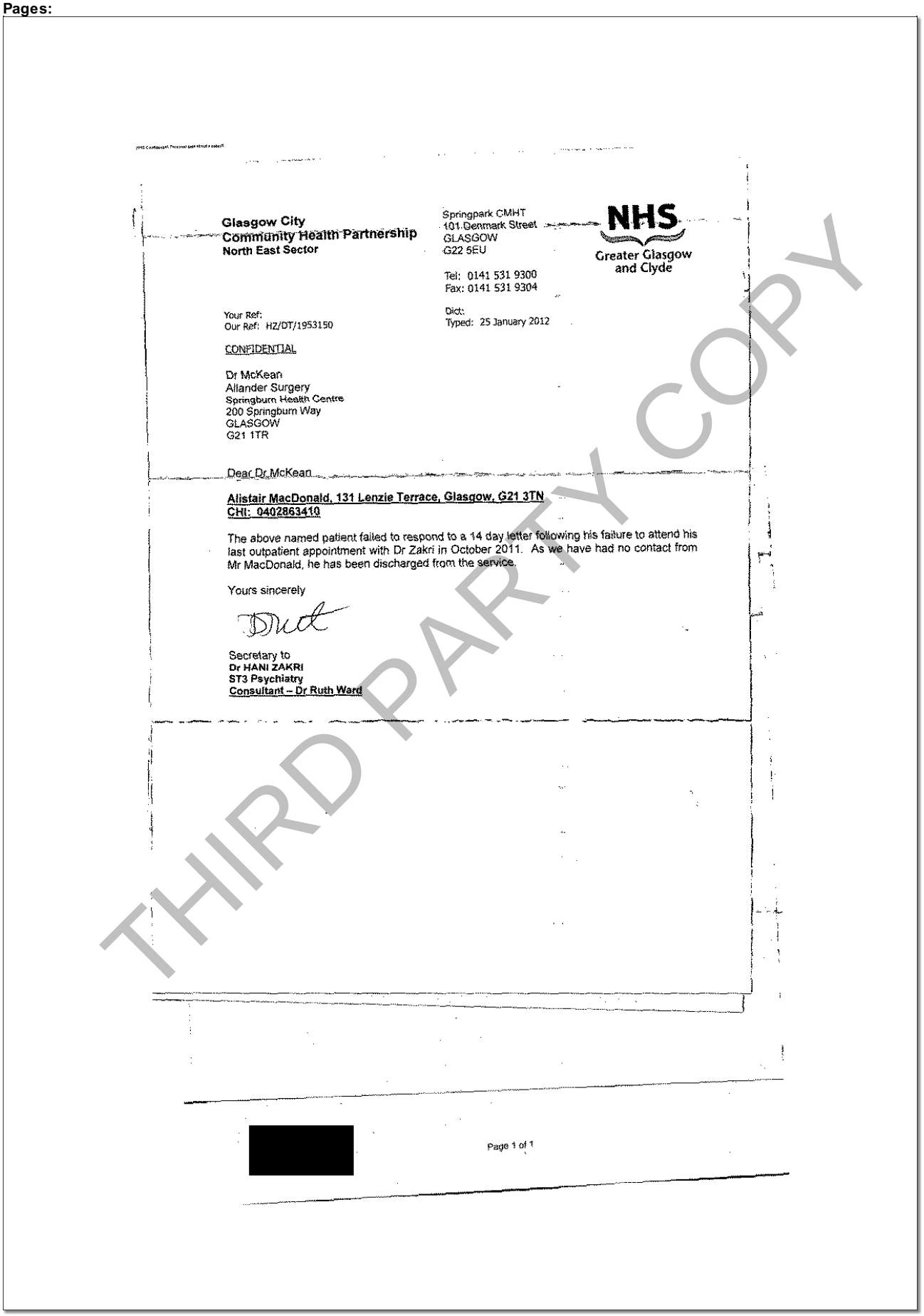

Glasgow City
Community Health Partnership
North East Sector

Springpark CMHT
101 Denmark Street
GLASGOW
G22 5EU

Tel: 0141 531 9300
Fax: 0141 531 9304

NHS
Greater Glasgow and Clyde

Your Ref:
Our Ref: HZ/DT/1953150

Dict:
Typed: 25 January 2012

CONFIDENTIAL

Dr McKean
Allander Surgery
Springburn Health Centre
200 Springburn Way
GLASGOW
G21 1TR

Dear Dr McKean

Alistair MacDonald, 131 Lenzie Terrace, Glasgow, G21 3TN
CHI: 0402863410

The above named patient failed to respond to a 14 day letter following his failure to attend his last outpatient appointment with Dr Zakri in October 2011. As we have had no contact from Mr MacDonald, he has been discharged from the service.

Yours sincerely

Secretary to
Dr HANI ZAKRI
ST3 Psychiatry
Consultant – Dr Ruth Ward

[redacted]

Page 1 of 1

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

University Hospitals Division

St John's Hospital at Howden
Outpatient Department 2
Howden Road West
Livingston
West Lothian EH54 6PP

NHS Lothian

Department of Plastic and Reconstructive Surgery

1/2

Mr Wardrop,
Consultant ENT Surgeon
Crosshouse Hospital
Kilmarnock Rd
Crosshouse

Date First Created 17/12/2013
Date Authorised
Date/Time Printed 17/12/2013 13:36
Our Ref 700684867L
CHI 0402863410

Patient:	Mr Alisdair MacDonald 29 Campbeltown Drive Kilmarnock KA3 1TB	**UHPI:**	700684867L
		Date of Birth:	04/02/1986
Clinic Code:	KJSPSEAR - Ear Reconstruction	**Attendance Date:**	11/12/2013
Specialty:	Plastic Surgery		
Consultant:	Mr KJ Stewart		

Consultant: Mr M Butterworth
Consultant: Miss PA Russell
Secretary: Mrs L Cook
Tel:01506 523118
Consultant: Mr K Stewart
Consultant:Mr AS Jawad
Secretary: Mrs V Will
Tel:01506 523115
Consultant:MR D Widdowson
Consultant:Mr WD Anderson
Consultant:Mr SA Hamilton
Secretary: Mrs F Mackay
Tel:01506 523116
Consultant: Mr MD Barber
Consultant: Mr WL Lam
Secretary: Mrs K Douglas
Tel:01506 523103
Consultant:Mr CR Ratic
Secretary: Mrs J Young
Tel:01506 523108
Consultant:Mrs D Davidson
Secretary: Mrs M Ramsay
Tel:01506 523107
Consultant: Mr H Bahia
Secretary: Mrs R McManus
Tel:01506 523114
Consultant: Mr P Addison
Secretary : Mrs R McManus
Tel : 01506 523114
Consultant: Miss C K Sinclair
Secretary : Mrs L McCulloch
Tel : 01506 523511

Fax No: 01506 523505

Outpatient Clinic Letter

Dear Mr Wardrop,,

Many thanks for asking me to see this gentleman who was subjected to a traumatic assault in July 2013 when he was attacked from behind and part of his left ear was bitten off. This was debrided and closed directly.

Mr MacDonald suffered from mental health issues following the attack and he is under the regular care of a Psychiatrist and Community Psychiatric Nurse, Jim Young.

Mr MacDonald has significant concerns about the appearance of his ear. He is very self-conscious of his ear and is keen to consider reconstructive surgery.

Examination reveals a significant loss of the scaphoid fossa and helical rim of the upper pole of the left ear. He has good quality post auricular mastoid skin, although there is a small naevus within the relevant area.

Mr MacDonald has no other significant past medical history but he is a smoker.

We have taken some time today to explain to Mr. MacDonald what would be involved in reconstructive surgery. In his case this would require the use of a costal cartilage construct covered by a mastoid skin flap. The ear would be flat against the head for six months and he would require secondary surgery to release it and recreate the post auricular sulcus with a full thickness skin graft.

I have explained to Mr MacDonald that he would be well advised to stop

Page 1 of 2

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

FINAL DISCHARGE LETTER

Glasgow Royal Infirmary 84 Castle Street, Glasgow G4 0SF 0141-211 4917
2nd Floor Diabetes & Cardiology Wards 4&5

Consultants: Prof. K Paterson Prof. Miles Fisher Dr. Colin Perry

Dr Margaret Craig Springburn Health Centre 200 Springburn Way G21 1TR Phone: Copy to:	Alistair MacDonald 131 Lenzie Terrace Glasgow G21 3TN Hospital Number 64196843A CHI Number 0402863410 Phone:	*Admitted:* 23.04.10 **Discharged:** 24.04.10 **Follow Up:** Nil **(NO NOTES)** Died: GP informed: by:

Main Diagnoses:

Previous/inactive Diagnoses:

Presenting complaint:
Insulin overdose

Examination:

Diagnostic tests / procedures and relevant results / treatment and progress:
BM: 1.1
This 24 year old man presented following a spontaneous overdose of 300 units of his girlfriends NovoRapid. He presented with symptoms of hypoglycaemia which were treated successfully with IV dextrose. He was reviewed by liaison psychiatrist who identified possible domestic as the cause of this spontaneous act but reassuringly did not identify any evidence of mood disorder or other psychiatric symptoms. He was discharged after being deemed medically fit.

ECG: sinus rhythm and shows marked lateral Q waves of indeterminate significance.

Results awaited/ unresolved issues and further action/follow up plan:
No follow up.

Medication on discharge, changes and why

Date:	Signed:	Name:	Position:	Typed:	Ref:
26.04.10		*Dr D Begbie*	ST2	28.04.10	DB/KS

Additional document
07-Aug-2026
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Pages:

NHS Confidential: Personal data about a patient

6 4329 Not our pt

PATIENT SERVICES

Discharge Summary
Emergency Department
Crosshouse Hospital
KA2 OBE
TEL: 01563 521133

NHS Ayrshire & Arran

4

Dr J Shennan
101 Portland Street
TROON
KA10 6QN

Date typed	12th October 2009
Dictated	11th October 2009
Our ref	JS/sab/384436
Patient CHI	0402863410
Enquiries to	Sharon Berry, A&E Secretary
Extension	27762
Direct line	[redacted]
Fax	
E-mail	[redacted]

Dear Dr Shennan,

ALISDAIR MACDONALD 29 CAMPBELTOWN DRIVE KILMARNOCK 04.02.1986

Date of admission: **11th October 2009**
Date of discharge: **11th October 2009**
Diagnosis: **1. Alcohol intoxication**
2. Head injury

Your patient was admitted. The circumstances surrounding his injury are unclear. He would appear to have been attending h[redacted]50th Birthday party. He consumed a large quantity of alcohol and somehow sustained a laceration to the occipital region of his scalp. He has no recollection for events.

At the time of presentation he was slightly confused and uncooperative. There was no focal neurological deficit. The wound to his scalp had been cleaned and glued. He was admitted to the ward for observation.

On examination the following day he is still intoxicated. It would appear that his face had been painted blue prior to hospital admission. The scalp wound is satisfactory. He is very vague about events concerning his attendance at hospital. There is no focal neurological deficit. There is no other injury on examination. He was discharged home when he had sobered up. No arrangements were made for review in A&E.

Yours sincerely,

Mr James Stevenson, Consultant
Department of Emergency Medicine

FILE ✓ APPT
- 3 NOV 2009
SATISFACTORY CASE NOTES

Awarded for excellence

STA 5000

Additional document
07-Aug-2026
Additional: Additional document

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Extension:
Pages:

NHS Confidential: Personal data about a patient

Mental Health Services

Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 22/02/2017
Date Dictated: 22/02/2017
Date Typed: 23/02/2017
Our Ref: AG/JT
Enquiries to Ms J Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

I was due to see the above gentleman in my outpatient clinic at the North West Area Centre on 22nd February 2017. Unfortunately he did not attend and did not contact ourselves. I do note however from his last clinic attendance that there is potential that he has moved address. I will try and confirm this throughout GP registration. If his address has not changed I will send him an opt in letter for the clinic. However it may be that he has missed an appointment in the post and if this is the case I will re-appoint him for 4 to 6 months time.

Yours sincerely

Authorised on 23/02/2017 14:40:30 by Aileen Guthrie,

Dr Aileen Guthrie
Consultant Psychiatrist

Additional document
07-Aug-2026
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NHS Confidential: Personal data about a patient

Emergency Department
Stobhill Hospital
133 Balornock Road
Glasgow

Dr Craig
Springburn Health Centre
200 Springburn Way
Glasgow

G21 1TR

6 March, 2010

Dear Dr Craig,

Re. ALISTAIR MACDONALD, 131 LENZIE TERRACE, GLASGOW, G21 3TN
Date of Birth 04.02.86 Hospital Number: 64196843A CHI Number: 0402863410

Your patient attended Stobhill Hospital on the 6 MAR 2010 at 01:51 am.

The presenting complaint was:	**ASSAULTED**
Triage Information:	**Nil**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	****Injury-Alleged Assault** - Contusion - Head And Face - Forehead**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Presented to Ed following an alleged assaul. Multiple bruises and abrasions to face and hands. No indication of *any fracture*.** **Initially quite drowsy and claimed to ahve drunk little alcohol although clearly smelling of alcohol. Improved on stay in ED.** **Impression - alledged assault. Minor head injury**

Yours sincerely,

Jennifer Davidson
Emergency Medicine G P S T 1

Additional document
07-Aug-2026
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Pages:

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Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 03/11/2020
Date Dictated: 03/11/2020
Date Typed: 11/11/2020
Our Ref: KT/JT
Enquiries to Ms J Taylor
Tel No: 01563-578593

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Diagnosis: **Recurrent Depressive Disorder – F33**
History of Alcohol Dependence, currently under control - F10.2

Psychiatric Medication: **Quetiapine MR 300 mg at night**
Mirtazapine 45 mg at night

Changes to Medication Following Review: **Nil**

Recommendations/Plan: **Outpatient review in 6 months time.**

I reviewed Alisdair during his scheduled outpatient telephone consultation on 3rd November 2020.

He wasn't great as I had woke him up and he was just coming to. He assures that there were no big changes. He is still not seeing much of his friends and family but is in touch with them via Skype or messenger. He has done his garden and it is ready for the winter. He said of the pandemic that "people are getting crazy", he didn't comment more. He sounded really sleepy so he was not keeping the conversation. He said that he still sits and watches television during the day. We agreed that medication should continue and he will be seen again in several months. He said that his mental health has recovered and plateaued but not fully to a satisfactory level.

Yours sincerely

Authorised on 13/11/2020 15:29:59 by Krzysztof Tyczynski.

Dr Krzysztof Tyczynski
Consultant Psychiatrist

www.nhsaaa.net

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Patient Name: MACDONALD, Alisdair DOB: 04-Feb-1986 CHI No: 0402863410

Emergency Discharge Letter (Authorised)

UHC Emergency Department
Kilmarnock Road
Kilmarnock
KA2 0BE

Dept. Contact Details:

JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
Kilmarnock
KA1 2BD

CHI Barcode: 0402863410

Date of Completion: 17-Jun-2026

Patient Demographics

Patient Name:	MACDONALD, Alisdair	**Date Of Birth:**	04-Feb-1986
Patient Address:	25 Waddell Court Kilmarnock Ayrshire KA3 2EB	**Gender:**	Male
		CHI No:	0402863410
Telephone No:	[redacted]		

Admission Details

Patient Location:	UHC Emergency Department	**Admission Date:**	16-Jun-2026
Admission Care Provider:		**Admission Time:**	23:11
Source Of Admission:	Self referral		

Presenting Complaint

? Lung issue

Diagnosis

Diagnosis	Site	Laterality
Pulmonary Embolism Without Mention of Acute Cor Pulmonale		
Chest Pain, Unspecified		

Notes for GP

presented with chest pain, raised D-dimer, but negative CTPA, pain settled and keen for discharge.

Clinical Notes

Nil records exist

Investigations

XR Chest
CT Angiogram pulmonary

Procedures

No Procedure Results

Safety Alerts

Alert Category	Alert
Safety and Security	Staff Safety Risk

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Patient Name: MACDONALD, Alisdair DOB: 04-Feb-1986 CHI No: 0402863410

Person completing record			
Authorised by		**Clinically completed by**	
Name:	Dr N Morgan	**Name:**	Dr J Gay
Designation or role:	Doctor	**Designation or role:**	Doctor
Specialty:		**Specialty:**	
Date completed:	17-Jun-2026		

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
JD Curran	GP	The Surgery

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Confidential - Clinical Information

Department of Otolaryngology
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

www.nhsayrshireandarran.com

NHS Ayrshire & Arran

Dr JD Curran
The Surgery
4/6 Old Irvine Road
Kilmarnock
Ayrshire
KA1 2BD

Our Ref: KV/ST – Mr Murray
Hospital No: -
Ref Date: 14/08/2013
Date Dictated: 14/08/2013
Date Typed: 19/08/2013
Enquiries to Mrs Susanne Trainor
Direct Line 01563 827893
Ext. Number 27893
Email [redacted]

Dear Dr Curran,

ALISDAIR MACDONALD DOB: 04/02/1986 CHI No: 0402863410
29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB

Date of Admission: 27.07.13
Date of Discharge: 27.07.13

This patient presented to the ENT services for a human bite injury to his left upper ear border. There was complete avulsion noted as he presented in the A&E Department. The patient had Co-Amoxyclav, Hep B vaccine and bloods taken for hepatitis C. The patient was not for re-implantation of ear post review.

On examination the upper border of the left ear had undergone complete avulsion. It was also noted that there was bleeding from the blood vessels but this was cleaned out with iodine and haemostasis was achieved. Local anaesthetic was used to stop the bleeding and the cartilage that was visible was trimmed off and sutures applied. A non-adhesive dressing was later advised with gauze bondage. The plan later on was to bring the patient back the following day to remove the bandage. Chloramphenicol ointment was prescribed to be applied daily 3 times per day. The patient was asked to return on the Friday that followed for removal of his sutures which was on the 2nd of August 2013. The patient was also prescribed Erythromycin as he was Penicillin allergic and analgesia as appropriate.

Note to GP – The patient is to be followed up by GP in terms of his hepatitis C results and for him to complete his course of hepatitis B vaccination. An out-patient ENT follow up will be arranged after the patient has been reviewed and if considered appropriate.

Yours sincerely

Authorised on 20/08/2013 16:00:01 by Kumaralingham Vishnuvarthan.

Dr Kumaralingham Vishnuvarthan
FY2 in ENT
GMC 7284457

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Webster, Rosemary

From: Taylor, Michael George
Sent: 15 December 2021 15:52
To: aa.Clinical_Practice_OldIrvineRoad_DrLochrie&Ptnrs_80414
Cc: Taylor, Jenny
Subject: prescription request

Dear Dr

Re Alisdair MacDonald CHI 0402863410

I reviewed this man at the out patient clinic today and would recommend the following change to his prescription

Please change Quetiapine preparations from MR 300mg daily to MR 250mg daily plus 50mg of immediate release preparation.

A full letter will follow

Thank you

Dr M Taylor
Consultant Psychiatrist

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07-Aug-2026
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Staff Copy Printed 27/10/2016 by Joanne Reilly

carepartner

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (30y)	Gender Male	CHI Number 0402863410

Housing and finances Key Item
Amber

Note: Alisdair described previously moving around a lot since the age of 14 including periods of homelessness, and attributed this in part due to paranoid thinking. He stated that he had been feeling more settled and safe in his current tenancy (a private let), however his brother has recently moved to his own tenancy and Alisdair is concerned he will not be able to stay in his current property for financial reasons. [redacted] plans to accompany him to Housing Options Team and Citizens Advice Bureau in the next few weeks to seek advice re this.
Alisdair reported no financial difficulties and states he is able to manage his monies. He is in receipt of benefits - ESA (support group) and PIP.

Any other issues
Green

Note: No other issues raised during assessment.

Overall Impression of Risk
Green

Note: No risk to self or others identified at time of assessment

Immediate Risk Management Plan

Immediate Risk Management Plan
- Alisdair intends to speak to Dr Guthrie, Consultant Psychiatrist at today's out patient appointment to discuss medication and poor sleep.
- Alisdair intends to seek advice re his housing situation with the support of his [redacted] Also informed about Financial Inclusion Team, however referral declined at present time.
- Continue Occupational Therapy assessment
- Identify clear goals for treatment with Alisdair when he has clarified his housing situation which is his current priority.
- Anxiety management input. Self help materials provided on 18.10.16.
- Graded exposure treatment
- Sleep hygiene advice provided.
- Next appointment: 16.11.16 at 10am

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07-Aug-2026
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Extension:
Pages:

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NHS
Ayrshire
& Arran

MENTAL HEALTH SERVICES

Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ

Personal in confidence

Alisdair MacDonald
40 Balgray Avenue
Shortlees, Kilmarnock
KA1 4QS

Date: 14 December 2022
Ref: GB/GO
CHI: 0402863410
Direct lines: 01563 578592 Kilmarnock
01290 425947 Cumnock

Dear Mr MacDonald

I was sorry to learn that you did not attend your assessment appointment with myself on Monday, 12 December 2022.

I have not received any contact from yourself; I assume there is no requirement for CPN input and have discharged you from my caseload. However, you will remain open to the outpatient clinic.

If you wish to speak with the duty nurse, please do not hesitate to call on 01563 578592, **Monday to Friday 9am to 5pm**, and via NHS 24 on 111 at all other times.

Your GP has been informed by copy of this letter.

Yours sincerely

GARY BALLANTYNE
COMMUNITY PSYCHIATRIC NURSE

CC Old Irvine Road Surgery (Kilmarnock); Curran, John D (Dr)

www.nhsaaa.net

INVESTING IN VOLUNTEERS

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07-Aug-2026
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Extension:
Pages:

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Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 02/09/2025
Date Dictated: 09/10/2025
Date Typed: 15/10/2025
Our Ref: YN/JT/
Enquiries to Ms J Taylor
Tel No: 01563 578593

MEDICATION REQUEST

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Diagnosis:
Recurrent depression with psychosis
Past Alcohol Dependence
Ongoing diagnostic review,
High risk of metabolic syndrome.

Psychiatric Medication:
Quetiapine 100 mg mane, 200 mg at night
Mirtazapine 45 mg at night

Recommendations/Plan:
Please can Mirtazapine be reduced to 30 mg as some improvement in mental health and high risk of side effects.
Alisdair was referred to the health and wellbeing clinic for 6 to 12 monthly physical observations.
I have requested ECG which will be in November.
Alisdair to seek help due to his reported non healing abscess.
Alisdair was not keen to reduce his further medications.
No other additional supports.
Next Clinic review in 6 months or earlier if requested.

Alisdair attended for a recent review with myself and CPN Mags at clinic. Alisdair remains under a 2 person review at clinic due to his past forensic history, however he was very appropriate during review. We should note that the last review had unfortunately been on the telephone and this was my first time meeting Alisdair.

Alisdair had been referred to the CPNs last year, however he had not continued to engage so he was discharged.

Alisdair is 38 and continues to live at home. Alisdair's [redacted] as you will know died in a house fire around 2020. Alisdair sees his [redacted] who lives in Glasgow every couple of months. Alisdair reports that he had felt worse in the last few years and he spoke much about his physical health and he says that he can feel short of breath and that he is much troubled by an abscess in his crotch area which he feels is not healing. He says that he has been on numerous creams and antibiotics. He says that he is able to wash but the abscess is causing him much discomfort. He is not driving. He says that he is still seeing his [redacted] every other day who takes him to the shops and things that are needed.

Alisdair felt overall his mental health had made some improvement. He does report that his sleep can still be quite erratic but that he is generally less anxious than previously. *He said that his mood is not quite as low and although his motivation is still on the lower side this is impacted by his physical health issues. He feels that his situation has slightly improved and his suicidal thoughts have also reduced*.

He said that he is drinking alcohol very rarely. We noted his past history on the review last year and we have also now obtained his past records. He noted that there were no known significant family history

On this review Alisdair presented as a very obese young man who looked older than his years. He had a long beard and he was slightly poorly kempt. He was polite and co-operative and quite easy to engage with. His mood was euthymic and his affect reactive. He had no persistent depressive symptoms. He was fully logical. He reported some perceptual disturbance but this was very rare and he said that this had been a big improvement. He did report that he can have much negative self-talk and he can have some obsessive ruminations in keeping with generalised anxiety. He did not report any referential or other psychotic experiences. He was very keen to continue his Seroquel which he felt was helpful and he agreed to complete the physical obs and blood tests and ECG which we did highlight was very important.

If you have any concerns about Alistair prior to his next review please do contact clinic.

Yours sincerely

Authorised on 16/10/2025 11:03:16 by Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

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07-Aug-2026
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18/04 2020 14:50 FAX 0141 2112131 GLAS LIAISON PSYCHIATRY 001

Mental Health Service

NHS
Greater Glasgow and Clyde

Glasgow Liaison Psychiatry Service
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Date: 30/7/11

Ref: M. Patton-01

Direct Line: 0141 211 2131
Fax: 0141 232 9442

Dear Dr. Craig Archery [redacted] Fax: 558-0417.

Re:

DOB: 4-2-86 Male: ☑
CHI: 0402863410 Female: ☐

A mental health assessment was carried out on the above patient at Royal Infirmary wards

following an episode of self-harm consisting of: OD - [redacted] - followed argument [redacted]

Discharge Plan: Discharge.
He told me he has been referred by his GP to Springburn CMHT - I will forward a copy of my report to Springburn.
Given advice sheet & crisis contact details.

Yours Sincerely

Name: Marion Patton

Psychiatric Liaison Nurse

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07-Aug-2026
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Extension:
Pages:

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Mental Health Services

Community Mental Health Team
Adult Services
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Date: 8/11/14
Ref:

Tele No: 01563-576692
Fax: 01563-576709
Email: www.nhs.ayrshire.org

NHS Ayrshire & Arran

CHI: 0402863410
MacDonald, Alisdair
29 Cambelton Drive
Kilmarnock
KA3 1TB
04/02/1986
Dr JB Curran
MRN: 0402863410

Dear Dr CURRAN

I reviewed the above patient at my NWKMC Outpatient Clinic today.

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

Please continue MIRTAZAPINE 15mg at night, increasing after 1 week to 30mg
No other medication changes

Additional information

Ongoing O/P & CPN Review

A full report will be sent as soon as possible.

Thank-you

Yours sincerely

DR JAMIE LEWIS
CONSULTANT PSYCHIATRIST

[redacted]

STA 5000

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Mental Health Services

Adult Community Mental Health Services
North West Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 18/03/2015
Date Dictated: 18/03/2015
Date Typed: 20/03/2015
Our Ref: JL/JT/
Enquiries to Jenny Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD **29 CAMPBELTOWN DRIVE, KILMARNOCK, AYRSHIRE, KA3 1TB**

CHI No: 0402863410

I reviewed Mr MacDonald today, 18th March 2015, at my North West Kilmarnock Area Centre.

He reports that things are "good". He just moved into a new house with his [redacted] in Shortlees and has coped with the stress of this. His [redacted] is very supportive and doesn't drink a lot of alcohol so this arrangement has been "good for my anxiety". He can "still get panic attacks" but they are less often and less severe. The previous breach of the peace charges against him have been "dismissed". He will admit to a "couple of beers" at home with his [redacted] maybe once a week with the football but denied binges and this represents a significant reduction in his drinking. He is "not drinking myself". He is not using illicit drugs although smokes a variable amount of tobacco, perhaps up to a pouch a week.

Current Medication
Quetiapine modified release 300 mg at night
Mirtazapine 45 mg at night
When the Quetiapine dose was increased initially he was a bit tired with it, but he has worked out when he can take it to give him a better sleep and not be hung-over in the morning. This has also helped his suspicious thinking.

Mental State Examination
He was a casually and appropriately dressed, middle aged man with good eye contact and reasonable self care. He sat calmly and appropriately throughout. Speech was normal in form and flow and there were no recurrent themes. Mood is "Ok" with no recurrent significant depressed or elated mood. He tends not to get upswings but it varies to below the midline. He is not describing thoughts of suicide or self harm. He was not objectively depressed or elated and a good rapport was established. He can have a tendency toward suspicious thoughts, particularly with people outside that he doesn't know. These are less intense and as a result he has been aware of "less arguments" especially at home. He has good insight into his illness and the need for its treatment.

ALISDAIR MACDONALD **29 CAMPBELTOWN DRIVE, KILMARNOCK, AYRSHIRE, KA3 1TB**

CHI No: 0402863410

Impression
This gentleman with a diagnosis of a depressive illness (ICD 10 Code – F32) and alcohol dependence (ICD 10 Code – F10.2) is more settled in terms of his mental illness and has cut down his alcohol. He has recently moved into a new house with his [redacted] and described this as a very positive arrangement. He coped with the stress of the house move. He is more settled with his current medication

Recommendations
We discussed how best to proceed and agreed not to make any changes to his current treatment plan. He will continue the same medication for now. I advised him to try and minimise his alcohol consumption as much as possible. I also encouraged him to try and keep as active as his symptoms allow. He has been considering Open University as a means of giving him something to focus on and perhaps ease into increasing his level of socialisation. I will see him from time to time at my outpatient clinic and he knows how to contact us beforehand if need be.

Yours sincerely

Authorised on 25/03/2015 11:14:05 by Jamie Lewis.

Dr J Lewis
Consultant Psychiatrist

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Pages:

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NHS
Ayrshire & Arran

Mental Health Services

East Ayrshire Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Personal in Confidence

Mr Alisdair MacDonald
40 Balgray Avenue
KILMARNOCK
KA1 4QS

Date: 20 December 2024
Ref: KP/MM
CHI: 0402863410
Direct Line: 01563 578592
01290 425947

Dear MacDonald

As I have had no response from my 14 day opt in letter, I am therefore discharging you from my caseload at this time. However you will remain open to Dr Nalci Outpatient Clinic.

Your GP has been informed by copy of this letter.

Yours sincerely

Kerry Patterson

KERRY PATTERSON
COMMUNITY MENTAL HEALTH NURSE

Cc Dr Curran, OIR Surgery, 4/6 Old Irvine Rd, Kilmarnock, KA1 2BD

www.nhsaaa.net

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Crosshouse Hospital A & E
Tel: 01563 577757 / 577758
Fax: 01563 572009

A&E Discharge Letter

To: **JD.CURRAN**

Re: **Alisdair Macdonald**
14C KNOCKINLAW MOUNT,KILMARNOCK,,
KA3 2AG
DOB: 04/02/1986
A & E No: XH-18-069973-1
CHI No.: 0402863410

Attendance Details
Date of Attendance: 26/12/2018 **Time of Attendance:** 05:11:00
Presenting Complaint: facial problem **Duty Consultant:** J Stevenson
Additional Information: No Attendances in Last 12 months:1 Total Number of Attendances:24

Diagnosis Laceration,Eyebrow,Left

Treatment Advice

Investigations

Discharge Information: Discharge, Usual place of residence no follow up

Additional Information allegedly assaulted, sustained a laceration to the left eyebrow. Cleaned and closed with wound glue. Discharged with HI advice

Discharged by: Ashleigh Thomson,Clinical Fellow

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

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07-Aug-2026
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Practice Message ID: ZFHZDWJXBW eConsult ID: oldirvineroadsurgery

Old Irvine Road Surgery

consult

You may want to check the patient's personal details against their record.

Online consultation request for
Alisdair Macdonald (Male, Age 34)
General advice

Some answers may need urgent attention

Some answers may need close attention

Submitted on 12-01-2021 at 16:03:01
eConsult reference number for this request: **F0E659FB**

[redacted]

Patient's date of birth
04-02-1986

Patient's address:
40 Balgray Avenue, Kilmarnock, KA1 4QS

RESPONSE NEEDED BY:
6:30PM on Wednesday, 13th of January. A same day response is best.

SEND ALISDAIR A MESSAGE:
Click here or go to https://oldirvineroadsurgery.webgp.com/pcm/ZFHZDWJXBW and enter this consultation PIN:
XQWZDJ

(The "Click here" link and PIN for this consultation will expire on Thursday, 28th of January)

IDEAS, CONCERNS AND EXPECTATIONS:

Tell us how we can help you	**I think I may need treatment**
Please provide us with details of your problem	**The patient said** *"I have an abscess, I am quite prone to them, this one is in my armpit."*
Have you tried anything to treat yourself?	**No**
Is there any particular treatment you would like to request?	**Yes**
What treatment would you like to request?	**The patient said** *"I would like to request an antibiotic but I have to be careful which I as I'm allergic to penicillin and also take quetiapine."*
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	**No**

CLINICAL QUESTIONS:

Is this a problem your GP knows about?	**No**
To ensure we only ask you relevant questions, please select the main symptom (or symptoms) that apply to you	**Pain** **Lump or swelling** **Skin problem**
Did the pain start after an injury?	**No**
Where does it hurt the most?	**Other area**
What other parts of your body hurt?	**The patient said** *"Armpit"*
Does it hurt more when you move? For example: when you twist or bend?	**No**
Does the pain move anywhere else or cover any other area?	**No**
Are there any other symptoms with this pain?	**No**
On what part of your body is your skin symptoms located? (you can select multiple areas)	*Other*
What other part of your body has a skin problem?	**The patient said** *"Armpit"*

How long have you had skin symptoms for?	**1-3 days**
Please describe the appearance of your skin problem	**The patient said** *"Its a fluid filled abscess."*
What colour is the skin in the affected area?	**Red**
Is the affected skin area hot to touch?	**Yes**
Is the affected area painful?	**Yes**
Is the affected area itchy?	**No**
Does the skin look infected or look like a boil?	**Yes**
Is there any fluid coming out of the affected area?	**No**
Have you been bitten or stung?	**No**
Where on your body is the lump(s)? (you can select multiple areas)	**Underarm or armpit**
Please tell us about the lump under your arm or in your armpit	**The patient said** *"It the aforementioned abscess"*
How long have you had the lump(s)?	**1-3 days**
What colour is the skin over the lump(s)?	**Red**
Is the skin above the lump(s) hot to touch?	**Yes**
Are the lump(s) painful?	**Yes**
Is there any fluid coming out of the lump?	**No**
How often does your condition affect you?	**Happens very occasionally**
Is there anything that makes your condition better?	**Yes**
What makes your condition better?	**The patient said** *"An antibiotic can help"*
Is there anything that makes your condition worse?	**Not applicable**
What do you do for a living?	**The patient said** *"Not currently working"*
Does the problem interfere with your ability to do any of the following? You can select multiple answers.	**Undertake your usual physical activities, like exercise** **Carry on with hobbies**
In what way does the problem interfere with your ability to undertake physical activities?	**The patient said** *"Its painful"*
In what way does the problem interfere with your ability to carry on with your hobbies?	**The patient said** *"Its painful when I move my right arm"*
How would you describe your general health?	**I am usually well**
Have you travelled abroad recently?	***No***
Are any members of your household generally unwell at the moment?	**Not applicable**
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	**Skip this**
Is there anything else you think we should know?	**No**

HEALTH HISTORY AND QOF QUESTIONS:

Are you taking any prescribed drugs not related to this condition?	**Yes**

	What other prescribed drugs are you taking?	**The patient said** *"Quetiapine 300mg* *Mirtazapine 45mg"*
	Are you taking any other drugs? *For example:* over-the-counter medication from your pharmacist	**No**
	Do you have any family history of illness? *For example:* heart disease, cancer	**I don't know**
	Do you know how many units of alcohol you drink each week? (1 pint of beer is approximately two units and one small glass of wine is 1 unit)	**6-14 units per week**
	Do you smoke?	**Yes – between 11 and 20 cigarettes a day** *We sent this patient a link to smoking cessation advice*
	In the last year, have you bet more than you could afford to lose? Or has someone in your household bet more than they could afford to lose?	**No**
	Are you allergic to any drugs or creams?	**Yes**
	What are you allergic to?	**The patient said** *"Penicillin"*

ALISDAIR'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient	You may signpost to an **alternate service** via reception (e.g. pharmacy)	You may wish to **telephone the patient** to close the consultation	You may ask reception to **book an appointment** with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Practice Message ID: **ZFHZDWJXBW** eConsult ID: **oldirvineroadsurgery**

Old Irvine Road Surgery

eConsult

You may want to check the patient's personal details against their record.

Online consultation request for
Alisdair Macdonald (Male, Age 35)
General advice

Some answers may need clinical attention

Submitted on 20-05-2021 at 14:22:10
eConsult reference number for this request: 8E64004A

[redacted]

Patient's date of birth
04-02-1986

Patient's address:
46 Balgray Avenue, Kilmarnock, KA1 4QS

RESPONSE NEEDED BY:
6:30PM on Friday, 21st of May. A same day response is best.

SEND ALISDAIR A MESSAGE:
Click here or go to https://oldirvineroadsurgery.webgp.com/pcm/ZFHZDWJXBW and enter this consultation PIN:
2XK6CH

(The "Click here" link and PIN for this consultation will expire on Monday, 7th of June)

IDEAS, CONCERNS AND EXPECTATIONS:

Tell us how we can help you:	**I think I may need treatment**
Please provide us with details of your problem	**The patient said** *"I have an abscess. I am quite prone to them."*
Have you tried anything to treat yourself?	**No**
Is there any particular treatment you would like to request?	**Yes**
What treatment would you like to request?	**The patient said** *"A course of doxycycline"*
Would you like help from a particular person at the surgery? **If the person that you requested is not available, another member of the team at the practice will contact you.**	**No**

CLINICAL QUESTIONS:

Is this a problem your GP knows about?	**Yes**
How has your condition changed since you last saw someone about it?	**Stayed same**
To ensure we only ask you relevant questions, please select the main symptom (or symptoms) that apply to you	**Pain** **Swelling** **Skin problem**
Did the pain start after an injury?	**No**
Where does it hurt?	**Other area**
What other parts of your body hurt?	**The patient said** *"Armpit"*
Does it hurt more when you move? For example: when you twist or bend?	**Yes**
Does the pain move anywhere else or cover any other area?	**No**
Are there any other symptoms with this pain?	**Not sure**
On what part of your body is your skin symptom located? (you can select multiple areas)	**Other**

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What other part of your body has a skin problem?	**The patient said** *"Armpit has an abscess."*
How long have you had skin symptoms for?	**1-3 days**
Please describe the appearance of your skin problem	**The patient said** *"It's a ping pong ball sized abscess"*
What colour is the skin in the affected area?	**Red**
Is the affected skin area hot to touch?	**Yes**
Is the affected area painful?	**Yes**
Is the affected area itchy?	**No**
Does the skin look infected or look like a boil?	**Yes**
Is there any fluid coming out of the affected area?	**Yes**
Is the fluid blood or blood stained?	**No**
Is there pus (thick white or yellow colour) coming out?	**No**
What colour is the fluid coming out of the affected skin?	**The patient said** *"Mainly clear it's only a tiny bit weepy at the moment."*
Where on your body is the swelling?	**Other**
Please tell us where on your body the swelling is.	**The patient said** *"Armpit"*
How long have you had this swelling for?	**4-6 days**
Is the swelling a result of a fall or injury?	**No**
Do you think you have been bitten or stung?	**No**
Is the swelling painful?	**Yes**
Is the swelling red or hot to touch?	**Yes**
Is the redness getting worse?	**No**
Is the swelling over a joint?	**No**
Is there any blood leaking from the swelling?	**No**
Is there any yellow or green pus leaking from the swelling?	**No**
Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	**No**
Have you had any uncontrollable shivering?	**No**
Is the swelling getting bigger?	**Don't know**
How often does your condition affect you?	**Happens very occasionally**
Is there anything that makes your condition better?	**Yes**
What makes your condition better?	**The patient said** *"A course of antibiotics usually helps. I have had several abscesses in the past that needed me to be hospitalised and them operated on but I don't think this one is at that stage."*
Is there anything that makes your condition worse?	**Not applicable**
What do you do for a living?	**The patient said** *"Not currently working"*
Have you travelled abroad recently?	**No**
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care. • may be seen by male or female practice staff.	**Skip this**

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	• should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	
	Is there anything else you think we should know?	**No**

HEALTH HISTORY AND QOF QUESTIONS:

	Are you taking any prescribed drugs not related to this condition?	**Yes**
	What other prescribed drugs are you taking?	**The patient said** *"Quetiapine 300mg daily.* *Mirtazapine 45mg daily."*
	Are you taking any other drugs? For example: over-the-counter medication from your pharmacist	**No**
	Do you have any family history of illness? For example: heart disease, cancer	**I don't know**
	Do you know how many units of alcohol you drink each week? (1 pint of beer is approximately two units and one small glass of wine is 1 unit)	**8-14 units per week**
	Do you smoke?	**Yes – between 11 and 20 cigarettes a day** *We sent this patient a link to smoking cessation advice*
	In the last year, have you bet more than you could afford to lose? Or has someone in your household bet more than they could afford to lose?	**No**
	Are you allergic to any drugs or creams?	**Yes**
	What are you allergic to?	**The patient said** *"Penicillin"*
	Have you or anyone in your household had COVID in the last 3 months? Or are you self-isolating right now?	**No**

ALISDAIR'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient

You may signpost to an **alternate service** via reception (e.g. pharmacy)

You may wish to **telephone the patient** to close the consultation

You may ask reception to **book an appointment** with GP or nurse

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07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Glasgow City
Community Health Partnership
North East Sector

Springpark CMHT
101 Denmark Street
GLASGOW
G22 5EU

Tel: 0141 531 9300
Fax: 0141 531 9304

NHS
Greater Glasgow and Clyde

Your Ref:
Our Ref: HZ/DT/0402863410/1953150

Dict:
Typed: 07 November 2011

FIRST CLASS MAIL
CONFIDENTIAL

Alisdair MacDonald
131 Lenzie Terrace
GLASGOW
G21 3TN

Dear Mr MacDonald

I was sorry not to see you at our recent appointment at Springpark Centre on 19th October 2011, and hope this letter finds you well.

In view of your non-attendance for our appointment, and a failure to contact me by telephone or letter in the interim, I am writing to request that you **contact me within the next 14 days of the date of this letter. In the event that you fail to contact me, I will assume that you no longer need seen by the service and will discharge you** from my caseload.

Yours sincerely

Dr HANI ZAKRI
ST3 Psychiatry
Consultant – Dr Ruth Ward

cc. Dr McKean, Allander Surgery, Springburn Health Centre.

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Mental Health Services

Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 12/11/2019
Date Dictated: 12/11/2019
Date Typed: 13/11/2019
Our Ref: MT/IS
Enquiries to Irene Sinclair
Tel No: 01563 578548

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK KA1 4QS**
CHI No: 0402863410

Diagnoses: **Recurrent Depressive Disorder**
History of Alcohol Dependence, currently under control

Medication: **Quetiapine MR 300mg nocte**
Mirtazapine 45mg nocte

Follow up Arrangements: **1 Outpatient review in six months**
2 I will refer to Community Connector

I reviewed this man in Dr Henderson's absence at the North West Kilmarnock Area Centre on 12 November 2019.

He has managed to control his drinking throughout this year since he was seen by Dr Henderson in February. His depression has also been largely well controlled but continues to fluctuate from time to time. He had a brief period of one week to ten days of not sleeping well around three weeks ago and this led to a brief period of suicidal ideation. He did not have any particular intent or plans to act on this and was on the verge of contacting the Duty service. However, his insomnia improved spontaneously and he no longer has any difficulties in this regard.

His main complaint today was that of persistent anxiety, which has led to various avoidance behaviours and social isolation. He tells me that Dr Henderson previously referred him to the Community Connector on a couple of occasions but he has still had no contact from the service. I will therefore chase up this referral and will write again on Dr Henderson's behalf asking if a Community Connector could be appointed in order to help him with the debilitating effects of his anxiety and depression.

INVESTING IN VOLUNTEERS

2

13 November 2019

Dr J D Curran re: Alisdair MacDonald 0402863410

In the meantime, I have not seen any need to change any of his current psychiatric medication and will arrange for him to be seen again in Dr Henderson's clinic in six months' time.

Yours sincerely

Authorised on 18/11/2019 16:06:46 by Mike Taylor.

Dr M Taylor
Consultant Psychiatrist

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Acute Services Division

DEPARTMENT OF COLOPROCTOLOGY

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS Greater Glasgow and Clyde

Clinic	06/05/2011
Dictated	06/05/2011
Typed	06/05/2011
Your Ref	
Our Ref	JHA/AVF
Direct Dial	0141 211 4793
Fax	0141 211 4880

Consultant Surgeons:
Mr I G Finlay
Dr Ruth F McKee
Mr J H Anderson
Professor P G Horgan

Consultant Radiologist:
Dr F W Poon

Consultant Oncologists:
Dr A McDonald
Dr A Waterston

MR J H ANDERSON'S COLOPROCTOLOGY CLINIC

Dr Margaret Craig
Springburn Health Centre
200 Springburn Way
G21 1TR

Dear Dr Craig

Alistair MacDonald – 04/02/1986 – CHI: 0402863410 – CRN: 64196843A
Glasgow City Council, 14 Clyde Place, Glasgow, G5 8AQ

Mr MacDonald failed to attend my clinic today. It may be that he has chosen not to undergo further therapy for his pilonidal sinus. No further appointment will be sent unless requested by you.

