INDEX TO COMMENT CODES

A	Unsatisfactory Analysis — Sample insufficient for full repeat
C	Specimen collected in inappropriate container
D	Results deleted following discussion with ward/clinic
F	Result to follow
I	Specimen insufficient for full analysis
K	Sample believed to be contaminated
L	Marker detected
U	Specimen unsuitable for analysis
W	Confirmation not performed
X	Full analysis not performed for any other reason

RESULT OF TESTS.
GIVE PATIENT:

APPOINTMENT	
TELL POSITIVE	
TELL NORMAL	
SPEAK TO G.P.	✓

28 JUN 1990

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

GLASGOW ROYAL INFIRMARY

D4

Name MCGUIGAN EDWARD Sex M D. o. b. 8/ 2/70 Hospital GP Ward BRHC

Address 2 WESTERCRAIGS Consultant LINDSAY Hospital Number

Received 18/ 6/93 1100

Accession Number 120849 B

Clinical Information

Date	
15. 6.93	AMPHETAMINE : NEGATIVE METHADONE : NEGATIVE BENZODIAZEPINES : NEGATIVE BUPRENORPHINE : POSITIVE OPIATES : POSITIVE DIHYDROCODEINE : CONFIRMED

Urine drug screen

COMMENT

DRUGS OF ABUSE SCREEN (URINE)

ISSUED AT 13:24:32 ON 25/ 6/93

INDEX TO COMMENT CODES

A	Unsatisfactory Analysis — Sample insufficient for full repeat
C	Specimen collected in inappropriate container
D	Results deleted following discussion with ward/clinic
F	Result to follow
I	Specimen insufficient for full analysis
K	Sample believed to be contaminated
L	Marker detected
U	Specimen unsuitable for analysis
W	Confirmation not performed
X	Full analysis not performed for any other reason

RESULT OF TESTS GIVE PATIENT:

APPOINTMENT

TELL POSITIVE

TELL NORMAL

SPEAK TO G.P.

28 JUN 1993

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

GLASGOW ROYAL INFIRMARY | D4

Name MCGUIGAN EDWARD Sex M D.o b 8/ 2/70 Hospital GP Ward BRHC

Address 2 WESTERCRAIGS Consultant LINDSAY Hospital Number

Received 18/ 6/93 1100

Accession Number 120849 B

Clinical Information

Date	
15. 6.93	AMPHETAMINE : NEGATIVE METHADONE : NEGATIVE BENZODIAZEPINES : NEGATIVE BUPRENORPHINE : TO FOLLOW OPIATES : TO FOLLOW

Urine drug screen

COMMENT

DRUGS OF ABUSE SCREEN (URINE)

ISSUED AT 12:26:37 ON 21/ 6/93

INDEX TO COMMENT CODES

A	Unsatisfactory Analysis — Sample insufficient for full repeat
C	Specimen collected in inappropriate container
D	Results deleted following discussion with ward/clinic
F	Result to follow
I	Specimen insufficient for full analysis
K	Sample believed to be contaminated
L	Marker detected
U	Specimen unsuitable for analysis
W	Confirmation not performed
X	Full analysis not performed for any other reason

RESULT OF TESTS GIVE PATIENT:

APPOINTMENT	
TELL POSITIVE	
TELL NORMAL	✓
SPEAK TO G.P.	

23 JUN 1993

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

GLASGOW ROYAL INFIRMARY

D4

Name MCGUIGAN EDWARD Sex M D. o. b. 8/ 2/70 Hospital GP Ward BRHC

Address 2 WESTERCRAIGS Consultant LINDSAY Hospital Number

Received 1/ 7/93 0930

Accession Number 122437 H

Clinical Information

Date	
29. 6.93	AMPHETAMINE : NEGATIVE METHADONE : NEGATIVE BENZODIAZEPINES : NEGATIVE OPIATES : POSITIVE DIHYDROCODEINE : CONFIRMED

Urine drug screen

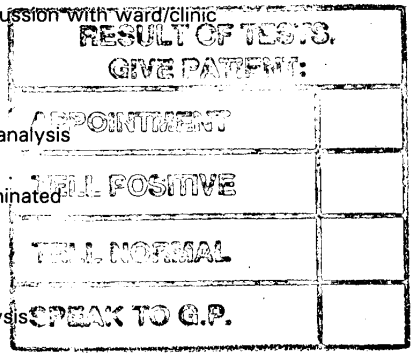
COMMENT

DRUGS OF ABUSE SCREEN (URINE)

ISSUED AT 12:27:15 ON 5/ 7/93

INDEX TO COMMENT CODES

A	Unsatisfactory Analysis — Sample insufficient for full repeat
C	Specimen collected in inappropriate container
D	Results deleted following discussion with ward/clinic
F	Result to follow
I	Specimen insufficient for full analysis
K	Sample believed to be contaminated
L	Marker detected
U	Specimen unsuitable for analysis
W	Confirmation not performed
X	Full analysis not performed for any other reason