Yours sincerely

John H Anderson
Consultant Surgeon

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

Registration Details - Patient No: 15251

Personal details...		Address details...	
Sex	M	House Name Flat No	
Surname	MacDonald	No and Street	40 Balgray Avenue
Previous Surname		Village	
Forenames	Alisdair	Town	Kilmarnock
Calling Name	Alisdair	County	East Ayrshire
Date of birth	04/02/1986	Post Code	KA1 4QS
Title	Mr		
Birth Surname			
Marital Status			
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Home Tel No	
Registered GP	Dr David Curran	Work Tel No	
Usual GP	Dr David Curran	Mobile Tel No	[redacted]
Residential Inst		E Mail Address	
Branch Surgery		Next of Kin	[redacted]
CHI Number	0402863410	Key Access Pass Code	
NHS Number	674/86/018	Mother's name	

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

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	23/05/2013		
Paper Records			

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	Yes		
MCR Suitability Status	-1		
MCR Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
18/07/2026	Serum inorganic phosphate	Dr Chan	44I9
18/07/2026	Serum cholesterol	Dr Chan	44P
06/07/2026	Obesity	Dr Chan	C380
24/04/2026	Spontaneous pneumothorax NOS left	Ms Lannie	H52yz-1
27/03/2026	Recurrent depression with psychosis	Miss Ferguson	E1137
11/10/2022	Family bereavement	Dr Irvine	13M
25/07/2017	Hidradenitis suppurativa	Dr Irvine	M25y1-1
27/10/2014	Adverse reaction to Penicillin V personal history of rash and vomiting aged approx 12	Dr McGregor	EMISDRGA
12/04/2012	Anxiety states	Mrs Coubrough	E200

28/01/2011	Pilonidal cyst with abscess	Mrs Coubrough	M060
25/08/2010	History of domestic violence	Mrs Coubrough	14X3
07/02/2010	Overdose of drug insulin & alcohol	Mrs Coubrough	SL-5
12/10/2009	Nondependent alcohol abuse	Mrs Coubrough	E250
22/03/2009	Closed reduction of fracture of wrist	Mrs Coubrough	7K1LM
01/08/2008	Head injury	Mrs Coubrough	S64-3
05/12/2005	Cutaneous abscess	Mrs Coubrough	M09
05/04/2005	Closed reduction of dislocation of patella	Mrs Coubrough	7K6GB
25/02/2005	Complete tear, knee, anterior cruciate ligament	Mrs Coubrough	S5C3
01/11/2004	Misuse of drugs NOS speed hash ectasy	Mrs Coubrough	E25z
01/08/2004	Closed fracture thoracic vertebra	Mrs Coubrough	S102
06/12/2001	Skin and subcut tissue infection NOS	Mrs Coubrough	M0z

Past Problems		Authorised By	Code
08/05/2026	**Operations, procedures, sites** left VATS bullectomy	Ms Lannie	7
08/05/2026	**Endoscopic pleurodesis using talc (Left)**	Ms Lannie	7H071
14/06/2022	**Body mass index 40+ - severely obese**	Mrs Howieson	22K7
28/07/2020	**Telephone encounter** sore ear - thinks has a spot in ear - mob no pref	Dr Curran	9N31
20/03/2018	**Cellulitis NOS**	Dr Davey	M03z0
13/11/2017	**Dental abscess**	Dr Davey	J0250
03/08/2017	**Body mass index 30+ - obesity**	Dr Mulligan	22K5
28/10/2016	**Medication review**	Dr Curran	8B314
27/10/2014	**Acne vulgaris**	Dr McGregor	M2610
27/10/2014	**Chest infection**	Dr McGregor	H06z0-1
03/06/2014	**Cellulitis and abscess NOS**	Dr Irvine	M03z
31/07/2013	**Overdose of drug** insulin 22/4/2010	Mrs Coubrough	SL-5
07/06/2013	**Drainage of abscess of head or neck** Left	Miss McGuffie	7G250-1
22/05/2013	**Cellulitis and abscess NOS**	Miss Ferguson	M03z
10/06/2009	**Excision of pilonidal sinus NEC**	Miss Ferguson	773B4
12/08/2008	**Head injury**	Mrs Coubrough	S64-3

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
27/10/2014	**Adverse reaction to Penicillin V** personal history of rash and vomiting aged approx 12	Dr McGregor	EMISDRGA

Non Drug Allergies		Authorised By	Code
	None		

Family History		Authorised By	Code
	None		

Immunisations		Authorised By	Code
13/08/2021	**Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pfizer (By S Armour)** FE3380/ PF/IM/LUA//C-19 Pfizer (By S Armour)		^ESCT1348325
18/06/2021	**Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By K Egan)** ET8885/ PF/IM/LUA//C-19 Pifzer (By K Egan)		^ESCT1348323
02/08/2013	**2nd hepatitis B vaccination** AHBVC053AG exp 01/2014 **(GMS)**	Mrs Scott	65F2
27/07/2013	**1st hepatitis B vaccination**	Mrs Scott	65F1

Consultations

18/07/2026 Dr Belinda Chan at Laboratory
Problem (REVIEW) **Obesity**

Problem (FIRST) **Serum cholesterol**
History Chol 5.6 TC:HDL ratio 7.0
Comment appt for BP (pls task readings to GP so ASSIGN score can be calculated, pls also ask pt ? any family history of cardiovascular disorders)

Problem (FIRST)	**Serum inorganic phosphate**
History	low Phosphate 0.47 , also sl low K+ 3.4
Comment	recheck bloods after completion of course below
Medication	Phosphate-Sandoz Tablets *9 tablet 1 TAB THREE TIMES A DAY*
Test Request	Bone Profile, Vitamin D , phosphate U and E

16/07/2026 — Dr Belinda Chan at General Practice Surgery

Result:
Thyroid function test normal (BC)
Plasma lipids see emis (BC)
(Non Coded Event - SERUM FERRITIN) normal (BC)
Serum folate normal (BC)
Plasma vitamin B12 level normal (BC)
Bone profile Phosphate 0.47 - see emis (BC)
Liver function test normal (BC)
Urea and electrolytes K+ 3.4 - see emis (BC)
(Non Coded Event - FULL BLOOD COUNT) satisfactory (BC)
(Non Coded Event - GLYCATED HB) normal (BC)

16/07/2026 14:24 — MS Nicole Morgan at Old Irvine Road Surgery

Problem (REVIEW)	**Obesity**
History	Attended for bloods as per Dr Chan request
Comment	Patient advised he has fasted for these bloods. Bloods taken right ACf, no issues.
Test Request	FBC, Haematinics, U and E, LFTs, Serum Lipids, Bone Profile, TFTs, HbA1C

15/07/2026 — at MJog

Additional: SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

09/07/2026 — at MJog

Additional: SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

06/07/2026 11:44 — Dr Belinda Chan at Old Irvine Road Surgery

Problem (FIRST)	**Obesity**
History	swearing today but apologised after! said he gained about a stone after admission although was not eating as much. keen for support to lose weight - aware now his weight is also a huge contributing factor to his breathing issues.
Examination	O/E - height, 164 cm O/E - weight, 137.8 Kg Body Mass Index, 51.23
Comment	bloods , wt mx ref dictated.
Result	attended today with [redacted]
Test Request	FBC, Haematinics, U and E, LFTs, Serum Lipids, Bone Profile, TFTs, HbA1C

Problem (REVIEW)	**Spontaneous pneumothorax NOS**
History	unhappy with initial hosp team who did his chest drain was told will not recur but then it did and he ended up needing further procedure in GNJH. still feels v breathless - exsmoker stopped 3 yrs ago but had smoked for 20 yrs. feels v SOB on exertion. See CTPA negative for PE (I have deleted this code for this his summary) also comment on severe predominantly paraseptal emphysematous change.
Examination	Sats 96% HR 95 chest clear no added sounds a/e R=L
Comment	likely has element of COPD but given recent procedure await f/up by Thoracic surgeons before planning any spirometry. IDL states he should have f/up within 6 weeks post dc - advised if not heard of any appt in next 2 weeks to let us know/ or can contact GNJH team directly.

Problem (REVIEW)	**Recurrent depression**
History	feels his psych meds are also causing his weight issues - said he will speak to his Psych Dr Nalci abt this.

06/07/2026 09:24 — Dr Belinda Chan at Triage

Problem: lung surgery a few months ago , strugg with breathing when out walking

Problem (REVIEW)	**Spontaneous pneumothorax NOS**

History	underwent left VATS, bullectomy and talc pleurodesis 8/5/26 - note AE attendance with chest pain - coded as Pulmonary embolism but note CTPA 17/6/28 was NEGATIVE for PE.
Comment	said worried abt his weight BMI is 50 - wondering if contributing to his breathing issue. see.

21/05/2026 09:00	Ms Anisa Haleem at Old Irvine Road Surgery
Comment	Prescription by supplementary prescriber SR dihydrocodeine- only for for short term use due to addictive potential. D/w patient- advised to use sparingly, states suffering from significant pain since discharge. Have advised I will issue a small supply od DHC but if requiring again- will need further review.
Medication	Dihydrocodeine Tablets 30 mg *28 tablet ONE TO BE TAKEN 4 HOURLY AS REQUIRED*

19/05/2026 10:16	Mr Steven McKee at Data Entry
Problem	Left VATS, bullectomy and talc pleurodesis
History	Post hospital dischrge med reconciliation with medical notes Discharged from hospital Admission to hospital
Comment	Medication commenced Dihydrocodeine, Macrogol sachets, Paracetamol -Referral send from hospital to DN re wound care. -Analgesia and laxatives noted only. 2/52 given of d/c.
Result	Follow up in outpatient clinic in 6/52 Follow-up arranged by practice At port site - staple removalm wound cleaned and redressed on 15/5/26 . Site 3 and 4 to be cleaned and dressed on 15/5. Pleural drain site - suture and staple removal if wound allows 18/5, wounds to be cleeaned and redressed

28/04/2026 11:57	Mr Steven McKee at Data Entry
Problem	Spontaneous pneumothorax (L)
History	Post hospital dischrge med reconciliation with medical notes Discharged from hospital Admission to hospital
Comment	Short term drug therapy Doxycycline

27/04/2026 14:52	MS Rachel Ireland at Telephone Call
Comment	Appt cancelled by patient - face to face consultation with locum GP on Wednesday 29/04/2026 for non-healing ulcers. Cancelled as patient discharged this morning from XH following colapsed lung. Agreed patient will call to re-schedule this appointment once they feel able. Awaiting IDL.

27/04/2026	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Alisdair MacDonald, You have a pre-booked appointment to see the doctor on Wednesday 29th April this week at 9am. If you are unable to attend please contact surgery on 01563 522413 to let us know Old Irvine Road Surgery

27/04/2026	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Alisdair MacDonald, You have a pre-booked appointment to see the doctor on Wednesday 29th April this week at 10.30am. If you are unable to attend please contact surgery on 01563 522413 to let us know Old Irvine Road Surgery

01/04/2026 11:34	Ms Anna Riddex at Old Irvine Road Surgery
History	Outpatient clinic letter received
Comment	Medication decreased Quetiapine morning dose reduced from 100mg to 50mg
Result	Post hospital discharge medication reconciliation with pt Tc with pt - aware of reduction, 2 wk issued to sync with night time dose. Follow-up arranged by practice Appt to assess abscesses
Medication	Quetiapine Fumarate Tablets 25 mg *28 tablet TWO (50MG) TO BE TAKEN IN THE MORNING*
Additional	Prescription by supplementary prescriber

05/01/2026 10:18	Dr Aleea Mahmood at Old Irvine Road Surgery
Problem (REVIEW)	**Hidradenitis suppurativa**
History	this one particular abcess, ongoing for 1-2 weeks. reduced appetite, no temp.
Examination	HR 100bpm, sats 97% Raised BMI- abcess under abdominal apron, fairly central, appro4-5cm, leaking blood stained pus.
Comment	start oral abx, not keen for I&D, suggest low threshold over next couple of days

	for re-review given size, may require drainage.
20/10/2025	Ms Kirsteen Upton at Data Entry
History	Outpatient clinic letter received
Comment	Medication decreased Mirtazapine reduced to 30mg Pharmacy will remove 45mg tabs from last issue (not collected yet), new Rx issued
Result	Follow up in outpatient clinic AMHT
02/10/2025 09:28	Mrs Joanne Howieson at Telephone Consultation
Problem (REVIEW)	**Hidradenitis suppurativa**
History	Triage - see entry emis consults 18/09 and 08/09, multiple reviews going back to 2017. States Doxyccycline did help reduce redness and inflammation when he finished the abx. Feels since finishing abx skin flaring again R side groin, L side axilla and apron fold. States not quite as bad as it was initially but feels it will be just as bad fairly soon. Ex smoker one year, now vapes. User of electronic cigarette
Social	Ex smoker
Comment	Initially offered appt, asking if he could try the longer term abx as previously discussed it could be an option. Discussed management guidelines. May benefit from 3/12 course of abx, agreed to trial abx as prescribed, seek review 1-2 weeks before supply due to finish. CPossible s/e discussed, continue to use hibiscrub sparingly. Worsening advice discussed, seek review sooner oif any problems.
Medication	Lymecycline Capsules 408 mg *56 capsule ONE TO BE TAKEN EACH DAY*
Additional	Smoking cessation advice
08/09/2025 16:53	Mrs Joanne Howieson at Telephone Consultation
Problem (REVIEW)	**Hidradenitis suppurativa**
History	Routine tel cons - Derm review. Se previous consult, is still on doxycycline, thinks he has another week to go, reports abscesses have improved, not totally gone away. Is also using hibiwash sparingly.
Comment	Happy to see how skin is once he has finished the abx, he is hoepful skin is much improved. Pt doesn't feel he needs seen at moment. Worsening advice discussed.
18/08/2025 10:34	Mrs Joanne Howieson at Old Irvine Road Surgery
Problem (REVIEW)	**Hidradenitis suppurativa**
History	States previous appt for HS tried Flucloxacillin, childhood allergy but couldn't recall, Reports Fluclox made him very sick, only took one dose. Has stopped smoking, now vapes. Thinks hibiscrub helped, tried to order it again but didn't get it. User of electronic cigarette
Examination	Abscess x2 L side lower abdominal apron fold. x1 L groin. Looks infected. No fever. temp 36.4c, pulse 80reg, Chatty, no distress.
Social	Ex smoker
Comment	Feels he responded well previously in 2022 to Doxycycline. Treatment as prescribed, have arranged phone review 08/09/25, may need face to face consultation. Worsening advice and possible s/e of medication discussed, seek review sooner if any problems.
Medication	Hibiwash Solution 4 % *500 ml USE AS SOPA SUBSTITUTE TO AFFECTED AREAS AS DIRECTED* Doxycycline Hyclate Capsules 100 mg *28 capsule TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY* Co-Codamol 8/500 Tablets *50 tablet TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED*
Additional	Smoking cessation advice
18/08/2025 09:09	Mrs Joanne Howieson at Telephone Consultation
History	Triage - abcess at waist travelling to groin.
Comment	Appt
05/08/2025 10:57	Ms Patricia Davies at Old Irvine Road Surgery
Comment	Failed encounter tried calling to clarify antibacterial wash as below as this is what he has previously had. No answer Prescription by supplementary prescriber - issued as before
Medication	Hibiscrub Cleansing solution 20 % (Chlorhexidine Gluconate 4 %) *500 ml AS SOAP SUBSTITUTE FOR AFFECTED AREAS.*
23/05/2025	Ms Kirsteen Upton at Telephone Encounter
	SR - *Need alt rx for Quetiapine 200mg - unable to get 200mg tabs, owe patient*

Comment	*8d supp.* Long term supply issue with all MR preps of quetiapine. Local guideline developed with specialists advises splitting MR dose to equivalent dose of IR quetiapine bd. Spoke with pt. Understanding of reason for change. Currently takes MR 200mg mane so happy to change to 100mg mane and 200mg nocte of IR dose. Has enough meds until after BH weekend.

22/05/2025 11:06	MS Rachel Ireland at Telephone Call
Comment	Pateint called as still owed 8 day supply of Quietiapine 200mg tablets but having issues sourcing. Spoke with Shortlees chemist and confirmed this, No date confirmed for these becoming available again - Query if worth changing normal dosage to all 100mg tablets. Passed to Pharmacy Team.

03/02/2025 09:53	Mrs Elaine Scott at Old Irvine Road Surgery
Problem (REVIEW)	**Hidradenitis suppurativa**
History	As triage - flare up, abscess on right side chest, and left groin.
Examination	Not unwell, overweight. Temp 36.6. Leaking abscess in skinfold below right breast, mild erythema, scarring from previous flare ups. Further abscess in left groin area skin fold, scarring from previous abscess's, minimal exudate.
Comment	Allergy to pen V buts says ok with fluclox. Given below with worsening advice. Offerred to re-refer to dermatolgy as didn't respond previously - declined this.
Medication	Flucloxacillin Capsules 500 mg *28 capsule ONE TO BE TAKEN FOUR TIMES A DAY*

03/02/2025 09:02	Mrs Elaine Scott at Triage Telephone Consultation
History	mob - abcesses, one chest one waistband Never been away, bad flare up. Had flu type illness last couple of weeks.
Comment	See at surgery.

09/12/2024	Dr David Curran at Old Irvine Road Surgery
Problem (REVIEW)	**Hidradenitis suppurativa**
Examination	infection right axilla and breast
Comment	Treatment started arrange telephone review Patient awaiting OPD appt. derm on w/l 2yrs?

22/03/2024	Ms Anisa Haleem at Old Irvine Road Surgery
Comment	Prescription by supplementary prescriber See Dr McGregor entry below - request for latex free dressing. Rx issued for hydrofilm dressing.
Medication	Hydrofilm Dressing 10 cm x 12.5 cm *1 DRESSING APPLY AS DIRECTED*

18/03/2024	Dr Esther McGregor at General Practice Surgery
Problem (REVIEW)	**Hidradenitis suppurativa**
History	infected abscess/sores left side abdo apron again. He is buyign valuaid dressings like mepore but latex free. using about size 8cm x 16cm. Could pharmacy please find a prescribable dressing which is latex free thanks given info on HS. refer to derm opd. to see nurse for bloods.
Medication	Doxycycline Hyclate Capsules 100 mg *56 capsule 1 TO BE TAKEN DAILY*
Test Request	HbA1C

08/09/2023	at MJog
Additional	SMS text sent to patient Summary of SMS message / Dear Alisdair MacDonald, Your prescription has been phoned through to your pharmacy. Old Irvine Road Surgery

20/10/2022 19:40	Dr Kenneth Irvine at Data Entry
Medication	Zopiclone Tablets 7.5 mg *14 tablet ONE TO BE TAKEN AT NIGHT*
Comment	drug manufacturing or supply problem with temazepam ... zopiclone alternative

14/10/2022 14:32	Dr Glenn Mulligan at Old Irvine Road Surgery
History	email.
Medication	Temazepam Tablets 20 mg *14 tablet ONE TO BE TAKEN AT NIGHT*

11/10/2022 16:54	Dr Kenneth Irvine at Data Entry
Problem (FIRST)	**Family bereavement**
History	mother died tragically in house fire around 3/10/22

22/08/2022 14:16	Mrs Joanne Howieson at General Practice Surgery

Problem (REVIEW)	**Hidradenitis suppurativa**
Examination	Size of 5p piece erythematous circular patch, some heat and central pustule. Has reduced in size from ADOC report. Non fluctuant. States no longer painful. No fever, otherwise well. Known HS, has used hibiscrub before. Temp 36.5c, pulse 78reg.
Comment	Long hair and long beard, looks matted unkempt. Admits cannot get comb through hair, doesn't wash it as shampoo makes it worse. Plans to get hair and beard cut at charity shave at a pub in Glasgow next month with friends. Did discuss could ask [redacted] to help him wash it with conditioner and detangling comb. Needfs to tie hair up to allow neck problem to breathe and get better. Advised to continue hibiscrub on affected areas. Worsening advice / possible s/e ofd abx discussed.
Medication	Doxycycline Hyclate Capsules 100 mg *14 capsule TAKE 1 CAPSULE TWICE DAILY* Hibiscrub Cleansing solution 20 % (Chlorhexidine Gluconate 4 %) *500 ml AS SOAP SUBSTITUTE FOR AFFECTED AREAS.*

22/08/2022 09:52	Mrs Joanne Howieson at Telephone Consultation
History	Triage - Abcess on back of neck , unable to send pic. States had adoc visit 14/08/22, was issued with Doxy 100mg BD for 1/52. Thinks has helped a bit but symptoms not resolving. Needs more abx.
Comment	Advised would need to assess. Appt arranged.

18/07/2022 13:59	Ms Karen Lawrence at Old Irvine Road Surgery
Examination	O/E - height, 164 cm O/E - weight, 125 Kg
Comment	Attended for bloods as requested below KL
Test Request	U and E, LFTs, GGT

15/07/2022	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

30/06/2022 11:58	Mrs Fiona Murray at Data Entry
Comment	pc from [redacted] asking about missing rx - I adv [redacted] she still hadn't updated us with pts own mob number - I adv we need this to send pt a text to make appt as per JH 22/6/22 (I didn't give any more info so we get the number)

30/06/2022	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Alisdair MacDonald, a new prescription is available for you to collect at the chemist. Thanks Old Irvine Road Surgery

30/06/2022	at MJog
Additional	SMS text sent to patient Summary of SMS message / Dear Alisdair MacDonald, Cn you contact the surgery to book a blood test, week beginning 18th July. Thanks Old Irvine Road Surgery

22/06/2022 08:40	Mrs Joanne Howieson at Data Entry
Comment	Repeat bloods 4/52.
Test Request	LFTs, GGT, U and E

16/06/2022 14:29	Ms Alison Muirhead at North West Kilmarnock Area Centre
Examination	Blood pressure reading 128/78 mm Hg O/E - height, 164 cm Body Mass Index, 49.38
Social	Alcohol consumption, 25 units/week Less than 30 mins/day of at least mod int physc act >=5 week Admits he has a sedentary lifestyle. Has bought exercise equipment to use at home as has anxieties about going to the gym or walking any distance in public. Takes inadequate exercise
Comment	Non fasted bloods obtained as per ANP Howieson request. BP under target, patient relieved about same as he had anxieties surrounding exercising with high blood pressure. Patient actively trying to lose weight, rejoining weight loss classes with family members. Councilled on alcohol intake. Has stated he had planned to not drink any alcohol for duration of antibiotics course. Has said he usually drinks beer, a couple each night and slightly more at weekends, but currently not drinking at all. Says he will actively cut down on alcohol intake once antibiotics have finished. Advised regarding weekly limits advisory and aiming for at least 2 dry

	days per week.
Additional	Health ed. - alcohol
14/06/2022 15:26	Mrs Joanne Howieson at Old Irvine Road Surgery
Problem (REVIEW)	**Hidradenitis suppurativa**
History	Chronic issue, multiple scars from previous surgerys and flares.
Examination	O/E - weight, 132.8 Kg Body Mass Index, 47.05 Bilateral axilla scarring, groins, bold siudes apron folds. BMI upto 47, has gained 30kg since 2017. L side apron fold states boil burst last week, feels never full resolved. Skin intact, non fluctuant, does have scarring, no obvious acute flare. Temp 36.8c, pulse 84reg.
Social	Current smoker
Comment	Did discuss high BMI and smoking can cause flares of HS, states always had it even when he was slim. Trial treatment as prescribed, feels short courses of doxycycline don't really help. Advised hibiscrub only to afected areas. Worsening advice discussed.
Medication	Lymecycline Capsules 408 mg *56 capsule ONE TO BE TAKEN EACH DAY* Hibiscrub Cleansing solution 20 % (Chlorhexidine Gluconate 4 %) *500 ml AS SOAP SUBSTITUTE FOR AFFECTED AREAS.*
Additional	Smoking cessation advice
Problem (FIRST)	**Body mass index 40+ - severely obese**
Comment	Did not discuss weight management today, was annoyed with himself that he has put on more weight, knows its not good. Agreed to return for consult with PN for full template to be completed, health promotion opportunity and bloods as listed to exclude diabetes.
Test Request	FBC, U and E, Glucose, LFTs, Serum Lipids, Bone Profile, TFTs, HbA1C
14/06/2022 09:29	Dr Aleea Mahmood at Old Irvine Road Surgery
History	TT [redacted]bcess in groin area- usually burst and subside on their- own. this one ongoing for a few weeks. unwell over the weekend with temp + lack of appetite approx size of a 10p piece. mum thinks needs to be lanced. note not had any antibiotics in last few weeks.
Comment	see to assess. appt given for today.
02/06/2022	Ms Sioban Webster at Old Irvine Road Surgery
Comment	Unscheduled Care - Pharmacy Supply script scanned
Medication	Mirtazapine Tablets 45 mg *7 tablet ONE TO BE TAKEN AT NIGHT* Quetiapine Fumarate M/R tablets 200 mg *7 tablet 1 DAILY* Quetiapine Fumarate Tablets 100 mg *7 tablet ONE TO BE TAKEN AT NIGHT*
03/05/2022	Ms Sioban Webster at Old Irvine Road Surgery
Comment	Unscheduled Care - Pharmacy Supply script scanned
Medication	Quetiapine Fumarate Tablets 100 mg *5 tablet ONE TO BE TAKEN AT NIGHT*
23/02/2022 09:07	Mrs Elaine Scott at Telephone Consultation
History	Triage - mums mob -? mouth infection [redacted]. At dentist last week - couldn't see any sign of infection. Now pain one side, face swollen, feeling unwell, temp up, pain++. Taking fluids but struggling to eat. Taking paracetamol and ibuprofen - now not helping.
Comment	Treat as dental abscess, given below, allergy to pen v. DHC to be used only when required. Seek review if persists/worsens.
Medication	Metronidazole Tablets 400 mg *21 tablet ONE TO BE TAKEN THREE TIMES A DAY* Dihydrocodeine Tablets 30 mg *28 tablet ONE TO BE TAKEN EVERY FOUR TO SIX HOURS*
02/02/2022 15:24	Miss Fiona Dobbie at Data Entry
Comment	[redacted]states has received quetiapine 100mg and mirtazapine script but not 200mg MR - advised scripts were done for this 28/01 and today so should be at pharmacy. wanting to switch pharmacies. Have changed screen message to shortlees
31/01/2022 10:17	Miss Fiona Dobbie at Data Entry
Comment	Prescription by supplementary prescriber Quetiapine 200 M/R on repeat but 100mg immediate release not on repeat. Have issued 100mg immediate release as per psych letter and moved to repeat. For review with psych in around 5 months,

15/06/2021 15:32	Mrs Mairi Kirkpatrick at North West Kilmarnock Area Centre
Comment	Cavity cleansed with Prontosan. Packed with small amount of Sorbsan ribbon and covered with Mepilex border. Has appointments daily this week.
14/06/2021 14:50	Mrs Mairi Kirkpatrick at North West Kilmarnock Area Centre
Comment	Small amount of pus in cavity, not inflammed or swollen. Cleansed with Prontosan and packed with Sorbsan ribbon. Klinderm border to cover. Review tomorrow. Prescription request to pharmacy team for dressings.
11/06/2021 10:15	Mrs Lorraine Ferrara at North West Kilmarnock Area Centre
Comment	I reciept of dressings for DN's. Wound no change clean-looking, bloody and about 0.5 cm in depth. Cleansed with prontosan and packed with sorbsan ribbon and mepilex border to cover.
10/06/2021 14:17	Ms Emma Newlands at Data Entry
Comment	Phoned DN Nicki Herbert- Alisdair will get a visit from the DNs during the weekend. Dressings to be given to Alisdair on Friday for DN use.
10/06/2021 13:58	Ms Emma Newlands at North West Kilmarnock Area Centre
Comment	Wound remains clean looking. Cleansed with prontosan and redressed with sorbsan ribbon and kliniderm silcone border. R/v Tomorrow with Lorriane
09/06/2021 16:01	Mrs Lorraine Ferrara at North West Kilmarnock Area Centre
Comment	Abcess remains clean looking. Cleansed with prontosan, repacked with sorbsan ribbon and covered with mepilex. Review daily.
08/06/2021 15:51	Ms Carrie McAllister at North West Kilmarnock Area Centre
Comment	Abscess clean looking, cleansed with saline and redressed with sorbson ribbon, mepilex border adhesive to cover , r/v tomorrow.
07/06/2021 14:36	Ms Emma Newlands at North West Kilmarnock Area Centre
Comment	Abscess has been drained. Wound 1cm tracking. Alisdair and [redacted] have been dressing themselves advised Alisdair he needs daily dressings. No signs of infection. Cleansed with saline and redressed with Sorbaderm packing and kliniderm. R/v Tomorrow.
07/06/2021 10:18	Mrs Joanne Howieson at Telephone Consultation
History	Was added to triage list by mistake. Spoke to [redacted] she explained Alisdair had been to ED 3/7 ago, had abscess incision and packed. ED had advised needs appt with PN today to change dressing. Has already got an appt at North west this afternoon. [redacted] states ED advised abx not required as he had just completed 2 courses of abx. No action required as has appt with PN.
03/06/2021	Ms Sioban Webster at Data Entry
Comment	Unscheduled Care - Pharmacy Supply script scanned
Medication	Mirtazapine Tablets 45 mg *7 tablet ONE TO BE TAKEN AT NIGHT* Quetiapine Fumarate M/R tablets 300 mg *7 tablet ONE TO BE TAKEN AT NIGHT*
21/05/2021 09:14	Mrs Elaine Scott at E-consult
History	*"I have an abscess, I am quite prone to them." Armpit has an abscess." "It's a ping pong ball sized abscess" "A course of antibiotics usually helps. I have had several abscesses in the past that needed me to be hospitalised and them operated on but I don't think this one is at that stage."*
Comment	Thank you for your recent eConsult request. You have a prescription ready for collection at the surgery. Please contact 111 if your condition worsens over the weekend. Regards, Elaine Scott ANP
Medication	Doxycycline Hyclate Capsules 100 mg *14 capsule TAKE 1 CAPSULE TWICE DAILY*
20/05/2021	Ms Gemma Blades at Old Irvine Road Surgery
Comment	Alert received from telehealth monitoring system General advice consultation for Alisdair Macdonald DOB 04-02-1986 submit....

31/03/2021 10:29	Mr Stuart Robertson at Data Entry
Comment	CPUS supply 27/3/21
Medication	Mirtazapine Tablets 45 mg *7 TABLET ONE TO BE TAKEN AT NIGHT*
	Quetiapine Fumarate M/R tablets 300 mg *7 TABLET ONE TO BE TAKEN AT NIGHT*
14/01/2021	Dr Belinda Chan at Old Irvine Road Surgery
History	task ; chemist asking for another px for doxycycline to cover for px 13/10/20.
13/01/2021	Dr Fiona Dunn at E-consult
Problem (REVIEW)	**Hidradenitis suppurativa**
Medication	Doxycycline Hyclate Capsules 100 mg *14 capsule TAKE 1 CAPSULE TWICE DAILY*
Comment	"Thank you for your recent eConsult request. A fit note will be posted out to you. Regards Dr Dunn"
12/01/2021	Miss Chloe Shannon at Old Irvine Road Surgery
Comment	Alert received from telehealth monitoring system General advice consultation for Alisdair Macdonald DOB 04-02-1986 submit...,
13/10/2020 09:58	Mrs Elaine Scott at Triage
History	Earache. Started a few days ago - hearing reduced, tried cleaning, olive oil, hot and itchy, sore - achey. Doesn't feel great, has abscess on back also - size of golf ball, started a few days ago. Feeling a bit run down generally.
Comment	Allergic to penicillin, erythromycin CI with quetiapine. Given below for abscess, continue with olive oil for ear. Review if either persists/worsens.
Medication	Doxycycline Hyclate Capsules 100 mg *14 capsule TAKE 1 CAPSULE TWICE DAILY*
Social	COVID19 PANDEMIC 2020
28/07/2020	Dr David Curran at Telephone Consultation
Problem (FIRST)	**Telephone encounter** sore ear - thinks has a spot in ear - mob no pref
Comment	Failed encounter - message left on answer machine
06/03/2020	Dr Kenneth Irvine at Telephone Consultation
Additional	Medication review done
30/01/2020	Mrs Elaine Scott at North West Kilmarnock Area Centre
History	Cold for 4-5 days now been in chest for over 1 week. Eating and drinking normally.
Examination	Oxygen saturation at periphery 96 % Not unwell or distressed. O/E - pulse rate, 109 beats/minute O/E - tympanic temperature, 36.7 C Chest clear, good bilateral AE.
Comment	Advised likely viral infection, should settle 1-2 weeks. Review if persists/worsens.
04/12/2019	Mrs Mary Hay at Old Irvine Road Surgery
Comment	Letter sent to contact Comm Connnector- and message left with [redacted] for same
01/04/2019	Dr Kenneth Irvine at Data Entry
Additional	
01/04/2019	Dr Kenneth Irvine at Data Entry
Comment	esa113
23/01/2019	Dr Fiona Dunn at Data Entry
Comment	Unscheduled Care - Pharmacy Supply script scanned
Medication	Mirtazapine Tablets 45 mg *7 tablet ONE TO BE TAKEN AT NIGHT*
26/12/2018	Ms Docman *do Not Delete Please* Docman at Docman

Additional	Letter encounter AEDISCHARGE Ayrshire and Arran
30/07/2018	Dr David Curran at Data Entry
Problem (REVIEW)	**Anxiety states**
History	Medication changed as per docman psych
Comment	increase next script
Medication	Quetiapine Fumarate M/R tablets 300 mg *30 tablet ONE TO BE TAKEN AT NIGHT*
06/04/2018	Ms Carrie McAllister at Data Entry
Comment	Did not attend - no reason
20/03/2018	Dr Claire Davey at General Practice Surgery
Problem (FIRST)	**Cellulitis NOS**
History	R side of scrotum. Prone to skin infections.
Examination	Not systemically unwell, T 37.4. Cellulitis noted. No tracking, no pus seen, nil to excise.
Comment	AB and dressings, fasting sugar pls, ->ED if fails to improve over the next 3 days.
Test Request	Glucose
30/01/2018	Mrs Kirsty McMaster at Externally Entered
Additional	EMIS attachment reference code letter to patient from wp
29/12/2017	Dr Claire Davey at General Practice Surgery
Problem (REVIEW)	**Hidradenitis suppurativa**
History	Recurrence of same, feels this comes on when he gets stressed.
Examination	Not systemically unwell, pus seen. Says prev tested for DM.
Comment	AB, analgesia, dressings. Chat re recent dental surgery.
Medication	Mepore Dressing 7 cm x 8 cm *20 dressing TO BE USED AS DIRECTED*
04/12/2017	Dr Glenn Mulligan at Old Irvine Road Surgery
History	quetiapine to 300mg MR.
13/11/2017	Dr Claire Davey at General Practice Surgery
Problem (FIRST)	**Dental abscess**
History	L upper gum. Pain and swelling present for 3/7. Swollen and sore. Needs dental review. Explained I'm not happy to treat with AB or analgesia and that review by the most appropriately qualified professional is very important. Says he will go to his dentist just now to get an appt.
03/08/2017	Dr Glenn Mulligan at Old Irvine Road Surgery
Problem (FIRST)	**Body mass index 30+ - obesity**
Examination	O/E - height, 168 cm O/E - weight, 103 Kg Body Mass Index, 36.49
History	Current smoker chat re chest - stabvle. CXR >> Smoking cessation advice ++ Gen congested esp summer.
Examination	mild rhinitis.
Comment	not keen on rx. advice ++ re weight/smoking.
History	axilla settling - some fluid still--obs.
25/07/2017	Dr Kenneth Irvine at General Practice Surgery
Problem (FIRST)	**Hidradenitis suppurativa**
History	x 1/52 l axilla mod inflamed
Medication	Doxycycline Hyclate Capsules 100 mg *14 capsule 1 CAPSULE TWICE DAILY*
Comment	reassured see as nec
25/07/2017	Dr Kenneth Irvine at Data Entry

History	z
-	----
14/06/2017	Dr Glenn Mulligan at Old Irvine Road Surgery
History	Chronic cough/occ sputum/occ wheeze. smoker++ No pets; no fhx relevant. nose/throat ok.
Examination	General examination of patient well; Heart rate, 110 beats/minute Oxygen saturation at periphery, 97 % no lad; thropat/nose/chest clear.
Comment	inx. ?get spirom then.,
Test Request	XR Chest - *Completed*
-	----
01/04/2017	Dr Kenneth Irvine at Data Entry
Comment	esa 113 form
-	----
28/10/2016	Dr David Curran at Telephone Consultation
Problem (FIRST)	**Medication review**
History	as per psych
Comment	Medication increased quetiapine mr 350mg nocte
Medication	Quetiapine Fumarate M/R tablets 50 mg *30 tablet ONE TO BE TAKEN AT NIGHT*
-	----
15/09/2016	Dr Glenn Mulligan at Old Irvine Road Surgery
History	note psych rv.
-	----
16/10/2015	Dr Fiona Dunn at North West Kilmarnock Area Centre
History	abscess left upper inner thigh, did leak some last night after hot bath,
Examination	tender red grape size but soft
Comment	abs and analgesia
Medication	Co-Codamol 8/500 Tablets *40 tablet TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED* Doxycycline Hyclate Capsules 100 mg *14 capsule 1 CAPSULE TWICE DAILY*
-	----
18/09/2015	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Clinical Letter Crosshouse Hospital A & E Department
-	----
07/01/2015	Dr Glenn Mulligan at Old Irvine Road Surgery
History	Has appt - discuss bloods then.
-	----
07/01/2015	Mrs Mairi Kirkpatrick at North West Kilmarnock Area Centre
Comment	Came for review of abscess. Started to leak this morning when in bath. Has now busrt completely with lots of pus oozing. Cleaned with saline and Inadine applied with dry dressing. Feeling much better, advised regular paracetamol and given gauze swabs and Mepore to change frequently. Seeing Dr Mulligan tomorrow.
-	----
06/01/2015	Dr Sarah McLaughlin at Old Irvine Road Surgery
History	Has an abscess and already on antibiotics for back spots lymecycline, no hx diabetes, Allergic to penicillin - rahs, and because on quetiapine says cant get erythromycin
Examination	Temp 37, HR 101, sats 99%, lower abdomen, note abscess lower abd - aprrox 4cm diameter with surrounding redness 11cm, not oozing at present, but note punctum,
Comment	IMP - Skin abscess / infection. For doxycycine, bloods - fbc u/e glu, site marked, review on Thursday, If not settling or worsens, ?hospital review for incision, drainage, knows to contact sooner if worse, NHS 24 if ooh or A/E smcl
Medication	Doxycycline Hyclate Capsules 100 mg *14 capsule 1 CAPSULE TWICE DAILY*
-	----
14/11/2014	Dr Kenneth Irvine at Old Irvine Road Surgery
Problem (REVIEW)	**Chest infection**
History	Oxygen saturation at periphery 98 % not completely better chest clear throat mild red ears l clear r wax ++ t 36.2
-	
Medication	Mirtazapine Tablets 45 mg *28 TABLET ONE TO BE TAKEN AT NIGHT*

Comment	on quetiapine 300m g now
27/10/2014	Dr Esther McGregor at North West Kilmarnock Area Centre
Problem (FIRST)	**Chest infection**
History	Current smoker cough with green sputum. high temp.
Comment	discussed using erythro as allergic to pen v he says. is long qt risk so below given instead
Medication	Doxycycline Hyclate Capsules 100 mg *8 CAPSULE TAKE 2 CAPSULES ON THE 1ST DAY AND AFTER THAT TAKE 1 CAPSULE DAILY.*
Problem (FIRST)	**Acne vulgaris**
History	severe pustular cystic acne on his back. given below to start after doxy finished
Medication	Lymecycline Capsules 408 mg *56 capsule ONE TO BE TAKEN EACH DAY*
03/10/2014	Dr Glenn Mulligan at Data Entry
Medication	Mirtazapine Tablets 45 mg *28 TABLET ONE TO BE TAKEN AT NIGHT*
04/08/2014	Dr Kenneth Irvine at Data Entry
Medication	Quetiapine Fumarate M/R tablets 50 mg *28 tablet ONE TO BE TAKEN AT NIGHT*
Comment	prescription request per psych letter 28/5 to inc to quetaipine 2 50 mcg daily
Additional	Medication review done
16/06/2014	Dr Kenneth Irvine at Data Entry
Comment	prescription request mirtazipine
10/06/2014	Dr Kenneth Irvine at Old Irvine Road Surgery
Comment	improving finish llast 5/7 abx should be ok
05/06/2014	Dr Kenneth Irvine at Old Irvine Road Surgery
History	seems better in terms less swelling cheek continue abx see next week
03/06/2014	Dr Kenneth Irvine at Old Irvine Road Surgery
Problem (FIRST)	**Cellulitis and abscess NOS**
History	lateral to r side of nose has spread since started eryth 250 qid
Examination	swelling laterally to cheek t 37.3 p 100
Medication	Erythromycin E/c tablets 250 mg *56 TABLET TWO TO BE TAKEN FOUR TIMES A DAY*
Comment	increase to eryth 500mg qid see 2/7
22/05/2014	Dr Kenneth Irvine at Telephone Consultation
History	sees dr lewis next week quetiapine been on 6/12 helps his anxiety sees jim young feels mirtazipine helps sleep 5-6 hours appetite variable has support of brother
12/05/2014	Dr Glenn Mulligan at Data Entry
Medication	Mirtazapine Tablets 45 mg *28 TABLET ONE TO BE TAKEN AT NIGHT*
24/02/2014	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter from outside agency Clinical Letter St Johns Hospital,Livingston Plastics
14/11/2013	Dr Sarah McLaughlin at Data Entry
History	Letter jobcentre club on 29/10/2013 re Work Capaility Assessment - pt meets criteria for Employment and Suport allowance, no longer needs lines smcl
14/11/2013	Dr Glenn Mulligan at Old Irvine Road Surgery
History	erection probs and diarrh since sertraline but mentally stable. he will d/w psych re poss alternative.
Comment	Current smoker Smoking cessation advice also check stool.
07/10/2013	Dr Glenn Mulligan at Old Irvine Road Surgery

Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 07/10/2013 - 05/11/2013)
01/10/2013	Dr Kenneth Irvine at Data Entry
Medication	Sertraline Hydrochloride Tablets 50 mg *28 TABLET ONE TO BE TAKEN EACH DAY*
19/09/2013	Dr Sarah McLaughlin at Data Entry
History	Med 3 from today for 3wks 'Depression' smcl
10/09/2013	Dr Sarah McLaughlin at Data Entry
History	Script marked - WEEKLY dispensing (as note overdose recently). smcl
Medication	Quetiapine Fumarate M/R tablets 150 mg *30 tablet ONE TO BE TAKEN EACH DAY*
02/09/2013	Dr Sarah McLaughlin at Old Irvine Road Surgery
History	Attacked about a month ago, Ear bitten; Seen in hosp - ear trimeed, On job seekerrs, seeing psych Dr Nitu, on quetiapine, still v anxious, cant leave house, getting panic attacks, On job seekers, feels cant claim job seekers saying fit for work when feels cant leave the house. Jim CPN from Crisis team spoke to him and told to see his GP re sick line, 2) given Hep B vaccien on 27th July in A/E, 2nd (30th July) and 3rd (2nd Aug) ones here in surgery.
Examination	Note left pinna, healed bite mark.
Comment	Med 3 from today for 3wks, 'Depression' . to keep engaging with CMHT. smcl
16/08/2013	Mrs Elaine Scott at Old Irvine Road Surgery
Comment	Failed encounter - DNA for 3rd Hep B vaccine.
05/08/2013	Mrs Elaine Scott at Old Irvine Road Surgery
Examination	One suture remaining in left pinna - removed with ease.
02/08/2013	Mrs Elaine Scott at Old Irvine Road Surgery
Comment	Well, no CI to 2nd Hepatitis B vaccine. Engerix B to left deltoid.
Additional	2nd hepatitis B vaccination AHBVC053AG exp 01/2014 **(GMS)**
History	Very self conscious about ear.
Comment	Mepilex border to cover left ear. Sutures were removed at hospital today.
30/07/2013	Mrs Elaine Scott at Old Irvine Road Surgery
History	Left ear injury following assault - pinna bitten off. Attended hospital for suturing - see A&E letter.
Comment	Remainder of pinna cleaned, chloramphenicol applied as hospital instruction. Mepore to cover. Had 1st Hep B on 27/07/13 at hospital. Has appt for suture removal at hospital on Friday, also has appt for PN Friday afternoon - use this for hep B vaccine.
Additional	1st hepatitis B vaccination
Examination	Back wound scabbed over - no sign of infection.
29/07/2013	Mrs Mary Hay at Externally Entered
Additional	DNA surgery appointment - 2nd letter DNA 2
27/07/2013	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Clinical Letter Crosshouse Hospital A & E Department
26/07/2013	Mrs Beth Evans at Externally Entered
Additional	DNA surgery appointment - 1st letter dna 1
26/07/2013	Ms Carrie McAllister at Old Irvine Road Surgery
Comment	DNA appt
25/07/2013	Ms Carrie McAllister at Old Irvine Road Surgery

Comment	DNA appt
24/07/2013	Mrs Elaine Scott at Data Entry
Comment	Failed encounter - DNA appt for dressing change.
22/07/2013	Mrs Elaine Scott at Old Irvine Road Surgery
Examination	Wound appears clean and healing.
Comment	Cleaned with saline, repacked with sorbsan ribbon. Tielle to cover. Review 2/7 - advised to contact if any problems tomorrow.
19/07/2013	Mrs Elaine Scott at Third party Consultation
Comment	Spoke to Jennifer DN - arranged visits Saturday and Sunday. Given dressing packs and mepore plus prescription for dressings/packing. Message left on answermachine to inform patient DNs arranged.
19/07/2013	Mrs Elaine Scott at Old Irvine Road Surgery
History	Had I&D of abscess 17th -missed appt yesterday.
Examination	Large wound left side upper back, draing blood-stained serous fluid.
Comment	Wound cleaned with saline, packed with alginate ribbon, skintact and mepore to cover. Will try to arrange DNs for weekend and dressings - Friday, 15.50hrs!!
17/07/2013	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Misc Letter University Hospital Crosshouse Accident & Emergency
17/07/2013	Dr Pauline McCluskey at Old Irvine Road Surgery
Problem	abscess
History	left upper back - ripe for I&D - prone to these always need drained - allergic to penicillin - rash and sickness.
28/05/2013	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Administration Letter
28/05/2013	Dr Kenneth Irvine at General Practice Surgery
History	ref to ent for I and D large abscess of l side of neck
14/03/2013	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Hospital Letter Ayr Hospital Maxillofacial
28/02/2013	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Hospital Letter Ayr Hospital Accident & Emergency
23/02/2013	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Hospital Letter Crosshouse Hospital Maxillofacial
11/01/2013	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Discharge Letter University Hospital Ayr Accident & Emergency
10/01/2013	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Hospital Letter Ayr Hospital Accident & Emergency
01/01/2013	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Hospital Letter Crosshouse Hospital Accident & Emergency
25/04/2012	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Patient Summary Dr Craig & Partners
15/12/2011	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Discharge/Summary Letter Springburn Health Centre treatment room

12/10/2011	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Results Glasgow Royal Infirmary Microbiology
11/10/2011	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Clinical Letter Glasgow Royal Infirmary Accident and Emergency
26/08/2011	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Clinical Letter Glasgow Royal Infirmary coloproctology
24/06/2011	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Clinical Letter treatment room card
11/05/2011	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Clinical Letter Glasgow Royal Infirmary coloproctology
03/05/2011	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Clinical Letter Glasgow Royal Infirmary Pancreatico-Biliary Unit
02/03/2011	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Clinical Letter Glasgow Royal Infirmary coloproctology
15/10/2010	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Clinical Letter Stobhill Hospital Accident and Emergency
27/08/2010	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Results Stobhill Hospital Haematology
26/08/2010	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Results Glasgow Royal Infirmary Biochemistry
27/04/2010	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Clinical Letter Glasgow Royal Infirmary Accident & Emergency
27/04/2010	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Clinical Letter Glasgow Royal Infirmary Accident & Emergency
24/04/2010	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Discharge/Summary Letter Glasgow Royal Infirmary Diabetes
11/10/2009	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Clinical Letter Crosshouse Hospital A & E Department
11/10/2009	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Clinical Letter Crosshouse Hospital Accident & Emergency
09/06/2009	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Clinical Letter Crosshouse Hospital A & E Department

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type

18/07/2026	**Phosphate-Sandoz Tablets** 1 TAB THREE TIMES A DAY 9 tablet	20/07/2026P	Dr Belinda Chan	ACUTE
16/06/2021	**Dressit Sterile Dressing Pack with medium/large gloves** USE AS DIRECTED 10 pack	Not Issued	Dr David Curran	ACUTE
01/04/2026	**Quetiapine Fumarate Tablets 25 mg** TWO (50MG) TO BE TAKEN IN THE MORNING 56 TABLET	17/06/2026P	Dr David Curran	REPEAT
20/10/2025	**Mirtazapine Tablets 30 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	17/06/2026P	Dr David Curran	REPEAT
18/08/2025	**Hibiwash Solution 4 %** USE AS SOPA SUBSTITUTE TO AFFECTED AREAS AS DIRECTED 500 ml	05/01/2026P	Dr Aleea Mahmood	REPEAT
23/05/2025	**Quetiapine Fumarate Tablets 200 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	17/06/2026P	Dr David Curran	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
21/05/2026	**Dihydrocodeine Tablets 30 mg** ONE TO BE TAKEN 4 HOURLY AS REQUIRED 28 tablet	21/05/2026P	Dr David Curran	ACUTE
05/01/2026	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY 28 capsule	05/01/2026P	Dr Aleea Mahmood	ACUTE
02/10/2025	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 56 capsule	02/10/2025P	Mrs Joanne Howieson	ACUTE
18/08/2025	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY 28 capsule	18/08/2025P	Mrs Joanne Howieson	ACUTE
18/08/2025	**Co-Codamol 8/500 Tablets** TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 50 tablet	18/08/2025P	Mrs Joanne Howieson	ACUTE
05/08/2025	**Hibiscrub Cleansing solution 20 % (Chlorhexidine Gluconate 4 %)** AS SOAP SUBSTITUTE FOR AFFECTED AREAS. 500 ml	05/08/2025P	Dr David Curran	ACUTE
03/02/2025	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 capsule	03/02/2025P	Mrs Elaine Scott	ACUTE
09/12/2024	**Doxycycline Hyclate Capsules 100 mg** TAKE 1 CAPSULE TWICE DAILY 28 capsule	09/12/2024P	Dr David Curran	ACUTE
22/03/2024	**Hydrofilm Dressing 10 cm x 12.5 cm** APPLY AS DIRECTED 1 DRESSING	22/03/2024P	Dr David Curran	ACUTE
18/03/2024	**Doxycycline Hyclate Capsules 100 mg** TAKE 1 CAPSULE TWICE DAILY 28 capsule	18/03/2024P	Dr Esther McGregor	ACUTE
18/03/2024	**Doxycycline Hyclate Capsules 100 mg** 1 TO BE TAKEN DAILY 56 capsule	18/03/2024P	Dr Esther McGregor	ACUTE
20/10/2022	**Zopiclone Tablets 7.5 mg** ONE TO BE TAKEN AT NIGHT 14 tablet	20/10/2022P	Dr Kenneth Irvine	ACUTE
14/10/2022	**Temazepam Tablets 20 mg** ONE TO BE TAKEN AT NIGHT 14 tablet	14/10/2022P	Dr Glenn Mulligan	ACUTE
22/08/2022	**Doxycycline Hyclate Capsules 100 mg** TAKE 1 CAPSULE TWICE DAILY 14 capsule	22/08/2022P	Mrs Joanne Howieson	ACUTE
22/08/2022	**Hibiscrub Cleansing solution 20 % (Chlorhexidine Gluconate 4 %)** AS SOAP SUBSTITUTE FOR AFFECTED AREAS. 500 ml	22/08/2022P	Mrs Joanne Howieson	ACUTE
14/06/2022	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 56 capsule	14/06/2022P	Mrs Joanne Howieson	ACUTE
14/06/2022	**Hibiscrub Cleansing solution 20 % (Chlorhexidine Gluconate 4 %)** AS SOAP SUBSTITUTE FOR AFFECTED AREAS. 500 ml	14/06/2022P	Mrs Joanne Howieson	ACUTE
02/06/2022	**Quetiapine Fumarate Tablets 100 mg** ONE TO BE TAKEN AT NIGHT 7 tablet	02/06/2022Q	Dr David Curran	ACUTE
02/06/2022	**Quetiapine Fumarate M/R tablets 200 mg** 1 DAILY 7 tablet	02/06/2022Q	Dr David Curran	ACUTE
02/06/2022	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT 7 tablet	02/06/2022Q	Dr David Curran	ACUTE
03/05/2022	**Quetiapine Fumarate Tablets 100 mg** ONE TO BE TAKEN AT NIGHT 5 tablet	03/05/2022Q	Dr David Curran	ACUTE
23/02/2022	**Metronidazole Tablets 400 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 tablet	23/02/2022P	Mrs Elaine Scott	ACUTE
23/02/2022	**Dihydrocodeine Tablets 30 mg** ONE TO BE TAKEN EVERY FOUR TO SIX HOURS 28 tablet	23/02/2022P	Mrs Elaine Scott	ACUTE
07/01/2022	**Doxycycline Hyclate Capsules 100 mg** TAKE 1 CAPSULE TWICE DAILY 14 capsule	07/01/2022P	Dr David Curran	ACUTE
22/12/2021	**Quetiapine Fumarate Tablets 100 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	22/12/2021P	Dr David Curran	ACUTE
16/06/2021	**Sorbsan Ribbon Cavity Dressing With Probe 40 cm** AS DIRECTED 5 dressing	19/07/2013P	Dr David Curran	ACUTE
16/06/2021	**Kliniderm Foam Border Dressing square, 10 cm x 10 cm** USE AS DIRECTED 10 dressing	16/06/2021P	Dr David Curran	ACUTE
03/06/2021	**Quetiapine Fumarate M/R tablets 300 mg** ONE TO BE TAKEN AT NIGHT 7 tablet	03/06/2021Q	Dr David Curran	ACUTE
03/06/2021	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT 7 tablet	03/06/2021Q	Dr David Curran	ACUTE

21/05/2021	**Doxycycline Hyclate Capsules 100 mg** TAKE 1 CAPSULE TWICE DAILY 14 capsule	21/05/2021P	Mrs Elaine Scott	ACUTE
13/01/2021	**Doxycycline Hyclate Capsules 100 mg** TAKE 1 CAPSULE TWICE DAILY 14 capsule	14/01/2021P	Dr David Curran	ACUTE
13/10/2020	**Doxycycline Hyclate Capsules 100 mg** TAKE 1 CAPSULE TWICE DAILY 14 capsule	13/10/2020P	Mrs Elaine Scott	ACUTE
23/01/2019	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT 7 tablet	23/01/2019O	Dr Fiona Dunn	ACUTE
06/06/2018	**Quetiapine Fumarate M/R tablets 50 mg** ONE TO BE TAKEN AT NIGHT FOR 2 WEEKS (TOTAL DOSE 250MG) 14 tablet	06/06/2018P	Dr David Curran	ACUTE
20/03/2018	**Doxycycline Hyclate Capsules 100 mg** 1 CAPSULE TWICE DAILY 28 capsule	20/03/2018P	Dr Claire Davey	ACUTE
20/03/2018	**Mepore Dressing 7 cm x 8 cm** TO BE USED AS DIRECTED 20 dressing	20/03/2018P	Dr Claire Davey	ACUTE
29/12/2017	**Doxycycline Hyclate Capsules 100 mg** 1 CAPSULE TWICE DAILY 14 capsule	29/12/2017P	Dr Claire Davey	ACUTE
29/12/2017	**Co-Codamol 8/500 Tablets** TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 40 tablet	29/12/2017P	Dr Claire Davey	ACUTE
29/12/2017	**Mepore Dressing 7 cm x 8 cm** TO BE USED AS DIRECTED 20 dressing	29/12/2017P	Dr Claire Davey	ACUTE
25/07/2017	**Doxycycline Hyclate Capsules 100 mg** 1 CAPSULE TWICE DAILY 14 capsule	25/07/2017P	Dr Kenneth Irvine	ACUTE
16/10/2015	**Doxycycline Hyclate Capsules 100 mg** 1 CAPSULE TWICE DAILY 14 capsule	16/10/2015P	Dr Fiona Dunn	ACUTE
16/10/2015	**Co-Codamol 8/500 Tablets** TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 40 tablet	16/10/2015P	Dr Fiona Dunn	ACUTE
08/01/2015	**Steripod Sodium Chloride Sterile Solution 0.9 %** TO BE USED AS DIRECTED 25 SACHET	08/01/2015P	Dr David Curran	ACUTE
06/01/2015	**Doxycycline Hyclate Capsules 100 mg** 1 CAPSULE TWICE DAILY 14 capsule	06/01/2015P	Dr Sarah McLaughlin	ACUTE
27/10/2014	**Doxycycline Hyclate Capsules 100 mg** TAKE 2 CAPSULES ON THE 1ST DAY AND AFTER THAT TAKE 1 CAPSULE DAILY. 8 CAPSULE	27/10/2014P	Dr Esther McGregor	ACUTE
27/10/2014	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 56 capsule	27/10/2014P	Dr Esther McGregor	ACUTE
03/10/2014	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	03/10/2014P	Dr Glenn Mulligan	ACUTE
04/08/2014	**Quetiapine Fumarate M/R tablets 50 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	04/08/2014P	Dr Kenneth Irvine	ACUTE
21/07/2014	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	28/08/2014P	Dr David Curran	ACUTE
03/06/2014	**Erythromycin E/c tablets 250 mg** TWO TO BE TAKEN FOUR TIMES A DAY 56 TABLET	03/06/2014P	Dr Kenneth Irvine	ACUTE
12/05/2014	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	16/06/2014P	Dr Kenneth Irvine	ACUTE
31/03/2014	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	31/03/2014P	Dr David Curran	ACUTE
24/02/2014	**Mirtazapine Orodispersible tablets 30 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	24/02/2014P	Dr David Curran	ACUTE
09/01/2014	**Mirtazapine Tablets 15 mg** ONE TO BE TAKEN AT NIGHT 56 tablet	09/01/2014P	Dr David Curran	ACUTE
01/10/2013	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 28 TABLET	28/10/2013P	Dr Kenneth Irvine	ACUTE
12/08/2013	**Quetiapine Fumarate M/R tablets 50 mg** ONE TO BE TAKEN EACH DAY 60 tablet	12/08/2013P	Dr David Curran	ACUTE
30/07/2013	**Hepatitis B Surface Antigen Suspension For Injection 20 micrograms/ml, 1 ml vial** TO BE INJECTED 2 vial	30/07/2013P	Dr David Curran	ACUTE
19/07/2013	**Sorbsan Ribbon Cavity Dressing With Probe 40 cm** AS DIRECTED 5 dressing	19/07/2013P	Dr David Curran	ACUTE
19/07/2013	**Mepore Dressing 11 cm x 15 cm** TO BE USED AS DIRECTED 10 dressing	19/07/2013P	Dr David Curran	ACUTE
19/07/2013	**Sodium Chloride Irrigation solution 0.9 %, 20 ml unit dose** As directed 10 unit dose	19/07/2013P	Dr David Curran	ACUTE
31/01/2022	**Quetiapine Fumarate Tablets 100 mg** ONE TO BE TAKEN EACH MORNING 28 TABLET	19/03/2026P	Dr David Curran	REPEAT
22/12/2021	**Quetiapine Fumarate M/R tablets 200 mg** ONE TO BE TAKEN DAILY 28 TABLET	22/04/2025P	Dr David Curran	REPEAT
27/07/2018	**Quetiapine Fumarate M/R tablets 300 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	02/12/2021P	Dr Kenneth Irvine	REPEAT
06/06/2018	**Quetiapine Fumarate M/R tablets 200 mg** ONE TO BE TAKEN AT NIGHT 30 tablet	23/07/2018P	Dr David Curran	REPEAT
27/10/2016	**Quetiapine Fumarate M/R tablets 50 mg** ONE TO BE TAKEN AT NIGHT 30 tablet	01/12/2017P	Dr Kenneth Irvine	REPEAT
09/01/2015	**Gauze Swabs (non-sterile) 10cm x 10cm, Type 13 Light BP 1988, 12-ply** USE AS REQUIRED 1*100 swab	09/01/2015P	Dr David Curran	REPEAT
09/01/2015	**Mepore Dressing 10 cm x 11 cm** TO BE USED AS DIRECTED 10*1 dressing	09/01/2015P	Dr David Curran	REPEAT
14/11/2014	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	04/09/2025P	Dr David Curran	REPEAT

24/10/2014	**Quetiapine Fumarate M/R tablets 300 mg** ONE TO BE TAKEN AT NIGHT 30 tablet	09/05/2018P	Dr Kenneth Irvine	REPEAT
03/06/2014	**Quetiapine Fumarate M/R tablets 200 mg** ONE TO BE TAKEN AT NIGHT 30 tablet	20/10/2014P	Dr David Curran	REPEAT
10/09/2013	**Quetiapine Fumarate M/R tablets 150 mg** ONE TO BE TAKEN EACH DAY 30 tablet	19/05/2014P	Dr Kenneth Irvine	REPEAT

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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NHS Greater Glasgow & Clyde OOH Services

Call No: **3047349** Date: **09 Feb 2011** Time of Call: **21:25**

Patient's Name: **Alisdair Macdonald** DOB: **04/02/1986** Age: **25 Y**

Address Today: **131Lenzie Terr** Home Address if different: **131Lenzie Terr**

Post Code: **G21 3TN** Post Code: **G21 3TN**

Phone Number Today: **(00000) 000 000** - Home Phone if different: **() -**

NHS24 Call ID : 0

Callers Name: Relationship to patient:

Name of GP: **McKean S** Practice No: **130**

Surgery: **130 124 Allander Street / Springburn HC** Cipher No: **G0088 4**

Address: **Dr MB Craig & Partners 124 Allander Street Glasgow G22 5JH** Fax No: **0141 3363440**

Speed Dial: **136**

Call Type: **Walk in** **NOT GIVEN** NHS24 Time Passed:

Receptionist's Name: **MAROB** Time Arrived: **09/02/2011** Time Complete: **09/02/2011 21:59:39**

Patient's Complaint: **Patient's Complaint:**

burst abcess on right buttock also sore inner right ear and can hardly hear out of it, like it's blocked

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **4573** Follow Up: GP Follow Up

Consultation(s):

By: Thompson Victoria **Start:** 09/02/2011 21:32:48 **Finish** 09/02/2011 21:59:28

Clinical Assessment Details:
Started-09/02/2011 21:32:48
Finished-09/02/2011 21:59:28
History
Problemed with abscesses on buttock - states had I&D 6x in past yr under GA. Most recently operated 2/52 ago on L buttock - has f/u appt due to recurrent nature of abscesses. For past 3-4days - abcess of R buttock becoming more inflammed and painful - burst this evening. Denies feeling systemically unwell. Also c/o watery d/c from R ear with assoc pain and dullness to hearing. Attacked 5days ago whilst intoxicated and knocked out. Recalls being punched and friends bringing him home. Sustained 2 back eyes and bruise ant to R pinna. Denies headache, altered vision/speech/weakness. DH - cocodamol 8/500, penV allergy
Examination
Afebrile - 36.6 BP 122/70, HR 80bpm, HS pure CNS - intact - old bruising of eyes and ant to R pinna noted. R ear canal inflammed and with exudate - unable to view TM due to pus. Exam of buttock - extensive scarring from prev abscesses/surgery - L buttock healing, large R buttock abscess 3x4cm discharging pus.
Diagnosis
Buttock abscess otitis externa
Treatment
Rx erythromycin and flagyl - advised not to drink on these Has appt on Fri with GP - advised to keep for r/v and ?may need Med3 as self cert last wk

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Clinical Coding
Clinical code: F502z (Otitis externa NOS)
Clinical code: M0... (Skin/subcutaneous infections)
Prescription Details
Drug Name-erythromycin enteric coated tablets 250mg
Preparation-tablet(s)
Dosage-Take 2 tablets four times a day
Quantity-56
Drug Name-metronidazole tablets 400mg
Preparation-tablet(s)
Dosage-Take 1 tablet 3xdaily
Quantity-21

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Date of Review: 05/06/2018
Date Dictated: 05/06/2018
Date Typed: 05/06/2018
Our Ref: MH/IS
Enquiries to Irene Sinclair
Tel No: 01563 578548

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK KA1 4QS**
CHI No: 0402863410

Diagnoses: **F33 – Recurrent Depressive Disorder**
F10.2 – History of Alcohol Dependence, currently resolved

Medication: **Mirtazapine 45mg at night**
Quetiapine MR 300mg at night

Changes to Medication following review: **Please reduce Quetiapine MR to 250mg at night for two weeks and, if tolerated, to 200mg at night thereafter**

Follow up Arrangements: **1 Outpatient review in two months**

Mr MacDonald reported doing reasonably well at review. He reported no change in his sleep or appetite, said that his mood was quite good and denied any suicidal thoughts. He manages to confine his drinking to a couple of nights of the week when he goes out with family. He said that he had still not received an appointment for the Community Connector despite re-referral but was happy to leave this and has been considering recommencing an HNC in IT online. He said that his physical health was not quite so good. Recurrent abscesses remain an issue and he complained of feeling tired a lot and of having gained a lot of weight.

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2

5 June 2018

Dr J D Curran re: Alisdair MacDonald 0402863410

We spoke about ongoing options for management as including:

1 Accepting things were as good as they were likely to be and discharging him back to GP care
2 Trying to withdraw Quetiapine to see if this would help some of his physical issues and perhaps help him get out and about more.

Mr MacDonald chose the latter option and I would therefore be grateful if his Quetiapine could be reduced slightly as indicated above. I will arrange to review his progress routinely in two month's time but have asked him to contact sooner should he experience any problems with the medication change.

Kind regards.

Yours sincerely

Authorised on 08/06/2018 09:23:21 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist

www.nhsaaa.net

Additional document
07-Aug-2026
Additional: Additional document

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1/4

Webster, Rosemary

From: aa.Clinical_AUCS_Outcomes
Sent: 15 August 2022 19:19
To: aa.Clinical_Practice_OldIrvineRoad_80414
Subject: CHI - 0402863410 - NHS24 CONTACT AND OUTCOME
Attachments: NHS 24 Contact Report 111 26577878.PDF

PLEASE FIND ATTACHED NHS24 CONTACT AND OUTCOME.

From: Agomeze Igwe-omoke (NHS Ayrshire & [redacted]
Sent: 15 August 2022 02:33
To: aa.Clinical_AUCS_Outcomes [redacted]
Cc: aa.Clinical_AUCS_Outcomes [redacted]
Subject: Fw: NHS 24 Contact Report 111 26577878 -- -- CASE CLOSED -- PT TO SELF MONITOR AT HOME

-- CASE CLOSED -- PT TO SELF MONITOR AT HOME --

DR A OMOKE

SEE TRIAGE -
70837146
0402863410
MACDONALD
ALISDAIR
04.02.1986

Seen with [redacted] at home
Pt says he is prone to abscesses on his
skin which comes and goes
He is usually given Abx for this
He is yet to see a dermatologist
no SOB
no fever
no lethargy
no dizziness

O/E --
Palpable Neck and upper back boil/mild abscesses
measures about 2cm by 2.5 cm x 3 boils respectively
Tender to touch, no discharge, NV intact
SPO2- 96%RA, RR - 20, HR - 76
T= 36.2
BP - 136/72
CRT<2 SECS WELL HYDRATED
Nil lethargy/distress

IMP - Furuncolosis

Plan

1

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Pt has stable vital signs and
feels ok and well
We agreed on Abx - pt says
that he is allergic to PENICILLIN/ERYTHROMYCIN/CEFALEXIN
--- I have no access to portal or ECS --
We agreed on Doxycycline -- 1 cap BD x 1/52 --- issued from drug store
and own
GP follow up
May need dermatology review later
Pt happy with plan and will
self monitor and rv sos

Red flags well explained in detail.

TCB if any further concerns

From: aa.Clinical_Flow_Navigation_Centre_AUCS <Clinical_Flow_Navigation_Centre [redacted]
Sent: 14 August 2022 22:15
To: Agomeze Igwe-omoke (NHS Ayrshire & [redacted]
Subject: Fw: NHS 24 Contact Report 111 26577878

From: aa.Clinical_AUCS_Outcomes <aa[redacted]
Sent: 14 August 2022 23:09
To: aa.Clinical_Flow_Navigation_Centre_AUCS <Clinical_Flow_Navigation_Centre [redacted]
Subject: Fw: NHS 24 Contact Report 111 26577878

For 1 hour home visit please

From: Franca Oliseyenum-Ugwu [redacted]
Sent: 14 August 2022 23:08
To: aa.Clinical_AUCS_Outcome[redacted]
Subject: Fw: NHS 24 Contact Report 111 26577878

With [redacted] on the phone - Quite upset with no OOH Doctor phone call since when she made the phone call at 18:16 this evening. I apologised to her- that the OOH has been busy today

Reports abscess of 2days duration. Prone to having abscess. Had ended up with sepsis in the past. Hx of feeling dizzy and nauseous . with high fever. No documented temp. Noted abscess on back of neck. These symptoms are not usual for him. Hot to touch

Recurrent abscess- For home visit within an hour please

From: aa.Clinical_Flow_Navigation_Centre_AUCS <Clinical_Flow_Navigation_Centre [redacted]
Sent: 14 August 2022 22:26
To: Franca Oliseyenum-Ugwu [redacted]
Subject: Fw: NHS 24 Contact Report 111 26577878

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3.4

From: Haq, [redacted]
Sent: 14 August 2022 21:59
To: aa.Clinical_Flow_Navigation_Centre_AUCS <Clinical_Flow_Navigation_Centre [redacted]
Subject: Fwd: NHS 24 Contact Report 111 26577878

Get Outlook for iOS

From: aa.Clinical_Flow_Navigation_Centre_AUCS <Clinical_Flow_Navigation_Centre [redacted]
Sent: Sunday, August 14, 2022 9:54:07 PM
To: Haq, [redacted]
Subject: Fw: NHS 24 Contact Report 111 26577878

From: N24.noreply [redacted]
Sent: 14 August 2022 19:03
To: aa.Clinical_Flow_Navigation_Centre_AUCS <Clinical_Flow_Navigation_Centre [redacted]
Subject: NHS 24 Contact Report 111 26577878

Dear (Sir/Madam),

Your patient ALISDAIR MACDONALD has contacted NHS 24. Please find attached a copy of our Contact Report.

Kind Regards,

NHS24
NHS 24 Disclaimer: The information contained in this message may be confidential or legally privileged and is intended for the addressee only. If you have received this message in error or there are any problems please notify the originator immediately. The unauthorised use, disclosure, copying or alteration of this message is strictly forbidden.

3

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4q4

NHS24 CONTACT REPORT

PCM ID:	70837146		
CHI:	0402863410	**Caller :** [redacted]	
Surname:	MACDONALD	**Date/Time Call Received:**	14.08.2022 18:16:00
Forename:	ALISDAIR	**Date/Time Call Completed:**	14.08.2022 19:03:34
DOB:	04.02.1986		
Gender:	M		
Address:	40 Balgray Avenue KILMARNOCK KA1 4QS	**Current Location:**	13 Blacksyke Avenue KILMARNOCK KA1 4SR
Phone Number:	[redacted]	**GP:**	JOHN CURRAN OLD IRVINE ROAD SURGERY OLD IRVINE ROAD SURGERY
Phone Ext.:			4/6 OLD IRVINE RD KA012BD
Special Directions:	Main Door		
Temporary Resident:	NO		

Call Classification:

CALL SUMMARY:
FINAL ENDPOINT:
Contact GP Practice within 4 Hours (ASAP)
REASON FOR CALL / RELEVANT INFORMATION:
NECK 2 DAYS
OUTCOME:
PCEC within 2 Hrs

Confirmed Symptom(s):
#Has Fever
#Gradual onset of dizziness

Risk Factor(s):
#No travel outside Europe in last 21 days or to an affected country

Call Detail(s):
#Clinical supervisor: I MCPHERSON

PAST MEDICAL HISTORY:

NOTES:

14:08:2022 18:21:23 SMITHS15 3RD PARTY CALLER, ABCESS 2 DAYS, IS PRONE TO HAVING ABCESS, HAS ENDED UP WITH SEPSIS, AND DIZZY AND NAUSEA. TEMP IS ELIVATED.. ABCESS ON BACK OF NECK. THESE SYMPTOMS ARE NOT USUAL FOR HIM.
DW CS I MCPHERSON, ABCESS ON BACK OF NECK. SIZE OF A PING PONG BALL. PREVIOUS ABCESS CAUSED SEPSIS TO DEVELOP. FEELING DIZZY AND NAUSEAS, HOT TO TOUCH. PCEC 2 HOURS

Support Line Notes:

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07-Aug-2026
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Filename:
Extension:
Pages:

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Acute Services Division

Acute Services Division
WEST OF SCOTLAND PANCREATICO-BILIARY UNIT

Surgery and Anaesthetics Directorate
GLASGOW ROYAL INFIRMARY
Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

Greater Glasgow and Clyde

Consultants
Mr C R Carter
Mr C J McKay
Mr E J Dickson

Secretaries
Alana Hendry
Tricia Tullan
Helen Falconer

Contact Details:
0141 211 5129
0141 800 1977
0141 211 1168
Fax: 0141 232 0701

Clinical Nurse Specialists
Elspeth Cowan
Linda Dewar
Emma Hunter

Contact Details:
0141 211 0508

0141 211 5354

PANCREATICO-BILIARY UNIT DISCHARGE LETTER

Dictated: 16/03/2011
Typed: 19/04/2011
Your Ref:
Our Ref: AG/PVT

Dr Margaret Craig
Springburn Health Centre
200 Springburn Way
G21 1TR

Dear Dr Craig

Alistair MacDonald – 04/02/1986 – CHI: 0402863410 – CRN: 64196843A
Glasgow City Council, 14 Clyde Place, Glasgow, G5 8AQ

Admitted: 27 01 11
Discharged: 28 01 11

Your patient was admitted from A & E complaining of onset of pilonidal abscess.

On 27 01 11 he underwent incision and drainage and was discharged the following day.

Kind regards.

Yours sincerely

Alessandro Giardino
Lister Fellow in General Surgery

Delivering better health

www.nhsggc.org.uk

40369

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DSH PSYCHIATRIC CONSULTATION FORM, ABERDEEN ROYAL INFIRMARY

Name of patient: Alistair Mac Donald
DOB: 4/2/86
Male/female:
RCH number:
Address: 131 Kenzie Terrace GLASGOW
Telephone:

Consultant: Dr Goldbeck
Ward: A+E
Date of admission: 7/2/10
Date of assessment: 7/2/10
GP: Springburn H/C Glasgow

Nature of Deliberate Self-harm (DSH)

	Substance taken	Amount	Strength	Date taken
Self-poisoning ☑	Insulin	120units		7/2/10
Self-mutilation ☐				
Other ☐				

First episode ☑ Previous episode(s) of DSH ☐ Illicit drugs involved ☐ Alcohol involved ☑

Summary of assessment

Alistair had been out with his [redacted]. They both consumed a moderate amount of alcohol. When they got home they had an argument. On impulse he took the insulin which he discovered lying about. Cannot explain why he did it other than he was upset. Denies suicidal intent. Today is not clinically depressed but mood had been lowered a few months ago due to unemployment. Is now working. No further thoughts of harming himself.

Diagnosis
1. Acute Stress Reaction F 43.0 2. F

Recommended action (if necessary, specify further details in medical notes)

Immediate
- Discharge when medically fit ☑
- IP psychiatric admission ☐
- Detention under MH(S)A ☐

Follow up
- GP ☑
- Liaison team ☐
- Psychiatric OP clinic ☐
- CPN ☐
- Drug/Alcohol team ☐
- Psychology ☐
- Social Work ☐
- Non-statutory agency ☐
- Follow-up refused ☐
- Other (specify): ☐

Recommendations, psychotropic medication: He tells me that he is on a waiting list to see a counsellor. He should continue

Other recommendations: to cut down his alcohol use

Discussed with: ARI staff ☑ GP ☐ Other psychiatric staff ☐ Relatives/friends ☐ Other: .....

Signature of assessor: Anne Greig
Name & designation (please print): ANNE GREIG LIAISON PSYCH. NURSE

COPY, GENERAL PRACTITIONER

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07-Aug-2026
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Pages:

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Confidential - Clinical Information

Department of Otolaryngology
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

www.nhsayrshireandarran.com

Mr Ken Stewart
Consultant Plastic Surgeon
St John's Hospital
LIVINGSTON
West Lothian
EH54 6PP

Our Ref: PW/SJM
Hospital No:
Clinic Date: 30/09/2013
Date Dictated: 30/09/2013
Date Typed: 04/10/2013
Enquiries to Miss Sarah-Jane Mackie
Direct Line: 01563 827326
Ext. Number: 27326
Email: [redacted]

Dear Ken

ALISDAIR MACDONALD DOB: 04/02/1986 CHI No: 0402863410
29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB

I enclose a GP letter and some photographs which I hope are self explanatory. The patient is very keen to have some form of reconstruction if at all possible and is willing to travel to Livingston for journeys as required. I have spoken to the Canniesburn Plastic Surgeons initially and they recommended you as the National Service Provider. The patient's phone number is [redacted]

Kind Regards.

Yours sincerely

Authorised on 04/10/2013 18:40:12 by Mr P Wardrop.

Mr P Wardrop
Consultant ENT Surgeon
GMC 3281130

Dr JD Curran
The Surgery
4/6 Old Irvine Road
Kilmarnock
Ayrshire
KA1 2BD

Mr Andrew Murray
Consultant ENT Surgeon
Level 5 West
Crosshouse Hospital
KA2 0BE

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07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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NHS Greater Glasgow & Clyde OOH Services

Call No: **2903447** Date: **26 Aug 2010** Time of Call: **22:37**

Patient's Name: **Alisdair Macdonald** DOB: **04/02/1986** Age: **24** **Y**

Address Today: **131 Lenzie Terrace** Home Address If different: **131 Lenzie Terrace**

Glasgow **Glasgow**

Post Code: **G21 3TN** Post Code: **G21 3TN**

[redacted]

NHS24 Call ID : 9156581

Callers Name: Relationship to patient:

Name of GP: **Craig MB** Practice No: **130**

Surgery: **130 124 Allander Street / Springburn HC** Cipher No: **G0774 9**

Address: **Dr MB Craig & Partners 124 Allander Street Glasgow G22 5JH** Fax No: **0141 3383440**

Speed Dial: **136**

Call Type: **No Action Required by Co- NOT GIVEN** Time Passed: **22:38**

Receptionist's Name:**IF** Time Arrived: Time Complete: **26/08/2010 22:38:10**

Patient's Complaint: **Patient's Complaint:**

BLOODY BRUISE - HAD BLOOD TAKEN FROM BOTH ARMS TODAY. ((Non-Clinical User) (Aberdeen))
ALLERGIC PENACILLIAN ((Non-Clinical User) (Aberdeen))

BRUISE TO LEFT AND RIGHT ARM 1/7 UNWELL

Clinical summary created by: (Nurse Advisor) (Cardonald) [26/08/2010 22:39:12]
WORSENING BRUISING L>R FOR 1 DAY AND PARAESTHESIA & SWELLING LEFT ARM & BRUISING RIGHT ARM AFTER VEVEPUNCTURE EARLIER TODAY. PAIN ON MOVEMENT. POSSIBLE FEVER. DECLINED OOH REVIEW. ADVISED OBSERVE CLOSELY FOR CHANGES & CALL BACK IF FURTHER ASSISTANCE IS REQUIRED. OTHERWISE GP SAME DAY APPOINTMENT.

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: The symptoms described during this call suggest that the individual should contact the GP practice as soon as

BP: PR: per min Temp:

Clinical Notes:
Triage Doctor Follow Up:

Consultation(s):

By: **Start:** **Finish**

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07-Aug-2026
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Filename:
Extension:
Pages:

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Community Mental Health Team
Adult Services
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Date: 11th January 2017
Ref: JR/AL/
Chi: 0402863410

Private & Confidential
Dr Curran
4/6 Old Irvine Road
KILMARNOCK
KA1 2BD

Enquiries To:
Extension:
Direct Line: 01563 578592
Fax: 01563 578709
Email:

Dear Dr Curran

RE: ALISDAIR MACDONALD, 40 BALGRAY AVENUE, KILMARNOCK, KA1 4QS, DOB: 04.02.1986, CHI NO: 0402863410

The above gentleman was referred to occupational therapy by Dr Nitu, Consultant Psychiatrist. A copy of the risk assessment carried out by myself on 26.10.16 was previously forwarded to you.

Mr MacDonald initially engaged with treatment, however then failed to attend 2 consecutive appointments and has not responded to a 14 day opt-in letter. I have therefore discharged him from my caseload.

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

Kind regards

P P A Reilly

Joanne Reilly
OCCUPATIONAL THERAPIST

c.c. Dr Guthrie, Consultant Psychiatrist, CMHT, NWKAC

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07-Aug-2026
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Filename:
Extension:
Pages:

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Clinical Email Sent 06/12/17

Community Connector Referral Form

Patient Details:

Phone number: [redacted]

CHI: 0402863418
MacDonald, Alisdair
40 Balgray Avenue
Kilmarnock
KA1 4QS
04/02/1986
Dr JD Curran
MRN: 0402863418

Date of Birth: 4/2/86

Referred by: Dr Henderson **Date:** 4/12/17

Patient consent to contact? ☐ Yes ☐ No (Yes circled)

Reason for referral and brief summary of circumstances

Re-referral. First referral on 14/6/17 by clinical email
Anxiety/depression. Poor structure to day + limited activities. States he did get response to first referral saying someone would be in touch but didnt hear anything else.

Any other relevant information/risk factors

CVO (East Ayrshire)
Scottish [redacted] SC024931
Registered Company: SC247449

East Ayrshire Health & Social Care Partnership

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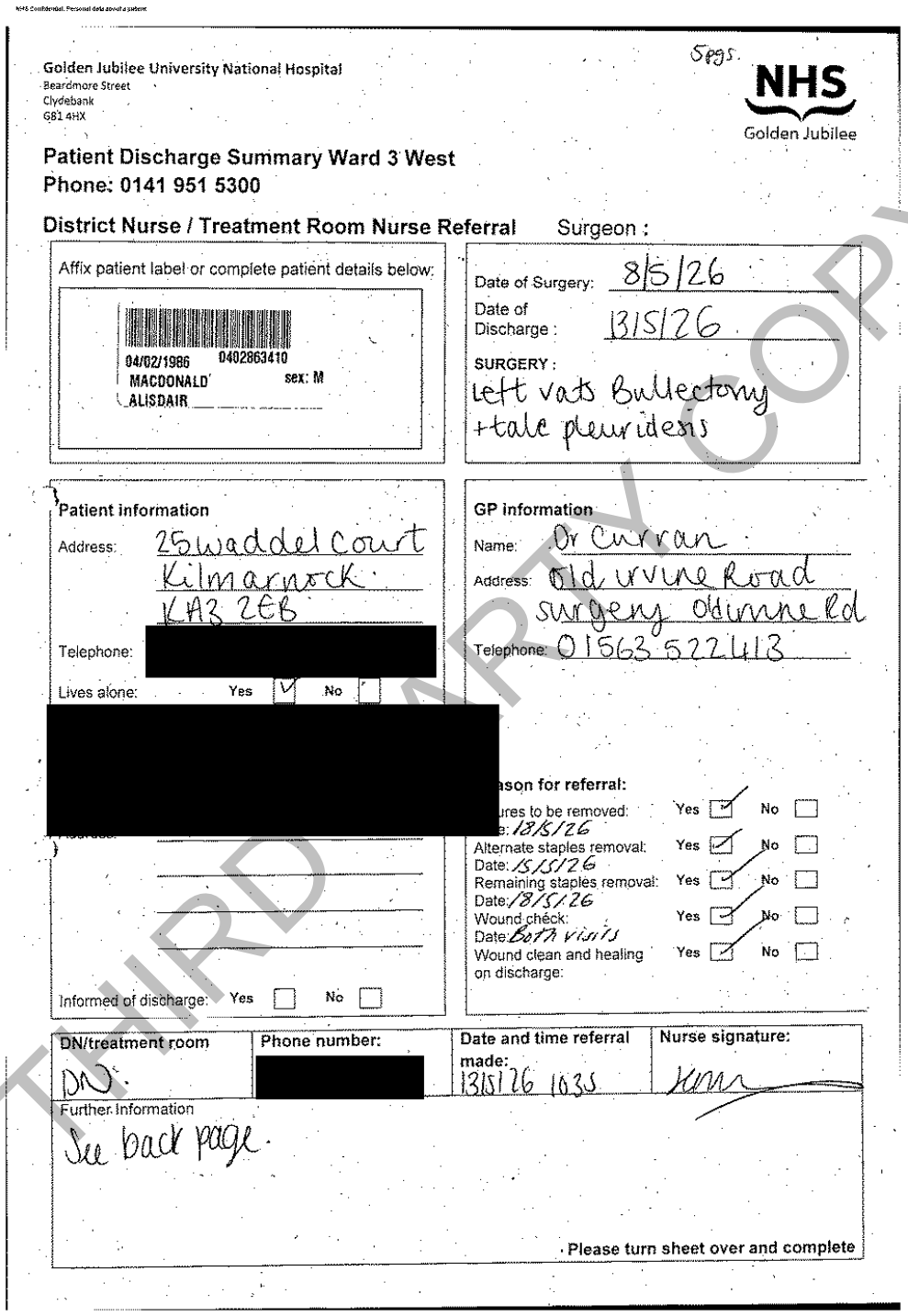
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:



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5pgs.

Golden Jubilee University National Hospital
Beardmore Street
Clydebank
G81 4HX

NHS Golden Jubilee

Patient Discharge Summary Ward 3 West
Phone: 0141 951 5300

District Nurse / Treatment Room Nurse Referral Surgeon :

Affix patient label or complete patient details below:

04/02/1986 0402863410
MACDONALD sex: M
ALISDAIR

Date of Surgery: 8/5/26
Date of Discharge : 13/5/26
SURGERY :
left vats Bullectomy +tale pleurideris

Patient information
Address: 25 waddel court Kilmarnock KA3 2EB
Telephone: [redacted]
Lives alone: Yes ☑ No ☐
[redacted]
Informed of discharge: Yes ☐ No ☐

GP information
Name: Dr Curran
Address: Old Irvine Road surgery Old irvine Rd
Telephone: 01563 522413

Reason for referral:
Sutures to be removed: Yes ☑ No ☐
Date: 18/5/26
Alternate staples removal: Yes ☑ No ☐
Date: 15/5/26
Remaining staples removal: Yes ☑ No ☐
Date: 18/5/26
Wound check: Yes ☑ No ☐
Date: Both visits
Wound clean and healing on discharge: Yes ☑ No ☐

DN/treatment room	Phone number:	Date and time referral made:	Nurse signature:
DN	[redacted]	13/5/26 1035	

Further Information
See back page.

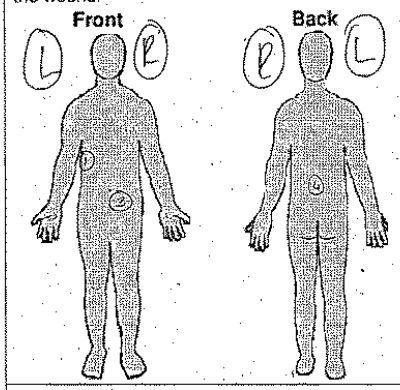
Please turn sheet over and complete

Golden Jubilee University National Hospital
Beardmore Street
Clydebank
G81 4HX

NHS Golden Jubilee

Wound chart

Body diagram:
Mark location of wound with an 'X' and number the wound.