- 7 JUL 1999

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

GLASGOW ROYAL INFIRMARY

D4

Name MCGUIGAN EDWARD Sex M D. o. b. 8/ 2/70 Hospital GP Ward BRHC

Address 2 WESTERCRAIGS Consultant LINDSAY

Received 1/ 7/93 0930

Hospital Number

Accession Number 122437 H

Clinical Information

Date	
29. 6.93	AMPHETAMINE : NEGATIVE METHADONE : NEGATIVE BENZODIAZEPINES : NEGATIVE OPIATES : TO FOLLOW

Urine drug screen

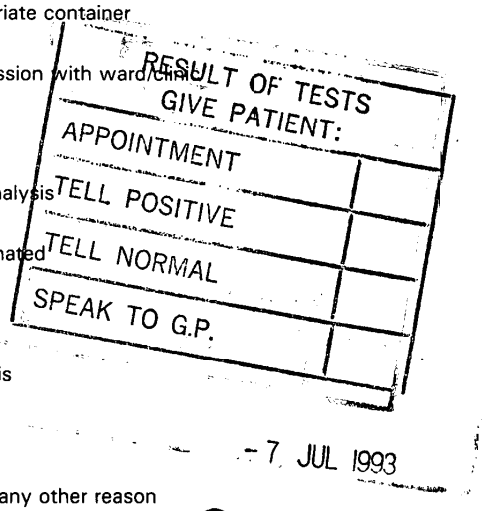
COMMENT

ISSUED AT 14:16:48 ON 2/ 7/93

DRUGS OF ABUSE SCREEN (URINE)

INDEX TO COMMENT CODES

A	Unsatisfactory Analysis — Sample insufficient for full repeat
C	Specimen collected in inappropriate container
D	Results deleted following discussion with ward/clinic
F	Result to follow
I	Specimen insufficient for full analysis
K	Sample believed to be contaminated
L	Marker detected
U	Specimen unsuitable for analysis
W	Confirmation not performed
X	Full analysis not performed for any other reason



NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

GLASGOW ROYAL INFIRMARY

D4

Name MCGUIGAN EDWARD Sex M D o b. 8/ 2/70 Hospital GP Ward BRHC

Address 2 WESTERCRAIGS Consultant BRUCE Hospital Number

Received 14/ 7/93 1020

Accession Number 124116 L

Clinical Information

Date	
13. 7.93	AMPHETAMINE : NEGATIVE METHADONE : NEGATIVE BENZODIAZEPINES : NEGATIVE OPIATES : TO FOLLOW

Urine drug screen

DB

COMMENT

DRUGS OF ABUSE SCREEN (URINE)

ISSUED AT 12:10:47 ON 15/ 7/93

INDEX TO COMMENT CODES

A	Unsatisfactory Analysis — Sample insufficient for full repeat
C	Specimen collected in inappropriate container
D	Results deleted following discussion with ward/clinic
F	Result to follow
I	Specimen insufficient for full analysis
K	Sample believed to be contaminated
L	Marker detected
U	Specimen unsuitable for analysis
W	Confirmation not performed
X	Full analysis not performed for any other reason

RESULT OF TESTS
GIVE PATIENT:

APPOINTMENT	
TELL POSITIVE	
TELL NORMAL	✓
SPEAK TO G.P.	

20 JUL 1993

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

GLASGOW ROYAL INFIRMARY

D4

Name MCGUIGAN EDWARD Sex M D. o. b. 8/ 2/70 Hospital GP Ward BRHC

Address 2 WESTERCRAIGS Consultant BRUCE Hospital Number

Received 14/ 7/93 1020

Accession Number 124116 L

Clin cal Information

Date	
13. 7.93	AMPHETAMINE : NEGATIVE METHADONE : NEGATIVE BENZODIAZEPINES : NEGATIVE OPIATES : POSITIVE DIHYDROCODEINE : CONFIRMED

Urine drug screen

AB

COMMENT

DRUGS OF ABUSE SCREEN (URINE)

ISSUED AT 12:41:44 ON 21/ 7/93

A	Unsatisfactory Analysis — Sample insufficient for full repeat
C	Specimen collected in inappropriate container
D	Results deleted following discussion with ward/clinic
F	Result to follow
I	Specimen insufficient for full analysis
K	Sample believed to be contaminated
L	Marker detected
U	Specimen unsuitable for analysis
W	Confirmation not performed
X	Full analysis not performed for any other reason