Type/number of wounds	Intervention required:
(1) pleural drain site	Suture
(2) Port site	Staples
(3) moisture damage	cream applied
(4) old pressure sore	dressing

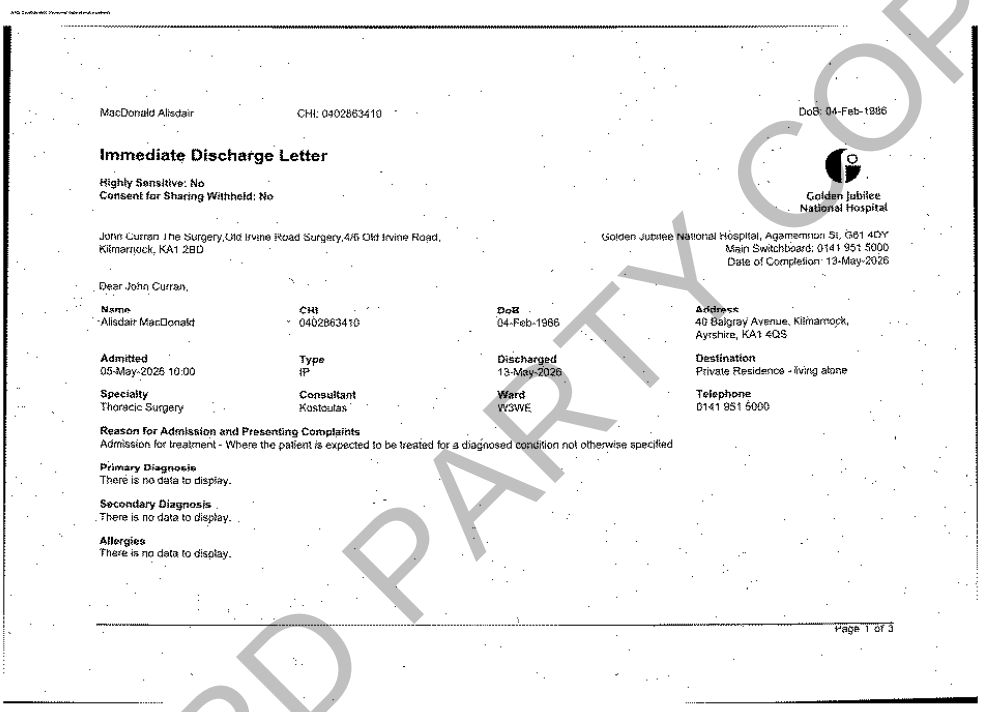
Nurse signature: [signature] Date of assessment: 13/5/26

Wound care notes/additional communication:

- Patient requires alternate staples to be removed at port site aswell as wounds to be cleaned/redressed on the 15/5/26
- Patient also requires wound (3) and (4) to be cleaned and dressed on the 15/5/26
- Patient then requires suture at pleural drain site to be removed aswell as remaining staples to be removed if wound allows on the 18/5/26 Can all wounds be cleaned/redressed on this visit also.

Discharging nurse signature: [signature] Date: 13/5/26

(1 x copy DN or Treatment Room / 1 x copy Case Notes / 1 x copy GP)



MacDonald Alisdair CHI: 0402863410 DoB: 04-Feb-1986

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

Golden Jubilee National Hospital

John Curran The Surgery,Old Irvine Road Surgery,4/6 Old Irvine Road, Kilmarnock, KA1 2BD

Golden Jubilee National Hospital, Agamemnon St, G81 4DY
Main Switchboard: 0141 951 5000
Date of Completion 13-May-2026

Dear John Curran,

Name	CHI	DoB	Address
Alisdair MacDonald	0402863410	04-Feb-1986	40 Balgray Avenue, Kilmarnock, Ayrshire, KA1 4QS
Admitted	**Type**	**Discharged**	**Destination**
05-May-2026 10:00	IP	13-May-2026	Private Residence - living alone
Specialty	**Consultant**	**Ward**	**Telephone**
Thoracic Surgery	Kostoulas	W3WE	0141 951 5000

Reason for Admission and Presenting Complaints
Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Allergies
There is no data to display.

Page 1 of 3

MacDonald Alisdair CHI: 0402863410 DoB: 04-Feb-1986

Significant Operations / Procedures
Left VATS, bullectomy and talc pleurodesis

Last Discharge Review: Veronica Weymes (weymesv) on 12 May 2026 12:01

Discharge Medication:

Active Drug Name	Route	Dose/Instructions	Dispensed	Reason	Quantity
Dihydrocodeine 30mg tablets	oral	Take 1 tablet 4 hourly as required for pain. Max dose 180mg/24hrs	Y		28
Macrogol compound oral powder sachets NPF sugar free	oral	1 sachet twice daily	Y		20
Quetiapine 25mg tablets	oral	2 tablets once daily ,in the morning	N	Patient's Own Supply	
Quetiapine 200mg tablets	oral	1 tablet once daily ,at night	N	Patient's Own Supply	
Mirtazapine 30mg tablets	oral	1 tablet once daily	N	Patient's Own Supply	
Paracetamol 500mg tablets	oral	2 tablets four times daily .Started at base	Y		100

Withheld Medication:

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

Stopped Medication:

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

Pharmacist Comments
Dfw anp re abx - plan from micro for them to stop today

Clinical Comments
Dear Doctor,

Mr MacDonald transferred to GJNH via Crosshouse Hospital 05/05/26. During admission underwent Left VATS, bullectomy and talc pleurodesis 08/05/26.
Treated with co-trimoxazole for +ve culture abdominal sore and +ve urine (Course now complete).
Bloods and vital signs are stable.

MacDonald Alisdair CHI: 0402863410 DoB: 04-Feb-1986

Clinical Comments
WCC 7.16 CRP: 107

Recovering well post procedure.
Chest drain removed 10/05 -
Most recent CXR shows left sided mid/lower zone consolidation and atelectasis (stable, and accepted by the surgical team for discharge)

Mr MacDonald has been assessed by PT/OT and has been signed off as safe for discharge (no services/aids are required)

2 x weeks supply of analgesia has been provided for discharge, can the GP please provide another prescription in the community as required for pain.

Many thanks for your continued care
Cardiothoracic ANP Team
Ward 3 West
GJNH

Follow Up
Yes
OPA approx. 6 weeks

Results Awaited
Yes
PATHOLOGY

Final Discharge Letter To Follow
Yes

Yours sincerely,

Stacey Cairney

Prescription Review
Nurse discharging patient: Holly McLachlan

Page 3 of 3

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
Ayrshire
KA1 4QS

Clinic Date: 19/08/2019
Date Dictated: 19/08/2019
Date Typed: 19/08/2019
Our Ref: MH/JT
Enquiries to Ms J Taylor
Tel No: 01563-578593

Dear Alisdair MacDonald

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

I am sorry you did not attend your outpatient appointment on 19th August 2019. Please contact the CMHT within 14 days of receipt of this letter if you wish to be offered a further appointment. If however we do not hear from you within 14 days you shall be discharged from the service.

Yours sincerely

Authorised on 27/08/2019 13:47:40 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
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KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Date of Review: 07/08/2018
Date Dictated: 07/08/2018
Date Typed: 08/08/2018
Our Ref: MH/IS
Enquiries to Irene Sinclair
Tel No: 01563 578548

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK KA1 4QS**
CHI No: 0402863410

Diagnoses: **F33 – Recurrent Depressive Disorder**
F10.2 – History of Alcohol Dependence, currently resolved

Medication: **Mirtazapine 45mg at night**
Quetiapine MR 300mg at night

Follow up Arrangements: **Outpatient review in six months**

Mr MacDonald reported that since increasing Quetiapine back to his original dose he had been feeling much better. He said that his sleep and appetite were now back to normal, his mood was better and that suicidal thoughts were infrequent. He said that because of his mental health having been unsettled by the reduction in his Quetiapine dose he had not yet got round to progressing plans to study for an HNC in IT but said that this was still his plan. He also advised that he was due to go for a week touring Scotland in September/October with his [redacted] and [redacted]. Alisdair receives significant input from his family members. He reported that abscesses were still problematic but said that he was not currently undergoing investigation or treatment for this. Overall, he presented as stable and we agreed to make no further change to his medication. I will arrange to review him in six month's time.

Kind regards.

Yours sincerely

Authorised on 08/08/2018 16:38:49 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist

Additional document
07-Aug-2026
Additional: Additional document

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010325548579

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0402863410

REFERRAL TO

DermatologyA7
AA General Referral PMH High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

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

Urgency of referral	Routine
Date of referral	22-Mar-2024
Date submitted	22-Mar-2024

PATIENT DETAILS

Surname	MacDonald
Forename(s)	Alisdair
Title	-
Sex	Male
Date of birth	04-Feb-1986
CHI no.	0402863410

Patient's address

40 Balgray Avenue
Kilmarnock
KA1 4QS

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr David Curran		
GMC code	3302705	GP code	24236
Practice name	Old Irvine Road Surgery (16992)		
Practice code	80414		

Practice address

4/6
Old Irvine Road
Kilmarnock

Contact number(s)

Voice: 01563 522413
Facsimile: 01563 573559

REFERRING PRACTITIONER DETAILS

Name	Dr. Esther McGregor		
GMC code	3442067	GP code	24678
Practice name	The Surgery (80414)		
Practice code	80414		

Practice address

Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Contact number(s)

Voice: 01563522413

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: hydradenitis suppuritiva

Comment: This 38 year old man has had problems with recurrent abscesses for at least 20 years. Currently it is left side of abdo apron area which is recurrently infected. I have given him Doxycycline 100 mg bd for 2 weeks and then 100 mg daily for 2 months. He has previously also used Hibiscrub but now uses a more gentle antiseptic cleansing skin lotion. He buys valuaid dressings which are latex free as he found Mepore was irritating his skin.

I have asked him to come for repeat bloods but always previously his HbA1C has been normal. I have given him a leaflet from BAD.org.uk regarding HS but would be grateful if you could see him and advise.

Examinations and Investigations

Height:	164	-
Weight(kg):	125	-
BMI:	49.38	-
Current smoker:		14-Jun-2022 00:00
Current smoker :	chat re chest - stabvle.CXR >>	03-Aug-2017 00:00
Current smoker :	cough with green sputum. high temp.	27-Oct-2014 00:00
Current smoker :		14-Nov-2013 00:00
Alcohol consumption, 25 units/week:		16-Jun-2022 00:00
Takes inadequate exercise:		16-Jun-2022 00:00
Less than 30 mins/day of at least mod int physc act >=5 week:	Admits he has a sedentary lifestyle. Has bought exercise equipment to use at home as has anxieties about going to the gym or walking any distance in public.	16-Jun-2022 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

[redacted]

Additional document
07-Aug-2026
Additional: Additional document

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Extension:
Pages:

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NHS Greater Glasgow & Clyde OOH Services

Call No: **3092212** Date: **04 Apr 2011** Time of Call: **23:15**

Patient's Name: **Alisdair Macdonald** DOB: **04/02/1986** Age: **25 Y**

Address Today: **131 Lenzie Terrace Springburn Glasgow Front Door** Post Code: **G21 3TN**

Home Address if different: **131 Lenzie Terrace Springburn Glasgow Front Door** Post Code: **G21 3TN**

Phone Number Toda[redacted]

NHS24 Call ID : 10044138

[redacted] Relationship to patient:

Name of GP: **Craig MB** Practice No: **130**

Surgery: **130 124 Allander Street / Springburn HC** Cipher No: **G0774 9**

Address: **Dr MB Craig & Partners 124 Allander Street Glasgow G22 5JH** Fax No: **0141 3363440**

Speed Dial: **136**

Call Type: **No Action Required by Co- NOT GIVEN** NHS24 Time Passed:

Receptionist's Name:**IF** Time Arrived: Time Complete: **04/04/2011 23:15:31**

Patient's Complaint: **Patient's Complaint:**

HAS A BAD COUGH, VOMITED EARLIER TODAY, TEMP, PALE/PINK IN COLOUR. ((Non-Clinical User) (Cardonald))

CB VOMITING 30 MINS SEE AV

Clinical summary created by: (Nurse Advisor) (Glasgow) [04/04/2011 23:17:13]
VOMITING FOR INTERMITTANT TODAY AND SETTLED AT TIME OF CALL BUT C/O FEVER HEADACHE COUGH AND PLEURITIC PAIN 2 DAYS , ADVISED ANALGESIA MEANTIME AND TO CONTACT OWN GP IN AM

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.
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.
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 within the next 12 hours.

Remarks: TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up:

Consultation(s):

By: **Start:** **Finish**

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07-Aug-2026
Additional: Additional document

Filename:
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Pages:

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DR MARGARET CRAIG
0141-336-8038

4.3244

Case Date: 10/03/2012 15:06 **Case Number:** 55205 **Case Type:** Home Visit

Patient Name: Alisdair Macdonald **Sex:** M **Date of Birth:** 04-Feb-1986 **Age:** 26 years
CHI Number: 0402863410
Current Address: 109 Hannahston Avenue Drongan, Ayr, postcode [redacted]
Home Address (if different): 131 Lenzie Terrace Springburn, Glasgow, G21 3TN
Home Phone (if different):
Own Doctor:
Surgery:
Case Priority: Within 2 Hours
PCC [ ] **Home Visit [ ]**
Rx NHS24: 14:26
Appointment: 16:00
Arrival time:
Case Origin: NHS24
Caller Name: **Tel:**

NHS24 **Triaged By:** (Nurse Advisor) (Glasgow) **Triage Start:** 14:30
Operator's Name: (Non-Clinical User) (Glasgow) **Triage Finish:** 15:03

Reported condition: C8 - DISORIENTATED, 10 HRS, SEE A/V

Allergies	Medications	Previous Medical History
PENICILLIN	NIL	DEPRESSION PILONIDIAL ABSCESS 09 ABCESS REMOVED FROM ANUS 10/11

Clinical Summary:

Clinical summary created by: (Nurse Advisor) (Glasgow) [10/03/2012 15:03:20]
'PASSED OUT' x2 FOR APPROX 10 HRS AND UNSURE HOW LONG FOR LOC / LYING ON FLOOR.
LEFT FRONTAL HEADACHE / BEHIND EYE / VISION BLURRY WHEN HEADACHE INCREASES. VOMITING. POSS FEVER. NO PREVIOUS EPISODES.
TO PCEC 4 HRS / HUB TO ARRANGE / ATTEMPTING TO GET TRANSPORT

TEMP RESIDENT - OWN GP - MARGT CRAIG, DENMARK ST, G22 5SS

Disposition: Contact GP Practice within 4 Hours (as soon as possible) **Outcome code:** PCC4

Reported Condition: **Operator:** **Receive Time:**

Latest Advice Details **Consulted by:** Montgomery, Stuart **Advice Begin:** 16:18 **Advice End:** 16:27

Advice call. Spoke to patient. Passed out x 2 in last 12 hrs. Current feeling of malaise/nausea. States vision wasn't right yest. No prev similar illness. Denies any narcotic or etoh use. Currently on his own in temporary accommodation. Unable to get transport. Reqs clinical assessment. For home visit 2 hrs.

Latest Consultation Details **Consulted By:** McTaggart, Wilson **Cons. Begin:** 17:03 **Cons. End:** 17:13

Was sitting reading late last night when felt generally unwell. Went to bed and awoke a few hrs later - headachey, nausea. Got up and vomited. Went back to bed and slept a few hrs. Again got up nauseated and vomited. Headache settling a bit by then but not gone. As day has gone on has vomited a few more times - last time an hr ago. Remains nauseated. Bowels a bit loose past day. Denies any illicit drug use. From the way he talks sounds as if may have had previous alcohol problems, but says had no alcohol for 3/12 until 4 nights ago when drank x4 pints. No haematemesis. Headache generalised. No hx of head injury. May have fainted he thinks at one point earlier this morning.

Examination Details:

Up/about. Undistressed. Bright. Alert. Coherent. Able to give a clear hx. Apyrexial. P 78 reg. BP 112/70. Looks well hydrated. No icterus. Throat - nad.

Clinical Codes:

A07y0 Viral gastroenteritis
R0023 [D]Collapse

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From bag: Prochlorperazine buccal 3 mg x10 3 mg qid until nausea/vomiting settles, Co-codamol x32 1-2 4-6 hrly prn pain.
Push fluids. Expect to gradually settle next 1-2/7.
Call back if any concerns meantime.

Diagnosis:
Likely viral GI upset/headache.

Prescription Items:

Follow-up: Patient Told To Contact GP

Name of attending Gp/Nurse: McTaggart, Wilson **Signature:**

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07-Aug-2026
Additional: Additional document

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Extension:
Pages:

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COMMUNITY CONNECTOR REFERRAL FORM

Referral date	21/4/2026	**Referrer's name**	Dr Yasmin nalci
Client's Name	Alisdair macdonald	**Designation & base**	HCSW North West Kilmarnock Area Centre. [redacted]
Address	40 Balgray Avenue Shortlees Kilmarnock KA1 4QS	**Landline:** **Mobile:** **Email:**	[redacted]
Contact Numbers	MOBILE ONLY	**Client consent to contact**	YES
DoB/Chi	040286 3410		
GP Practice	Old Irvine road surgery		

Reason for referral	**40 year old single male, recurrent depression. Moos improved, some irritability. lost [redacted] in a house fire. Very isolated lifestyle. Has much physical issues (obese and ulcers and has been reluctant to engage in community however now wants to)** **He would benefit from learning what could be suitable for him. No substance issues.** **Looking to discharge soon and needs linked with community prior.** **He is looking for suitable weight loss and community group options**
Any identified risks	**Past violence to family noted but no known clinic risks.**

Incomplete forms may be returned to referring agent

CVO (East Ayrshire)
Scottish Charity: SC024931

NHS Ayrshire & Arran

East Ayrshire Council

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Pages:

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1/2

Ayrshire Doctors On Call

adastra

16 Patient Contacts for Old Irvine Road Surgery

Patient : Alisdair Macdonald
(Gender: Male) (DOB: 04/02/1986) (Age: 28 years) (CHI: 0402863410)

Case No 14997 **Case Date** 01/06/2014 17:22
Own Dr Curran, J D

Emergency Care Summary viewed on case

Current Address
29 Campbeltown Drive

Kilmarnock
KA3 1TB
Current Phone [redacted]

Home Address (If Different)

Home Phone (If Different)

Case Type PCTC (Doctor)
Priority On Reception Within 4 Hours

NHS 24 Advice by (Non-Clinical User) (Glasgow) **Triage Start** 17:26
Triage End 19:29

Clinical summary created by: (Non-Clinical User) (Glasgow) [01/06/2014 19:29:18]
LUMP ON NOSE FOR 3 DAYS AND STARTED OFF A SMALL SPOT, INCREASED IN SIZE, SWELLING MOVING TO EYE, SLIGHT SMELLY DISCHARGE FROM EYE AND SOME BLURRING OF VISION, PRONE TO ABCESSES PCEC 4 HRS HUB TO CONTACT PT TO ARRANGE

STARTED AS SMALL SPOT --- NOW LUMP ON SIDE NOSE --- EYE STARTING TO SWELL --- CAUSING BLURRED VISION -- PRONE TO ABSCESS-- NEVER ON FACE ((Non-Clinical User) (Glasgow))

RAPID TRIAGE TL A BLAIR ((Non-Clinical User) (Glasgow))

Case Questions
Clinical Portal (OLC)
Did you perform a lookup on the A&A Clinical Portal to aid decision making on this consultation? - No

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

Adastra Consult by Holland, James **Consult Start** 21:41
Start Type PCTC (Doctor) **End Type** PCTC (Doctor) **Consult End** 21:47

History
28 year old man notice spot on right side of nose this morning had increased in size and now spreading to riht cheek. on mirtazepine and quetiapine for anxiety and stress. allergic to penicillin

Examination
large large right side of nose infected non fluctuant

Diagnosis
cellulitis right side of nose

Treatment
erythromycin 250mg qid from stock and to see own gp if not beginning to settle in next few days

Clinical Code(s)

Report Statistics: Report produced by Adastra Version 3 - 02/06/2014 04:04:32

2/2

Patient : Alisdair Macdonald

(Gender: Male) (DOB: 04/02/1986) (Age: 28 years) (CHI: 0402863410)

M0... Skin/subcutaneous infections

Prescriptions

Informational Outcome(s)

No Follow-Up Required -

Report Statistics: Report produced by Adastra Version 3 - 02/06/2014 04:04:32

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07-Aug-2026
Additional: Additional document

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Extension:
Pages:

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NHS Greater Glasgow & Clyde OOH Services

Call No: **2966968** Date: **17 Nov 2010** Time of Call: **20:36**

Patient's Name: **Alisdair Macdonald** DOB: **04/02/1986** Age: **24 Y**

Address Today: **Inveroak Guest House**
8 Bank Street

Glasgow

Post Code: **G12 8JQ**

[redacted] -

Home Address if different: **131 Lenzie Terrace**

Glasgow

Post Code: **G21 3TN**

Home Phone if different: **() -**

Callers Name: Relationship to patient:

Name of GP: **Craig MB** Practice No: **130**

Surgery: **130 124 Allander Street / Springburn HC** Cipher No: **G0774 9**

Address: **Dr MB Craig & Partners 124 Allander Street**
Glasgow G22 5JH

Fax No: **0141 3363440**

Speed Dial: **136**

Call Type: **PCEC Within 4 Hrs** **Priority 3 Within 90** NHS24 Time Passed:

Receptionist's Name:**IF** Time Arrived: **17/11/2010** Time Complete: **17/11/2010 21:47:32**

Patient's Complaint:

ON HIS BUTTOCK. CALLED EARLIER ((Non-Clinical User) (Glasgow))
ATTENDS SPRINGBURN GP PRACTICE. ((Nurse Advisor) (Glasgow))

CB - BLEEDING ABSCESS, 30 MINS, SEE A/V

Clinical summary created by: (Nurse Advisor) (Glasgow) [17/11/2010 20:39:16]
ABCESS ON BUTTOCK FOR 1 DAY AND LARGE SWELLING BURST 2 HRS AGO. LEAKING FRESH RED AND WATERY FLUID. PREVIOUS PILONIDAL ABCESS AND RECURRING PROBLEM. PREVIOUS SURGERY FOR SAME. WESTERN PCEC WITHIN 4.

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.

Patient's Complaint:

Remarks: ----

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor: **MB3** Follow Up: GP Follow Up

Consultation(s):

By: McNicol MF **Start:** 17/11/2010 21:23:10 **Finish** 17/11/2010 21:46:59

Clinical Assessment Details
Started-17/11/2010 21:23:10
Finished-17/11/2010 21:46:59
History

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History of perianal abcess drainage 1 year ago . Since then has been bothered with infective flares over the same site. Past 2 days increasing pain and swelling
Examination
oe large perianal abcess Discharging blood and pus.
Diagnosis
Infected abcess
Treatment
Try erythromycin 500mg qds for 1 week. Co-codamol for pain. To see own GP for review. Advised still may require incision and drainage if not settling .
Clinical Coding
Clinical code: J574F (Anorectal pain)
Prescription Details

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07-Aug-2026
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Extension:
Pages:

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NHS
Greater Glasgow and Clyde

North Glasgow
Community Health & Care Partnership

SPRINGPARK CENTRE
101 Denmark Street
Glasgow G22 5EU

Tel: 0141 531 9300
Fax: 0141 531 9304

Our ref: KBI/JT

Date: 3 November 2010

CONFIDENTIAL

Mr Alisdair MacDonald
131 Lenzie Terrace
GLASGOW
G21 3TE

Chi No: 0402863410
PIMS No: 1953150

Dear Mr MacDonald

RE: OUTPATIENT CLINIC

I was sorry that you were unable to attend your outpatient appointment with me at the Springpark Resource Centre on the 19th October 2010.

I would be grateful if you could contact us on the above number should you wish to have a further appointment.

If we do not hear from you by **Friday, 19th November 2010**, we will assume you no longer require further outpatient appointments and you will be discharged back to the care of your General Practitioner.

Yours sincerely

DR KB IDRIS
Staff Grade Psychiatrist
Staff Grade Clinic – RMO Dr Brown

c.c Dr L Cherry
Allander Surgery
191 Denmark Street
GLASGOW
G22 5SS

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Pages:

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Mental Health Services

Adult Community Mental Health Services
North West Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsayrshireandarran.com

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
4/6 Old Irvine Road
Kilmarnock
Ayrshire
KA1 2BD

Clinic Date: 09/08/2013
Date Dictated: 09/08/2013
Date Typed: 12/08/2013
Our Ref: AN/DS
Enquiries to
Tel No: 01290 425947
Fax No:

Dear Dr Curran

ALISDAIR MACDONALD **29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB**

CHI No: 0402863410

Diagnosis: **Depression with psychotic symptoms F33.3**
Query organic syndrome

Psychiatric Medication: **Please prescribe Quetiapine XL 50 mg at night which could be increased after 1 week to 100mg and to 150 after another week**

Follow up: **6 weeks**

I saw this patient in the Crisis Team clinic today 9th August 2013 for the first time. He was referred by my colleagues from Crisis after an incident when one of his friends without any reason has bitten his ear off. Now a significant portion of his earlobe is missing. Mr McDonald complained about black-outs lasting from 2 days to 2 weeks when he does not know what he did and has no recollection of the events. Then he confabulates about what happened. This started when he was 7-years old. They are induced by stress or by traumatic events. He was investigated for this in hospital when he was 16-years old. At that point he was smoking a lot of marijuana, a habit that had started 2 to 3 years before. The conclusion at that point was that his experiences were drug-induced and he was treated with Haloperidol. Haliperidol was effective and diminished some of his symptoms but it gave him intense extrapyramidal side affects and he had to stop. He said that his problems started well before he commenced drug use and they persisted even after he stopped them completely. He said that he has not touched drugs in the last 4 to 5 years. He also takes very little alcohol at the moment. He also complains about painful racing thoughts which are very disturbing and hearing voices both outside and inside his head. Outside his head he tends to hear 2 types of voices: 1 belongs to his [redacted] and 1 belongs to [redacted] a childhood friend. The [redacted] voice is deprecating and [redacted] voice tells him to harm people. These voices are also triggered by stress. In the past when he did not have so much stress in his life they occurred every few months. Now they come every fortnight. When he is very stressed he cannot fight these voices and he acts on them. For instance when he was in Amsterdam, he stabbed his [redacted] with whom he had a rough relationship because he thought that his [redacted]

wanted to harm him. He served 6-years in a Dutch prison for this. Also he has severely beaten up an old friend and also a man [redacted] who told him something unpleasant. He said that on all these occasions he was obeying the voices. There are also many voices inside his head which are very bothersome. When he is low and stressed he describes paranoid thoughts like people want to harm him and even his family are conspiring to kill him or people are scrutinising him. All these psychotic phenomena are not occurring when he is not low or stressed. He said that there is always violence in his head but he does not plan nor has intention of harming anyone at the moment.

He does not have suicidal thoughts now. They were problematic in the past as when he was feeling very low he attempted on 2 occasions jumping off a bridge. One of these events led to him injuring his back significantly and developing hypothermia. He also had a significant overdose with [redacted] insulin. He is not a diabetic. He describes bouts of depression lasting from 2 weeks to 2 to 3 months. During these episodes he has low mood which is lower at night, low energy levels and motivation, not doing anything just lying on the couch, not caring about himself, having decreased appetite, decreased concentration, lost interest, inability to enjoy doing his hobbies mainly playing football and having suicidal thoughts. Also he alienated from his friends. He had a very active social life with friends and many girlfriends and he was working. He said that all this had gone away. Also his memory is very poor. When he is low his sleep is impaired having 2 to 3 hours of sleep per night. This can last for days or weeks. Fortunately he tends to compensate afterwards sleeping about 14 hours each day. At the moment the voices are telling him to go and move to another place. He said he has difficulties settling in one place and he [redacted] different parts of Britain and also outside in [redacted] for about 2 years and in Germany for 2 months. Now he wishes to find a better place and start a new life. Also he said that he discussed about his problems for the first time. During his previous encounters with Mental Health professionals he said he lied and denied his symptoms. Now he thinks he wants to put things right and to discuss every aspect of his situation and to accept help.

PERSONAL HISTORY

He was born in Irvine but brought up in Troon. He had 1 [redacted] and 1 [redacted] His [redacted] were kind to them and they were attending to their emotional and material needs but his [redacted] was very abusive towards his [redacted] He was seeing this violence and he was upset about this. Nonetheless he said that his [redacted] was never violent towards him. He did well in school and said he was top of his class and won a scholarship to one of the best schools in Britain. Unfortunately he was paranoid about school that people had harmful intentions towards him and he left at 14 with no exams taken because he refused to go to school. He was put in a children's home for 2 years. After that he had sporadic employment as he could not settle in one job and this was due to apprehensive thoughts that managers would treat him badly and sack him despite there being no indication for this. He preferred to quit before anything unpleasant happened. The longest job he had was in a garage as an apprentice for 2 years. He mainly worked in call-centres both here in Britain and in Holland. He served 6-years in prison in Holland after stabbing his [redacted] This was a serious incident and his [redacted] was in a coma and had a difficult recuperation. He was also charged with breaches of the peace and police assault but he cannot remember anything about this as they happened during his blackouts. When in police cells he denied any mental health issues. He had problems with alcohol in the past. For 3 years he drank heavily as much as he could afford. He used vodka, beer and other spirits. He recently had counselling for this and in his opinion this problem is dealt with. He has very little alcohol at the moment. He has not had any drugs in 5 or 6 years. For 3 to 4 years starting at 14-years old he smoked a lot of marijuana, half an ounce of solid hash and ¼ ounce of grass. He tried speed and ecstasy for a few months a long time ago. He had only one long term [redacted] but they have been on and off

together for 5 years. They have recently separated. He does not have any children. Now he lives with his [redacted] who are worried about his presentation.

MEDICAL HISTORY
He said that his [redacted] was diagnosed with manic depression and his [redacted] had PTSD following an assault and anxiety issues. He had multiple abscesses but they were not properly investigated. He was treated with antidepressants but none of them worked. He tried Fluoxetine, Citalopram, Mirtazapine which were unhelpful and Citalopram made things worse.

MENTAL STATE EXAMINATION
Mr McDonald presented reasonably kempt but with lower standards of hygiene and he left a mal-odour in the room. He made reasonable eye contact. His affect was rather flat. His speech was diminished in volume and intensity. His mood was depressed. He was slightly anxious and uptight. His concentration was reasonably good. No psychotic phenomena were obvious in the clinic. He denied experiencing psychotic symptoms at present but described several types in the past. Last time they occurred was 1 week ago. At present there are no suicidal thoughts. He has insight into his illness and does not think that the voices are real or his paranoid thoughts justified. Now he thinks that they can be attributed towards mental illness.

IMPRESSION
This gentleman describes a picture of depression with psychotic symptoms. He also describes some epileptic-like features which probably need to be investigated further by Neurology. Currently there are no significant risks. Starting an antipsychotic would be reasonable at this moment in time especially as he reported significant improvement with Haloperidol and no improvement with antidepressants. Nonetheless a different antidepressant could be commenced after he would be established on an antipsychotic.

PLAN
Please prescribe 50 mg of Quetiapine XL at night for this gentleman which can be increased to 100 mg after 1 week and to 150 mg after another week. He will continue his involvement with the Crisis Team and will be seen again in clinic in 6 weeks time.

Yours sincerely

Authorised on 19/08/2013 12:45:19 by Jamie Lewis.

Dr Adrian Nitu
Speciality Doctor in Psychiatry

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Dr. A Lochrie
4/6 OLD IRVINE ROAD
KILMARNOCK
AYRSHIRE
KA1 2BD

Dr AT Hand Dr E Ofei Dr A Stevenson Dr A Krichell
Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX
Phone: 01292 614615
Fax: 01292 288105

12 JUN 2009

Duty Consultant Dr TERESA HAND

Alisdair Macdonald
29 CAMPBELTOWN DRIVE,
KILMARNOCK,
AYRSHIRE, KA3 1TB

DOB: 04/02/1986
A/E No: AYR-09-028455
CHI No: 0402863410

Date and Time of Attendance: 09 Jun 2009 10:43

Diagnosis Abscess / boil (any skin site) , Buttocks , Right

Treatment None

Drugs:

Investigations

Follow up: Admitted

Station 2

Additional Information: Ischiorectal abscess

Dr Akuafo Agbenyega
A&E SHO

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

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07-Aug-2026
Additional: Additional document

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Pages:

duplex

2 pages

[redacted]

From: [redacted] George
Sent: 20 October 2022 12:34
To: [redacted]
Cc: aa.Clinical_Practice_OldIrvineRoad_80414
Subject: RE: Temazepam alternatives for insomnia - A MacDonald

Hi [redacted] I also meant to add that if he does not find Zopiclone to be effective, he might find Nitrazepam 10mg nocte works better. I would recommend Nitrazepam 10mg nocte instead of going to Zolpidem if it is a matter of Zopiclone not being effective.
Regards
Mike

From: [redacted]
Sent: 19 October 2022 15:47
To: [redacted] George <Mike [redacted]
Subject: Re: Temazepam alternatives for insomnia

Good afternoon Mike, I will follow up on as suggested , thank you
Regards
[redacted]

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From: [redacted] George [redacted]
Sent: Wednesday, October 19, 2022 2:04:11 PM
To [redacted]
Cc: [redacted] aa.Clinical_Practice_OldIrvineRoad_80414
[redacted]
Subject: RE: Temazepam alternatives for insomnia

Hi Janna, yes, first option would be to try Zopiclone 7.5mg nocte instead of Temazepam if the latter is not available. Alternatively I would recommend Zolpidem 10mg nocte.
If further options (either due to supply issues or lack of efficacy) are needed please let me know. I have copied this to his GP Practice so they know about my advice and you might want to follow this up by calling the Practice Pharmacist in case they don't process my e-mail for a couple of days
Regards
Mike

From: Hall, Janna
Sent: 18 October 2022 16:40
[redacted]
Subject: Re: Quetiapine increase
Importance: High

Hi Dr [redacted]

As below.... GP provided prescription for Temazepam however Alisdair has been to the pharmacy and has been advised that there is issues with the supply of this and no pharmacy has been able to get a stock - I have spoken with the pharmacy and there is a manufacturing issue...

1

Is there anything else he can get at this time?

Janna Hall
Charge Nurse
Intensive CPN Team
[redacted]

From: [redacted]
Sent: 14 October 2022 11:57
[redacted]
Subject: RE: Quetiapine increase

Hi [redacted] I had a look at his prescription and the dose of quetiapine is already sufficient to reach the maximum possible sedation from this medicine and increasing the dose won't sedate him any more than is already the case. I have therefore e-mailed his GP to ask for Temazepam 20mg nocte instead – I have asked [redacted] if she will call the surgery to advise them that this is urgent and to ask if it could be issued today so that he has this tonight and over the weekend rather than having to wait until Monday.
Please let Mr MacDonald know the rationale for giving him Temazepam rather than more quetiapine.
Hope this is helpful.
Regards
Mike

From [redacted]
Sent: 14 October 2022 11:13
To: [redacted]
Subject: Quetiapine increase

RE- Alistair MacDonald
Chi - 0402863410

Hi Dr Taylor

I believe my colleague Jim Livingstone had emailed you regarding a potential increase in the above patient's night time dose of Quetiapine. Jim in now on leave and we are unsure if you have replied to him. If you have considered any changes, could you please alert the team and we will ensure this is actioned

Thanks
[redacted]

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NHS
Ayrshire & Arran

Mental Health Services

East Ayrshire Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Personal in Confidence
Mr Alistair MacDonald
40 Balgray Avenue
Shortlees
KILMARNOCK
East Ayrshire
KA1 4QS

Date: 24th March 2023
Ref: NJ/DS/DQ
CHI: 0402863410
Enquiries To: Deryl Queen
Direct Line: 01563 578592
01290 425947

Dear Mr MacDonald

Following referral to the Community Mental Health Team, I would like to offer you an assessment appointment

Date: **Tuesday 4th May 2023**

Time: **09:30**

Venue: **North West Kilmarnock Area Centre, Western Road, Kilmarnock, KA3 1NQ**

If this appointment is not suitable, please contact the above number to rearrange.

If you do not make contact or you fail to attend your appointment we will discharge you back to the care of your GP at this time.

Yours sincerely

COMMUNITY MENTAL HEALTH NURSE

CC: Dr John Curran - Old Irvine Road Surgery – 4/6 Old Irvine Road, Kilmarnock, KA1 2BD

www.nhsaaa.net

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07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Mental Health Services

Adult Community Mental Health Services
North West Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsayrshireandarran.com

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
Ayrshire
KA1 2BD

Clinic Date: 08/01/2014
Date Dictated: 24/01/2014
Date Typed: 24/01/2014
Our Ref: JL//JT
Enquiries to Jenny Taylor
Tel No: 01563-578593
Fax No: 01563-878709

Dear Dr Curran

ALISDAIR MACDONALD **29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB**

CHI No: 0402863410

I reviewed Mr MacDonald on 8th January 2014 at my North West Kilmarnock Area Centre Outpatient Clinic.

He had to "stop taking the Lustral" due to "severe erectile dysfunction" which he found "disturbing". He took them for a couple of months and his problem didn't abate. They did however help his mood. He wondered if his Quetiapine is maybe not helping as much of late, and he noticed this since stopping the Sertraline. He has just moved to Galston in a one bedroom private let. He likes it and he is settling in. He is awaiting plastic surgery for his ear and is "still weighing up the pros and cons of this". He has good family support, especially from his [redacted] He said he had stopped drinking and is trying to get in touch with ADDACTION although finding this surprisingly difficult. He gets CPN contact from my colleague Mr Jim Young.

Current Medication
Quetiapine XL 150 mg at night
He is tolerating this well and feels that it is helping.

Mental State Examination
He was a casually and appropriately dressed, slim man with reasonable self care and eye contact. His speech was normal in form and flow with no recurrent themes. His mood is "still pretty low". Motivation and energy can be problematic. He gets "less frequent" thoughts regarding suicide and these occur only occasionally. He doesn't get plans or intent in terms of acting on them. He can get anxious, especially with "last minute changes" in arrangements for things. Going out himself can be difficult. Objectively he was mildly low and not distressed. There was limited reactivity of affect but a good rapport was established. He only

ALISDAIR MACDONALD **29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB**

CHI No: 0402863410

gets occasional voices at the moment. He can have low grade persecutory thinking. This is much better on Quetiapine and it had improved again with the Sertraline. He has good insight into his presentation and the need to take his treatment.

Impression
This gentleman with a diagnosis of a depressive illness (ICD 10 Code – F32) and alcohol dependence (ICD 10 Code – F10.2) reports some good response to his medication. He couldn't tolerate the Sertraline however because of sexual side effects. He reports being stable in terms of his alcohol consumption although I had no independent corroboration of this.

Recommendations
We discussed how best to proceed and we both felt it appropriate to try another antidepressant. Mirtazapine is not usually associated with sexual dysfunction although clearly weight gain can be an issue. After discussing the pros of cons, he was agreeable to commencing Mirtazapine at 15 mg at night, increasing after a week to 30 mg. After a further month this can be increased to the maximum dose of 45 mg if needed. I have suggested staying on the same dose of Quetiapine for now but this could be increased by 100 mg if needed once he is stabilised on his antidepressant. I advised him to continue to try and moderate his alcohol consumption and to persevere in his efforts to make contact with ADDACTION. My CPN colleague Mr Young will follow him up as long as is indicated and I will keep an eye on him at my outpatient clinic.

Kind regards

Yours sincerely

Authorised on 24/01/2014 12:16:58 by Jamie Lewis.

Dr J Lewis
Consultant Psychiatrist

Copy to: Jim Young, CPN, CMHT, NWAC

Additional document
07-Aug-2026
Additional: Additional document

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Extension:
Pages:

TREATMENT ROOM CARD

Practice Stamp

Other Relevant Information & Allergies

Patients Name: ALISDAIR MacDONALD

Address: 131 LENZIE TERR

Postcode G21 3TE

Date of Birth: 4.12.86

Drs Craig, Douglas, Cherry & McKean
Springburn Health Centre
Glasgow G21 1TR
Tel 0141 531 9650

M/F ☐ Diabetes ☐ Hypertension\IHD ☐ Asthma ☐ PVD ☐

Date	Treatment Request	Doctors Signature
9.12-08	DRESSING CHANGE ABCESS BACK OF NECK	/
	Abscess excised and drained 8/12/08	
	irrigated with saline, packed with	
	aquacel ag and allevyn adhesive	
	applied. ORW 10/12/08	S.MacDonald
10.12.08	Wound appears sloughy. Some strikethrough	
12.20	Irrigated with saline, aquacel placed in wound	
	+ allevyn adhesive applied. Return Thurs	M^c^Rankine
11.12.08	Wound appears clean. Irrigated with saline +	
16.15	redressed as before. Return Fri	M Rankine
6/8/09	Sutures Removed please – from chin	SMcGowan
	– were removed 13.8.09	
13/8/09	Sutures removed uneventfully. Wound dry	
	& intact	[illegible]
20.6.11	[illegible] to [illegible]	[illegible]
12.10	Cleansed with saline. Gauze swabs only	
	applied for protective reasons and supplied.	
	Awaiting hospital appointment. Advised to	[illegible]
	see G.P if any further concerns.	Treatment Nurse

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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NHS Ayrshire & Arran

MENTAL HEALTH SERVICES

Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ

Personal in confidence

Mr Alisdair MacDonald
40 Balgray Avenue
Shortlees, Kilmarnock
KA1 4QS

Date: 05 January 2023
Ref: GB/GO
CHI: 0402863410
Direct lines: 01563 578592 Kilmarnock
01290 425947 Cumnock

Dear Mr MacDonald

I was sorry to learn that you did not attend your assessment appointment with myself on Wednesday, 04 January 2023

I have not received any contact from yourself; I assume there is no requirement for CPN input and have discharged you from my caseload. However, you will remain open to the outpatient clinic.

If you wish to speak with the duty nurse, please do not hesitate to call on 01563 578592, **Monday to Friday 9am to 5pm**, and via NHS 24 on 111 at all other times.

Your GP has been informed by copy of this letter.

Yours sincerely

GARY BALLANTYNE
COMMUNITY PSYCHIATRIC NURSE

CC Old Irvine Road Surgery (Kilmarnock); Curran, John D (Dr)

www.nhsaaa.net

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07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Mental Health Services

Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 28/11/2022
Date Dictated: 01/12/2022
Date Typed: 05/12/2022
Our Ref: MT/JT
Enquiries to Ms J Taylor
Tel No: 01563-578593

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Diagnosis: **Recurrent psychotic depression with severe social anxiety.**
History of alcohol dependence.

Psychiatric Medication: **Quetiapine MR 200mg once daily**
Quetiapine immediate release 100 mg nocte
Mirtazapine 45 mg nocte.

Changes to Medication Following Review: **Nil**

Recommendations/Plan: **Outpatient review in 3 months.**
CPN Charge Nurse Gary Ballantyne

I reviewed this man by telephone appointment on 28th November 2022.

He told me that he was continuing to feel traumatised by the events in which his [redacted] died in a house fire when he and his [redacted] were also present. He describes emotional disturbance "coming in waves". He also continues to hear intermittent voices consistent with auditory hallucinations which are generally unpleasant and derogatory in nature. There is also some intermittent paranoid ideation. However on the whole his psychosis and affect do not appear to have been significantly adversely affected to date and there are no signs of any significant relapse of his mental illness. He does however of course remain at risk of a relapse of mental illness in which case we would need to consider higher doses of antipsychotic medicine and also a hypnotic drug such as Zopiclone as insomnia has been a feature of his illness in the past.

2

28/11/2022

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

I discussed the option of adding Zopiclone or increasing medicine at this stage but Mr MacDonald was quite clear in that he does not consider that his mental health has deteriorated to such an extent that he would require any additional medicine at this time. He is also sleeping reasonably well with some nights worse than others.

He is likely to remain at significant risk of a relapse of his depressive psychosis for at least the next 6 to 12 months and I will therefore ask his CPN Gary Ballantyne to continue to regularly monitor Mr MacDonald's mental health particularly any worsening of his psychosis or depressive symptoms. I would be happy to advice on further changes to medication in the event that there are any concerns about his mental state deteriorating particularly as his condition is associated with a significant risk of suicide if not treated carefully at the onset of any relapse.

I will arrange for an appointment at the outpatient clinic as soon as possible and this is likely to be in around 3 or 4 months from now and I would be happy to arrange a sooner appointment for him should his CPN have further concerns.

Yours sincerely

Authorised on 28/12/2022 17:18:02 by Mike Taylor.

Dr Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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University Hospital Crosshouse **Kilmarnock Road** **Kilmarnock** **KA2 0BE** **Phone: 01563 521133**	**Immediate Discharge Letter** **&** **Prescription**

To: The Surgery Old Irvine Road Surgery 4/6 Old Irvine Road Kilmarnock KA1 2BD	**Re:** ALISDAIR M MACDONALD 40 BALGRAY AVENUE , , KILMARNOCK , AYRSHIRE , KA1 4QS DOB: 04/02/1986 Hosp. No.: 0402863410 CHI No.: 0402863410

Date of Admission: 24/04/2026
Mode of Admission: Emergency
Admission Reason:
Discharge Date: 27/04/2026

Ward: WARD 3B - XH
Consultant: DR NICHOLAS PITMAN (Respiratory)
Follow Up:

Diagnoses Spontaneous pneumothorax (L)

( )

Clinical Progress

Dear Doctor
Alisdair was admitted toUHC with sudden onset dyspnoea and left sided chest pain. CXR showed a large left sided pneumothorax and he had a chest drain inserted in A&E with difficulty.
He was covered with doxycycline and prednisolone for wheeze and CAP due to raised inflammatory markers on bloods.
He was admitted to MHDU for observation and weaned off oxygen well.
Repeat CXR's showed his lung had reinflated well
His chest drain was removed on 27/4 with no complications.
He is MFFD home with his final day of doxycycline to complete his course.

DR ADAM PERROS (2026-04-27 12:06:51)

Allergy/Intolerance	Reaction
PENICILLINS	Rash - minor, self-limiting

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

Discharged by: DR ADAM PERROS

Page 1 of 2
Report generated on: 27/04/2026 20:00

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University Hospital Crosshouse **Kilmarnock Road** **Kilmarnock** **KA2 0BE** **Phone: 01563 521133**	**Immediate Discharge Letter** **&** **Prescription**

To: The Surgery Old Irvine Road Surgery 4/6 Old Irvine Road Kilmarnock KA1 2BD	**Re:** ALISDAIR M MACDONALD 40 BALGRAY AVENUE , , KILMARNOCK , AYRSHIRE , KA1 4QS DOB: 04/02/1986 Hosp. No.: 0402863410 CHI No.: 0402863410

Drug	Route	Dose/Frequency	Note	GP to contin.	POD	Days Supply
DOXYCYCLINE 100 mg Capsules	Oral	**100 mg ONCE daily at 7am**		No	N	1
MIRTAZAPINE 30 mg Tablets	Oral	**30 mg ONCE daily at 10pm**		Yes	Y	
QUETIAPINE 25 mg Tablets	Oral	**50 mg ONCE daily at 7am**		Yes	Y	
QUETIAPINE 200 mg Tablets	Oral	**200 mg ONCE daily at 10pm**		Yes	Y	

Additional Medicines Information:

Medicines discontinued or modified during admission
(Medicines that patient was recorded as admitted on only)

Drug	Discontinued / Modified reason
**** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.**** *****Information here may be incomplete and is for guidance only.*****	

Discharged by: DR ADAM PERROS

Page: 2 of 2
Report generated on: 27/04/2026 20:00

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Emergency Department
Glasgow Royal Infirmary
84 Castle Street
GlasgoW G4 0SF

Dr M Craig
Springburn Health Centre
200 Springburn Way
Glasgow

G21 1TR

28 January 2011

Dear Dr Craig

Re: ALISTAIR MACDONALD, GLASGOW CITY COUNCIL, 38 CLYDE PLACE, GLASGOW, G5 8AQ
Date of Birth: 04.02.86 Hospital Number: 64196843A CHI Number: 0402863410

Your patient attended Glasgow Royal Infirmary on the 27 JAN 2011 at 13:31 pm.

The presenting complaint was:	**Abscess/Backside**
Triage Information:	**Perianal Abscess For Past 3 Days, Recurrent > Previous Surgery For Same. Feels Nauseated, No Vomiting.**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Perianal Abscess**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Admitted**
Follow-up:	**Admitted**
Additional Information:	**Nil**

Yours sincerely,

Timothy Crowley
Emergency Department Doctor

Consultants

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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1-2

Mental Health Service

Glasgow Liaison Psychiatry Service
2nd Floor
St Mungo Building
Glasgow Royal Infirmary
84 Castle Street
GLASGOW
G4 0SF

Dr Perry
Receiving Consultant Physician
Ward 5
Glasgow Royal Infirmary
84 Castle Street
GLASGOW
G4 0SF

Date Rec'd: 29 April 2010
Date Typed: 29 April 2010

Our Ref : MMcC/pmm/1953150
Your Ref: 64196843A

Direct Line: 0141 211-2131
Fax: 0141 232-9442

Dear Dr Perry Dr Gray

Alistair McDonald – DOB 04.02.1986 – CHI 0402863410
131 Lenzie Terrace, Glasgow G21 3TN

Thank you for the referral of this above named gentleman. He was assessed in Ward 5 of the Glasgow Royal Infirmary on 24 April 2010 after being admitted with an overdose of 300 units of Novo-rapid Insulin which belonged to his [redacted] taken at approximately 8pm on 22 April 2010. Mr McDonald is not currently known to Mental Health Services. He states that he has a previous history of self harm and last took an overdose a few months ago whilst visiting Aberdeen. It would appear he had taken his [redacted] insulin whilst at home. There were no specific stressors evident at the time. His partner noticed him taking an overdose and contacted an ambulance immediately. He was originally discharged home then re-admitted again due to hypertension and abnormal blood sugar results. The patient states he is in the process of putting in a complaint because he was discharged home too early, as he felt clearly he was not medically fit. He says that there is a collection of things getting on top of him at the moment. He states he goes through periods of feeling very low and then periods when he feels on top of the world. The patient thinks there is something fundamentally wrong with him. He suspects he may suffer from manic depression, as he states his [redacted] suffered from this. He states that his behaviour generally impacts on any relationships that he is having. He is currently in a relationship with his [redacted] and has been for the last 18 months but there have already been numerous domestic breach of the peace charges against him. Clearly, Mr McDonald has problems with anger management and some personality difficulties. He states that his current [redacted] thinks that he has a personality disorder.

Psychiatric History
He states that he was detained under the Mental Health Act whilst living in Ayr, at the age of 16 years, due to erratic behaviour. He has been referred to Springpark Community Mental Health Team in the past but only attended for one appointment and was subsequently discharged. It was felt that he was presenting with traits associated with a Dissocial Personality disorder in tandem with Alcohol Excess He states that he took an overdose a couple of months ago, whilst he was visiting Aberdeen but details related to this appear to be very vague.

2-2

Medical History
Nil.

Current Medication
Not currently on any prescribed medication but was previously prescribed Haloperidol many years ago. He states that he found this to be counter-productive and caused him muscle spasms and made him feel extremely sedated. .

Drug, Alcohol and Forensic History
Drugs- no current usage. He states he has abused Ecstasy, Speed and Cannabis in the past.
Alcohol- just occasional use currently, but, about 12 months ago, he was drinking on a daily basis. Forensic history, as previously mentioned, 2 previous domestic breach of the peace charges, the last of which he is now currently serving Community Service. He also states that he stabbed his [redacted] whilst living in Holland 6 years ago and he served a 6 month jail sentence.

Social Circumstances
Born in Irvine, brought up in Troon. [redacted] split up when he was 14 years old and his [redacted] now [redacted] in Kilmarnock. He has 1 [redacted] and 1 [redacted] whom he gets on fairly well with. He is currently unemployed, but up until recently he was working in a call centre. He is currently in a relationship with his [redacted] and has been for the last 18 months and things have been fairly volatile recently. He denies any significant financial debt. He states that there was some bullying during his [redacted] years. He attended [redacted] and then moved on to [redacted] in Troon. It would appear he has moved around quite a lot. He describes having a very good childhood and that everything was provided for him. He said his [redacted] relationship was extremely volatile. He does not feel that this has impacted on him greatly. He says that he began to feel depressed at around 13/14 years old. He says he was constantly studying at school and never seemed to spend time with friends or doing normal things.

Mental State
Orientated in time, place and person. Speech was normal in rate and tone. Eye contact reasonable. His sleep pattern appears to be quite [redacted] He states his sleep is dependent on how he is feeling, in terms of his mood. Appetite is normal, concentration is normal. Mood at time of assessment appears euthymic. He describes himself as occasionally paranoid. He denies any auditory hallucinations and stated that he is quite mistrustful of people generally. He admits that he can be quite controlling in his relationship with his [redacted] due to insecurities. I suspect the patient appears to be seeking a psychiatric diagnosis for some of his antisocial behaviour. I do not feel that there is any significant evidence of psychiatric disorder in this young man but I will discuss with his GP if, indeed, a referral to Community Mental Health Services would be appropriate again for further assessment but in the meantime, he will be discharged home as soon as deemed medically fit.

Yours sincerely

P M Mccann

Michael McCann
Psychiatric Liaison Nurse

CC: Dr M Craig, Springburn Health Centre, 200 Springburn Way, Glasgow, G21 1TR

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Community Mental Health Team
Adult Services
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Enquiries to Irene Sinclair (Secretary)
Direct Line 01563 578548

Email: Irene.[redacted]scot.nhs.uk

NHS Ayrshire & Arran

To Old Irvine Road Surgery

Date 5 June 2018

From Dr Morag Henderson, Consultant Psychiatrist

Re: Medication Changes

CHI: 0402863410
MacDonald, Alisdair
48 Balgray Avenue
Kilmarnock
KA1 4QS
04/02/1986
Dr JD Curran
MRN: 0402863410

Private and Confidential

Community Mental Health Team
Adult Services
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Date: 5/6/18
Ref:

Tele No: 01563-578592
Fax: 01563-576709
Email: www.nhs.ayrshire.org

Dear Dr Curran

I reviewed the above patient at my NW Kilmarnock Outpatient Clinic today.

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

Reduce QUETIAPINE XL to 250 mg daily for 2 weeks then to 200mg daily

Additional Information

I will review in 2 mths

A full report will be sent as soon as possible.

Thank-you

Yours sincerely

Morag Henderson

Dr MORAG HENDERSON
CONSULTANT PSYCHIATRIST

www.nhsaaa.net

INVESTING IN VOLUNTEERS

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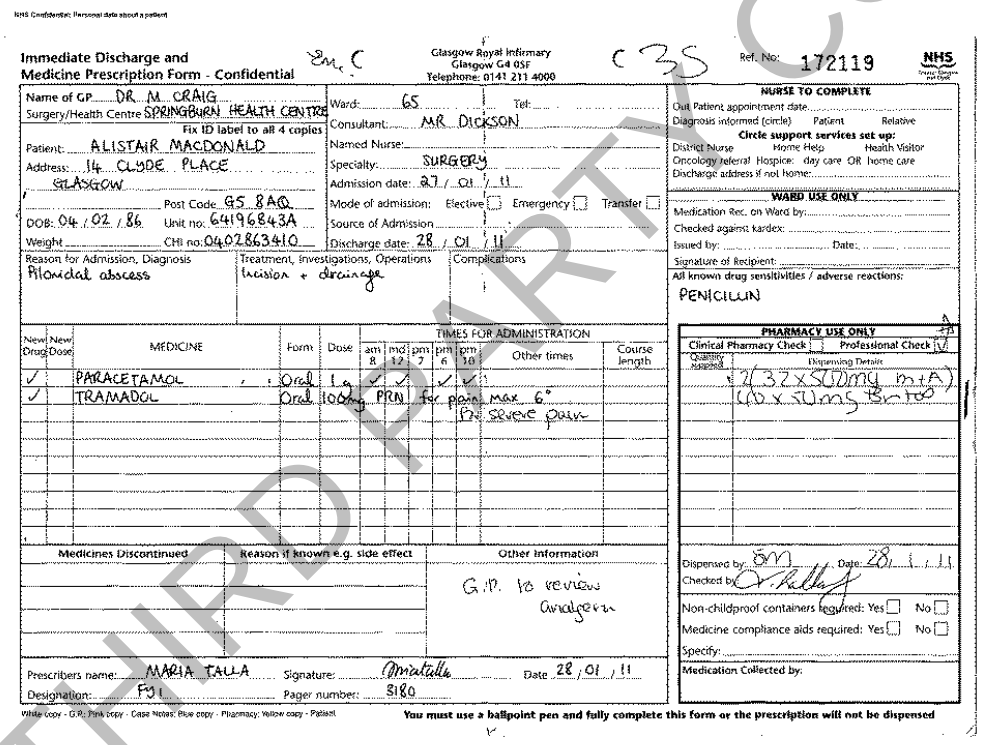
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:



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Immediate Discharge and Medicine Prescription Form - Confidential

Mr. C

Glasgow Royal Infirmary
Glasgow G4 0SF
Telephone: 0141 211 4000

C35

Ref. No: 172119

NHS

Name of GP: DR. M. CRAIG
Surgery/Health Centre: SPRINGBURN HEALTH CENTRE

Fix ID label to all 4 copies

Patient: ALISTAIR MACDONALD
Address: 14 CLYDE PLACE
GLASGOW
Post Code: G5 8AQ
DOB: 04 / 02 / 86 Unit no: 6419684 3A
Weight: CHI no: 0402863410

Ward: 65 Tel:
Consultant: MR DICKSON
Named Nurse:
Specialty: SURGERY
Admission date: 27 / 01 / 11
Mode of admission: Elective ☐ Emergency ☐ Transfer ☐
Source of Admission:
Discharge date: 28 / 01 / 11

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:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
Pilonidal abscess	incision + drainage	

All known drug sensitivities / adverse reactions: PENICILLIN

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION: am 8	mid 12	pm 7	pm 6	pm 10	Other times	Course length
✓		PARACETAMOL	Oral	1g	✓	✓	✓	✓			
✓		TRAMADOL	Oral	100mg	PRN	for pain max 6°				Severe pain	

PHARMACY USE ONLY
Clinical Pharmacy Check ☐ Professional Check ☑
Quantity Dispensed | Dispensing Details
2(32x50mg m+A)
(10x50mg tabs)

Medicines Discontinued	Reason if known e.g. side effect	Other Information
		G.P. to review analgesia

Dispensed by: SM Date: 28 / 1 / 11
Checked by:
Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify:
Medication Collected by:

Prescribers name: MARIA TALLA Signature: Date 28 / 01 / 11
Designation: FY1 Pager number: 8180

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

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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→ GP 1 1/2

Webster, Rosemary

Alistair MacDonald

From: Taylor, Michael George
Sent: 19 October 2022 14:04
To: Hall, Janna
Cc: Donnelly, Gary; aa.Clinical_Practice_OldIrvineRoad_80414
Subject: RE: Temazepam alternatives for insomnia

Hi Janna, yes, first option would be to try Zopiclone 7.5mg nocte instead of Temazepam if the latter is not available. Alternatively I would recommend Zolpidem 10mg nocte.
If further options (either due to supply issues or lack of efficacy) are needed please let me know. I have copied this to his GP Practice so they know about my advice and you might want to follow this up by calling the Practice Pharmacist in case they don't process my e-mail for a couple of days
Regards
Mike

From: Hall, Janna
Sent: 18 October 2022 16:40
To: [redacted] George <Mike.[redacted]
Cc: [redacted]
Subject: Re: Quetiapine increase
Importance: High

Hi Dr [redacted]

As below.... GP provided prescription for Temazepam however Alisdair has been to the pharmacy and has been advised that there is issues with the supply of this and no pharmacy has been able to get a stock - I have spoken with the pharmacy and there is a manufacturing issue...

Is there anything else he can get at this time?

Janna Hall
Charge Nurse
Intensive CPN Team
[redacted]

From: [redacted] George <Mike[redacted]
Sent: 14 October 2022 11:57
To: Cobb, [redacted] Janna [redacted]
Subject: RE: Quetiapine increase

Hi [redacted] I had a look at his prescription and the dose of quetiapine is already sufficient to reach the maximum possible sedation from this medicine and increasing the dose won't sedate him any more than is already the case. I have therefore e-mailed his GP to ask for Temazepam 20mg nocte instead – I have asked [redacted] if she will call the surgery to advise them that this is urgent and to ask if it could be issued today so that he has this tonight and over the weekend rather than having to wait until Monday.
Please let Mr MacDonald know the rationale for giving him Temazepam rather than more quetiapine.
Hope this is helpful.

1

NHS Confidential: Personal data about a patient

292

Regards
Mike

From: Cobb, [redacted]
Sent: 14 October 2022 11:13
To: [redacted] George <Mike.[redacted]
[redacted] Janna <Janna.[redacted]
Subject: Quetiapine increase

RE- Alistair MacDonald
Chi - 0402863410

Hi Dr Taylor

I believe my colleague Jim Livingstone had emailed you regarding a potential increase in the above patient's night time dose of Quetiapine. Jim in now on leave and we are unsure if you have replied to him. If you have considered any changes, could you please alert the team and we will ensure this is actioned

Thanks
Derek

Get Outlook for Android

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07-Aug-2026
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Filename:
Extension:
Pages:

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SURNAME	MACDONALD
FORENAME	ALISTAIR
Hosp No	64196843A
CHI No	0402863410
D.O.B	04.02.86 SEX Male
ADDRESS	131 LENZIE TERRACE
CONSULTANT/GP	A DOUGLAS
HOSP/PRACTICE	THE ALLANDER SURGERY
WARD/TOWN	191 DENMARK ST

Collected	Received	Report Issued
26.08.10 @	26.08.10 @ 16:08	27.08.10 @ 12:15

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

140	Sodium	135--145		mmol/L
4.2	Potassium	3.5--5.0		mmol/L
106	Chloride	98--108		mmol/L
	Bicarbonate			mmol/L
* 2.2	Urea	2.5--7.5		mmol/L
55	Creatinine	40--130	§	µmol/L
>60	eGFR (estimated GFR)			mL/min
4.7	Plasma Glucose	3.5--5.5		mmol/L
8.2	CRP	<10.0		mg/L
	Amylase			U/L
	Urate		§	mmol/L
	Troponin I			µg/L
	CK			U/L
	Bilirubin			µmol/L
	AST			U/L
	ALT			U/L
	Gamma-GT		§	U/L
	Alk.Phos.		§	U/L
	Protein			g/L
	Albumin			g/L
	Globulins			g/L
	Calcium			mmol/L
	Adjusted Calcium			mmol/L
	Phosphate		§	mmol/L
	Magnesium			mmol/L
	Cholesterol	target <5.0		mmol/L
	HDL Cholesterol	target >1.0		mmol/L
	Chol/HDL ratio			
	Triglycerides	target <2.3		mmol/L
	LDL Cholesterol	target <3.0		mmol/L
	TSH			mU/L
	Free T4			pmol/L
	T3			nmol/L
	IgA		§	g/L
	IgG		§	g/L
	IgM		§	g/L

NB Unless otherwise stated analyses carried out on serum

Lab No. N.10.G193054 Run No. 807

No collection date/time specified

§Significant sex/age differences

Authorised by
Auto Check
Date Reported 27.08.10

CPA
Accredited Medical Laboratory
Reference No:2335

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07-Aug-2026
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Mental Health Services

Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Mr Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
Ayrshire
KA1 4QS

Date Typed: As Postmark
Our Ref: AG/JT/AK/NJ/MN
Chi: 0402863410

Dear Mr Alisdair MacDonald

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

As a current patient of the East Ayrshire Community Mental Health Team we are writing to inform you of changes occurring within the local service.

Due to Consultant staffing changes within our team it has become necessary for us to review how to achieve the best care and outcomes for our patients.

This process is currently underway and you will be informed of the outcome in due course.

We appreciate that you may have concerns or anxieties in this regard. Should you have any deterioration in your mental health please contact your CPN/Keyworker in the first instance on [redacted] otherwise, the Duty Nurse will be available.

If you have any queries, please do not hesitate to call [redacted] or [redacted]

Yours sincerely

Dr Aileen Guthrie
Consultant Psychiatrist/Clinical Director East Ayrshire Community Mental Health

Ashley Kennedy
Team Leader East Community Mental Health Team

Nicky Jenkins
Service Manager, Mental Health Services

www.nhsaaa.net

INVESTING IN VOLUNTEERS

NHS Confidential: Personal data about a patient

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

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Filename:
Extension:
Pages:

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Mental Health Services

East Ayrshire Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Clinical in Confidence

Tel No: 01563 578592
Fax No: 01563 578709

[redacted]
CHI: 0402963418
MacDonald Alisdair
49 Bellgrove Avenue
Kilmarnock
KA1 4DS
04/02/1996
Dr JD Cameron
HRN: 0402963418

Dear Dr

I reviewed the above patient at my NORTH WEST AREA outpatient clinic today. (26/10/04).

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

PLEASE INCREASE QUETIAPINE MODIFIED RELEASE TO 350MG NOCTE

Additional Information

A full report will be sent as soon as possible.

Thank you.

Yours sincerely

A Guthrie

Dr Aileen Guthrie
Consultant Psychiatrist

www.nhscaa.net

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07-Aug-2026
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Pages:

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Adult Mental Health Services

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North West Kilmarnock Area Centre
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NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 27/03/2026
Date Dictated: 27/03/2026
Date Typed: 10/04/2026
Our Ref: YN/JT
Enquiries to Secretary
Tel No: 01563 578592

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Diagnosis:
Recurrent Depression with psychosis
Past alcohol dependence
High risk metabolic syndrome.

Psychiatric Medication:
Seroquel 100 mg mane, 200 mg at night
Mirtazapine 30 mg at night

Recommendations/Plan:
As per the recent clinic email, thank you for reducing Seroquel by 50 mg in the morning and this can be used as a prn instead if requested.
We strongly encouraged him to make a further appointment with yourself due to his non healing ulcers as he may need a further referral.
Encouraged routine and I have referred to Community connector as Alisdair now keen to engage (esp to help weight loss)
Crisis supports reinforced
Next review in the next 9 months.

Alisdair attended for a follow up review after his review in September last year. I was joined by health and wellbeing assistant Leanne as Alisdair remains under a 2 person clinic review due to past forensic history, however he has remained stable and appropriate in reviews.

Alisdair was brought to the clinic by his [redacted] who remained outside. Alisdair is 40 and continues to live alone. He said that he has quite an isolated life and that he struggles with his physical health and has non healing ulcers. These are reported to be under his arms and around his groin and he has had several in recent years that have not healed. He is concerned about a possible underlying cause.

He did engage with blood tests at our clinic in October but these were for routine antipsychotic screening and there were no abnormalities found there.

Alisdair said that he has very little to do in his days. He is looking forward to getting back to his garden as he said that it is in a bad state at the moment and he will be starting his vegetable garden again. He said that he tries to eat healthy and has salad with less snacks. He said that he can become overwhelmed when he goes out to visit the shops and he is slowly trying to increase his exposure so that he doesn't have to avoid busy places. It was unclear if having panic attacks. There were no psychotic symptoms. He said that his sleep has been better recently and he is able to fall asleep. He said that he feels his mood has also improved slightly, although his motivation is still down and this is likely due to his physical health issues. He said since reducing Mirtazapine there has been little change although he does feel like he can zone out at times, however there was no significant concerns noted. When asked, he said that he is not drinking alcohol anymore and there was no history of illicit drug use.

On this review Alisdair again presented as a very obese young man who looked older than his years with a long poorly kempt beard. He remained calm and quite polite and co-operative and he was easy to engage with, however he did become irritable discussing mild frustrations in recent months such as the slow post and other people's bad driving. His mood was euthymic and he said that his mood was better than previously. His affect remains reactive. He was logical. There was no evidence of perceptual disturbance. It was unclear when this was last evident. He had no unusual beliefs. No thoughts to harm himself voiced. He was happy to slightly reduce his Seroquel and be referred to any groups suitable for him.

Clinic will also recheck his physical obs in a few months time and if Alisdair remains well on future reviews we would be looking to discharge him. He has engaged in previous CPN support. His main issues currently appear to be physical, however he was encouraged to call up if he did require further mental health input.

If you have any concerns please do not hesitate to contact clinic, and prior to discharge we would be contacting his family for an update too.

Yours sincerely

Authorised on 22/04/2026 18:37:53 by Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

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Mental Health Services

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KA3 1NQ
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NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

William Pearson
Community Connector
The Surgery
4 Old Irvine Road
KILMARNOCK
KA1 2BD

Clinic Date: 12/11/2019
Date Dictated: 12/11/2019
Date Typed: 13/11/2019
Our Ref: MT/IS
Enquiries to Irene Sinclair
Tel No: 01563 578548

Dear Mr Pearson

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK KA1 4QS**
CHI No: 0402863410

This man attends Dr Henderson's outpatient psychiatric clinic at the North West Kilmarnock Area Centre. He suffers from Recurrent Depressive Disorder, which has sometimes been complicated by dependence on alcohol. He has, however, managed to control his alcohol consumption throughout this year. His depression has also improved to some extent and tends to fluctuate from time to time. He is mainly debilitated by anxiety and this causes significant avoidance behaviours of public places.

A combination of his anxiety and depression have contributed to social isolation and he is struggling to find a way out of this. I would be most grateful if he could be appointed a Community Connector as a way of trying to integrate him once again to the community and to help him overcome some of his avoidance and improve his self-confidence. He tells me that Dr Henderson referred him on two previous occasions but so far he has not had any contact from anyone. I would therefore be most grateful if this referral could be given a degree of priority.

Kind regards.

Yours sincerely

Authorised on 13/11/2019 11:49:51 by Mike Taylor.

Dr M Taylor
Consultant Psychiatrist

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NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Department of Otolaryngology
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

www.nhsayrshireandarran.com

Dr JD Curran
The Surgery
4/6 Old Irvine Road
Kilmarnock
Ayrshire
KA1 2BD

Our Ref: PW/SJM
Hospital No:
Clinic Date: 30/09/2013
Date Dictated: 30/09/2013
Date Typed: 04/10/2013
Enquiries to Miss Sarah-Jane Mackie
Direct Line: 01563 827326
Ext. Number: 27326
Email: [redacted]

Dear Dr Curran,

ALISDAIR MACDONALD DOB: 04/02/1986 CHI No: 0402863410
29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB

Diagnosis - Bite injury to left pinna 27/07/13 with 30% loss of pinna
Injury now well healed but patient has significant psychological concerns re cosmesis
Management - Photographs
Referral to Plastic Reconstruction Centre

This 27 year old man was the victim of a biting injury and has lost the posterior third of his left pinna. Since that time he has suffered majorly with anxiety and depression and requires outpatient psychiatric services including Sertraline and Quetiapine medication. He has a rash with Penicillin. He otherwise requires no medication. He has no other significant medical background. He is currently unemployed but has previously worked as a bilingual call centre worker using his Dutch he acquired as an apprentice in the Netherlands. He is very keen for some form of reconstruction but this may lie outwith our department's area of expertise and there is quite a significant loss of pinna substance. I have arranged photographs and I will ask Mr Murray if he is able to take on this task otherwise I will ask Mr Ken Stewart in Livingstone who has a dedicated interest in this sort of work. I recently spoke to Mr Jamieson, the Plastic Surgeon in Glasgow who name Mr Stewart as the Plastic Surgeon with the most expertise.

Kind Regards.

Yours sincerely

Authorised on 04/10/2013 18:37:00 by Mr P Wardrop.

Mr P Wardrop
Consultant ENT Surgeon
GMC 3281130

ALISDAIR MACDONALD DOB: 04/02/1986 CHI No: 0402863410
29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB

Mr Andrew Murray
Consultant ENT Surgeon
Level 5 West
Crosshouse Hospital
KA2 0BE

Mr Ken Stewart
Consultant Plastic Surgeon
St John's Hospital
LIVINGSTON
West Lothian
EH54 6PP

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Pages:

NHS Confidential: Personal data about a patient

Community Mental Health Team
Adult Services
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Enquiries to Irene Sinclair (Secretary)
Direct Line 01563 578548

Email: Irene.Sinclair2@aapct.scot.nhs.uk

NHS Ayrshire & Arran

To Old Irvine Road Surgery

Date 4 December 2017

From Dr Morag Henderson, Consultant Psychiatrist

Re: Medication Changes

Re: Alistair MacDonald
040286 34 10

Mental Health Services

East Ayrshire Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Clinical in Confidence

Tel No: 01563 578592
Fax No: 01563 578709

4/12/17

Dear Dr

I reviewed the above patient at my NW Kilmarnock outpatient clinic today.

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

Reduce QUETIAPINE MR to 300mg at night

Additional Information

A full report will be sent as soon as possible.

Thank you.

Yours sincerely

Morag Henderson

Dr Morag Henderson
Consultant Psychiatrist

www.nhsaaa.net

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Dr D Chung Dr G Gordon Dr N Weatherup Dr J Mardon Mr J Stevenson Dr C McGuffie Dr A Lannigan

Accident and Emergency

Dr. J Curran
4/6 OLD IRVINE ROAD
KILMARNOCK
AYRSHIRE
KA1 2BD

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577757/8
Fax: 01563 572009

Alisdair Macdonald
29 CAMPBELTOWN DRIVE,
KILMARNOCK,
AYRSHIRE, KA3 1TB

DOB: 04/02/1986
A/E No: XH-09-051738
CHI No: 0402863410

Date and Time of Attendance: 11 Oct 2009 03:09

Diagnosis Minor head injury

Treatment Other treatment

Drugs:

Investigations

Follow up: Admitted

Additional Information: head injury, ? mechanism, gcs 14, admitted neuro obs, alcohol excess

13 OCT 2009

Dr Katy Mccarthy
A&E SpR

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

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Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 15/12/2021
Date Dictated: 15/12/2021
Date Typed: 21/12/2021
Our Ref: MT/JT
Enquiries to Ms J Taylor
Tel No: 01563-578593

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Diagnoses: **Recurrent Depressive Disorder**
History of alcohol dependence

Psychiatric Medication: **Quetiapine MR 300 mg nocte**
Mirtazapine 45 mg nocte

Changes to Medication Following Review: **Please divide Quetiapine into Quetiapine MR 250 mg once daily and 50 mg of Immediate Release preparation at night (or if not practicable to MR 200mg and Immediate Release 100mg).**
Continue Mirtazapine 45 mg nocte

Recommendations/Plan: **Outpatient review in 6 months.**

I reviewed this man at the North West Centre on 15th December 2021.

He told me that he continued to be particularly troubled by insomnia. He lies awake for hours at night with his mind racing and wandering from one thing to another. He eventually goes to sleep in the very early hours of the morning and then has a restless sleep throughout the rest of the night. The combination of Quetiapine and Mirtazapine was previously effective in managing his insomnia but this has become less so in recent weeks and months.

He believes that Mirtazapine and Quetiapine have been helpful in managing his anxiety. He is no longer troubled by his more severe anxiety symptoms and is quite content with the current combination of treatment. He is also keeping his alcohol consumption under control and now drinking only on a social basis. This involves meeting up with friends once every few weeks and having a few beers and he no longer has any pattern of alcohol consumption indicative of harmful use.

NHS Confidential: Personal data about a patient

2

15th December 2021

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

In terms of managing his insomnia I would recommend in the first instance that we try dividing Quetiapine so that he is provided with 50 mg of the immediate release preparation. If necessary this could be slightly increased to 75 mg or 100 mg with a corresponding reduction in the dose of the modified release preparation. If his insomnia is well controlled he is likely to experience less problems generally in terms of his mental health.

I will keep him under review at the outpatient clinic and his next appointment is likely to be in 6 months from now.

Yours sincerely

Authorised on 21/12/2021 14:09:18 by Mike Taylor.

Dr Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil

www.nhsaaa.net

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07-Aug-2026
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Filename:
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Staff Copy Printed 27/10/2016 by Joanne Reilly

carepartner

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (30y)	Gender Male	CHI Number 0402863410

Ayrshire Mental Health Risk Assessment Framework

Status Closed	Centre of Care East Ayrshire CMHT	Location Clinic

Date of Activity 26th Oct 2016 at 10:30 by Joanne Reilly

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by
Individual clinician

Note: Joanne Reilly, Occupational Therapist

Mental state

Mental state
Amber

Note: Alisdair reported he had experienced depression and paranoia for many years, however recognises this has been well managed with medication. Alisdair states his main issue now is anxiety and panic attacks, and he is unable to go out on his own. Alisdair reported that his anxiety levels were currently higher than usual and he attributed this to feeling unsettled and worried about his current housing situation as his [redacted] has moved to his own tenancy and Alisdair is concerned he will not be able to stay in his current property for financial reasons. Alisdair reported poor sleep and increasingly vivid dreams which he described as a "warning sign" that he may be becoming unwell. Alisdair stated he was sleeping on the couch rather than using his bedroom. Alisdair also stated he was frequently distracted and losing concentration. Alisdair described low motivation in activities of daily living.
Alisdair reported he had issues with alcohol in the past and for a few weeks recently had been drinking excessively as a way of self medicating for his anxiety. He stated he has now stopped this as he realised it was unhelpful and has only had a bottle of beer at his [redacted] socially in the past 2 weeks.
Alisdair was appropriately dressed for appointment. Eye contact was intermittent throughout appointment and he appeared anxious and distracted at times. Responses were appropriate and Alisdair engaged well in the assessment process although became visibly restless and agitated towards end of appointment, and it was agreed to continue discussion at a further date.

Engagement

Engagement with services
Green

Note: Alisdair reports he has been attending Dr Nitu for some time and was due to see Dr Guthrie this afternoon for the first time. Alisdair previously attended OT screening appointment and appeared keen to engage, however recent arranged home visit for first assessment was wasted as Alisdair reported to feeling too anxious for visit. He engaged well at today's clinic appointment.

Medication management
Green

Note: Reports he is compliant with medication and recognises benefits of same. Alisdair reported that his [redacted] phones him to remind him to take his tablets.

Risk of absconding
Green

Note: n/a, community patient

Risk of suicide/self-harm

Risk of self-harm
Green

Staff Copy Printed 27/10/2016 by Joanne Reilly

carepartner

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (30y)	Gender Male	CHI Number 0402863410

Note: Alisdair denied any thoughts of self harm at assessment.

Risk of suicide
Green

Note: Alisdair denied any thoughts of suicide at assessment.

Risk of harm to or from others

Risk of harm to others
Green

Note: No identified risk of harm to others.

Neglect/Vulnerability issues (consider ASP/AWIA)
Green

Note: No evidence of neglect or vulnerability at assessment, however Alisdair has had periods of homelessness in the past which he attributes to his mental health.

Child protection concerns
Green

Note: No issues identified at assessment or recorded in notes. Alisdair has contact with his [redacted] whilst at his [redacted] and [redacted] house.

Risk from substance misuse

Substance misuse
Green

Note: No substance misuse disclosed at assessment. Alisdair reported he had issues with alcohol in the past and for a few weeks recently had been drinking excessively as a way of self medicating for his anxiety. He stated he has now stopped this as he realised it was unhelpful and has only had a bottle of beer at his [redacted] socially in the past 2 weeks.

Social and personal risks

Support network
Green

Note: Alisdair reports good family support from his [redacted]

Physical health
Green

Note: Alisdair reported to having no physical health problems, although noted he had a significant weight gain over the past few years.

Occupation of time Key Item
Amber

Note: Alisdair reported that he lacks motivation and structure to his day. He enjoys spending time at his [redacted] where he gardens and plays computer games with his [redacted] He listens to music, plays games on his phone and watches some TV at home although is often distracted. Previously enjoyed golf, darts, playing pool and going to the football with his [redacted] but is unable to participate in these activities currently due to anxiety.

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Adult Mental Health Services

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North West Kilmarnock Area Centre
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www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 05/05/2020
Date Dictated: 05/05/2020
Date Typed: 05/05/2020
Our Ref: KT/IS
Enquiries to Irene Sinclair
Tel No: 01563 578548

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK KA1 4QS**
CHI No: 0402863410

Diagnoses: **F33 - Recurrent Depressive Disorder**
F10.2 - History of alcohol dependence, currently under control

Medication: **Quetiapine MR 300mg nocte**
Mirtazapine 45mg nocte

Changes to Medication following review: **Nil**

Follow up Arrangements: **Outpatient review in six months**

I reviewed Alisdair during a telephone consultation. He sounded well and answered my questions. He said that he is struggling with the Coronavirus situation as he cannot see his friends or family and he manages by contacting them via Skype or Messenger. He said that he is still slightly anxious and depressed but would like to change his life although he is not as depressed as he was. He can have some fluctuation in mood. He said that he would like to go back to college or work when his anxiety is slightly reduced and today he said that he really would like to work in future and change his life and sounded motivated. He said that he likes to do his garden, stating that he has a nice garden and he also watches television. We agreed at this stage to continue his medication as it is and I will review him again in several months, hopefully by that time lockdown will be lifted.

Yours sincerely

Authorised on 06/05/2020 12:49:50 by Krzysztof Tyczynski.

Dr Krzysztof Tyczynski
Consultant Psychiatrist

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Mental Health Services

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www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
Ayrshire
KA1 4QS

Clinic Date: 22/11/2023
Date Dictated: 30/11/2023
Date Typed: 04/12/2023
Our Ref: AU/JMcC
Enquiries to Ms J Taylor
Tel No: 01563 578593
Fax No:

Dear Alisdair MacDonald

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Sorry you didn't attend your appointment on 22nd November 2023 at the North West Kilmarnock Area Centre. I would be grateful if you could contact CMHT within 14 days of receipt of this letter to let us know if you wish to be offered another appointment. If we don't hear from you, you will be discharged from this clinic.

Yours sincerely

Authorised on 13/12/2023 18:29:12 by Anna Ulanova.

Dr Anna Ulanova
Locum Consultant Psychiatrist

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

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NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 13/09/2021
Date Dictated: 13/09/2021
Date Typed: 14/09/2021
Our Ref: MT/IS
Enquiries to Jenny Taylor
Tel No: 01563 578593

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK KA1 4QS**
CHI No: 0402863410

This man had a telephone appointment scheduled for 13 September 2021 following transfer of care due to change in catchment areas. However, I was only able to reach his voicemail and so a further appointment will be sent to him in due course.

Yours sincerely

Authorised on 12/11/2021 14:41:58 by Mike Taylor.

Dr Mike Taylor
Consultant Psychiatrist

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NHS Greater Glasgow & Clyde OOH Services

Call No:	**3245762**	Date: **08 Oct 2011**		Time of Call:	**19:47**
Patient's Name:	**Alisdair Macdonald**		DOB: **04/02/1986**	Age:	**25 Y**
Address Today:	**131 Lenzie Terrace Springburn Glasgow Front Door**		Home Address if different:		**131 Lenzie Terrace Springburn Glasgow Front Door**
Post Code:	**G21 3TN**		Post Code:		**G21 3TN**
Phone Number Today:	[redacted]				

NHS24 Call ID : 10750844

Callers Name: [redacted] Relationship to patient:

Name of GP:	**Craig MB**	Practice No:	**130**
Surgery:	**130 124 Allander Street / Springburn HC**	Cipher No:	**G0774 9**
Address:	**Dr MB Craig & Partners 124 Allander Street Glasgow G22 5JH**	Fax No:	**0141 3363440**
		Speed Dial:	**136**
Call Type:	**No Action Required by Co- NOT GIVEN**	NHS24 Time Passed:	

Receptionist's Name:**IF** Time Arrived: Time Complete: **11/10/2011 23:07:11**

Patient's Complaint: **Patient's Complaint:**

DISCHARGED FROM ROYAL INFIRMARY YESTERDAY AFTER HAVING OPERATION ON HIS ANAL, TO DAY VOMITING ALSO CONSTIPATED ((Other Clinical User) (Cardonald))
—
VOMITING BLOOD SEE A/V
—
Clinical summary created by: (Nurse Advisor) (Orkney) [08/10/2011 19:47:09]
VOMITING FOR TODAY AND X4 VOMIT, LAST ONE X1 HR AGO WAS FLUID LIKE WITH DARK RED BLOOD.. DSCH FROM GRI YESTERDAY AFTER INPT FOR X2 DYS. HAD SEVERAL ANAL ABCESSES REMOVED & EXPLORATORY SURGERY OF ANAL SPHINCTER.. LAST BOWEL MOTION X3 DYS AGO..OUTCOME A&E GRI WITHIN X1 HR.
—
This call will be transferred directly to a nurse via serious and urgent telephony route.
Advise the caller that if they get cut off you will call them back immediately.
The individual concerned should be taken straight to the nearest Casualty or A&E department.
If the individual concerned's condition worsens or they develop breathing difficulties, call 999.

Remarks: This call will be transferred directly to a nurse via serious and urgent telephony route.

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up:

Consultation(s):

By:	**Start:**	**Finish**

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07-Aug-2026
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NHS
Ayrshire & Arran

MENTAL HEALTH SERVICES

Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ

Personal in confidence

Mr Alisdair MacDonald
40 Balgray Avenue
Shortlees, Kilmarnock
KA1 4QS

Date: 02 December 2022
Ref: GB/GO
CHI: 0402863410
Direct lines: 01563 578592 Kilmarnock
01290 425947 Cumnock

Dear Mr MacDonald

Following a referral to the Community Mental Health Team; I would like to offer you an assessment appointment with myself as follows:

Date: **Monday, 12 December 2022 at 10:00 am**

Venue: **Yellow waiting area**
North West Kilmarnock Area Centre
Western Road, Kilmarnock KA3 1NQ

If this appointment is not suitable, please could you call the number above, and an alternative appointment can be arranged for you.

If however, we do not hear from you and you do not attend your appointment, you will be discharged back to the care of your GP.

I hope to see you soon.