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

GLASGOW ROYAL INFIRMARY

D4

Name MCGUIGAN EDWARD Sex M D. o b. 8/ 2/70 Hospital GP Ward BRHC

Address 2 WESTERCRAIGS Consultant BRUCE Hospital Number

Received 21/ 7/93 1215

Accession Number 124833 V

Clinical Information

Date	
20. 7.93	AMPHETAMINE : NEGATIVE METHADONE : NEGATIVE BENZODIAZEPINES : NEGATIVE OPIATES : TO FOLLOW

Urine drug screen

COMMENT BRIDGETON HEALTH CENT

ISSUED AT 10:39:20 ON 22/ 7/93

DRUGS OF ABUSE SCREEN (URINE)

INDEX TO COMMENT CODES

A	Unsatisfactory Analysis — Sample insufficient for full repeat
C	Specimen collected in inappropriate container
D	Results deleted following discussion with ward/clinic
F	Result to follow
I	Specimen insufficient for full analysis
K	Sample believed to be contaminated
L	Marker detected
U	Specimen unsuitable for analysis
W	Confirmation not performed
X	Full analysis not performed for any other reason

RESULT OF TESTS GIVE PATIENT:	
APPOINTMENT	
TELL POSITIVE	
TELL NORMAL	✓
SPEAK TO G.P.	

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

GLASGOW ROYAL INFIRMARY

D4

Name MCGUIGAN EDWARD Sex M D.o.b. 8/ 2/70 Hospital GP Ward ERHC

Address 2 WESTERCRAIGS Consultant BRUCE Hospital Number

Received 21/ [redacted]93 1215

Accession Number 124833 V

Clinical Information

Date	
20. 7.93	AMPHETAMINE : NEGATIVE METHADONE : NEGATIVE BENZODIAZEPINES : NEGATIVE OPIATES : POSITIVE DIHYDROCODEINE : CONFIRMED

Urine drug screen

COMMENT BRIDGETON [redacted]EALTH CENT

ISSUED AT 12:06:08 ON 26/ 7/93

DRUGS OF ABUSE SCREEN (URINE)

INDEX TO C[illegible] CODES

A	Unsatisfactory Analysis - [illegible] insufficient for full repeat
C	Specimen collected in inappropriate container
D	Results deleted following discussion with ward/clinic
F	Result to follow
I	Specimen insufficient for full analysis
K	Sample believed to be contaminated
L	Marker detected
U	Specimen unsuitable for analysis
W	Confirmation not performed
X	Full analysis not performed for any other reason

RESULT OF TESTS
GIVE PATIENT:
APPOINTMENT
TELL POSITIVE
TELL NORMAL
SPEAK TO G.P.

29 JUL 1993

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

GLASGOW ROYAL INFIRMARY

D4

Name MCGUIGAN EDWARD Sex M D. o. b. 8/ 2/70 Hospital GP Ward BRHC

Address 2 WESTERCRAIGS Consultant BRUCE Hospital Number

Received 28/ 7/93 1000

Accession Number 125690 X

Clinical Information DRUG ABUSE

Date		
27. 7.93	AMPHETAMINE	: NEGATIVE
	METHADONE	: NEGATIVE
	BENZODIAZEPINES	: NEGATIVE
	OPIATES	: TO FOLLOW

UA Urine drug screen
OB

COMMENT BRIDGETON

DRUGS OF ABUSE SCREEN (URINE)

ISSUED AT 15:05:25 ON 29/ 7/93

INDEX TO COMMENT CODES

A	Unsatisfactory Analysis — Sample insufficient for full repeat
C	Specimen collected in inappropriate container
D	Results deleted following discussion with ward/clinic
F	Result to follow
I	Specimen insufficient for full analysis
K	Sample believed to be contaminated
L	Marker detected
U	Specimen unsuitable for analysis
W	Confirmation not performed
X	Full analysis not performed for any other reason

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

GLASGOW ROYAL INFIRMARY

D4

Name MCGUIGAN EDWARD Sex M D. o. b. 8/ 2/70 Hospital GP Ward BRHC

Address 2 WESTERCRAIGS Consultant BRUCE Hospital Number

Received 28/ 7/93 1000

Accession Number 125690 X

Clinical Information DRUG ABUSE

Date	
27. 7.93	AMPHETAMINE : NEGATIVE METHADONE : NEGATIVE BENZODIAZEPINES : NEGATIVE OPIATES : POSITIVE DIHYDROCODEINE : CONFIRMED

Urine drug screen

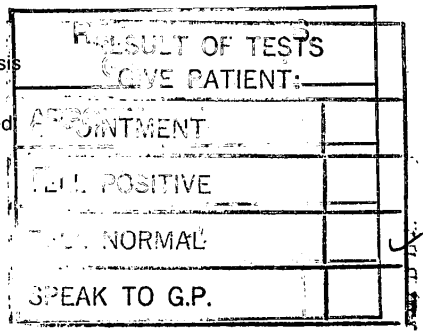
COMMENT BRIDGETON

ISSUED AT 16:54:43 ON 30/ 7/93

DRUGS OF ABUSE SCREEN (URINE)

INDEX TO COMMENT CODES

A	Unsatisfactory Analysis — Sample insufficient for full repeat
C	Specimen collected in inappropriate container
D	Results deleted following discussion with ward/clinic
F	Result to follow
I	Specimen insufficient for full analysis
K	Sample believed to be contaminated
L	Marker detected
U	Specimen unsuitable for analysis
W	Confirmation not performed
X	Full analysis not performed for any other reason



3 AUG 1993

MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
GLASGOW ROYAL MATERNITY HOSPITAL

UNIT 1

Name MCGUIGAN EDWARD Sex M D.o.B. / / Hosp. GP Ward GP84

Address Consultant TOBAIS Hosp No.

Taken 3/ 4/92

Investigation CULTURE Received 3/ 4/92

Specimen URINE MID-STREAM SPECIMEN

MICROSCOPY: NO CELLS, NO ORGANISMS

CULTURE: NO GROWTH

Microbiologists M.G.Jackson / Dr.G.Edwards Bacteriology Lab. No. 001952 R 1

URINE Reported 4/ 4/92 Page 1 of 1

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

GLASGOW ROYAL INFIRMARY

B

Name MCGUIGAN EDWARD Sex M D.o.b. 8/ 2/70 Hospital GP Ward EHC

Address 30 WARDIE RD
EASTERHOUSE

Consultant HOOPER

Received 16/ 3/87 1545

Hospital Number

Accession Number 107571 H

Clinical [redacted]nation ON HEROIN ? HEPATITI

Withdrawal Date	Time	Adjusted Calcium 2.2-2.6 mmol/l	Calcium 2.2-2.6 mmol/l	Phosphate 0.7-1.4 mmol/l	Total Protein 62-82 g/l	Albumin 35-55 g/l	Globulins 22-33 g/l	Bilirubin (Total) 3-22 µmol/l	Alk Phos 80-280 U/l	AsT 12-48 U/l	AlT 3-55 U/l	LDH 230-525 U/l	CK <150 U/l	Comments (see overleaf)
7/ 1	1400							9	265	21	11			
16/ 3	1200							15	285	28	16			

[redacted]hdrawal Date	Time	Magnesium 0.7-1.0 mmol/l	IgA 0.8-4.5 g/l	IgG 6.0-15.0 g/l	IgM 0.4-3.0 g/l	Bilirubin (Direct) < 8 µmol/l	Acid Phos (Prostatic) <4.3 µg/l	Gamma GT <36 U/l	Urate 150-520 µmol/l	C-Reactive Protein <10 mg/l	Comments (see overleaf)
[redacted]											

COMMENT

ISSUED AT 10:33:46 ON 17/ 3/87

Note: Reference values given are for general guidance, are not differentiated by age and sex, and are not suitable for publication.

INDEX TO COMMENT CODES

A	Unsatisfactory Analysis — Sample insufficient for full repeat
B	We regret one or more specimens broken in centrifuge
C	Specimen collected in inappropriate container
D	Results DELETED following discussion with ward/clinic
E	Emergency Analysis
F	Result to follow
H	Haemolysed Specimen
I	Specimen insufficient for full analysis
N	Insufficient specimens received for analyses requested
T	Turbid Specimen
U	Specimen unsuitable for analysis
V	Very old specimen (Received > 24h after withdrawal)
X	Full analysis not performed for any other reason
HIGH	Result > 10,000 U/l (AsT and AIT ONLY).

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

GLASGOW ROYAL INFIRMARY

B

Name MCGUIGAN EDWARD Sex M D.o.b. 8/ 2/70 Hospital GP Ward EHC

Address 30 WARDIE RD
EASTERHOUSE

Consultant

Received 7/ 1/87 1533

Hospital Number

Accession Number 100415 E

Clinical Information INSOMNIA ON HEROIN

Withdrawal Date / Time	Adjusted Calcium 2.2-2.6 mmol/l	Calcium 2.2-2.6 mmol/l	Phosphate 0.7-1.4 mmol/l	Total Protein 62-82 g/l	Albumin 35-55 g/l	Globulins 22-33 g/l	Bilirubin (Total) 3-22 µmol/l	Alk Phos 30-280 U/l	AsT 12-48 U/l	AlT 3-55 U/l	LDH 230-525 U/l	CK <150 U/	Comments (see overleaf)
7/ 1 1400							9	265	21	11			

Withdrawal Date / Time	Magnesium 0.7-1.0 mmol/l	IgA 0.8-4.5 g/l	IgG 6.0-15.0 g/l	IgM 0.4-3.0 g/l	Bilirubin (Direct) < 8 µmol/l	Acid Phos (Prostatic) <4.3 µg/l	Gamma GT <36 U/l	Urate 150-520 µmol/l	C-Reactive Protein <10 mg/l	Comments (see overleaf)

KMHamm

COMMENT EASTERHOUSE HC

ISSUED AT 11:20:51 ON 8/ 1/87

Note: Reference values given are for general guidance, are not differentiated by age and sex, and are not suitable for publication.