Yours sincerely

GARY BALLANTYNE
COMMUNITY PSYCHIATRIC NURSE

CC Old Irvine Road Surgery (Kilmarnock); Curran, John D (Dr)

www.nhsaaa.net

Additional document
07-Aug-2026
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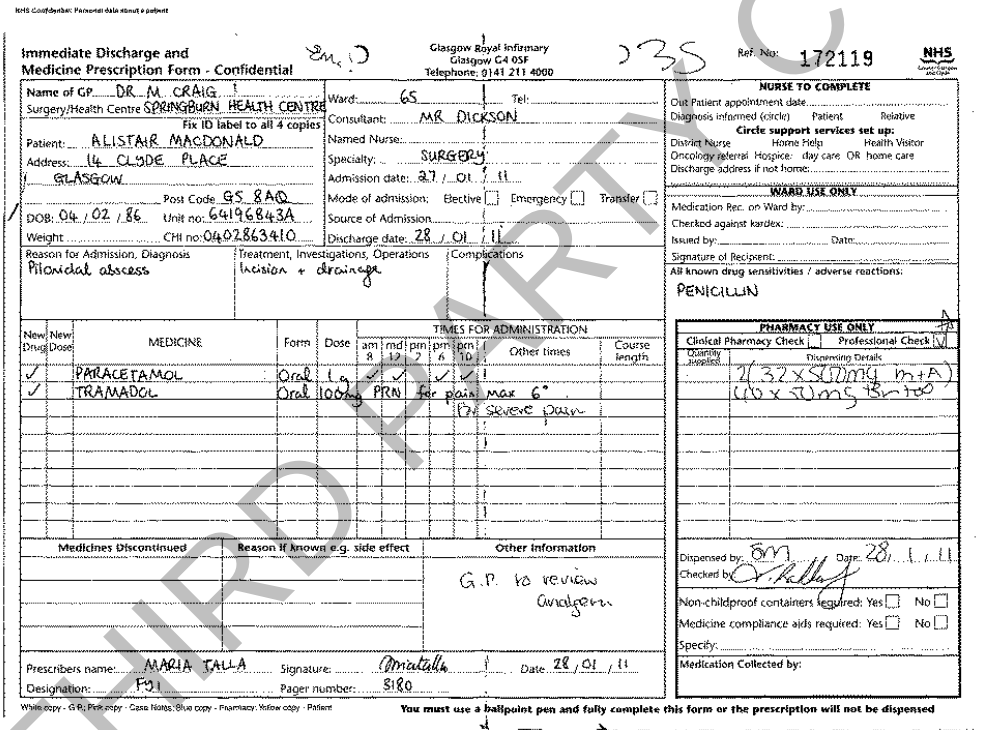

Immediate Discharge and Medicine Prescription Form - Confidential

Glasgow Royal Infirmary, Glasgow G4 0SF, Telephone: 0141 211 4000

Ref. No: 172119

Name of GP: DR M CRAIG
Surgery/Health Centre: SPRINGBURN HEALTH CENTRE
Fix ID label to all 4 copies
Patient: ALISTAIR MACDONALD
Address: 14 CLYDE PLACE, GLASGOW
Post Code: G5 8AQ
DOB: 04/02/86 Unit no: 64196843A
Weight: CHI no: 0402863410

Ward: 6S Tel:
Consultant: MR DICKSON
Named Nurse:
Specialty: SURGERY
Admission date: 27/01/11
Mode of admission: Elective ☐ Emergency ☐ Transfer ☐
Source of Admission:
Discharge date: 28/01/11

Reason for Admission, Diagnosis: Pilonidal abscess
Treatment, Investigations, Operations: Incision + drainage
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:
Signature of Recipient:

All known drug sensitivities / adverse reactions: PENICILLIN

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION: am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
✓		PARACETAMOL	Oral	1g	✓	✓	✓	✓			
✓		TRAMADOL	Oral	100mg	PRN	for pain: max 6°				PR severe pain	

PHARMACY USE ONLY
Clinical Pharmacy Check ☐ Professional Check ☑
Quantity | Dispensing Details
2 x 32 x 500mg tabs (10 x 30mg tabs too)

Dispensed by: Date: 28/1/11
Checked by:
Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify:
Medication Collected by:

Medicines Discontinued	Reason if known e.g. side effect	Other information
		G.P. to review Ondansetron

Prescribers name: MARIA TALLA Signature: Date: 28/01/11
Designation: FY1 Pager number: 5180

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

Additional document
07-Aug-2026
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Pages:

NHS Confidential: Personal data about a patient

Patient : Alisdair Macdonald
(Gender: Male) (DOB: 04/02/1986) (Age: 27 years) (CHI: 0402863410)

Case No 16774 **Case Date** 28/07/2013 09:08
Own Dr Curran, J D

Emergency Care Summary viewed on case

Current Address	***Home Address (If Different)***
29 Campbeltown Drive	14C Knockinlaw Mount
Kilmarnock	
KA3 1TB	KA3 2AG
Current Phone [redacted]	**Home Phone (If Different)**

Case Type Outside Agency
Priority On Reception Within 4 Hours

NHS 24 Advice by (Non-Clinical User) (Cardonald) **Triage Start** 09:12 **Triage End** 09:13

Clinical summary created by: (Non-Clinical User) (Cardonald) [28/07/2013 09:18:46]
WOUND DRESSING FOR X AND PT HAS ONGOING VISITS FROM DN TO DRESS WOUND ON BACK- PT WAS ASSAULTED YESTERDAY AND IS CURRENTLY AT HIS [redacted] ADDRESS AND REQUIRES VISIT TO THIS ADDRESS TODAY- ADVISED DN TO CONTACT PT 4 HOURS- **HUB- PLEASE NOTIFY DN OF CHANGE TO VISIT LOCATION

Case Questions

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

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

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics: Report produced by Adastra Version 3 - 29/07/2013 04:02:31

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

TREATMENT ROOM

Continuation sheet

NHS Greater Glasgow

Patients Name: ALISDAIR MACDONALD
Address: 131 LENZIE TERR
Post Code:
Sex M/F
Date Of Birth: 4/3/86.
GP: DR MURRAY

Date	Time	Record Of Care	Nurses Signature
12/10/11.	4pm.	Sloughy wound, white sutures present	
		at top wound ? dissolving sutures!	
		No malodour today. Cleansed with saline.	
		Aquacel and wound pads applied to upper	[illegible]
		and lower wound. Dressings supplied and	T/room
		advised regards dressing change. Next 13/10/11	Nurse
14/10/11	11.5Am	Did not attend yesterday, feeling unwell.	
		2 wounds appear less sloughy ? dissolving	
		sutures now visible at lower wound	
		No malodour. District Nurse referral	
		made for Saturday and Sunday visits.	[illegible]
		next Monday 17-10-11. Dressings supplied	
17/10/11.	12md.	All white sutures appear more loose.	
		Wound continue to have sloughy	
		material. Granulating tissue evident.	
		Cleansed with saline. Double layer	
		aquacel to lower and wound pad	[illegible]
		Dressings supplied next. 18/10/11	

NHS Confidential. Personal data about a patient

TREATMENT ROOM CARD

Allander Surgery
Dr Craig, Douglas, Cherry & McKean
Springburn Health Centre
200 Springburn Way
Glasgow
G21 1TR

Other Relevent
Information & Allergies

Patients Nam: CHI: 0452863410 04/02/1986 M
MACDONALD, Alisdair
Address: [redacted] 3TN
Postcode:
Dr McKean, 2929947
Dr Craig& Partners, G21 1TR
10/10/2011 10:54, Practice 43294
Date of Birth:

Dr S. McKEAN
Allander Surgery
Springburn Health Centre
200 Springburn Way, Glasgow G21 1TR
T: 0141 531 9650

Male ☑ Female ☐ Diabetes ☐ Hypertension/IHD ☐ Asthma ☐ PVD ☐

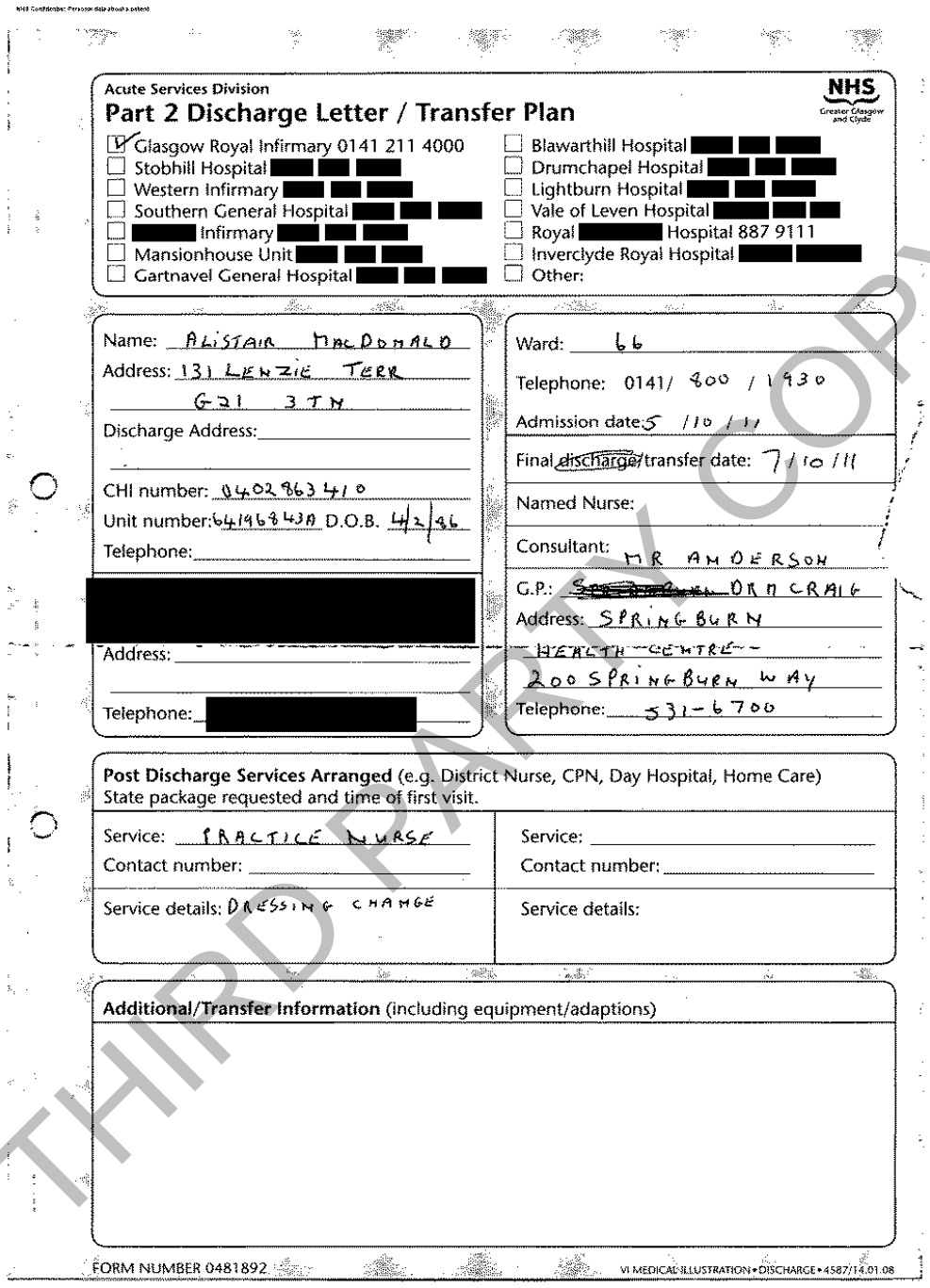
Date	Treatment Request	Doctors Signature
10.10.11	Perianal sepsis – EUA of rectum + fistulectomy on 6.10.11 (Not seen by DN over WE as he was not at home – readmitted on Sat. 8.10.11 overnight.) Wound check please	SMcKean
10.10.11	Care (1) provided. Ret 11.10.11	[signature]
11/10/11 15.15	care (1) given. Return Wed	M Rankine T/R nurse

PRESCRIBED DRUGS

No:	Date	Drug	Dosage	Frequency	Route of admin	Date of Admin	Doctors Signature

DRUG ADMINISTRATION

[redacted]	Time	No:	Site of Admin	Drug Expiry Date	Drug lot Number	Patient Return Date	Nurses Signature



NHS Confidential: Personal data about a patient

Acute Services Division

NHS Greater Glasgow and Clyde

Part 2 Discharge Letter / Transfer Plan

- [x] Glasgow Royal Infirmary 0141 211 4000
- [ ] Stobhill Hospital [redacted]
- [ ] Western Infirmary [redacted]
- [ ] Southern General Hospital [redacted]
- [ ] [redacted] Infirmary [redacted]
- [ ] Mansionhouse Unit [redacted]
- [ ] Gartnavel General Hospital [redacted]
- [ ] Blawarthill Hospital [redacted]
- [ ] Drumchapel Hospital [redacted]
- [ ] Lightburn Hospital [redacted]
- [ ] Vale of Leven Hospital [redacted]
- [ ] Royal [redacted] Hospital 887 9111
- [ ] Inverclyde Royal Hospital [redacted]
- [ ] Other:

Name: ALISTAIR MACDONALD
Address: 131 LENZIE TERR
G21 3TN
Discharge Address:

CHI number: 0402863410
Unit number: 6419684JA D.O.B. 4/2/36
Telephone:

[redacted]
Address:

Telephone: [redacted]

Ward: 66
Telephone: 0141/ 800 / 1930
Admission date: 5 /10 / 11
Final ~~discharge~~/transfer date: 7/10/11
Named Nurse:
Consultant: MR ANDERSON
G.P.: [redacted] DR CRAIG
Address: SPRINGBURN
~~HEALTH CENTRE~~
200 SPRINGBURN WAY
Telephone: 531-6700

Post Discharge Services Arranged (e.g. District Nurse, CPN, Day Hospital, Home Care)
State package requested and time of first visit.

Service: PRACTICE NURSE	Service:
Contact number:	Contact number:
Service details: DRESSING CHANGE	Service details:

Additional/Transfer Information (including equipment/adaptions)

FORM NUMBER 0481892 VI MEDICAL ILLUSTRATION • DISCHARGE • 4587/14.01.08

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Patient Assessment/Comments

Mobility:
Independent

Personal hygiene/Dressing:
No Issues

Continence: Catheter in situ: Yes ☐ No ☑ | Continence details:
Type: Size:
Date of change:

Dietary requirements:
No Special diet

Communication / Swallowing:
Alert + Orientated communicates freely

Mental state:
N/A

Skin condition/Waterlow Score:
N/A.

Wound care/~~Stoma care~~: PACKED AQUACEL COVERED GAUZE SWABS

Special Instructions for Patient (e.g. Exercise , Diet, Wounds, Others)

District Nurse phone for call out

Sat. 8/10/11. Dressings sent home 1/2 pt.

Others/Follow-up arrangements

Progress discussed with patient: Yes ☑ No ☐
Progress discussed with [redacted] Yes ☐ No ☐

This information has been fully discussed with [redacted]

Date and signature of Nurse:

Date and signature of Patient/Carer:

Diagnosis:
EUA OF RECTUM
+ FISTULECTOMY

TOP COPY

TOP COPY TO - Patient; OTHER COPIES TO - G.P.; District Nurse; Case Notes.

NHS Lanarkshire Nursing and Midwifery Council

NHS Greater Glasgow and Clyde

GREATER GLASGOW & CLYDE NHS CARE PLAN

NAME Alasdair MacDonald D.O.B. 04028[illegible]10 4/2/31

DATE	NO	ASSESSMENT OF PATIENT'S NEEDS/ PROBLEM	PLAN OF CARE	SIGNATURE	REVIEW DATE	DISCONTINUATION DATE
10.10.11		Peri anal abscess? E.coli	Irrigated with saline, Sweretl			
		& rectum + fistulectomy	applied to buttock + peri-anal			
		Requiring daily dressings	wound Silverceil ribbon applied			
		Wounds microbiology + Staphylo	to deep buttock wound	Lennox		
		Swabs C+S obtained		(Treatment Room Nurse)		

ALLERGIES:

1

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NHS GREATER GLASGOW & CLYDE
DISTRICT NURSE REFERRAL FORM

Date : 14/10/11. Time : 12-30.	Referrer's name : G. DALY Tel no : 531-6760.	Source : Ward
Patient Name : ALISDAIR MACDONALD		DOB/CHI No : 4/4/86 0402863410.
Home Address :(incl. flat no) 131 LENZIE TERR. Postcode: G21 3TN		Discharge Address (if different) Postcode:
Tel No : [redacted]		Mobile No :
Date of visit ; SATURDAY (as requested by referrer) 15/10/11.		Date of 1st visit / contact:
[redacted]		
GP Name : DR MCLEAN Address : SPRINGBURN H/C. Tel No.		Reason for Referral DRESSING CHANGE Diagnosis PERIANAL SEPSIS. EUA of RECTUM + FISTULECTOMY 6/10/11
Is patient aware of referral to DN Service? (Y/N)		Previously known to DN services? (Y/N)
Access/Risk Issues/Special Needs		

Relevant Medication		Medication Aid filled	Y/N/NA
		Supply given Y/N	

Dressings: Supply given (Y/N) ADVAZA AQUACEL AG RAD	Continence: Supply given Y/N
Wound Care Chart : Y/N	
Equipment ordered (Please list):	
Type:	Date:
Other Services involved:	

SSA Commenced : Yes / NO	Date :	By whom ;	Designation :

This section to be completed by Community Nurses Only

Inappropriate Referral? - Y/N

If Y – Reason & Action	
Additional Information	WILL RETURN TO WARD MONDAY 17/10/11.

Referral Form Completed by : ..... Signature : .....

Additional document
07-Aug-2026
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Filename:
Extension:
Pages:

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Ayrshire Doctors On Call

adastra

19 Patient Contacts for Old Irvine Road Surgery

Patient : Alisdair Macdonald
(Gender: Male) (DOB: 04/02/1986) (Age: 29 years) (CHI: 0402863410)

Case No 62274 **Case Date** 22/08/2015 18:35
Own Dr Curran, J D

Current Address
40 Balgray Avenue

Kilmarnock
KA1 4QS
Current Phone [redacted]

Home Address (If Different)
29 Campbeltown Drive

KA3 1TB
Home Phone (If Different)

Case Type NHS24 Advice
Priority On Reception Within 4 Hours

NHS 24 Advice by (Other Clinical User) (Cardonald)
Triage Start 18:39
Triage End 19:19

Clinical summary created by: (Other Clinical User) (Cardonald) [22/08/2015 19:18:49]
DIHYDROCODIENE + ECS MEDS FOR - AND ADVISED FINE TO USE IN COMBINATION COUNSELLED ON DROWSY S/E.
PATIENT INFORMS HURT KNEE HAS DONE THIS IN PAST TRIED PARACETMOL YESTERDAY NIL EFFECT. SELF CARE.

WONDERING IF ITS OK TO TAKE DIHYDRODIENE WITH QUETIAPINE AND MIRTAZAPINE. INJURED LEFT KNEE. DOESNT WANT ASSESSED FOR HIS KNEE. JUST A QUERY. ((User) (Cardonald))

Case Questions

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

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

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics: Report produced by Adastra Version 3 - 23/08/2015 04:01:17

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Adult Community Mental Health Services
North West Area Centre
Western Road
Kilmarnock
KA3 1NQ
01563 578592
01563 578709
www.nhsayrshireandarran.com

NHS Ayrshire & Arran

Mr Ken Stewart
Consultant Plastic Surgeon
St John's Hospital
LIVINGSTON
West Lothian
EH54 6PP

Our Ref:	AN/JF/
Hospital No:	
Ref Date:	16/12/2013
Date Dictated:	23/12/2013
Date Typed:	23/12/2013
Enquiries to	Mrs Findlay
Direct Line:	01563 578548
Ext. Number:	8548
Email:	www.nhs.ayrshire.org

Dear Mr Stewart,

ALISDAIR MACDONALD DOB: 04/02/1986 CHI No: 0402863410
29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB

Thank you for your letter dated 17.12.13 enquiring about Mr MacDonald's mental health situation. I saw him in early August this year in my Crisis Team Clinic due to a depressive presentation with psychotic symptoms and again once more six weeks later. Subsequently he has become homeless and moved out of our area. He was started on an antipsychotic, Quetiapine 150 mgs, which led to a significant improvement in his mental health and led to the complete cessation of his psychotic features. At his review in September he was started on an antidepressant, Sertraline, but on reviewing his nursing notes it appears he complained of sexual dysfunction on this and it was stopped. I am not aware if his General Practitioner started him on another antidepressant less likely to induce sexual dysfunction. When he was seen in clinic for the last time in October he had no complains about his mental health. In addition, he vaguely described some epileptic-like features in the form of absences or black-outs lasting from two days to two weeks when he does not know what he is doing. During such periods he can become aggressive and he was investigated by the police for breach of the peace and police assault. The nature of these black-outs is unclear but I recommended in my clinical letter that they would warrant investigation from neurology. He has long-standing problems with alcohol and cannabis use. During our consultations he denied still using alcohol and cannabis. Unfortunately, in October we were made aware by his [redacted] than she put him out of her house as she could not cope with his heavy drinking and stealing her money to finance this. He was advised to declare himself homeless and it is possible he was accommodated out of our area.

In my opinion I do not think his psychotropic medication should be stopped during his operation as the risk of relapse is high especially in times of stress. Antipsychotics can alter blood pressure, usually decreasing it and some antidepressants can increase the risk of bleeding. Nonetheless, these risks are small in comparison to the risk of relapse. I am not aware of significant interactions between Quetiapine and anaesthetic drugs.

INVESTING IN VOLUNTEERS

NHS Confidential: Personal data about a patient

ALISDAIR MACDONALD DOB: 04/02/1986 CHI No: 0402863410
29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB

Mr MacDonald usually tends to deteriorate in times of increased stress therefore psychological support from Health Psychology or the Crisis Team could be appropriate.

Kind regards

Yours sincerely

Authorised on 27/12/2013 09:39:16 by Jamie Lewis.

Dr Adrian Nitu
Speciality Doctor in Psychiatry

Dr JD Curran
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
Ayrshire
KA1 2BD

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: [redacted] data about a patient

Mental Health Services

Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 13/03/2023
Date Dictated: 13/03/2023
Date Typed: 14/03/2023
Our Ref: MT/JMcC
Enquiries to Jenny Taylor
Tel No: 01563 578593
Fax No:

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Diagnosis: **Schizophrenia**
Acute grief reaction (trauma of [redacted] dying in house fire during which he was present in October 2022)

Psychiatric Medication: **Mirtazapine 45mgs nocte**
Quetiapine MR 200mgs once daily
Quetiapine Immediate Release 100mgs nocte

Recommendations/Plan:

I reviewed this man by telephone appointment on 13th March.

Unfortunately he had missed an appointment with his CPN and due to lack of his contacting the Service he was discharged. Mr MacDonald explained to me that the appointment letter had arrived after his appointment and when he received a letter explaining that he had been discharged he did not see the point in making contact as he believed a decision had already been made that he should be discharged.

Mr MacDonald continues to be traumatised by the loss of his [redacted] as this only occurred five months ago he continues to be troubled by nightmares and has been told that he is shouting out in his sleep.

Fortunately his psychosis has not significantly deteriorated. However he does have intermittent thoughts of suicide which include cutting his wrists open in a warm bath. He has been in two minds about this and is unable to describe any clear protective factors. He continues to hear derogatory voices although is able to distinguish these from reality and he also has intermittent thoughts of a paranoid nature which he again is able to control after a period of time.

Mr MacDonald remains at significant risk of deterioration in his mental health which includes risks of increasing psychosis and suicide. I will therefore re-refer him for CPN monitoring of his mental state, which will help inform us as to how he is coping in between his out-patient appointment and whether further adjustments are needed in his medication. I thought he may benefit from Prazosin due to the frequency of nightmares or some night sedation such as Zopiclone but Mr MacDonald is not keen on taking additional medicine at this time. We will therefore continue to monitor these symptoms and can advise him further if necessary.

He does not have a particular preference as to whether he attends the North West Centre or has a phone appointment at his next review and as telephone appointments have a shorter waiting time I will allocate him to this clinic.

Yours sincerely

Authorised on 25/03/2023 12:59:20 by Mike Taylor.

Dr Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil

Mr Gary Ballantyne
Charge Nurse
Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KA3 1NQ

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
Ayrshire
KA1 4QS

Clinic Date: 28/05/2024
Date Dictated: 29/05/2024
Date Typed: 29/05/2024
Our Ref: YN/JT
Enquiries to Ms J Taylor
Tel No: 01563 578593

Dear Alisdair

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Sorry you missed your appointment today.

I have taken over some of Dr Taylor's past patients.

I hope you are doing well and you may have decided you do not need treatment from this clinic. The clinic will send you out a further routine appointment. If you would like to cancel this appointment, or if you would like to request a sooner appointment, or more support, please contact clinic.

This letter has also been sent to your GP.

Yours sincerely

Authorised on 29/05/2024 10:31:06 by Yasmin Nalci.

Dr Yasmin Nalci
Locum Consultant Psychiatrist

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGregor

NHS Ayrshire & Arran

ENT Department
Ward 5B Treatment Room
Level 5 West
Crosshouse Hospital
Telephone:01563 577850
Fax: 01563 577974

Write or attach label

HCR No:
CHI No: 0402863410
Surname: MCDONALD
Forename: ALISTAIR Sex: M
Address:
Date of Birth:

Consultant
- Mr Dempster ☐
- Mr Murray ☐
- Miss Shanks ☐
- Mr Wardrop ☑
- Mr Whymark ☐

Dear Doctor,
Your patient was seen in the ward 5B treatment room on:

Date: 29/05/2013 Time:

By: **NAME**

Consultant	☐	Sister	☐
SpR	☐	ENT Nurse Practitioner	☐
Staff Grade	☐	Head & Neck Cancer Nurse Specialist	☐
FTSTA	☐	Staff Nurse	☐
FY2	☐	Speech & Language Therapist	☐
FY1 (GPST)	☐		

Presenting Complaint: LT NECK ABSCESS
Diagnosis: LT NECK ABSCESS
Treatment: INCISION / DRAINAGE / WICK PACK
Prescribed:

Notes:
AS ABOVE
PATIENT HAPPY FOR WOUND INSPECTION/ DRESSING AT GP.
WICK OUT ON FRIDAY AT GP. SAMPLE SENT OFF FROM ABSCESS. PLEASE CHASE RESULT 3534.

☑No follow up needed
☐Follow up in emergency clinic ☐Mon ☐Tue ☐Wed ☐Thur ☐Fri Date
☐Follow up arranged for Consultant clinic ☐Crosshouse ☐Ayr Date

Harlow 63982dtp

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

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

Emergency Department Discharge Letter

To: JD.CURRAN

Re: **Alisdair Macdonald**
40 BALGRAY AVENUE,KILMARNOCK...
KA1 4QS
DOB: 04/02/1986
ED Attendance No: XH-21-022960-1
CHI No.: 0402863410

Attendance Details
Date of Attendance: 04/06/2021 **Time of Attendance:** 16:37:00
Presenting Complaint: absess on back **Duty Consultant:** Dr Craig McRoberts
Additional Information: No Attendances in Last 12 months:1 Total Number of Attendances:25

Diagnosis Abscess / boil (any skin site),Skin of back,Right

Treatment Advice

Investigations

Discharge Information:

Additional Information 35 YO right upper back abscess I+D in department packed. to see practice nurse on monday for change of dressing.

Discharged by: Eilidh Simpson,Clinical Fellow

page1 of 1

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

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Mental Health Services

Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Mr Gary Ballantyne
Charge Nurse
Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KA3 1NQ

Clinic Date: 13/03/2023
Date Dictated: 13/03/2023
Date Typed: 13/03/2023
Our Ref: MT/MN
Enquiries to Jenny Taylor
Tel No: 01563 578593
Fax No:

Dear Mr Ballantyne

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

You will recall this man who has schizophrenia and his [redacted] died in tragic and traumatic circumstances for Mr MacDonald in a house fire. I note that he was discharged after failing to attend his appointment and Mr MacDonald explained his appointment letter had in fact arrived after the appointment was due. I believe he may have made some brief contact with yourself or the service to explain that at the time. However, by his own admission he was feeling rather demotivated at the time and feeling rather hopeless and helpless and could not believe that nursing input would be particularly beneficial.

Mr MacDonald is now of a different view and is keen to have a more frequent assessment of his mental health in between his outpatient appointments as well as the psychological and emotional support of nursing care. I, therefore, would be grateful if he could be seen for CPN follow up particularly to continue to assess his suicide risk and any fluctuations in his mental health which may require adjustments to his treatment. I have attached a copy of my correspondence to his GP from his recent outpatient review on 13 March which provides some additional information.

Yours sincerely

Authorised on 17/03/2023 16:13:03 by Mike Taylor.

Dr Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

www.nhsaaa.net

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07-Aug-2026
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University Hospitals Division

St John's Hospital at Howden
Outpatient Department 2
Howden Road West
Livingston
West Lothian EH54 6PP

NHS Lothian

Department of Plastic and Reconstructive Surgery

Dr Curran
16 Central Avenue
Kilmarnock
Ayrshire
KA1 4PS

Date First Created 24/02/2014
Date Authorised
Date/Time Printed 24/02/2014 13:36
Our Ref 700684867L
CHI 0402863410

Patient:	Mr Alisdair MacDonald 29 Campbeltown Drive Kilmarnock KA3 1TB	**UHPI:**	700684867L
		Date of Birth:	04/02/1986
Clinic Code:	KJSPSEAR - Ear Reconstruction	**Attendance Date:**	12/02/2014
Specialty:	Plastic Surgery		
Consultant:	Mr KJ Stewart		

Dear Dr Curran,

Alisdair did not attend the Ear Reconstruction Clinic for review today. We do not propose to send a further appointment unless one is requested.

Kind regards.

Yours sincerely

Ken Stewart MD FRCS Ed (Plast)
Consultant Plastic Surgeon

Consultant: Mr M Butterworth
Consultant: Miss PA Russell
Secretary: Mrs L Cook
Tel:01506 523118
Consultant: Mr K Stewart
Consultant:Mr AS Jawad
Secretary: Mrs V Will
Tel:01506 523115
Consultant:MR D Widdowson
Consultant:Mr WD Anderson
Consultant:Mr SA Hamilton
Secretary: Mrs F Mackay
Tel:01506 523116
Consultant: Mr MD Barber
Consultant: Mr WL Lam
Secretary: Mrs K Douglas
Tel:01506 523103
Consultant:Mr CR Raine
Secretary: Mrs J Young
Tel:01506 523108
Consultant:Mrs D Davidson
Secretary: Mrs M Ramsay
Tel:01506 523107
Consultant: Mr H Bahia
Secretary: Mrs R McManus
Tel:01506 523114
Consultant: Mr P Addison
Secretary : Mrs R McManus
Tel : 01506 523114
Consultant: Miss C K Singh
Secretary : Mrs L McCulloch
Tel : 01506 523511

Fax No: 01506 523505

Outpatient Clinic Letter

Additional document
07-Aug-2026
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Pages:

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NHS
Ayrshire & Arran

Mental Health Services

East Ayrshire Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Personal in Confidence
Mr Alisdair MacDonald
40 Balgray Avenue
KILMARNOCK
East Ayrshire
KA1 4QS

Date: 5th May 2023
Ref: DS/DQ
CHI: 0402863410
Enquiries To: Blue HUB
Direct Line: 01563 578592
01290 425947

Dear Mr MacDonald,

As agreed you have now been discharged from my caseload at this time.

Your GP has been informed by copy of this letter.

Therefore, should you require any further input, please contact your GP.

Yours sincerely

Diana Simpson
COMMUNITY MENTAL HEALTH TEAM

CC: Dr John Curran – Old Irvine Road Surgery – 4/8 Old Irvine Road, Kilmarnock, KA1 2BD

www.nhsaaa.net

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07-Aug-2026
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Pages:

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To: JD.CURRAN

University Hospital Crosshouse Emergency Department
Kilmarnock
Crosshouse Hospital
KA2 0BE
Tel: 01563 827751/827762

DUTY CONSULTANT: DR JOANNE MULLIGAN

PATIENT DETAILS

Patient Name	Alisdair Macdonald
CHI Number	0402863410
DOB	04/02/1986
Address	40 BALGRAY AVENUE,KILMARNOCK,,, KA1 4QS
Previous Attendances	No Attendances in Last 12 months: 1Total Number of Attendances:26

ATTENDANCE DETAILS

Arrival Date & Time	24/04/2026 12:18
Presenting Complaint	? carbon monoxide
Diagnosis	
Treatment	
Investigations	X-Ray,Chest X-Ray,Chest
Additional Information	

DISCHARGE DETAILS

Discharge Date & Time	25/04/2026 09:06
Left Department Date & Time	24/04/2026 16:10
	Admitted CAU Medicine
Child Protection	
Adult Protection /Concern Referral?	
Clinician Seen	Hannah Crane,HCrane

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07-Aug-2026
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Pages:

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Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Date of Review: 04/12/2017
Date Dictated: 04/12/2017
Date Typed: 04/12/2017
Our Ref: MH/IS
Enquiries to Irene Sinclair
Tel No: 01563 578548

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK KA1 4QS**
CHI No: 0402863410

Diagnoses: **F33 – Recurrent Depressive Disorder**
F10.2 – History of Alcohol Dependence, currently resolved

Medication: **Mirtazapine 45mg at night**
Quetiapine Modified Release 350mg at night

Changes to Medication following review: **Please reduce Quetiapine Modified Release to 300mg at night**

Follow up Arrangements: **1 Outpatient clinic in six months**
2 I will follow up Community Connector referral

I met with Mr MacDonald for the first time at the North West Kilmarnock Area Centre. He reported himself to be doing "as well as possible". He described recent family stressors including his [redacted] being still born, his [redacted] being in intensive care following the birth and his [redacted] being in the hospice. He said that although none of these impacted directly on him they still affected him. He said that his financial situation had now been sorted out. Mr MacDonald presented as reasonably kempt and rather subdued. His eye contact was intermittent. His speech was low in volume and he did not offer much in terms of spontaneous conversation. However, he responded appropriately to questions and was able to provide a good account of how he had been. He described his sleep as not great but said that he had been eating regularly, possibly as a result of regular visits to his [redacted]

4 December 2017

Dr J D Curran re: Alistair MacDonald 0402863410

He rated his mood as four on a scale from zero to ten and denied any recent pressing suicidal thoughts. He denied any recent regular alcohol intake. In terms of his physical health, he said that recurrent abscesses were getting him down at times but that chronic pain had not been so severe. He told me that since his last appointment he had reduced Quetiapine MR back to 300mg at night as a result of finding it made him rather drowsy. I would be grateful if his prescription could be amended accordingly. I will arrange to review him in the outpatient clinic in six month's time. Mr MacDonald said that he had not received an appointment from the Community Connector yet and was still keen for this support. I will, therefore, chase this up.

Kind regards.

Yours sincerely

Authorised on 08/12/2017 09:19:30 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist

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NHS Confidential: Personal data about a patient

Ferguson, Amy

From: Livingstone, Jim
Sent: 10 November 2022 05:50
To: aa.Clinical_Practice_OldIrvineRoad_80414
Subject: NHS 24 (ooh CONTACT)

RE: AMacD - 0402863410

10:11:2022 03:25:38 ANDREWA.. HAS BEEN MAKING PLANS TODAY.. SUIDICAL THOUGHTS TONIGHT. MAKING PLANS. STATING DOES NOT WANT TO CARRY THEM OUT. [redacted] RECENTLY DIED IN FIRE. HAS CPN. KNOWN TO CMHT. HAS AN APPOINTMENT ON 14/11 WITH CPN GARY BALLANTYNE. HEAD ALL OVER THE PLACE TONIGHT.. HAS PMH OF DEPRESSIVE EPISODES ON QUETIEPINE MIRTAZAPINE AND ZOPLICONE. PREVIOUS UNSUCCESSFUL SUICIDE ATTEMPTS. HAS BEEN SEEN BY A PSYCHIATRIST AND DIRECT INTERVENTIONS TEAM. HAS AGREED TO KEEP SELF SAFE FOR 1 HOUR. CPN TO PHONE

Above transcript from NHS 24.

I returned the call to Alisdair. He remembered f from our recent involvement. Alisdair advised that " I am glad its you ". He advised that he had been having an increase in suicidal thinking and that he was sitting with a sharp knife, he added I understand that this is " stupid". We agreed that ALisdair would put the knife away and that we could take the opportunity to talk. Alisdair had advised that he felt that during our period of recent involvement that he had been unable to " talk with me" but that he always found it difficult to talk and very often " clams up " but he continued that " he probably should have shared more". Alisdair validated this by adding that when he 16 he was admitted to Ailsa Hospital and was treated with some " horrible drug " and he has since been overly cautious of disclosing. He advised that he probably should " share more with Dr Taylor ". He spoke for a long time about his time in childrens home and explored some of the lasting difficulties that this had caused him due to the nature of some of the traumatic events that he had witnessed. He added I probably have some " PTSD ". We spoke positively about his sharing off information, feeling comfortable enough to disclose some of his traumatic experiences and I added that this could be very helpful and he engages with his new CPN, Gary Ballantyne. He added that his mood was still " a little down" and that he was still having some " paranoid thoughts" but to no greater degree that when ICPNT supported him a few weeks ago. Alisdair advised that he was still having some suicidal thinking but would keep himself safe overnight.

We agreed the following.

1) Alisdair would contact services again if requiring further support or feeling unsafe.
2) I would request that duty service make contact tomorrow to establish an update on his presentation.
3) CPN will visit on the 14/11/2022

Kind ReGARDS,

Jim Livingstone
CN - ICPNT

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07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Mental Health Services

Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 12/06/2017
Date Dictated: 13/06/2017
Date Typed: 16/06/2017
Our Ref: AG/JT
Enquiries to Ms J Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Diagnosis: **Depression / Anxiety and also past alcohol dependence, currently in remission.**

Psychiatric Medication: **Mirtazapine 45 mg nocte.**
Quetiapine modified release 350 mg nocte.

Follow up:
1. **Outpatient clinic in 6 months.**
2. **Referral to Financial Inclusion.**
3. **Referral to Community Connectors.**

I saw the above gentleman in the outpatient clinic at the North West Area Centre on 12th June 2017.

He reports that things have been up and down. He states that he is feeling "grumpy anyway" as he has had some physical health difficulties recently. He reports having an abscess on his waist which I believe is recurrent in nature. He also complains of chronic back pain and a cough for approximately one month. I believe that he was due to see yourself in the next couple of days in regards to the above. His housing remains an issue. He states that his housing benefit had started after his [redacted] moved out but payments have been wrong and they have not been backdated to the appropriate time. He has tried attending appointments at the housing office with his family and phoning himself and has also given them written permission to speak to is landlord but this still appears to be an issue. He believes that his landlord has stated that he has now accrued £1800 worth of debt although Alisdair appeared unsure if this was the right figure. He states that his mood is Ok or grumpy. He feels that his sleep is currently difficult secondary to his back and pain from his abscess round his waist.

12th June 2017

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

He reports his appetite as being Ok. in terms of managing his tenancy on his own he states that he does most of his food shopping on line and that his bills are paid direct debt so this is not an issue. During the day he is mainly watching television although does go for the occasional walk. We discussed his previous input with the OT and he states that he felt that he knew the techniques in regards to his anxiety and getting out already. He did however remain keen to increase his structure to his day. He did not have any current thoughts of deliberate self harm or suicide and denied any alcohol or illicit substances.

Impression

Alisdair appeared quite disgruntled secondary to multiple social and physical stressors at present.

Plan

I have not made any changes to his medications at present. I will however refer him to my colleagues in the Financial Inclusion Team in order to try and help sort out the financial issues around his housing and also to the Community Connectors to help with increasing his structure to his day. I will see him again in the outpatient clinic in approximately 6 months.

Yours sincerely

Authorised on 19/06/2017 16:18:12 by Aileen Guthrie.

Dr Aileen Guthrie
Consultant Psychiatrist

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07-Aug-2026
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Pages:

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Department of Radiology

UNIVERSITY HOSPITAL CROSSHOUSE
Medical Imaging Department
CROSSHOUSE
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

RADIOLOGY REPORT

CHI NUMBER: 0402863410 **Examination Number:** 35370541 **Examination Date: 27/06/2017**
Name: MACDONALD, ALISDAIR DOB: 04/02/1986
Address: 40 Balgray Avenue, , Kilmarnock, KA1 4QS -- **CC:** -

Referring Department / Location: Dr G.T. Mulligan
4/6 Old Irvine Road
Kilmarnock
Ayrshire

Ka1 2BD

Referring Consultant: GP Requestor

Date Dictated: 15/07/2017 **Typed by:** (Medica) Dr S Forbat

Examination: XR Chest

Clinical Indication

31yr old smoker with chronic cough and sputum. Examination normal.

Report:

There are increased bronchovascular markings, consistent with smoking history.

No focal consolidation, pleural fluid or evidence of heart failure.

The heart and mediastinal contours are unremarkable.

Dictating Radiologist / Clinical Specialist (Medica) Dr S Forbat GMC 3067985

Verified by: (Medica) Dr S Forbat

Examination Number: 35370541 **Examination Date: 27/06/2017**
Name: MACDONALD, ALISDAIR DOB: 04/02/1986
Dose :- 30.8 cGy cm2

Additional document
07-Aug-2026
Additional: Additional document

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Pages:

NHS Confidential: Personal data about a patient

Ferguson, Amy

From: Taylor, Michael George
Sent: 08 October 2022 12:43
To: aa.Clinical_Practice_OldIrvineRoad_80414
Cc: Livingstone, Jim; Gilmore, [redacted]
Subject: Alistair MacDonald 04/02/86

Dear Dr

I arranged to review this man urgently on Friday 7 October. I had been informed the previous day that his [redacted] had dies in a house fire while Mr MacDonald and his [redacted] were also in the house. He tried to rescue her but her door had swollen during the fire and was jammed.

He has suffered from a Depressive Disorder with psychosis and anxiety outside related to paranoia for at least 9 years since this was diagnosed by his Psychiatrist Dr Lewis. Although he takes quetiapine he has never been fully free of auditory hallucinations of a derogatory nature and in recent months at least their content had been provoking arguments between him and his family. He does not elaborate any further on this.

He also has paranoid delusional beliefs that when he is outside he is at imminent risk of being attacked.

The concern is that he generally does not disclose his psychotic experiences unless asked directly about them and even then he tends to be vague and difficult to fully assess.

I assessed him with Charge nurse CPN Keith Gilmore and did not find any indication of any relapse of illness. He appeared traumatised and described his emotions as coming in waves and generally feeling 'in a haze'.

Due to the traumatic nature of this event and his need for close support as well as monitoring closely for the emergence of increased psychosis and depression including suicidal ideation, I have referred him for close follow up for the next couple of weeks by the Crisis Resolution Team and then after this to a CPN for fortnightly reviews. I have not recommended any change to his medication and he declined the offer of diazepam or a sleeping tablet at this stage. As he is still in the very early stages of trauma and grief, this may change in the coming days and weeks and I would be happy to advise on any prescription changes that may be necessary.

I had dictated a letter for urgent typing yesterday with full details of the assessment and plan but as this has not yet been completed or forwarded to you I have sent this summary by e-mail instead and copied to the CRT and CPN's for their information over the weekend and to share with their colleagues as necessary.

Kind Regards

Dr M Taylor
Consultant Psychiatrist

1

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS Grampian

Dr Rainer Goldbeck
Consultant Liaison Psychiatrist
Department of Psychological Medicine
Old Admin Block (1st Floor) **Upper Hospital**
Royal Cornhill Hospital
Cornhill Road
Aberdeen AB25 2ZH
Direct Line (01224) 557680
Fax No. (01224 557797

NHS Grampian

AG/LL/1648446
RCH: (Psych notes not available at assessment)

Doctors
Springburn Medical Centre
200 Springburn Way
Glasgow
GT1 1TR

CRN: 1648446Q

Date Dictated: 07/02/2010 Date Typed: 10/02/2010

Dear Doctor

Mr Alisdair Macdonald (04/02/1986) 131 Lenzie Terrace, Glasgow, G21 3TN

Date of DSH:	6th February 2010
Nature of DSH:	Overdose of Insulin (120 units)
Date of Assessment:	7th February 2010
Psychiatric Diagnosis:	Acute stress reaction

Circumstances of DSH

I saw Alisdair at the A&E ward at ARI. He told me that the previous night he had been out to the casino with his [redacted] and they had had a few drinks. She returned to her flat. They had an argument over something small and he lost his temper with her. He said that instead of hitting out he turned his anger in on himself and after she had gone to bed he injected himself with her insulin. He states that he did it in a reaction to the distress that he was feeling but that he had no thoughts about trying to end his life. He was in fact surprised at the harm he potentially could have done to himself. When he went to bed she noticed the needle mark on his body and he told her what he had done. She phoned for an ambulance. Today he regrets his actions and has no further thoughts of harming himself. This is the first time he has tried to harm himself in any way.

Relevant Background History

Alisdair described a good upbringing however when he was in secondary school his [redacted] and [redacted] split up and a relative who he was close to died.

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2

He then became a rebellious teenager and drank heavily and got in too trouble. He went to Holland to stay with his [redacted] and became an apprentice spray painter. However he became homesick and came back to Glasgow. He was unemployed for nearly a year but two weeks ago got a job in a call centre in Glasgow. He has his own flat. He has no financial worries. He has been with his [redacted] for a year and a half and she moved to Aberdeen to be closer to her [redacted] He visits her twice a month. He denied illicit drug use. He drinks alcohol to excess at times. When he was unemployed for almost a year he was drinking heavily but has managed to reduce his intake. Now he only goes out occasionally but at those times he tends to binge drink. This affects his judgement. On Saturday night he states that he only drank a few cocktails. He is physically well and enjoys walking and playing sport.

Mental Health Examination

Alisdair denies having had any major problems with his mental health. However he realised that his mood was lower during the time that he was unemployed. He also acknowledged that he was drinking too much and since reducing his intake has felt much better in himself. He states that he sleeps well and his appetite is good. His concentration is fine. He has no symptoms of psychosis and does not experience any anxiety. He denied ever experiencing any suicidal thoughts. He states that sometimes the relationship with his [redacted] can be tense. This is due to some of the problems that she is experiencing and he finds that often when he is with her he is on edge. He said that he went to the surgery when his mood was low and that he has been advised to see a counsellor. He is keen to do this although he realised there may be a long waiting list.

Impression

Alisdair harmed himself impulsively following an argument with his [redacted]. He states that he did not intend to kill himself. He has no further thoughts of harming himself. He is not clinically depressed. He tends to use alcohol to cope with his worries. He has cut down on his consumption a lot recently.

Discharge Plan

I recommended that Alasdair could be discharged from the ward when medically fit. I advised him to contact his GP surgery for review. He states that he is on a waiting list to see a counsellor in Glasgow.

Yours sincerely

Anne Greig

Anne Greig
Liaison Psychiatric Nurse

cc. Records Department, Sub Basement, ARI

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Pages:

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NHS
Greater Glasgow and Clyde

Homeless Health Services
55 Hunter Street
GLASGOW
G4 0UP

Dr. McKeen
Allander Surgery
191 Denmark Street
Glasgow
G22 5SS

Date	01 February 2011
Date Dictated	21 December 2010
Our ref	NT/kb
Direct Line	0141 553 2803
Fax	0141 553 2830
Email	[redacted]

Dear Dr. McKeen,

Re: Alasdair McDonald, No Fixed Abode
D.O.B: 04/02/1986
PIMS: 1953150
CHI No: 0402 863 410

The above referral was forwarded to our service by Springpark Resource Centre at the end of November 2010 as he was staying in homeless accommodation at that point.

I attempted to contact Alasdair on the mobile phone number provided but unfortunately I did not receive a reply. I contacted his caseworker and the [redacted] Centre on a few occasions to be informed that Alasdair last presented as homeless on 25th November 2010. He informed the [redacted] Centre at that time that he was leaving the homeless accommodation provided and intended to go and stay with a friend. He did not leave any forwarding address. I last attempted to contact Alasdair on 8th December 2010 but received no reply and he still had not presented back to homelessness.

Following discussion within the multi disciplinary team I have discharged Alasdair from my caseload. Please do not hesitate to refer in the future should he present back to homelessness and you feel he would benefit from Psychiatric input. Please do not hesitate to contact me if you wish to discuss this further.