INDEX TO COMMENT CODES

A	Unsatisfactory Analysis — Sample insufficient for full repeat
B	We regret one or more specimens broken in centrifuge
C	Specimen collected in inappropriate container
D	Results DELETED following discussion with ward/clinic
E	Emergency Analysis
F	Result to follow
H	Haemolysed Specimen
I	Specimen insufficient for full analysis
N	Insufficient specimens received for analyses requested
T	Turbid Specimen
U	Specimen unsuitable for analysis
V	Very old specimen (Received > 24h after withdrawal)
X	Full analysis not performed for any other reason
HIGH	Result > 10,000 U/l (AsT and AIT ONLY).

NHS Confidential: Personal data about a patient

BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL B

CONSULTANT C CRAWFORD	SURNAME MCGUIGAN	HOSPITAL NUMBER	C03237578
HOSPITAL GP WARD 1119 ARGYLE	FORENAME EDWARD	DATE OF BIRTH	08.02.70
DATE 04.09.03 TIME WITHDRAWN	LABORATORY NUMBER N.03.8314918.Q	SEX	M

U Amphetamines	Negative	U Benzodiazepines	Positive
U Methadone	Positive	U Opiates	Negative
U Creatinine	1.7 mmol/L		

Comments & Confirmations
Dilute urine - Beware false negatives

NORMAL APPT
05 SEP 2003
SCRIPT NOTES

Authorised by Auto Check
Time reported 14:52 Date reported 04.09.03

Drugs of Abuse

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA_1C (DCCT Calibrated)	Good Control <7% Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Triiodothyronine (T_3)	(1.0 -2.2 nmol/L)
Free Thyroxine (fT_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

7 Vitamins	(Reference interval)
Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/G)
Vitamin B2 (Riboflavin)	(<70%)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L))
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141 - 211 3355 or 3341)

MI - 01/00

00508

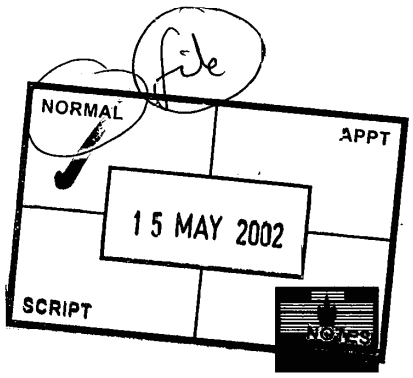
BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL B

CONSULTANT	NOT STATED	SURNAME	MCGUIGAN	HOSPITAL NUMBER	ZC0283862
HOSPITAL	GP WARD 1119 ARGYLE	FORENAME	Edward	DATE OF BIRTH	08.02.70
DATE	13.05.02 TIME WITHDRAWN	LABORATORY NUMBER	8009440	SEX	M

U Amphetamines	Negative	U Benzodiazepine	Positive
U Methadone	Positive	U Opiates	Negative
U Creatinine	2.6 mmol/L		

Comments & Confirmations



Authorised by Auto Check
Time reported 13:22 Date reported 14.05.02

Drugs of Abuse

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

REFERENCE VALUES, COD[illegible] AND ASBREVIATIONS

1 General	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(≤88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA_1C (DCCT Calibrated)	Good Control <7% Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
[illegible]odothyronine (T_3)	(1.0 -2.2 nmol/L)
[illegible]e Thyroxine (fT_4)	(10 - 24 pmol/L)
[illegible]nyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

7 Vitamins	(Reference interval)
Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/G)
Vitamin B2 (Riboflavin)	(<70%)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L))
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141 - 211 3355 or 3341)

MI - 01/00

NHS Confidential: Personal data about a patient

BIOCHEMISTRY REPORT — **GARTNAVEL GENERAL HOSPITAL** B

CONSULTANT MCNEILL		SURNAME MCGUIGAN	HOSPITAL NUMBER
HOSPITAL GP	WARD 1119 ARG	FORENAME EDWARD	DATE OF BIRTH 08/02/1970
DATE 11/10/01	TIME WITHDRAWN 11:00	LABORATORY NUMBER 852606P	SEX Male

Confirmation

GC MS CONFIRMATION ON HYDROLYSED URINE:
OPIATES NOT DETECTED (started admit to MST Sunday before!)

NORMAL — APPT — 18 OCT 2001 — SCRIPT — NOTES

Comment:
Authorised By: J.KNEPIL
Reported at 09:46 on 17/10/2001
Profiles requested on this patient: DOA !CONF

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA_1C (DCCT Calibrated)	Good Control <7% Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Triiodothyronine (T_3)	(1.0 -2.2 nmol/L)
Free Thyroxine (fT_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

7 Vitamins	(Reference interval)
Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/G)
Vitamin B2 (Riboflavin)	(<70%)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L)
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141 - 211 3355 or 3341)

MI - 01/00

NHS Confidential: Personal data about a patient

BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL B

CONSULTANT	MACNEILL		SURNAME	MCGUIGGAN	HOSPITAL NUMBER C03204906
HOSPITAL	GP	WARD 1119 ARGYLE	FORENAME	EDWARD	DATE OF BIRTH 08.02.70
DATE	22.05.03	TIME WITHDRAWN 09:20	LABORATORY NUMBER	N,03.8308874.V	SEX M

U Amphetamines	Negative	U Benzod azepines	Positive
U Methadone	Positive	U Opiates	Positive
U Cocaine	Negative	U Alcoho	Negative
U Creatinine	16.1 mmol/L		

Comments & Confirmations
Confirmation by GCMS on hydrolysed urine
Drugs related to opiates not detected

NORMAL APPT
28 MAY 2003
SCRIPT NOTES

Authorised by Auto Check
Time reported 14:52 Date reported 22.05.03

Drugs of Abuse

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA_1C (DCCT Calibrated)	Good Control <7% Poor Control >8%
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Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Triiodothyronine (T_3)	(1.0 -2.2 nmol/L)
Free Thyroxine (fT_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
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7 Vitamins	(Reference interval)
Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/G)
Vitamin B2 (Riboflavin)	(<70%)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L))
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L)*

RESULT CODES

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*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

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MI - 01/00

NHS Confidential: Personal data about a patient

ACCIDENT AND EMERGENCY SERVICE | **ROYAL LANCASTER INFIRMARY, Lancaster 65944** | **Hospital No.** [redacted]

This card must be returned to the Casualty Records within 24 hours unless filed in Case Record

Casualty Serial Number: 6 4 7 1

SURNAME: H C G U I G A N

Other Names: EDWARD R.

Maiden Name:

Home Address: 14 HIGHFIELD VIEW

(if visitor see left margin) ~~CASTER~~ QUERNMORE

Post Code: LA1 3JJ Tel. No.: 46 37519

Family Doctor: ELLIOTT. Letter Yes/(No)

Consultant: VS.

Age: 20 Sex: M

Civil State: M (S) W D C

Occupation: UIE.

Industry (or name of School):

Date of Injury: 2/2 Time of Injury:

X-Ray No.:

Date of Birth: 08.02.70

Religion: R.C.

Complaint: INJ (R) leg

Date of Attendance: 04.07.90

Time In: 1829

Next of Kin: mother

If R.T.A., State Place : Details

Wearing Seat Belt : YES/NO/Unknown

Telephone Informed: 148. BARLANARK ROAD GLASGOW Tel 77324-47.

Visitor : Day Period Date returning home

Staying at

Dear Doctor, this patient attended the Accident and Emergency Department:

Examination :— SEEN BY DR McGLONE

PAIN R KNEE. RECURRENT PROBLEM OVER 2/12. KNOCKED LAST NIGHT BRUISE. FULL ROM

X-Ray :—

Other Investigations :—

Treatment :— ANALGESIA

Signature CASUALTY DEPT

NHS Confidential: Personal data about a patient

MALE

MCGUIGAN

DATE OF BIRTH 08/02/70 SERIAL No. 6150

EDWARD
S644/3/70/255

I.AIDLAW HSE
95 CHEAPSIDE ST
GLASGOW G3 8BH

DR. A A LAWSON

DATE 17/05/96 G

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HIS MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

*IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

MEDICAL RECORD CARD

FORM G.P. 7A(COMP)

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

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NHS Confidential: Personal data about a patient

MALE

DATE OF BIRTH: 08/02/70 SERIAL No.: 6150

MCGUIGAN

EDWARD
S644/3/70/255

11 INVERLOCHY ST
GLASGOW
G33 5DA

DR. C TOBIAS DATE 29/09/93 G

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HIS MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

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MEDICAL RECORD CARD

FORM G.P. 7A(COMP)

NHS Confidential: Personal data about a patient

[redacted]

MALE | Surname: Mc GUIGAN | Forenames: Edward

Address: 31 Kilchenes Rd N19

National Health Service Number: NHS 644 370 255 | Date of Birth: 8-2-70

Date	★	CLINICAL NOTES
8-9-87		FP4. From Merseyside
8-9-87	A	on heroin 2 yrs- st cresc drug addn centre
		temezepam paannak1
6 NOV 1987		not attende DAAC as reqstd. Re ref to St Crs temezepam 10mg 10 caps.

★This column has been provided for doctors to enter A, V or C at their discretion.

Dd 556224 6354M 12/76 AG.

Form FP7

Date	★	CLINICAL NOTES

★ This column has been provided for doctors to enter A, V or C at their discretion.