Yours sincerely,

Neil Thomson
Community Psychiatric Nurse

Delivering better health
www.nhsggc.org.uk

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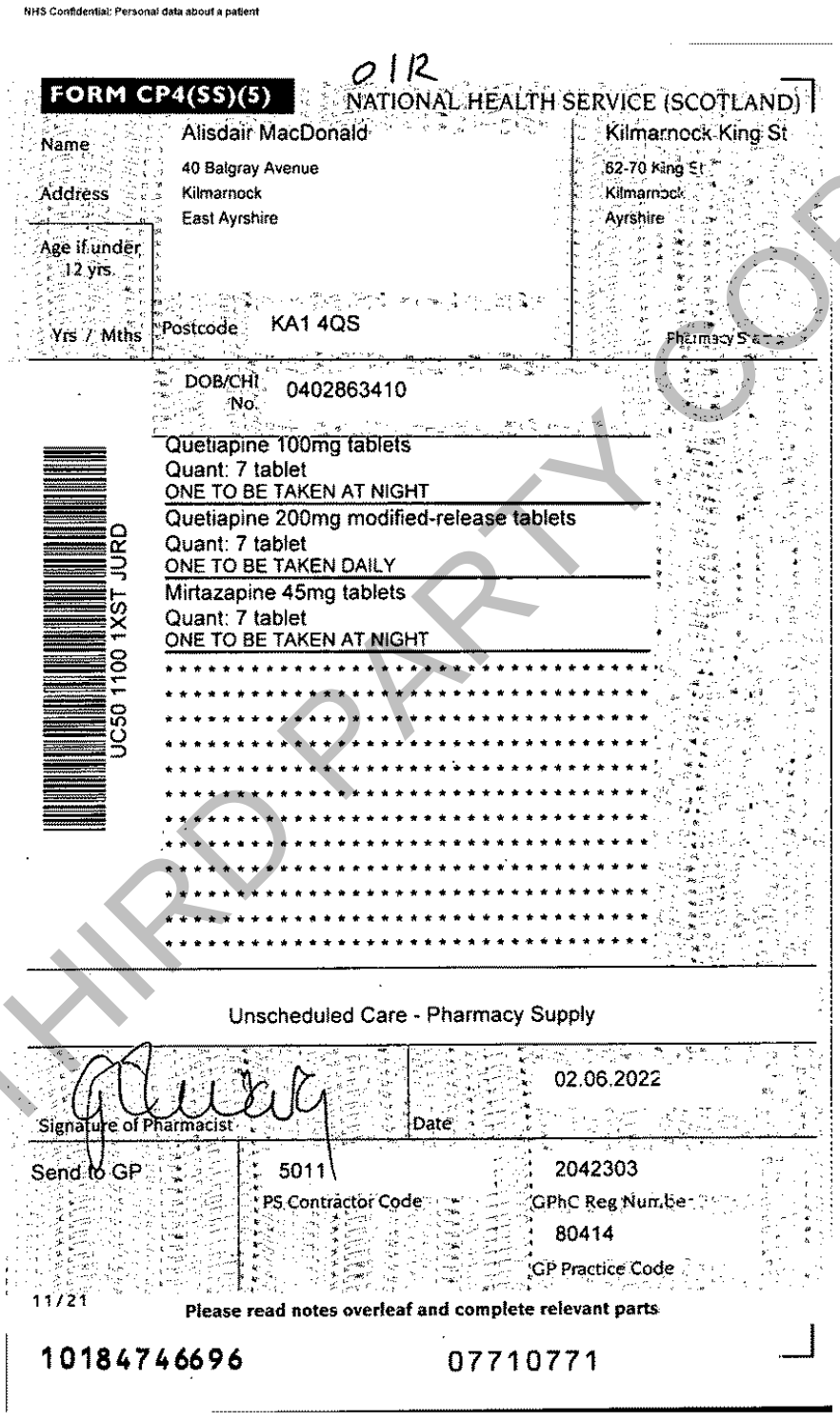

NHS Confidential: Personal data about a patient

FORM CP4(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name: Alisdair MacDonald
Address: 40 Balgray Avenue, Kilmarnock, East Ayrshire
Postcode: KA1 4QS
Age if under 12 yrs: Yrs / Mths
DOB/CHI No: 0402863410

Kilmarnock King St
62-70 King St
Kilmarnock
Ayrshire
Pharmacy S

UC50 1100 1XST JURD

Quetiapine 100mg tablets
Quant: 7 tablet
ONE TO BE TAKEN AT NIGHT

Quetiapine 200mg modified-release tablets
Quant: 7 tablet
ONE TO BE TAKEN DAILY

Mirtazapine 45mg tablets
Quant: 7 tablet
ONE TO BE TAKEN AT NIGHT

Unscheduled Care - Pharmacy Supply

Signature of Pharmacist

Date: 02.06.2022

Send to GP

PS Contractor Code: 5011

GPhC Reg Number: 2042303

GP Practice Code: 80414

11/21

Please read notes overleaf and complete relevant parts

10184746696 07710771

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Confidential - Clinical Information

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
01563 578592

www.nhsaaa.net

NHS Ayrshire & Arran

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Our Ref: YN/KK/
Ref Date: 27/03/2026
Date Dictated: 27/03/2026
Date Typed: 27/03/2026
Enquiries to Kirsty Kinghorn
Direct Line: 01563 578592

Dear Dr Curran,

ALISDAIR MACDONALD	**DOB: 04/02/1986**	**CHI No: 0402863410**
40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS		

Alisdair attended and engaged well. He is suffering ongoing non healing abscesses – could he be seen for a possible surgical referral? He was told to make follow up with you but has been unable when non-urgent.

Could mane Seroquel be reduced to 50mg mane?
He may request this as PRN instead.
We are keen to reduce medication while his mental state is improved as his weight continues to increase.

Further letter to follow.

Please contact clinic if any concerns.

Yours sincerely

Authorised on 27/03/2026 13:42:56 by Typist Kirsty Kinghorn, on behalf of Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

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07-Aug-2026
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Staff Copy Printed 31/10/22 by Sharon Lundie

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (36y) **CHI Number** 0402863410

Gender Male

Ayrshire Mental Health Risk Assessment Framework v3

Centre of Care Intensive CPN Team (E) **Status** Closed

Date of Activity 27 October 2022 14:53 by Mr Jim Livingstone

Form Items

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician
Note: Jim Livingstone C/N - ICPNT

Mental state

Mental state

Amber
Note: Background : Referred to ICPNT for support and monitoring. Alisdair's [redacted] had unfortunately died in a house fire, with Alisdair being in her home at the time. Alisdair had tried to reach his [redacted] room but been unable to open a fire door which had warped and expanded, thus not allowing him entry to her room. Following an urgent review by Dr Taylor he was referred to ICPNT. On arrival today, Alisdair let me into his home. Alisdair was wearing jogging bottoms and t-shirt, he was looking slight unkempt and dishevelled. Although, this has been his appearance throughout our level of support. His home is similarly untidy but has been no different throughout or period of involvement. There was reasonable eye contact throughout and a rapport was established. Alisdair spoke in a low quiet voice of normal rate and rhythm. The content of his speech was logical and easy to follow. His mood both objectively and subjectively was a little on the low side, but his affect was reactive appropriately. He is eating well, and sleep has improved over the last few night with the introduction of some short term Zopiclone. He describes some level level paranoid thoughts and voices, which have not increased in frequency or intensity since the untimely passing of his mum. He feels able to manage these and is not compelled to act upon them. There is no thoughts of self harm or suicidal ideation, no thoughts or plans to harm others. He has long standing issues with anxiety, mostly social anxiety and tends to not " spend much time out of the house ". He described a " panic attack " a number of weeks ago when he was outwith his [redacted] but he returned to the car and was able after a period of time to " bring this under control". He describes ongoing concern for his [redacted] feeling that he is " drinking far too much and might be dependant" During my last visit with Alisdair I had left some [redacted] details for services and Alisdair advises me that his [redacted] has made contact with We are with you and has had a telephone consultation with Alisdair's [redacted] Alisdair advises that this had reassured him " a little".

Engagement

Engagement with services

Green
Note: Engaged well through period of support.

Medication management

Green
Note: Concordant with medication. Quetiapine, Mirtazepine and a short term course of Zopiclone.

Risk of suicide/self-harm

Risk of self-harm

Green
Note: No current thoughts of self harm

Risk of suicide

Green
Note: No current suicidal ideation, plan or intent

MacDonald, Alisdair
Date of Birth 04-Feb-1986 (36y) CHI Number 0402863410

Risk of harm to or from others

Risk of harm to others

Green
Note: No thoughts of harm identified to others.

Abuse issues

Green

Neglect/Vulnerability issues (consider ASP/AWIA)

Green
Note: No issues identified from assessment.

Child protection concerns

Green
Note: No children

Risk from substance misuse

Substance misuse

Green
Note: No issues identified from assessment. Some alcohol following the death of his [redacted] on theTuesday night in the company of his family. But nil since.

Social and personal risks

Support network

Green
Note: Alisdair describes family as close and currently mutually supportive.

Occupation of time

Amber
Note: No real structure top his day. Spend most of his time watching " shit tv". Can become anxious whilst out in the community.

Housing and finances

Green
Note: No issues identified from assessment.

Any other issues

Any other issues

Green

Overall Impression of Risk

Overall Impression of Risk

Amber
Note: Rated amber due to pervasive paranoid thoughts and " voices" low level of intensity and haven't changed during period of supports.

Immediate Risk Management Plan

Immediate Risk Management Plan

Fully discussed and agreed with Alisdair.

1) Discharge from ICPNT
2) Follow up by CMHT - O/P - psychiatry. Refer for CPN as per Dr Taylor recommendation.
3) Has contact details for services over 24/7 and would access if needed.
4) Copy of assessment to GP

Additional document
07-Aug-2026
Additional: Additional document

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NHS Confidential: Personal data about a patient

Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
Ayrshire
KA1 4QS

Clinic Date: 10/01/2025
Date Dictated: 23/01/2025
Date Typed: 23/01/2025
Our Ref: YN/JT/
Enquiries to Ms J Taylor
Tel No: 01563 578593

Dear Alisdair

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Sorry you were not able to attend today's review.

I hope you are doing ok. The clinic will send you out a further appointment. If you would like to reschedule this appointment, or if you would like to request a sooner appointment, or more support, please contact clinic.

I apologise that last review was via phone and next review would be at clinic if you are able to attend.

This letter has also been sent to your GP.

Yours sincerely

Authorised on 23/01/2025 14:22:59 by Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

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Acute Services Division

DEPARTMENT OF COLOPROCTOLOGY

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS Greater Glasgow and Clyde

Clinic 21/02/2011
Dictated 21/02/2011
Typed 22/02/2011
Your Ref
Our Ref JHA/AVF
Direct Dial 0141 211 4793
Fax 0141 211 4880

Consultant Surgeons:
Mr I G Finlay
Dr Ruth E McKee
Mr J H Anderson
Professor P G Horgan

Consultant Radiologist:
Dr F W Poon

Consultant Oncologists:
Dr A McDonald
Dr A Waterston

MR J H ANDERSON'S COLOPROCTOLOGY CLINIC

Dr Margaret Craig
Springburn Health Centre
200 Springburn Way
G21 1TR

Dear Dr Craig

Alistair MacDonald – 04/02/1986 – CHI: 0402863410 – CRN: 64196843A
Glasgow City Council, 14 Clyde Place, Glasgow, G5 8AQ

Your patient was referred to my clinic following his recent drainage of pilonidal abscess. He failed to attend. It may be that his sinus has now settled. No further appointment will be sent unless requested by you.

Yours sincerely

John H Anderson
Consultant Surgeon

Additional document
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NHS Confidential: Personal data about a patient

Accident & Emergency Department
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 07/10/2022
Date Dictated: 07/10/2022
Date Typed: 07/10/2022
Our Ref: MT/JT
Enquiries to Ms J Taylor
Tel No: 01563-578593

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Diagnosis: **Recurrent Depressive Disorder with psychotic features.**
History of alcohol dependence.

Psychiatric Medication: **Quetiapine MR 200 mg daily**
Quetiapine immediate release 100 mg nocte
Mirtazapine 45 mg nocte.

Changes to Medication Following Review: **Nil**

Recommendations/Plan: **Refer to ICPNT (Intensive CPN Team)**
Refer for CPN follow up once ICPNT no longer involved.
Outpatient review as required according to nursing assessments.

I arranged to see this man on an urgent basis at the North West Area Centre on 7th October 2022.

I had been informed the previous day from the Duty Nurses, that there had been a fire at Mr MacDonald's [redacted] home. At the time his [redacted] and Ms MacDonald were in the house as he had decided to sleep over that night. In the early hours of the morning, the smoke alarm sounded and he eventually realised that there was smoke in the house. A fire had taken hold in his [redacted] bedroom, the door had swollen and they could not open the door to rescue her. His [redacted] tragically died in the incident.

The incident appears to have occurred around Sunday or Monday 3rd October and since then Mr MacDonald has been [redacted] his [redacted] and more recently with his [redacted]

7th October 2022

Alisdair MacDonald **40 Balgray Avenue, Kilmarnock, Ayrshire, KA1 4QS**
CHI No: 0402863410

His [redacted] has COPD and mobility issues and Mr MacDonald does not have a downstairs toilet at his own home. They have therefore decided to stay together at his [redacted] home.

Mr MacDonald said that he drank alcohol heavily the night after the fire but since then has not had any alcohol. He describes himself as being in a state of shock, describing his thoughts as being in a haze and his emotions coming in waves. He denied any indication of any recurrence of his symptoms of depression such as suicidal ideation. Instead he describes his emotions as ranging from anger as his [redacted] appears to have been smoking in bed and also concern for his [redacted] wellbeing.

Mr MacDonald has residual psychotic symptoms which again do not appear to have worsened so far. He hears 1 or more voices which are of a derogatory nature and say offensive things to him. The voices also seem to say things about his family which can trigger arguments with members of his family. In addition he continues to have social anxiety which is affected by paranoid delusional beliefs that people outside may harm him.

I asked Mr MacDonald about his current medication and he appears to be fully compliant. We talked about the options of increasing antipsychotic medicines as a protective measure and also the possibility of trying to alleviate some of his distress with Diazepam or some sleeping tablets. However he does not current feel that he requires any additional medicine or increased doses and I suggested instead that we monitor his illness closely over the next couple of weeks or more. He is clearly at risk of an escalation of his psychosis and depressive symptoms including suicidal ideation and I have therefore referred him to ICPNT. His family have phoned the service as they are concerned about his state of mind and he appears to be staring into space for much of the time.

I will continue to liaise with ICPNT and I am open to altering his medication if and when required. I will of course keep you updated on any other significant developments.

Yours sincerely

Authorised on 10/10/2022 16:37:18 by Mike Taylor.

Dr Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil

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Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 25/05/2022
Date Dictated: 25/05/2022
Date Typed: 06/06/2022
Our Ref: MT/JT
Enquiries to Ms J Taylor
Tel No: 01563-578593

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Diagnoses: **Recurrent Depressive Disorder, together with severe social anxiety**
History of alcohol dependence.

Psychiatric Medication: **Quetiapine MR 200 mg**
Quetiapine Immediate Release 100 mg nocte
Mirtazapine 45 mg nocte

Changes to Medication Following Review: **Nil**

Recommendations/Plan: **Outpatient review in 6 months.**

I reviewed this man at the North West Centre on 25th May 2022.

The switch to immediate release Quetiapine has been very helpful in managing his insomnia. He is sleeping much better and as a consequence he feels that his mental health overall has improved. He remains avoidant of social and public places, but feels quite content that he can manage situations fairly well.

We had a long discussion about avoidance behaviours and the role of graded exposure in bringing about longer lasting improvements in anxiety. He is mindful of this and intends to attempt to put some of this into action himself over the next 6 months. We will then review the situation and consider whether involving a therapist may be of some help for example with a CBT approach. In the meantime the combination of medicines appear to have been successful in managing his depression and anxiety and I have not recommended any changes at this point.

Yours sincerely

Authorised on 20/06/2022 17:32:25 by Mike Taylor.

Dr Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil

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NHS Confidential: Personal data about a patient

NHS Ayrshire & Arran Dr JD Curran The Surgery Old Irvine Road Surgery 4/6 Old Irvine Road Kilmarnock KA1 2BD	CHI No: 0402863410 Patient Name: Alisdair MacDonald Address: 25 Waddell Court, Kilmarnock, Ayrshire, KA3 2EB DOB:04/02/1986 Sex: Male

DATE	SURGEON	ANAESTHETIST
04/05/2026	MISS EI EI KHINE	DR JAMIE WARDLAW

OPERATION PERFORMED
INCISION OF INTERCOSTAL DRAINAGE TUBE LEFT

INDICATION
Left side pneumorothax.

DESCRIPTION OF PROCEDURE
Under aseptic conditions under sedation the initial channelling was done and usual preparation with Chlorhexidine solution and proper draping. The previous Seldinger chest tube drainage which was not functioning was removed at the 5th intercostal space mid-axillary line. Local anaesthesia was infiltrated by using 5% Levobupivacaine through the skin, subcutaneous tissue in the intercostal muscle and also the lower part of the upper rib as an intercostal block. After the skin, subcutaneous tissue and the intercostal muscle were separated by using the robert clamp by blunt dissection and after that finger swapping on adhesions and then the chest tube was inserted. We tried to put the chest tube to the apical position but we could not have find a space for the cephalid position due to some adhesions and so left the tip of the intercostal drain directed to caudal and then secured with a drain suture then a dressing applied. The drain was conducted with an under water drainage system and the column was moving. A small bubble was coming out also maybe due to the underlying pathology of the spontaneous bullae rupture. After that a chest X-Ray was done and the tube was in a satisfactory position.

POST-OPERATIVE INSTRUCTIONS
1. Keep the chest drain conncectd with under water drainage system
2. Patient to return to the Medical HDU

Authorised on 08/05/2026 09:19:47 by Ei Ei Khine.

Signature: Ei Ei Khine
Speciality Doctor in General Surgery
GMC: 7916807

EEK/CR/NH

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NHS Confidential: Personal data about a patient

Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Date Dictated: 20/07/2018
Date Typed: 23/07/2018
Our Ref: MH/IS
Enquiries to Irene Sinclair
Tel No: 01563 578548

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK KA1 4QS**
CHI No: 0402863410

Further to my letter dated 5 June 2018, Mr MacDonald's [redacted] telephoned me on 20 July 2018 with Alisdair in her company to say that he had tried reducing Quetiapine and was struggling with poor sleep and increased agitation. She said that he was keen to revert to his previous dose of 300mg daily in Modified Release form and I have no objection to this. I would be grateful if his prescription could be amended accordingly and I will arrange to review him in August, as previously planned.

Kind regards.

Yours sincerely

Authorised on 26/07/2018 11:48:49 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist

Additional document
07-Aug-2026
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NHS Confidential: Personal data about a patient

Community Connector Referral Form

Patient Details:

Phone number: [redacted]

CHI: 0402863410
MacDonald, Alisdair
48 Baigray Avenue
Kilmarnock
KA1 4QS
04/02/1986
Dr JD Curran
HRN: 0402863410

Date of Birth: 4/2/86.

Referred by: DR GUTHRIE **Date:** 13/6/17

Patient consent to contact? (Yes) - No

Reason for referral and brief summary of circumstances

DIAGNOSIS OF DEPRESSION & ANXIETY. MOOD RELATIVELY STABLE - POOR STRUCTURE & LIMITED ACTIVITIES TO HIS DAY.

Any other relevant information/risk factors

CVO (East Ayrshire)
Scottish [redacted] SC024931
Registered Company: SC247449

East Ayrshire Health & Social Care Partnership

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NHS Confidential Personal data about a patient

Ayrshire Doctors On Call

adastra

1 Patient Contacts for Old Irvine Road Surgery

Patient : Alisdair Macdonald

(Gender: Male) (DOB: 04/02/1986) (Age: 36 years) (CHI: 0402863410)

Case No 11945 **Case Date** 10/11/2022 03:24
Own Dr Curran, J D

Emergency Care Summary viewed on case

Current Address
40 Balgray Avenue Kilmarnock

KA1 4QS
Current Phone [redacted]

Home Address (If Different)

Home Phone (If Different)

Case Type Outside Agency
Priority On Reception Within 1 Hour

NHS 24 Advice by [redacted] (Call Taker Si) ()
Clinical summary created by: Afan[redacted] (Call Taker Si) () [10/11/2022 03:48:04]
Reason for call: SUICIDAL ONGOINGConfirmed Symptom(s):
No Confirmed Symptoms
10:11:2022 03:25:38 ANDREWA.. HAS BEEN MAKING PLANS TODAY.. SUIDICAL THOUGHTS TONIGHT. MAKING PLANS. STATING DOES NOT WANT TO CARRY THEM OUT. [redacted] RECENTLY DIED IN FIRE. HAS CPN. KNOWN TO CMHT. HAS AN APPOINTMENT ON 14/11 WITH CPN [redacted] BALLANTYNE. HEAD ALL OVER THE PLACE TONIGHT... HAS PMH OF DEPRESSIVE EPISODES ON QUETIEPINE MIRTAZAPINE AND ZOPLICONE. PREVIOUS UNSUCCESSFUL SUICIDE ATTEMPTS. HAS BEEN SEEN BY A PSYCHIATRIST AND DIRECT INTERVENTIONS TEAM. HAS AGREED TO KEEP SELF SAFE FOR 1 HOUR. CPN TO PHONE 1 HR... ADVICE FROM NP[redacted] LOGUE..
Outcome: CPN (Dr) to phone patient within 1 Hr

Triage Start 03:25
Triage End 03:48

Case Questions

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

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

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics: Report produced by Adastra Version 3 - 10/11/2022 06:36:15

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

MacDonald, Alisdair **CHI Number** 0402863410 **Date of Birth** 04-Feb-1986 (38y)
Sex Male

Generic Mental Health Assessment

Date of Activity 22 August 2024 10:41 by Kerry Patterson **Status** Closed
Centre of Care East Ayrshire CMHT

Presentation

Source of current referral

Other NHS

Note: Dr Nalci, Consultant Psychiatry

Date referral received

Assessment type

New

Patient agreed to carer being involved in treatment?

Not applicable

Current medication

Current prescription: mirtazapine 45mg, Quetiapine XR 200mg and 100mg IR nocte

Crisis arrangements

Alisdair reminded he can contact CMHT or NHS24 should he require additional support with his mental health.

Summary of strengths, goals and aspirations

Alisdair would like to develop some skills to manage his current anxiety levels and notice an improvement in his sleep. He would like to work towards long term goals of more social interaction and activities to fill his day.

Has Care Programme Approach been considered?

Yes

Note: Considered, but not clinically indicated at this time.

Has the Adult Support and Protection Act been considered?

Yes

Note: Considered, but not clinically indicated at this time.

Has the Mental Health Act been considered?

Yes

Note: Considered, but not clinically indicated at this time.

MacDonald, Alisdair CHI Number 0402863410 Date of Birth 04-Feb-1986 (38y)
Sex Male

Has Adults with Incapacity Act been considered?

Yes

Note: Considered, but not clinically indicated at this time.

Advanced Statement

Advanced Statement in place?

No

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

Not recorded

Named Person

Named Person identified?

No

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

Not recorded

Summary of Assessment

Summary of Assessment

Alisdair attended his scheduled appointment, with his [redacted] waiting in the waiting room. SHW [redacted] was also present during contact for care planning purposes.

Objectively, Alisdair was dressed in casual jogger bottoms and a tshirt - he appeared to have spilled some food down the front of his clothing and they were evidently uncleaned. He presented with a long, unkempt beard. Alisdair engaged with poor eye contact, often looking at the floor throughout contact. Initially, Alisdair appeared slightly verbally hostile when speaking about his displeasure at having received a phone consultation from Dr Nalci, however, he was easily redirected. His speech was otherwise normal in rate, tone, rhythm and volume. No visible evidence of agitation or motor abnormalities. No evidence that Alisdair was experiencing or responding to psychotic symptoms at the time of contact. No evidence that Alisdair was under the influence of substances or that his capacity or judgement would have been otherwise impaired.

Alisdair has a diagnosis of recurrent depressive disorder with psychotic symptoms. Alisdair advised he felt he needed help as he had noticed a worsening in his low motivation. Advised he was struggling with his ability to complete ADLs and would not regularly complete this. He reported an increase in experiencing 'intrusive thoughts' which he appeared reluctant to disclose. He did advised that these thoughts were not of the nature to harm himself or other people. He advised that these thoughts are in the form of an older males voice - he is unsure if he can identify who this voice belongs to. Alisdair appears to have insight that this is a thought and has been able to ignore these thoughts to date. He disclosed a history of alcohol misuse, but has not struggled with this since 2013. Alisdair reports the thoughts will occasionally encourage him to drink alcohol, but that he is aware of the negative effects of same.

Alisdair reports that during previous psychotic episodes, he has had the belief he could speak to his dog and his dog could speak back to him. He advised that this was negative in nature, with his dog advising him to harm people who had harmed him in the past but that he ultimately had not done so. Alisdair denies having experienced anything similar since commencing medication.

Current prescription: mirtazapine 45mg, Quetiapine XR 200mg and 100mg IR nocte. Alisdair reports he has noticed a worsening in his sleep when his medication changed from Seroquel to a generic brand of Quetiapine due to medication shortages. Reports he is currently not sleeping for sometimes 2/3 days at a time, and when he does sleep, it is for short periods only. Alisdair reports he believes this is contributing greatly to his worsening mood and motivation and

increase in his reported intrusive thoughts.

Alisdair reported experiencing severe anxiety symptoms: vomiting before leaving the home, shaking, sweating, feeling hot, feeling breathless. Alisdair reports this stops him from leaving his home largely. He advised that he used to enjoy long walks daily but feels too anxious to do this. Reports being unable to use a bus without support from his [redacted] shopping is received via online deliveries. Reports that listening to music on noise cancelling headphones can reduce anxiety.

Alisdair denies any thoughts, plans or intents of suicide. Alisdair denies any thoughts, plan or intent of self-harm. He denies any history of self-harm, but reported historic alcohol misuse which he now perceives as being a form of self-harm. Alisdair reports he has not drank alcohol to excess for a number of years.

Initially during assessment, Alisdair was verbally hostile towards his recent phone consultation with Dr Nalci, advising he had been unsatisfied with having a phone consultation as opposed to face to face.

When asked if Alisdair had experienced any thoughts to harm others, he advised 'not for some time' however, was reluctant and did not answer what the nature of these thoughts had been.

Noted from 2013: "No current risk perceived by visiting staff. Alistair did inform staff that he has had previously served time in prison in Holland (5 months) for stabbing his [redacted] Has subsequent charges for Breach of the Peace, assault and resisting arrest - no current charges pending or involvement with criminal justice."

Due to vague answers, verbal hostility and documented history of violence, Alisdair will initially be seen by 2x clinicians in a clinic setting to allow for ongoing assessment of risk.

PLAN:
- Period of CPN input for anxiety management work
- Long term goal to work towards attending the Morven Centre for social purposes
- CPN to email Dr Nalci for advice re: short term sleeping aid
- Next appt: Fri 13th Sept at 1330 NWKAC
- Assessment sent to GP

Ayrshire Mental Health Risk Assessment Framework

Mental state

Mental state

Amber

Note: Objectively, Alisdair was dressed in casual jogger bottoms and a tshirt - he appeared to have spilled some food down the front of his clothing and they were evidently uncleaned. He presented with a long, unkempt beard. Alisdair engaged with poor eye contact, often looking at the floor throughout contact. Initially, Alisdair appeared slightly verbally hostile when speaking about his displeasure at having received a phone consultation from Dr Nalc however, he was easily redirected. His speech was otherwise normal in rate, tone, rhythm and volume. No visible evidence of agitation or motor abnormalities. No evidence that Alisdair was experiencing or responding to psychotic symptoms at the time of contact. No evidence that Alisdair was under the influence of substances or that his capacity or judgement would have been otherwise impaired. Alisdair has a diagnosis of recurrent depressive disorder with psychotic symptoms. Alisdair advised he felt he needed help as he had noticed a worsening in his lov motivation. Advised he was struggling with his ability to complete ADLs and would not regularly complete this. He reported an increase in experiencing 'intrusive thoughts' which he appeared reluctant to disclose. He did advised that these thoughts were not of the nature to harm himself or other people. He advised that these thoughts are in the form of an older males voice - he is unsure if he can identify who this voice belongs to. Alisdair appears to hav insight that this is a thought and has been able to ignore these thoughts to date. He disclosed a history of alcohol misuse, but has not struggled with this since 2013. Alisdair reports the thoughts will occasionally encourage him to drink alcohol, but that he is aware of the negative effects of same. Alisdair reports that during previous psychotic episodes, he has had the belief he could speak to his dog and his dog could speak back to him. He advised that this was negative in nature, with his dog advising him to harm people who had harmed him in the past but that he ultimately had not done so. Alisdair denies having experienced anything similar since commencing medication. Current prescription: mirtazapine 45mg, Quetiapine XR 200mg and 100mg IR nocte. Alisdair reports he has noticed a worsening in his sleep when his medication changed from Seroquel to a generic brand of Quetiapine due to medication shortages. Reports he is currently not sleeping for sometimes 2/3 days at a time, and when he does

sleep, it is for short periods only. Alisdair reports he believes this is contributing greatly to his worsening mood and motivation and increase in his reported intrusive thoughts. Alisdair reported experiencing severe anxiety symptoms vomiting before leaving the home, shaking, sweating, feeling hot, feeling breathless. Alisdair reports this stops him from leaving his home largely. He advised that he used to enjoy long walks daily but feels too anxious to do this. Reports being unable to use a bus without support from his brother, shopping is received via online deliveries. Reports that listening to music on noise cancelling headphones can reduce anxiety. Alisdair denies any thoughts, plans or intents of suicide. Alisdair denies any thoughts, plan or intent of self-harm. He denies any history of self-harm, but reported historic alcohol misuse which he now perceives as being a form of self-harm. Alisdair reports he has not drank alcohol to excess for a number of years. Initially during assessment, Alisdair was verbally hostile towards his recent phone consultation with Dr Nalci, advising he had been unsatisfied with having a phone consultation as opposed to face to face. When asked if Alisdair had experienced any thoughts to harm others, he advised 'not for some time' however, was reluctant and did not answer what the nature of these thoughts had been. Noted from 2013: "No current risk perceived by visiting staff. Alistair did inform staff that he has had previously served time in prison in Holland (5 months) for stabbing his [redacted] Has subsequent charges for Breach of the Peace, assault and resisting arrest - no current charges pending or involvement with criminal justice." Due to vague answers, verbal hostility and documented history of violence, Alisdair will initially be seen by 2x clinicians in a clinic setting to allow for ongoing assessment of risk.

Engagement

Engagement with services

Green

Note: No issues identified. Alisdair previously missed a CPN appointment and was discharged due to non-engagement but he advised that he did not receive an appointment letter for this appointment.

Medication management

Green

Note: No issues identified.

Risk of absconding

Green

Note: Lives in the community on an informal basis.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: Alisdair denies any thoughts, plan or intent of self-harm. He denies any history of self-harm, but reported historic alcohol misuse which he now perceives as being a form of self-harm. Alisdair reports he has not drank alcohol to excess for a number of years.

Risk of suicide

Green

Note: Alisdair denies any thoughts, plans or intents of suicide.

Risk of harm to or from others

Risk of harm to others

Amber

Note: Initially during assessment, Alisdair was verbally hostile towards his recent phone consultation with Dr Nalci,

advising he had been unsatisfied with having a phone consultation as opposed to face to face. When asked if Alisdair had experienced any thoughts to harm others, he advised 'not for some time' however, was reluctant and did not answer what the nature of these thoughts had been. Noted from 2013: "No current risk perceived by visiting staff. Alistair did inform staff that he has had previously served time in prison in Holland (5 months) for stabbing his [redacted] Has subsequent charges for Breach of the Peace, assault and resisting arrest - no current charges pending or involvement with criminal justice." Due to vague answers, verbal hostility and documented history of violence, Alisdair will initially be seen by 2x clinicians in a clinic setting to allow for ongoing assessment o risk.

Abuse issues

Green

Note: Alisdair alluded to 'someone doing bad things to me' in the past but did not definitively disclose a history of abuse.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: Reports struggling with motivation with ADLs at present, however, no requirement for escalation at time of assessment as Alisdair has recognised this as a goal to work towards.

Child protection concerns

Green

Note: Alisdair denied any dependant children or childcare responsibilities.

Child well-being concerns

Green

Note: Alisdair denied any dependant children or childcare responsibilities.

Risk from substance misuse

Substance misuse

Green

Note: Alisdair disclosed that he had previously misused alcohol to excess but was supported by Momentum and Addaction to reduce this. *He advised that he 'very occasionally' will consume alcohol, but advised that in general,* he has no desire to. As an example, Alisdair disclosed that he and his [redacted] had bought a mint rum to make mojito cocktails at a barbeque, however, he has not opened this since he bought it around 6 months ago. Alisdair advised that he occasionally experiences 'intrusive thoughts' to drink alcohol, but has managed to avoid this due t being aware of the negative effects of alcohol. From 2013 notes: Admission in 2011 to Ailsa was suggested to be drug induced , which Alistair denied. He current denies any substance use. He suggest that he has used alcohol i the past when experiencing symptoms of illness. Today admitted drinking heavily over past few weeks, 'whatever I can get my hands on' and admitting this has been a problem in varying degrees for many years. Stole money from [redacted] at weekend for alcohol.

Social and personal risks

Support network

Green

Note: Alasdair lives on his own but he visits regularly with his [redacted] who lives close by. He advised that he stays over with his [redacted] and his [redacted] every Wednesday and at the weekend. Alasdair was previously well supported by his [redacted] but she passed away in a house fire in 2022.

MacDonald, Alisdair CHI Number 0402863410 Date of Birth 04-Feb-1986 (38y)
Sex Male

Physical health

Green

Note: Alisdair reports significant weight gain since commencing Quetiapine a number of years ago. Reports no other physical health concern.

Occupation of time

Amber

Note: Alisdair reports little to no structure or routine in his daily life. Advised he wakes around 0930am most days, struggles with motivation and cannot complete ADLs. Reports filling his day by watching TV or playing games on his phone - however, he denied getting any enjoyment from this and that they just 'fill the time.' Alisdair reports tha he stays overnight with his [redacted] on Wednesdays at the weekend and enjoys growing vegetables in his [redacted] garden.

Housing and finances

Green

Note: Reports no financial concerns. Lives in a private let and reports his hob has broken but his landlord refuses to fix this. Alisdair advised he is reluctant to move from the tenancy as he enjoys the garden in his flat.

Any other issues

Any other issues

Not recorded

Overall Impression of Risk

Overall Impression of Risk

Amber

Note: Risked rated as AMBER due to: - Psychotic illness diagnosis - Poor sleep pattern - Worsening anxiety symptoms - Recent traumatic bereavement - History of violent offense

Immediate Risk Management Plan

Immediate Risk Management Plan

PLAN:
- Period of CPN input for anxiety management work
- Long term goal to work towards attending the Morven Centre for social purposes
- CPN to email Dr Nalci for advice re: short term sleeping aid
- Next appt: Fri 13th Sept at 1330 NWKAC
- Assessment sent to GP

Gender Based Violence Assessment

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

No - Not appropriate due to other clinical priority

Gender Based Violence Disclosure Assessment (ONLY COMPLETE THIS SECTION IF ANSWERED YES (OUTCOME:VICTIM) ABOVE, FOR ALL OTHER ANSWERS LEAVE AS 'NOT APPLICABLE')

MacDonald, Alisdair CHI Number 0402863410 Date of Birth 04-Feb-1986 (38y)
Sex Male

What type of GBV is involved

Not applicable

Is abuse current or past or both?

Not applicable

Describe the relationship between the service user and the perpetrator

Not applicable

What is the sex of perpetrator(s)?

Not applicable

Response to disclosure

Referred to other specialist service

Not applicable

Information given on local services

Not applicable

Shared information with other health professional

Not applicable

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

Not applicable

Safety planning discussed

Not applicable

Child protection procedures initiated

Not applicable

Adult protection procedures initiated

Not applicable

No further action required

Not applicable

Documented plan in case record

Not applicable

Revisit enquiry at a later date

Not applicable

Has consent been given to share this information with GP?

MacDonald, Alisdair CHI Number 0402863410 Date of Birth 04-Feb-1986 (38y)
Sex Male

Not applicable

Mental health and well-being

Mental health and well-being strengths/needs identified?

Yes

Behaviour

Aggressive behaviour

Not known

Suspicious or accusatory behaviour

Not known

Eating problems

Not known

Wandering

Not known

Overactivity

Not known

Odd, inappropriate or unacceptable behaviour

Not known

Cognition

Memory

Not known

Attention and concentration

Not known

Understanding

Not known

Expression

Not known

Mental health

Thought disorganisation

Not known

MacDonald, Alisdair CHI Number 0402863410 Date of Birth 04-Feb-1986 (38y)
Sex Male

Delusions

Not known

Hallucinations and other perceptual abnormalities

Not known

Elated or expansive mood

Not known

Depressed mood and ideation

Not known

Obsessional ideas and compulsive behaviour

Not known

Intrusive ideation

Not known

Anxiety, phobias and panics

Not known

Somatic preoccupations

Not known

Lowering of energy, drive or interest

Not known

Self-esteem

Not known

Sleep disturbance

Not known

Involvement in treatment and care

Not recorded

Mental health and well-being summary

Mental health and well-being summary

Alisdair attended his scheduled appointment, with his [redacted] waiting in the waiting room. SHW [redacted] was also present during contact for care planning purposes.

Objectively, Alisdair was dressed in casual jogger bottoms and a tshirt - he appeared to have spilled some food down the front of his clothing and they were evidently uncleaned. He presented with a long, unkempt beard. Alisdair engaged with poor eye contact, often looking at the floor throughout contact. Initially, Alisdair appeared slightly verbally hostile when speaking about his displeasure at having received a phone consultation from Dr Nalci, however, he was easily redirected. His speech was otherwise normal in rate, tone, rhythm and volume. No visible evidence of agitation or

motor abnormalities. No evidence that Alisdair was experiencing or responding to psychotic symptoms at the time of contact. No evidence that Alisdair was under the influence of substances or that his capacity or judgement would have been otherwise impaired.

Alisdair has a diagnosis of recurrent depressive disorder with psychotic symptoms. Alisdair advised he felt he needed help as he had noticed a worsening in his low motivation. Advised he was struggling with his ability to complete ADLs and would not regularly complete this. He reported an increase in experiencing 'intrusive thoughts' which he appeared reluctant to disclose. He did advised that these thoughts were not of the nature to harm himself or other people. He advised that these thoughts are in the form of an older males voice - he is unsure if he can identify who this voice belongs to. Alisdair appears to have insight that this is a thought and has been able to ignore these thoughts to date. He disclosed a history of alcohol misuse, but has not struggled with this since 2013. Alisdair reports the thoughts will occasionally encourage him to drink alcohol, but that he is aware of the negative effects of same.

Alisdair reports that during previous psychotic episodes, he has had the belief he could speak to his dog and his dog could speak back to him. He advised that this was negative in nature, with his dog advising him to harm people who had harmed him in the past but that he ultimately had not done so. Alisdair denies having experienced anything similar since commencing medication.

Current prescription: mirtazapine 45mg, Quetiapine XR 200mg and 100mg IR nocte. Alisdair reports he has noticed a worsening in his sleep when his medication changed from Seroquel to a generic brand of Quetiapine due to medication shortages. Reports he is currently not sleeping for sometimes 2/3 days at a time, and when he does sleep, it is for short periods only. Alisdair reports he believes this is contributing greatly to his worsening mood and motivation and increase in his reported intrusive thoughts.

Alisdair reported experiencing severe anxiety symptoms: vomiting before leaving the home, shaking, sweating, feeling hot, feeling breathless. Alisdair reports this stops him from leaving his home largely. He advised that he used to enjoy long walks daily but feels too anxious to do this. Reports being unable to use a bus without support from his [redacted] shopping is received via online deliveries. Reports that listening to music on noise cancelling headphones can reduce anxiety.

Alisdair denies any thoughts, plans or intents of suicide. Alisdair denies any thoughts, plan or intent of self-harm. He denies any history of self-harm, but reported historic alcohol misuse which he now perceives as being a form of self-harm. Alisdair reports he has not drank alcohol to excess for a number of years.

Initially during assessment, Alisdair was verbally hostile towards his recent phone consultation with Dr Nalci, advising he had been unsatisfied with having a phone consultation as opposed to face to face.

When asked if Alisdair had experienced any thoughts to harm others, he advised 'not for some time' however, was reluctant and did not answer what the nature of these thoughts had been.

Noted from 2013: "No current risk perceived by visiting staff. Alistair did inform staff that he has had previously served time in prison in Holland (5 months) for stabbing his [redacted] Has subsequent charges for Breach of the Peace, assault and resisting arrest - no current charges pending or involvement with criminal justice."

Due to vague answers, verbal hostility and documented history of violence, Alisdair will initially be seen by 2x clinicians in a clinic setting to allow for ongoing assessment of risk.

PLAN:
- Period of CPN input for anxiety management work
- Long term goal to work towards attending the Morven Centre for social purposes
- CPN to email Dr Nalci for advice re: short term sleeping aid
- Next appt: Fri 13th Sept at 1330 NWKAC
- Assessment sent to GP

Alcohol or substance misuse

Alcohol/substance misuse strengths/needs identified?

Not recorded

Alcohol misuse

MacDonald, Alisdair CHI Number 0402863410 Date of Birth 04-Feb-1986 (38y)
Sex Male

Not recorded

Misuse of prescribed drugs

Not recorded

Misuse of non-prescribed drugs

Not recorded

Alcohol/substance misuse summary

Alcohol/substance misuse summary

Alisdair disclosed that he had previously misused alcohol to excess but was supported by Momentum and Addaction to reduce this. He advised that he 'very occasionally' will consume alcohol, but advised that in general, he has no desire to. As an example, Alisdair disclosed that he and his [redacted] had bought a mint rum to make mojito cocktails at a barbeque, however, he has not opened this since he bought it around 6 months ago. Alisdair advised that he occasionally experiences 'intrusive thoughts' to drink alcohol, but has managed to avoid this due to being aware of the negative effects of alcohol.

From 2013 notes:
Admission in 2011 to Ailsa was suggested to be drug induced , which Alistair denied.
He current denies any substance use.
He suggest that he has used alcohol in the past when experiencing symptoms of illness.
Today admitted drinking heavily over past few weeks, 'whatever I can get my hands on' and admitting this has been a problem in varying degrees for many years.
Stole money from [redacted] at weekend for alcohol.

Forensic/Criminal

Forensic/criminal

Noted from 2013: "No current risk perceived by visiting staff. Alistair did inform staff that he has had previously served time in prison in Holland (5 months) for stabbing his [redacted] Has subsequent charges for Breach of the Peace, assault and resisting arrest - no current charges pending or involvement with criminal justice."

Due to vague answers, verbal hostility and documented history of violence, Alisdair will initially be seen by 2x clinicians in a clinic setting to allow for ongoing assessment of risk.

Physical

Physical health and well-being strength/needs identified?

Not recorded

Physical impairment or disability

Not recorded

Physical health condition

Not recorded

Long term physical health conditions

Not recorded

Long term condition

MacDonald, Alisdair CHI Number 0402863410 Date of Birth 04-Feb-1986 (38y)
Sex Male

Not recorded

Long term condition (2)

Not recorded

Long term condition (3)

Not recorded

Long term condition (4)

Not recorded

Mobility

Not recorded

Sensory impairment

Not recorded

Diet/hydration

Not recorded

Swallowing difficulties

Not recorded

Continence

Not recorded

Distress/pain caused by physical state

Not recorded

Side-effects of prescribed medication

Not recorded

Health promotion advice required

Not known

Sexual health

Not recorded

Blood borne virus testing

Not recorded

Physical health check/assessment

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

Not recorded

MacDonald, Alisdair CHI Number 0402863410 Date of Birth 04-Feb-1986 (38y)
Sex Male

Physical health check
Not recorded

Responsible for annual physical health check
Not recorded

Date of last physical health assessment

Date BMI last measured and recorded

Smoking status

Does the patient smoke?
Not recorded

Offered referral for smoking cessation support
Not recorded

Physical summary

Physical summary
Not Recorded

Social

Social strengths/needs identified?
Not recorded

Work/vocational/educational performance
Not recorded

Ability to work now
Not recorded

Social activities outside the home
Not recorded

Activities of daily living
Not recorded

Personal care
Not recorded

Relationship with close family
Not recorded

MacDonald, Alisdair CHI Number 0402863410 Date of Birth 04-Feb-1986 (38y)
Sex Male

Relationship with [redacted]

Not recorded

Relationships with others close by

Not recorded

[redacted] needs/support

[redacted] needs assessment

Not recorded

[redacted] support offered

Not recorded

Social summary

Social summary

Alisdair reports little to no structure or routine in his daily life. Advised he wakes around 0930am most days, struggles with motivation and cannot complete ADLs. Reports filling his day by watching TV or playing games on his phone - however, he denied getting any enjoyment from this and that they just 'fill the time.'

Alisdair reports that he stays overnight with his [redacted] on Wednesdays at the weekend and enjoys growing vegetables in his [redacted] garden.

Consent to care and treatment

Sufficient information provided?

Yes

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

Yes

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

Yes

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

Yes

Can the person communicate their decision?

Yes

Is consent valid?

Yes

Is the consent given voluntarily?

Yes

Printed 22/08/24 by Kerry Patterson - Staff copy Page 14 of 14

Additional document
07-Aug-2026
Additional: Additional document

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NHS Confidential: Personal data about a patient

Emergency Department
Glasgow Royal Infirmary
84 Castle Street
GlasgoW G4 0SF

Dr M Craig
Springburn Health Centre
200 Springburn Way
Glasgow

G21 1TR

30 July 2011

Dear Dr Craig

Re: ALISTAIR MACDONALD, 131 LENZIE TERRACE, GLASGOW, LANARKSHIRE, G21 3TN
Date of Birth: 04.02.86 Hospital Number: 64196843A CHI Number: 0402863410

Your patient attended Glasgow Royal Infirmary on the 29 JUL 2011 at 08:55 am.