MALE SURNAME Mc QUIGAN CHRISTIAN NAMES EDWARD T. R 3 1 2 19

ADDRESS 2 ELMHAVEN TERR Date of Birth 8 2 70

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
Long		in Remission since	27/11/92.
		Dorsp since age 16.	
2/12/92		4th attempt to stop -	
		Temgesic - Temazepam	
		Dehydrocodein. Last injected 27/11.	
		Last Shaved 14/11.	
		Painful leg sore. (Spotaworld)	
		(L) Dep + appm painful sore	
		infection there 27/11.	
		Afebrile Pulse reg. 82/min.	
		R ECG.	
16-12-92		Vomiting Dyspepsia 5/12	
		(family History)	
		O/E Tumour tenderness.	
		R Tagamet 400, (bd) tbd	
20.1.93.		Wants wk cert.	
		note "has given	
		substantially"	11 to stone
			factory
23/2/93	I	12 Tagamet 400 (bd)	
26 MAR 1993		Migraine history x 2/week.	
		L side no vomit or prodrome. usually	
		at [illegible] Paracetamol.	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD Migraine pain (24) 1-11 pm Form G.P. 7 (Scotland)

HMSO Dd8218325MD C1520 7/90 53791

NHS Confidential: Personal data about a patient

DATE	C.F.*	CLINICAL NOTES	DIAGNOSIS
26 MAR 1993		M/o L eye problem. ? GRI.	
Contd.		(Dr C. T O'Brien Canterbury HC.)	
		- note to him re.	
		diagnosis & treatment.	
		Q. BRUCE	

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NHS Confidential: Personal data about a patient

MALE

	DATE OF BIRTH	SERIAL No.
MC GUIGAN	08/02/70	6150

EDWARD

S6 44 13/70/255

2 WESTERCRAIGS
GLASGOW
G31 2HZ

DR C BRUCE

DATE 20/05/93 G

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HIS MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

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MEDICAL RECORD CARD

FORM G.P. 7A(COMP)

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

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NHS Confidential: Personal data about a patient

MALE SUMMARY OF TREATMENT CARD

Surname	Forename(s)
[redacted] Mc Gregor	Ian

Address

N.H.S. Number	Date of Birth

DATE	CLINICAL NOTES
1987	Hysterectomy
1990	Abdominal Reconstruction
1997	Hernia Adhesions

Dd 8821006 3700M 10/84 Ed(219482) FP9A

DATE	CLINICAL NOTES

MALE

SURNAME	CHRISTIAN NAMES	
McGUIG [redacted]	EDWARD	8/2/70

ADDRESS

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
1/6/70.		Off feeds. Vomiting occasionally. Has cough. Teething. Chest clear. Throat mildly inflamed. 2x/ Cyclotex Syrup.	~~Paracetamol~~
22/6/70			
23/6/70			
26/6/70.		Cough & chokey. Vaseline. Ampicillin	
23/7/70.		Cough bad - vomiting of feeds. Appt ✓ Sl. constipated. G/E Throat Tonsils ++. Catarrh. Chest Rhonchi both bases. T-normal. Abd NAD - s-spl. CVS NAD. Rx Tetracyclin, Tricyclix. See 3 days!	
27/7/70		Rhonchi (L) upper chest esp. Rx-sp. pan. T-normal 97.8. X-Ray. Rx Penicillin - Amps ½ + sp Rx.	
30/7/70		Much improved clinically. Still not taking all feeds.	X-Ray normal.
6/8/70			
14/9/70			

NHS Confidential: Personal data about a patient

DATE	*C *V	CLINICAL NOTES	DIAGNOSIS
14/9/70		[illegible]	[illegible]
13/10/70		[illegible] cough - mainly [illegible]	
27/10/70		[illegible]	
		[illegible]	
7/12/70		[illegible]	
30/3/71		[illegible] [illegible] [illegible]	
		to [illegible] of leg	
2/4/71			
26/4/71		mist. Kaolin paediatric 50ml	
8/4/71		[illegible] with blisters.	
		Rupture[illegible]	
		Lotio Cal.	
		[illegible] [illegible]	

DATE	★	CLINICAL NOTES

* This column has been provided for doctors to enter A, V or C at their discretion.

NHS Confidential: Personal data about a patient

Reg 25 July 73. EC4

MALE Surname	Forenames
Mc Guigan	Edward.

Address

35 Atherton Rd E7

National Health Service Number	Date of Birth

DATE	*	CLINICAL NOTES
30 NOV 1973		Cough & Cold. Feverish / No Vomiting
3½		Since Tuesday. Eye Sl Swollen
Sig Amp Prec		
		X Ray Chest
3 DEC 1973		Told Better
~~16 JAN 1974~~		
17 JAN 1974		Fever 1½ - 1½
Am		2½ - 2½
		Amoxil -
Sig Amp Prec		Cough 2 - 2
		3X
		Mafu x IV
		GhW

*This column has been provided for doctors to enter A, V or C at their discretion.