The presenting complaint was:	**Overdose**
Triage Information:	**Pt Claims To Have Taken Od Of [redacted] Insulin This Morning (400units). Approx 2 Hrs Ago. Unsure Of Type Of Insulin. Bm 3.3 With Sas, Given 1mg Of Im Glucagon, Bm Then 5.0.**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Intentional Self Harm - Self Poisoning - Other/Unspecified Drugs**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Admitted**
Follow-up:	**Admitted**
Additional Information:	**Nil**

Yours sincerely,

[redacted] Mrozinski
Emergency Department Doctor

Consultants

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Additional: Additional document

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NHS Confidential: Personal data about a patient

Mental Health Services

Adult Community Mental Health Services
North West Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsayrshireandarran.com

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
4/6 Old Irvine Road
Kilmarnock
Ayrshire
KA1 2BD

Clinic Date: 27/09/2013
Date Dictated: 27/09/2013
Date Typed: 30/09/2013
Our Ref: AN/JT
Enquiries to Jenny Taylor
Tel No: 01563-578593
Fax No: 01563-878709

Dear Dr Curran

ALISDAIR MACDONALD **29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB**

CHI No: 0402863410

Diagnosis: **Depression with psychotic symptoms – F33.3**
Query organic syndrome.

Psychiatric Medication: **Quetiapine 150 mg**
Please introduce Sertraline 50 mg daily

Follow up: **Dr Lewis outpatient clinic in 3 months**

I reviewed this gentleman today, 27th September 2013 in my Crisis Team Clinic. I was glad to see the Mr McDonald is much better now compared to last time. He was very well kept, focused, relaxed and insightful. He reported that the introduction of Quetiapine has made a significant improvement. The voices have almost completely disappeared. He feels that his head is clear now for the first time. Also the blackouts are no longer present. He did not describe any paranoid thinking but he remains anxious about going outside. He says he is "paranoid about going outside" but when asked about the motivation of this he said that this "is just my anxiety". His mood has slightly improved but unfortunately it still remains low. Sleep is much better with Quetiapine. He can have a reasonable amount of sleep every night now. Appetite is good and he has put on some weight but he said he is very happy about this. Anxiety levels remain high. He is very reluctant to go outside even if he is with his [redacted] or other company. After being for a short whilst outside he develops intense anxiety with physical signs like light-headedness, shakes, breathlessness and sensation of constriction in the chest. There are fleeting suicidal thoughts without any plans or intent. The patient specifically emphasised this lack of intent or any planning. He still denies the usage of

INVESTING IN VOLUNTEERS

ALISDAIR MACDONALD **29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB**

CHI No: 0402863410

any alcohol or any drugs. Currently he tries to restructure his day and starts with the basics. He does not have much more activity but now he tends to have a daily routine. Until now there are no side effects from his Quetiapine.

We discussed further management of his symptoms. He would be agreeable to start an antidepressant for his anxiety and low mood. He did not respond well to Citalopram in the past. I have explained to him that the first two weeks of starting an antidepressant in the SSRI class would experience more anxiety and gastro-intestinal problems. He was still agreeable to commence with this. He is due to see his CPN in one week's time and will work more towards anxiety management and restructuring his day. He will be seen again in Dr Lewis' outpatient clinic in 3 months time.

Yours sincerely

Authorised on 03/10/2013 15:03:17 by Jamie Lewis.

Dr Adrian Nitu
Speciality Doctor in Psychiatry

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NHS Confidential: Personal data about a patient

Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 04/05/2021
Date Dictated: 04/05/2021
Date Typed: 13/05/2021
Our Ref: KT/JT
Enquiries to Ms J Taylor
Tel No: 01563-578593

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

I tried to contact Alisdair for his booked telephone consultation, unfortunately he did not answer and I left a message that he will offered a further appointment in due course.

Yours sincerely

Authorised on 18/05/2021 17:17:28 by Krzysztof Tyczynski.

Dr Krzysztof Tyczynski
Consultant Psychiatrist

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Adult Mental Health Services

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NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Date of Review: 18/02/2019
Date Dictated: 18/02/2019
Date Typed: 18/02/2019
Our Ref: MH/IS
Enquiries to Irene Sinclair
Tel No: 01563 578548

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK KA1 4QS**
CHI No: 0402863410

Diagnoses: **F33 – Recurrent Depressive Disorder**
F10.2 – History of Alcohol Dependence, currently under control

Medication: **Mirtazapine 45mg at night**
Quetiapine MR 300mg at night

Follow up Arrangements:
1 Outpatient review in six months
2 I will arrange ECG for monitoring purposes
3 I will refer back to Community Connector

Alisdair presented late. He apologised for this and said that buses had not been running to schedule. He advised that his mood was picking up a bit again following a difficult festive period. He said that Christmas time always caused him to dwell on the past and that, in combination with increased alcohol intake, this tended to lead to worsening of suicidal thoughts. He assured me that he had not felt at risk of acting on suicidal thoughts however and that these had retreated again. He said that since Christmas his anxiety had been more marked and that he had become more reliant on his family even for fairly minor tasks such as putting the bins out. He advised that since I re-referred him to the Community Connector he had not been contacted. I wondered if he might be mistaken about this because no-one else has reported a similar experience but I will arrange to re-refer him. In terms of occupying his day otherwise, Alisdair said that he had made no progress towards enrolling on a college course but was still considering online educational opportunities. He said that he thought this would be more realistic than options that would involve him physically having to attend classes.

18 February 2019

Dr J D Curran re: Alisdair MacDonald 0402863410

In terms of his physical health, he said that his weight and recurring abscesses remained problematic ; his weight obviously being compromised by his inability to get out and about to exercise. He denied any regular alcohol for some time.

Objectively, Alisdair presented as euthymic, fairly relaxed and well kempt. I suspect that he copes reasonably well within the confines of a fairly restricted lifestyle. I did not see any indication to change his medication today but will arrange ECG monitoring due to him having been on Quetiapine for a prolonged period of time. I will arrange to review him in six month's time.

Kind regards.

Yours sincerely

Authorised on 19/02/2019 09:13:48 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist

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NHS Confidential: Personal data above is patient

Glasgow City
Community Health Partnership
North East Sector

Springpark CMHT
101 Denmark Street
GLASGOW
G22 5EU

Tel: 0141 531 9300
Fax: 0141 531 9304

NHS
Greater Glasgow and Clyde

Your Ref:
Our Ref: HZ/DT/1953150

Dict:
Typed: 25 January 2012

CONFIDENTIAL

Dr McKean
Allander Surgery
Springburn Health Centre
200 Springburn Way
GLASGOW
G21 1TR

Dear Dr McKean

Alistair MacDonald, 131 Lenzie Terrace, Glasgow, G21 3TN
CHI: 0402863410

The above named patient failed to respond to a 14 day letter following his failure to attend his last outpatient appointment with Dr Zakri in October 2011. As we have had no contact from Mr MacDonald, he has been discharged from the service.

Yours sincerely

Secretary to
Dr HANI ZAKRI
ST3 Psychiatry
Consultant – Dr Ruth Ward

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NHS Confidential: Personal data about a patient

Mental Health Services

Adult Community Mental Health Services
North West Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 08/06/2016
Date Dictated: 08/06/2016
Date Typed: 15/06/2016
Our Ref: AN/JT/
Enquiries to Jenny Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

Diagnosis: **Depression – F33**
Past diagnosis of alcohol dependence, currently in remission

Psychiatric Medication: **Mirtazapine 45 mg nocte**
Quetiapine modified release 300 mg nocte

Recommendations/Plan: **Outpatient review in 4 months**
Referral to Occupational Therapy

I saw this gentleman in clinic today, 8th June 2016. He appeared slightly morose with poor eye contact but his mood looked fairly euthymic and he engaged well with the review. He told me that he attempted to go back into employment and saw this as a major step forward. A friend helped him to obtain a job in a call centre but unfortunately during his first day, 2 hours after he started employment, he had a major panic attack and he fainted. Therefore he needed to quit the job. He was quite upset and depressed about this but he was able to overcome the unfortunate event. Generally he says that his mood is Ok. He mainly has problems with anxiety, especially when going out. He says that he always needs to be accompanied. His sleep his good. He has good appetite and he gains weight with his medication. He clarified that it is not the medication to blame for this, possibly because of his anxieties he does less walking and less exercise which contributes to the weight gain. He does not have any suicidal thoughts. He denied any psychotic symptoms and said that he has not had them in a long time. He does not drink alcohol. After the panic attack and the feelings of depression that came after that he had a powerful urge to start drinking again but he was able to stay away from alcohol. He denied any drugs.

8th June 2016

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

He is still waiting to start the course at university. Now he lives alone and this improves the relationship with his [redacted] He denied any other side effects from medication and is happy to continue with the same. We discussed how best to mange his anxieties and he was agreeable to be referred to Occupational Therapy for graded exposure and said that he is quite motivated to work with them to tackle his anxieties. He will be reviewed again in clinic in 4 months.

Yours sincerely

Authorised on 16/06/2016 15:30:10 by Adrian Nitu.

Dr Adrian Nitu
Locum Consultant Psychiatrist

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NHS Confidential: Personal data about a patient

University Hospitals Division

St John's Hospital at Howden
Outpatient Department 2
Howden Road West
Livingston
West Lothian EH54 6PP

NHS Lothian

Department of Plastic Surgery

Dr JD Curran
16 Central Avenue
Kilmarnock
Ayrshire
KA1 4PS

Date 16/05/2014
Our Ref 700684867L
CHI 0402863410

Dear Dr Curran,

Patient: MacDonald, Alisdair **DOB**: 04/02/1986
Address: 29 Campbeltown Drive, Kilmarnock, Ayrshire, KA3 1TB

Outpatient Appointment Non Attendance Letter

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT

According to our records, your patient did not attend the following appointment, which had been arranged for them.

Specialty and Consultant: **Plastic Surgery, Mr KJ Stewart**
Date and Time: **Wednesday 9 April, 2014 at 3:50 pm**

Please note that, in line with current NHS policy, you will not routinely be offered another date at this time and you have been removed from the waiting list.

A copy of this letter has also been sent to your GP. If you feel you still require treatment, please get in touch with your GP who will contact us again if necessary.

Yours sincerely,

Julie Ruzgar
Patient Appointments Manager
Outpatient Services
Tel: 01506 522180

Additional document
07-Aug-2026
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Pages:

Ferguson, Amy

From: Taylor, Michael George
Sent: 14 October 2022 11:41
To: Taylor, Jenny; aa.Clinical_Practice_OldIrvineRoad_80414
Cc: Livingstone, Jim; Cobb, Derek
Subject: urgent prescription request

Hi Jenny, I have written an urgent request below to the GP but ordinarily they don't respond to e-mails for 2 working days. Would you be able to give them a call and explain the request has been sent and is urgent as I would like the patient to begin this treatment from tonight. I have copied to Derek Cobb and hopefully the prescription could be collected and dispensed later today.
Thanks

Dear Dr

Re **Alistair MacDonald CHI 0402863410 Urgent Request**

I recently reviewed this man and you will have received my correspondence explaining that he lost his [redacted] in a house fire at which he was present. He has a major mental illness with risks of depression, psychosis and suicidal ideation all worsening when under stress.

I have been informed by the Crisis team that he is not sleeping well and his insomnia is another indication of the stress he is under as well as a risk factor for his mental health deteriorating further.

The patient requested an increase in Quetiapine for the sedative effect but he is already taking a dose which causes the maximum possible sedation with Quetiapine.

I would therefore recommend an urgent prescription for Temazepam 20mg nocte, one to be taken each night. I would recommend this prescription continue for the time being while we keep him under close monitoring for any deterioration in his mental illness. I will continue to liaise with the nursing staff, assess the ongoing need for Temazepam and will advise when it seems appropriate to reduce or discontinue this prescription. He will remain at risk or relapse in the coming weeks and months.

I will of course keep you updated on any further developments.

Thank you

Dr M Taylor
Comnsultant Psychiatrist

1

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Confidential - Clinical Information

Department of Otolaryngology
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

www.nhsayrshireandarran.com

Alisdair Macdonald
29 Cambelton Drive
Kilmarnock
Kilmarnock
Ayrshire
KA3 1TB

Our Ref:	PW/ST – CHI: 0402863410
Hospital No:	
Clinic Date:	26/08/2013
Date Dictated:	26/08/2013
Date Typed:	27/08/2013
Enquiries to	Miss Sarah-Jane Mackie
Direct Line:	01563 827326
Ext. Number:	27326
Email:	[redacted]

Dear Mr Macdonald ,

I had a message that you cancelled today's ENT check up appointment following the temporary repair of your left ear at the end of July. It may need further reconstruction. I am not sure whether you have been given a further appointment so if you require one please contact our office care of the above details. If you don't require any appointments for now you don't need to do anything but your GP can refer you to us at a later date.

Kind regards.

Yours sincerely

Authorised on 27/08/2013 16:48:20 by Mr P Wardrop.

Mr P Wardrop
Consultant ENT Surgeon

Dr JD Curran
The Surgery
4/6 Old Irvine Road
Kilmarnock
Ayrshire
KA1 2BD

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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CPA DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY
CPA ACCREDITED LABORATORY

North Glasgow University Hospitals Division
Glasgow Royal Infirmary ☎(0141)-211-5165

Surname	Forename	Date of Birth	Sex	Hospital Number	CHI Number
MACDONALD	ALISTAIR	04.02.86	M	64196843A	0402863410

Address	Postcode	Consultant / GP	Hospital ward / GP Practice
131 LENZIE TERRACE	G21 3TN	A DOUGLAS	
~	Hospital / GP: Stobhi	Ward / Clinic: ALLANDER ST.	

Date and Time Received	Laboratory Number	Clinical Information
26.08.10 16:06 HRS	2121272.	NONE GIVEN

Date Withdrawn	WBC x10⁹/L (4.0–11.0)	NEUT x10⁹/L (2.0–7.5)	LYMP x10⁹/L (1.5–4.0)	Hb g/L (M 130–160 F 115–165)	RBC x10¹²/L (M 4.5–6.5 F 3.8–5.8)	Hct l/L (M 0.40–0.54 F 0.37–0.47)	MCV fl (78–98)	MCH pg (27–32)	RDW % (11.5–14.5)	Retic x10⁹/L (50–100)	Plts x10⁹/L (150–400)	ESR mm/hr (M<10 F<12)
23.04.10	15.0	9.5	4.0	156	5.10	0.466	91	30.6	13.9		291	
23.04.10	11.4	8.5	2.2	127	4.30	0.394	92	29.5	13.9		267	
26.08.10	9.7	5.2	3.5	155	4.97	0.452	91	31.2	* 14.6		347	8

Analyser Diff	NEUT x10⁹/L (2.0–7.5)	LYMP x10⁹/L (1.5–4.0)	MONO x10⁹/L (0.2–0.8)	EOS x10⁹/L (0.04–0.4)	BASO x10⁹/L (0.01–0.1)	META	MYELO	BLAST	OTHER	NRBC	Glandular Fever Screening Test
	5.2	3.5	0.8	0.20	0.01						

Comments

DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN

FULL BLOOD COUNT | Reported On: 27.08.10 09:15HRS | Authorised By: *Auto Check* | Haematologist

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Mental Health Services

Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
Ayrshire
KA1 4QS

Clinic Date:	22/02/2017
Date Dictated:	02/03/2017
Date Typed:	02/03/2017
Our Ref:	AG/JT/
Enquiries to	Ms J Taylor
Tel No:	01563-578593
Fax No:	01563-578709

Dear Alisdair MacDonald

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

I am sorry you did not attend your appointment with me on 22nd February 2017 at the North West Kilmarnock Area Centre.

Please contact the Team on the above telephone number within fourteen days of receipt of this letter if you wish to be re-appointed. If however we do not hear from you within fourteen days you shall be discharged from the clinic.

Yours sincerely

Authorised on 06/03/2017 16:00:25 by Aileen Guthrie.

Dr Aileen Guthrie
Consultant Psychiatrist

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

INVESTING IN VOLUNTEERS

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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NHS
Ayrshire & Arran

Mental Health Services

East Ayrshire Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Personal in Confidence

Date: 5 December 2024
Ref: KP/MM
CHI: 0402863410
Direct Line: 01563 578592
01290 425947

Mr Alisdair MacDonald
40 Balgray Avenue
KILMARNOCK
KA1 4QS

Dear Mr MacDonald

I am sorry you did not attend your arranged appointment on Thursday 5th December.

Please contact the team on the above telephone number within 14 days of receipt of this letter if you wish to re arrange an appointment. If, however, we do not hear from you within 14 days you will be discharged from my caseload.

Yours sincerely

KERRY PATTERSON
COMMUNITY MENTAL HEALTH NURSE

Cc. Dr Curran, Old Irvine Rd Surgery, 4/6 Old Irvine Rd, KA1 2BD

www.nhsaaa.net

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Mental Health Services

CHI: 0402863410
MacDonald, Alisdair
Flat 10, 8 Brewland Street
Galston
KA4 8AQ
04/02/1986
Dr JD Curran
MRN: 0402863410

Community Mental Health Team
Adult Services
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Date:
Ref:

Tele No: 01563-578592
Fax: 01563-578709
Email: www.nhs.ayrshire.org

NHS Ayrshire & Arran

Dear Dr CURRAN

I reviewed the above patient at my MARCH C Outpatient Clinic today.

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

Please increase QUETIAPINE to 200mg XL at night.
No other medication changes

Additional Information

Ongoing O/P Review

A full report will be sent as soon as possible.

Thank-you

Yours sincerely

DR JAMIE LEWIS
CONSULTANT PSYCHIATRIST

STA 5000

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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NHS
Ayrshire & Arran

Mental Health Services

East Ayrshire Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Personal in Confidence
Mr Alisdair MacDonald
40 Balgray Avenue
KILMARNOCK
East Ayrshire
KA1 4QS

Date: 26th August 2024
Ref: KP/DQ
CHI: 0402863410
Enquiries To: Blue HUB
Direct Line: 01563 578592
01290 425947

Dear Mr MacDonald,

Following referral to the Community Mental Health Team, I would like to offer you an assessment appointment as follows:

Date: **Friday 13th September 2024**

Time: **13:30**

Venue: **North West Kilmarnock Area Centre, Western Road, Kilmarnock, KA3 1NQ**

If this appointment is not suitable, please contact the above number to rearrange.

If you do not make contact or you fail to attend your appointment we will discharge you back to the care of your GP at this time.

If you are suffering from recent new respiratory symptoms please do not travel to hospital/outpatient clinic for your appointment, please contact us on the telephone number provided within this letter.

Yours sincerely

Kerry Patterson

COMMUNITY MENTAL HEALTH NURSE

Cc: Dr John D Curran – Old Irvine Road Surgery (Kilmarnock)

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07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Emergency Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow

Dr M Craig
Springburn Health Centre
200 Springburn Way
Glasgow

G21 1TR

24 April 2010

Dear Dr Mckean

Re: ALASTAIR MACDONALD, 131 LENZIE TERRACE, GLASGOW, G21 3TN
Date of Birth: 04.02.86 Hospital Number: 64196843A CHI Number: 0402863410

Your patient attended Glasgow Royal Infirmary on the 23 APR 2010 at 00:35 am.

The presenting complaint was:	**Od**
Triage Information:	**Pt Took 300 Units Of Novapen Which Belongs To His [redacted] Given Hypostop X2 And Glucagen. Pmh Manic Depression**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Intentional Self Harm - Other Drug/S**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**attended after taking insulin overdose . was discharged from the services as DNA'D 2 appointments. would like help with mental health issues . spoke to OOH CPN team – would need to be refered to the services for further mangement.**

Yours sincerely,

Rajani Tyagi
Emergency Medicine G P S T 2

RUDY CRAWFORD
Consultants:

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS
Ayrshire & Arran

Mental Health Services

East Ayrshire Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Personal in Confidence
Mr Alisdair MacDonald
40 Balgray Avenue
KILMARNOCK
East Ayrshire
KA1 4QS

Date: 16th July 2024
Ref: GB/DQ
CHI: 0402863410
Enquiries To: Blue HUB
Direct Line: 01563 578592
01290 425947

Dear Mr MacDonald,

Following referral to the Community Mental Health Team, please contact the above number within **14 days**, should you wish to arrange an assessment appointment.

If however, I do not hear from you within this time, I will therefore discharge you back to the care of your GP.

Yours sincerely

PP

Community Mental Health Team (Blue Hub)

Cc: Dr John Curran – Old Irvine Road Surgery (Kilmarnock)

www.nhsaaa.net

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07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Mental Health Services

Adult Community Mental Health Services
North West Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 14/10/2015
Date Dictated: 14/10/2015
Date Typed: 16/10/2015
Our Ref: JL/JT
Enquiries to Jenny Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

I reviewed Mr MacDonald today, 14th October 2015 at my North West Kilmarnock Area Centre Outpatient Clinic.

He reported that things were "Ok" but has found things "a bit frustrating recently". His [redacted] "fell out with her [redacted] and has been [redacted] him and his [redacted] This has caused some tension in the house both with [redacted] and his [redacted] She can be a bit of a heavy drinker, which is something he tries to avoid. It is also more cramped and he has lost some of his privacy. She has another tenancy, which he is redecorating, and he is hopeful that she will move out next week. He seldom drinks alcohol and denies binges. He doesn't use illicit drugs although continues to smoke. He has paid for a university course in computing and has a laptop ready to start this. He can start it at any time but has found the loss of his bedroom to his [redacted] recently as an impediment. Once she moves out and things settle he plans to take up his study of this.

Current Medication
Quetiapine modified release 300 mg at night
Mirtazapine 45 mg at night
He thinks that these are "Ok, they keep me at a level".
He takes them regularly and the only problem that he notices is occasional tiredness.

Mental State Examination
He was a casually and appropriately dressed, middle aged man with reasonable self care and eye contact. Posture and demeanour were normal and appropriate. Speech was normal in form and flow and the main theme was the stress from his [redacted] staying with him just now. Mood can dip at times as a result of stress of his [redacted] staying with him and his [redacted] but he copes with this. He denied obvious biological symptoms consistent with altered mood and was adamant that there were no thoughts of suicide or self harm. He was perhaps mildly

ALISDAIR MACDONALD **40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS**

CHI No: 0402863410

depressed but little changed from the last time I saw him. A good rapport was maintained. His suspicious thinking is a lot less on his current medication and he tolerates this without distress. There is nothing else suggestive of psychotic symptoms at the moment. He has good insight into his presentation and didn't have anything else to add.

Impression
This gentleman with a diagnosis of a depressive illness (ICD 10 Code – F32) is reasonably settled despite the stress of his [redacted] him. His alcohol dependence (ICD 10 Code – F10.2) is not a current problem. There are no obvious unmet needs.

Recommendations
We discussed how best to proceed and he was keen to make no changes to his current prescribing. I emphasised a number of positives that are present in his situation and encouraged him to take up his computer course when he is able to do that. I will arrange for his ongoing outpatient clinic review and I encouraged him to get back in touch with us again should he identify a need to do so.

Kind regards

Yours sincerely

Authorised on 22/10/2015 12:06:06 by Jamie Lewis.

Dr J Lewis
Consultant Psychiatrist

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07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Mental Health Services

Adult Community Mental Health Services
North West Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 25/11/2014
Date Dictated: 25/11/2014
Date Typed: 25/11/2014
Our Ref: JL/JT/
Enquiries to Jenny Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD **29 CAMPBELTOWN DRIVE, KILMARNOCK, AYRSHIRE, KA3 1TB**

CHI No: 0402863410

I was due to review Mr MacDonald today, 25th November 2014, at my North West Kilmarnock Area Centre Outpatient Clinic but he failed to attend and did not contact us in advance to cancel or reschedule. I will offer him another outpatient clinic appointment in due course but if he fails to attend this I will be discharging him from my follow up. I will keep you updated as to what happens.

Kind regards

Yours sincerely

Authorised on 04/12/2014 11:49:22 by Jamie Lewis.

Dr J Lewis
Consultant Psychiatrist

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07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Emergency Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow

Dr M Craig
Springburn Health Centre
200 Springburn Way
Glasgow

G21 1TR

24 April 2010

Dear Dr Craig

Re: ALISTAIR MACDONALD, 131 LENZIE TERRACE, GLASGOW, G21 3TN
Date of Birth: 04.02.86 Hospital Number: 64196843A CHI Number: 0402863410

Your patient attended Glasgow Royal Infirmary on the 23 APR 2010 at 03:10 am.

The presenting complaint was:	**Unwell**
Triage Information:	**Discharged From Department After Taking 300 Units Of [redacted] Insulin. Felt Unwell Walking Home, Bm With Sas 2.3. Refused Hypostop. Temp 33.5**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Intentional Self Harm - Self Poisoning - Other/Unspecified Drugs**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Admitted**
Follow-up:	**Admitted**
Additional Information:	**Nil**

Yours sincerely,

Claire Mcgroarty
Emergency Medicine ST 5

RUDY CRAWFORD
Consultants:

Additional document
07-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Ayrshire Doctors On Call

adastra

1 Patient Contacts for Old Irvine Road Surgery

Patient : Alisdair Macdonald
(Gender: Male) (DOB: 04/02/1986) (Age: 40 years) (CHI: 0402863410)

Case No 78865 **Case Date** 16/06/2026 22:11
Own Dr

Emergency Care Summary viewed on case

Current Address
40 Balgray Avenue Kilmarnock
Ayrshire

KA1 4QS
Current Phone [redacted]

Home Address (If Different)

Home Phone (If Different)

Case Type Direct Referral ED
Priority On Reception within 2 hours

NHS 24 Advice by Mistura Olowookere (Nhs 24) (Callhandler) (Du **Triage Start** 22:16 **Triage End** 22:29

Clinical summary created by: Mistura Olowookere (Nhs 24) (Callhandler) () [16/06/2026 22:11:54]
Reason for call: SHORTNESS OF BREATH AND TIGHTNESS IN THE CHEST - 5 HOURS AGO
Confirmed symptom(s): Breathing is causing concern Struggling to breathe Patient has emphysema or COPD
Symptom(s) not found: No current fever No chest pain front or back Is able to speak in their normal complete sentences
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
20260616T213122.639 GMT Nicola Clark (NHS 24):SCN N CLARK BREATHING CONCERNS, SIMILAR SYMPTOMS ? PE REQUIRED SURGERY. PT STATED SAME SYMPTOMS. INCREASED SOB ADVISED A&E ASAP
Outcome: Pt advised to go to A&E

Case Questions

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

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

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics: Report produced by Adastra Version 3 - 25/06/2026 14:38:05

Additional document
07-Aug-2026
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Filename:
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Pages:

NHS Confidential: Personal data about a patient

Community Connector Referral Form

Patient Details:
Phone number: [redacted]

CHI: 0402863418
MacDonald, Alisdair
48 Baldgray Avenue
Kilmarnock
KA1 4DS
04/02/1986
Dr JD Curran
HRN: 0402863418

Date of Birth: 4/2/86

Referred by: Dr Henderson **Date:** 4/2/17

Patient consent to contact? Yes / No

Reason for referral and brief summary of circumstances

Re-referral. First referral on 14/6/17 by clinical email
Anxiety/depression. Poor structure to day + limited activities. States he did get response to first referral saying someone would be in touch but didnt hear anything else.

Any other relevant information/risk factors

CVO (East Ayrshire)
Scottish [redacted] SC024931
Registered Company: SC247449

Health & Social Care Partnership

Alert received from telehealth monitoring system
20-May-2021 Ms Gemma Blades (GB)
Additional: Alert received from telehealth monitoring system
General advice consultation for Alisdair Macdonald DOB 04-02-1986 submit...,

Filename:
Extension:
Pages:

Practice Message ID: **ZFHZDWJXBW** eConsult ID: **oldirvineroadsurgery**

Old Irvine Road Surgery

econsult

You may want to check the patient's personal details against their record.

Online consultation request for
Alisdair Macdonald (Male, Age 35)
General advice

Some answers may need close attention

Submitted on 20-05-2021 at 14:22:10
eConsult reference number for this request: 8E64004A

Contact phone: [redacted]
Patient's date of birth
04-02-1986

Contact email: [redacted]
Patient's address:
40 Balgray Avenue, Kilmarnock, KA1 4QS

RESPONSE NEEDED BY:
6:30PM on Friday, 21st of May. A same day response is best.

SEND ALISDAIR A MESSAGE:
Click here or go to https://oldirvineroadsurgery.webgp.com/pcm/ZFHZDWJXBW and enter this consultation PIN: **2XK6CH**

(The "Click here" link and PIN for this consultation will expire on Monday, 7th of June)

IDEAS, CONCERNS AND EXPECTATIONS:

	Tell us how we can help you	**I think I may need treatment**
	Please provide us with details of your problem	**The patient said** *"I have an abscess, I am quite prone to them."*
	Have you tried anything to treat yourself?	**No**
	Is there any particular treatment you would like to request?	**Yes**
	What treatment would you like to request?	**The patient said** *"A course of doxycycline"*
	Would you like help from a particular person at the surgery? **If the person that you requested is not available, another member of the team at the practice will contact you.**	**No**

CLINICAL QUESTIONS:

	Is this a problem your GP knows about?	**Yes**
	How has your condition changed since you last saw someone about it?	**Stayed same**
	To ensure we only ask you relevant questions, please select the main symptom (or symptoms) that apply to you	**Pain** **Swelling** **Skin problem**
	Did the pain start after an injury?	**No**
	Where does it hurt?	**Other area**
	What other parts of your body hurt?	**The patient said** *"Armpit"*
	Does it hurt more when you move? For example: when you twist or bend?	**Yes**
	Does the pain move anywhere else or cover any other area?	**No**
	Are there any other symptoms with this pain?	**Not sure**
	On what part of your body is your skin symptom located? (you can select multiple areas)	**Other**

What other part of your body has a skin problem?	**The patient said** *"Armpit has an abscess."*
How long have you had skin symptoms for?	**1-3 days**
Please describe the appearance of your skin problem	**The patient said** *"It's a ping pong ball sized abscess"*
What colour is the skin in the affected area?	**Red**
Is the affected skin area hot to touch?	**Yes**
Is the affected area painful?	**Yes**
Is the affected area itchy?	**No**
Does the skin look infected or look like a boil?	**Yes**
Is there any fluid coming out of the affected area?	**Yes**
Is the fluid blood or blood stained?	**No**
Is there pus (thick white or yellow colour) coming out?	**No**
What colour is the fluid coming out of the affected skin?	**The patient said** *"Mainly clear it's only a tiny bit weepy at the moment."*
Where on your body is the swelling?	**Other**
Please tell us where on your body the swelling is.	**The patient said** *"Armpit"*
How long have you had this swelling for?	**4-6 days**
Is the swelling a result of a fall or injury?	**No**
Do you think you have been bitten or stung?	**No**
Is the swelling painful?	**Yes**
Is the swelling red or hot to touch?	**Yes**
Is the redness getting worse?	**No**
Is the swelling over a joint?	**No**
Is there any blood leaking from the swelling?	**No**
Is there any yellow or green pus leaking from the swelling?	**No**
Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	**No**
Have you had any uncontrollable shivering?	**No**
Is the swelling getting bigger?	**Don't know**
How often does your condition affect you?	**Happens very occasionally**
Is there [redacted] that makes your condition better?	**Yes**
What makes your condition better?	**The patient said** *"A course of antibiotics usually helps. I have had several abscesses in the past that needed me to be hospitalised and them operated on but I don't think this one is at that stage."*
Is there anything that makes your condition worse?	**Not applicable**
What do you do for a living?	**The patient said** *"Not currently working"*
Have you travelled [redacted] recently?	**No**
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff,	**Skip this**

	• should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	
	Is there anything else you think we should know?	**No**

HEALTH HISTORY AND QOF QUESTIONS:

	Are you taking any prescribed drugs not related to this condition?	**Yes**
	What other prescribed drugs are you taking?	**The patient said** *"Quetiapine 300mg daily.* *Mirtazapine 45mg daily."*
	Are you taking any other drugs? For example: over-the-counter medication from your pharmacist	**No**
	Do you have any family history of illness? For example: heart disease, cancer	**I don't know**
	Do you know how many units of alcohol you drink each week? (1 pint of beer is approximately two units and one small glass of wine is 1 unit)	**8-14 units per week**
	Do you smoke?	**Yes – between 11 and 20 cigarettes a day** *We sent this patient a link to smoking cessation advice*
	In the last year, have you bet more than you could afford to lose? Or has someone in your household bet more than they could afford to lose?	**No**
	Are you allergic to any drugs or creams?	**Yes**
	What are you allergic to?	**The patient said** *"Penicillin"*
	Have you or anyone in your household had COVID in the last 3 months? Or are you self-isolating right now?	**No**

ALISDAIR'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient

You may signpost to an **alternate service** via reception (e.g. pharmacy)

You may wish to **telephone the patient** to close the consultation

You may ask reception to **book an appointment** with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

Alert received from telehealth monitoring system
12-Jan-2021 Miss Chloe Shannon (CSH)
Additional: Alert received from telehealth monitoring system
General advice consultation for Alisdair Macdonald DOB 04-02-1986 submit...,
Filename:
Extension:
Pages:

Practice Message ID: **ZFHZDWJXBW** eConsult ID: **oldirvineroadsurgery**

Old Irvine Road Surgery

eConsult

You may want to check the patient's personal details against their record.

Online consultation request for
Alisdair Macdonald (Male, Age 34)
General advice

Some answers may need urgent attention

Some answers may need close attention

Submitted on 12-01-2021 at 16:03:01
eConsult reference number for this request: **F0E659FB**

Contact phone: [redacted]
Patient's date of birth
04-02-1986

Contact email: [redacted]
Patient's address:
40 Balgray Avenue, Kilmarnock, KA1 4QS

RESPONSE NEEDED BY:
6:30PM on Wednesday, 13th of January. A same day response is best.

SEND ALISDAIR A MESSAGE:
Click here or go to https://oldirvineroadsurgery.webgp.com/pcm/ZFHZDWJXBW and enter this consultation PIN: **XQWZDJ**

(The "Click here" link and PIN for this consultation will expire on Thursday, 28th of January)

IDEAS, CONCERNS AND EXPECTATIONS:

	Tell us how we can help you	**I think I may need treatment**
	Please provide us with details of your problem	**The patient said** *"I have an abscess, I am quite prone to them, this one is in my armpit."*
	Have you tried anything to treat yourself?	**No**
	Is there any particular treatment you would like to request?	**Yes**
	What treatment would you like to request?	**The patient said** *"I would like to request an antibiotic but I have to be careful which I as I'm allergic to penicillin and also take quetiapine."*
	Would you like help from a particular person at the surgery? **If the person that you requested is not available, another member of the team at the practice will contact you.**	**No**

CLINICAL QUESTIONS:

	Is this a problem your GP knows about?	**No**
	To ensure we only ask you relevant questions, please select the main symptom (or symptoms) that apply to you	**Pain** **Lump or swelling** **Skin problem**
	Did the pain start after an injury?	**No**
	Where does it hurt the most?	**Other area**
	What other parts of your body hurt?	**The patient said** *"Armpit"*
	Does it hurt more when you move? For example: when you twist or bend?	**No**
	Does the pain move anywhere else or cover any other area?	**No**
	Are there any other symptoms with this pain?	**No**
	On what part of your body is your skin symptom located? (you can select multiple areas)	**Other**
	What other part of your body has a skin problem?	**The patient said** *"Armpit"*

How long have you had skin symptoms for?	**1-3 days**
Please describe the appearance of your skin problem	**The patient said** *"Its a fluid filled abscess."*
What colour is the skin in the affected area?	**Red**
Is the affected skin area hot to touch?	**Yes**
Is the affected area painful?	**Yes**
Is the affected area itchy?	**No**
Does the skin look infected or look like a boil?	**Yes**
Is there any fluid coming out of the affected area?	**No**
Have you been bitten or stung?	**No**
Where on your body is the lump(s)? (you can select multiple areas)	**Underarm or armpit**
Please tell us about the lump under your arm or in your armpit	**The patient said** *"It the aforementioned abscess"*
How long have you had the lump(s)?	**1-3 days**
What colour is the skin over the lump(s)?	**Red**
Is the skin above the lump(s) hot to touch?	**Yes**
Are the lump(s) painful?	**Yes**
Is there any fluid coming out of the lump?	**No**
How often does your condition affect you?	**Happens very occasionally**
Is there anything that makes your condition better?	**Yes**
What makes your condition better?	**The patient said** *"An antibiotic can help"*
Is there anything that makes your condition worse?	**Not applicable**
What do you do for a living?	**The patient said** *"Not currently working"*
Does the problem interfere with your ability to do any of the following? You can select multiple answers.	**Undertake your usual physical activities, like exercise** **Carry on with hobbies**
In what way does the [redacted] interfere with your ability to undertake physical activities?	**The patient said** *"Its painful"*
In what way does the problem interfere with your ability to carry on with your hobbies?	**The patient said** *"Its painful when I move my right arm"*
How would you describe your general health?	**I am usually well**
Have you travelled abroad recently?	**No**
Are any members of your household generally unwell at the moment?	**Not applicable**
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	**Skip this**
Is there anything else you think we should know?	**No**

HEALTH HISTORY AND QOF QUESTIONS:

Are you taking any prescribed drugs not related to this condition?	**Yes**

	What other prescribed drugs are you taking?	**The patient said** *"Quetiapine 300mg* *Mirtazapine 45mg"*
	Are you taking any other drugs? For example: over-the-counter medication from your pharmacist	**No**
	Do you have any family history of illness? For example: heart disease, cancer	**I don't know**
	Do you know how many units of alcohol you drink each week? (1 pint of beer is approximately two units and one small glass of wine is 1 unit)	**8-14 units per week**
	Do you smoke?	**Yes – between 11 and 20 cigarettes a day** *We sent this patient a link to smoking cessation advice*
	In the last year, have you bet more than you could afford to lose? Or has someone in your household bet more than they could afford to lose?	**No**
	Are you allergic to any drugs or creams?	**Yes**
	What are you allergic to?	**The patient said** *"Penicillin"*

ALISDAIR'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient	You may signpost to an **alternate service** via reception (e.g. pharmacy)	You may wish to **telephone the patient** to close the consultation	You may ask reception to **book an appointment** with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

EMIS attachment reference code
04-Dec-2019 Mrs Mary Hay (MARY_16992)
Additional:EMIS attachment reference code
comm connector
Filename:
Extension:
Pages:

Dr K. H. Irvine
Dr J. D. Curran
Dr F. J. Dunn
Dr E. M.McGregor
Dr G T Mulligan

4 Old Irvine Road
KILMARNOCK
KA1 2BD

Tele: 01563 522413 Fax 01563 573559
www.oldirvineroadsurgery.co.uk

04 12 2019

Mr Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
East Ayrshire
KA1 4QS

Dear Mr MacDonald

You have been referred to the Community Connector, Wullie Pearson. We are having trouble contacting you by telephone.

I would be grateful if you could either contact the North West Centre on 578642 or you can contact Wullie on [redacted]

We have also left the above number with your [redacted] to pass along to you .

Many thanks

Yours sincerely

Receptionist

EMIS attachment reference code
25-Nov-2019 Mrs Pamela Black (PB)
Additional:EMIS attachment reference code
Community Connector
Filename:
Extension:
Pages:

Dr K. H. Irvine
Dr J. D. Curran
Dr F. J. Dunn
Dr E. M.McGregor
Dr G T Mulligan

4 Old Irvine Road
KILMARNOCK
KA1 2BD

Tele: 01563 522413 Fax 01563 573559
www.oldirvineroadsurgery.co.uk

25 11 2019

Mr Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
East Ayrshire
KA1 4QS

Dear Mr MacDonald

You have been referred to the Community Connector, Wullie Pearson. We are having trouble contacting you by telephone.

I would be grateful if you could either contact the North West Centre on 578642 or you can contact Wullie on [redacted]

Many thanks

Yours sincerely

Receptionist

EMIS attachment reference code
22-Feb-2019 Miss Gayle Scott (GS)
Additional:EMIS attachment reference code
community connector ltr
Filename:
Extension:
Pages:

Dr K. H. Irvine
Dr J. D. Curran
Dr F. J. Dunn
Dr E. M.McGregor
Dr G T Mulligan

4 Old Irvine Road
KILMARNOCK
KA1 2BD

Tele: 01563 522413 Fax 01563 573559
www.oldirvineroadsurgery.co.uk

22 02 2019

Mr Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
East Ayrshire
KA1 4QS

Dear Mr MacDonald

You have been referred to the Community Connector, Wullie Pearson. We are having trouble contacting you by telephone.

I would be grateful if you could either contact myself, Gayle, at the North West Centre on 578642 or you can contact Wullie on [redacted]

Many thanks

Yours sincerely

Receptionist

EMIS attachment reference code
30-Jan-2018 Mrs Kirsty McMaster (KIRSTY_16992)
Additional:EMIS attachment reference code
letter to patient from wp
Filename:
Extension:
Pages:

Dr K. H. Irvine
Dr J. D. Curran
Dr F. J. Dunn
Dr E. M.McGregor
Dr G T Mulligan

4 Old Irvine Road
KILMARNOCK
KA1 2BD

Tele: 01563 522413 Fax 01563 573559
www.oldirvineroadsurgery.co.uk

30 01 2018

Mr Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
East Ayrshire
KA1 4QS

Dear Mr MacDonald

You have been referred to the Community Connector, Wullie Pearson. We are having trouble contacting you by telephone.

I would be grateful if you could either contact myself, Kirsty, at the North West Centre on 578642 or you can contact Wullie on [redacted]

Many thanks

Yours sincerely

Receptionist

eMED3 (2010) new statement issued, not fit for work
07-Oct-2013 Dr Glenn Mulligan (GM)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: depression; Duration: 07/10/2013 - 05/11/2013)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Alisdair MacDonald

I assessed your case on: 07 / 10 / 2013

and, because of the following condition(s): depression

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 07 / 10 / 2013 to 05 / 11 / 2013

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 07 / 10 / 2013

Doctor's address:
Old Irvine Road Surgery
Old Irvine Road
Kilmarnock, KA1 2BD
Telephone: 01563 522413

Unique ID: Med 3 04/10- 253C46A2-3EE5-4922-9F35-64765C932F50

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ MACDONALD
Other names: ALISDAIR
Address: 29 CAMPBELTWON DRIVE
KILMARNOCK Postcode KA3 1TB
Date of birth: 04 / 02 / 1986
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

DNA surgery appointment - 2nd letter
29-July-2013 Mrs Mary Hay (MARY_16992)
Additional:DNA surgery appointment - 2nd letter
DNA 2
Filename:
Extension:
Pages:

Dr K. H. Irvine
Dr J. D. Curran
Dr F. J. Dunn
Dr E. M.McGregor
Dr G T Mulligan

4 Old Irvine Road
KILMARNOCK KA1 2BD

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www.oldirvineroadsurgery.co.uk

Monday, 29 July 2013

Mr Alisdair MacDonald
14c Knockinlaw Mount
Kilmarnock
East Ayrshire
KA3 2AG

Dear Mr MacDonald

You had an appointment to see Sister Scott on Monday 29th July @ 11.10 am which you did not keep. As far as I am aware you did not notify the surgery that you would not be keeping this appointment. Unfortunately, this has happened on more than one occasion in the last 12 months. You will appreciate that these appointments have been wasted and if you had let us know that you were not attending, they could have been used by another patient. I regret to inform you that if this continues to happen, the Practice will remove you from the patient list.

Yours sincerely

John Y Lamont
Practice Manager

DNA surgery appointment - 1st letter
26-July-2013 Mrs Beth Evans (BETH_16992)
Additional:DNA surgery appointment - 1st letter
dna 1
Filename:
Extension:
Pages:

Dr K. H. Irvine
Dr J. D. Curran
Dr F. J. Dunn
Dr E. M.McGregor
Dr G T Mulligan

4 Old Irvine Road
KILMARNOCK KA1 2BD

Tele: 01563 522413 Fax: 01563 573559
www.oldirvineroadsurgery.co.uk

Friday, 26 July 2013

Mr Alisdair MacDonald
14c Knockinlaw Mount
Kilmarnock
East Ayrshire
KA3 2AG

Dear Mr MacDonald

You had an appointment to see Health Care Assistant on Thursday 25th July at 4.20p.m. which you did not keep. As far as I am aware you did not notify the surgery that you would not be keeping this appointment. Unfortunately, this appointment was wasted and if you had let us know that you were not attending, it could have been used by another patient. In order to help us provide the best service for our patients, I would appreciate if in future you would contact the Practice to cancel any appointments you cannot keep.

Yours sincerely

John Y Lamont
Practice Manager