NHS Confidential: Personal data about a patient

MALE

SURNAME	CHRISTIAN NAMES
McGuigan	Edward

ADDRESS: ~~16 PRIMROSE~~ 9 Dalziel Dr G/F

Date of Birth: 8 2 70

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
8/4/75		Jaundice ++ loose motions Admitted Dr Matthew Glucose drip Dr. Fiddes Watson.	Infec Hepatit
6.5.75		Remained Well Discharged	Well
2/8/78		Refer to Optic visions (L) eye	
9/5/79		Strapping (R) foot	

*In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form E.C. 7 (Scotland)

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

*In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MALE

	DATE OF BIRTH	SERIAL No.
MCGUIGAN	08/02/70	6150

EDWARD
S644/3/70/255

148 BARLANARK RD
GLASGOW
G33 4AJ

DR. C TOBIAS DATE 30/06/88 G

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HIS MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

* IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

MEDICAL RECORDS CARD

FORM G.P.7A (A & C)

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

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NHS Confidential: Personal data about a patient

[redacted]

MALE ● Surname: M'Guigan | Forenames: Edward

Address: 66 Herondale Ave, B'head

National Health Service Number: Tel No. | Date of Birth: 28.8.70.

Date	★	CLINICAL NOTES
9/7/87.		Knee Pain. Jt Effusion. Quads Wasting. Rx Voltarol 50mg BD
16/7/87		Seen Robert Smith c/o Keith Hopping Crutches
		Rx Voltarol SR 100mg BD
		Rx Ibuprofen 600mg TDS
		Long Term Care
		Refer Physio
20/7/87		Using crutches
		Rx Ibuprofen 400mg TDS 3/7
		Rx Ibuprofen 200mg TDS 4/7
		Crutches NO MORE 22/7/87.

★ This column has been provided for doctors to enter A, V or C at their discretion.

Printed in the UK for HMSO. D.8978922 8.300m 11/86. Form FP7

Date	★	CLINICAL NOTES

★ This column has been provided for doctors to enter A, V or C at their discretion

MALE

15/66

DATE OF BIRTH: 08/02/70 | SERIAL No.: 6150

MCGUIGAN

EDWARD
S6443/70/255

647 ARGYLE ST
GLASGOW
G3 8YG

DR C L ANAND

DATE 07/03/97 G

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HIS MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

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MEDICAL RECORD CARD

FORM G.P. 7A(COMP)

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

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MALE 7/3/97

SURNAME	CHRISTIAN NAMES
Mc Keegan	Edward

ADDRESS 647 Argyle St 43 — Date of Birth 8 2 70

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
		ECI	
07 MAR 1997		Methadone 30 mls daily supervised. Part 1. Nitrazepam 30	
8/5/97		Methadone 30	

Dr.....

29/5/97 [illegible] 150 only

This person has been placed on your list in accordance with your acceptance and this card should be used until his medical record envelope is sent to you. It should then be placed in the envelope.

Date.....

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD FORM G.P. 7a (Scotland)

8036171 250M 2/87 27219

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McGUIGAN

Forenames (Block Letters): EDWARD

Address:

Date of Birth: 8/2/70

Date	*	Clinical Notes	Diagnosis
27/6/02		Methadone prescr. given 30ml supers. 27/6/02–3/7/02 inclus	
4/7/02		(DNA) clinic	
		re-referred Parkhead wk 4/7 (? depression)	
8/8/02		on pass from Parkhead wk 3 (21/8/302)	
		(? Dx tomorrow?)	
	(T)	placed ward	
		no dexamphetamine Dx	
		If does drugs by day will phone &	
		stop methadone. (change to ward	
		after 1st week of pass)	
16/8/02		Discharged yesterday. Last discharge Cocktail	
		Olanzapine + Diazep	
		Resident MeR 80 16/8/02 → 21/8/02 (six days supply)	
		– supervised	
		Diaz 5mg BID x 24 daily	
		See at clinic next Thurs 22nd.	
21/8/02		seen at clinic	
	(T)	keep to confirm medication	
		meth 80ml (supervised) 21/8 → 28/8	
		diazepam 5mg BID x 28	
		olanzapine daily 10mg 28 day	
27/8/02		[illegible]	
		TCA	

* This column has been provided for doctors to enter A, V or C at their discretion

Difficulty ? psychosis developing infant

Zimovane 7.5mg daily (not RP)

PRINTED FOR ASTRON, 11/01 B22826 (13161)

Date	*	Clinical Notes	Diagnosis
29/8/02		Methadone Rx 80ml given 29/8/02 – 4/9/02 inclusive	
		Appr with Nurse 4/9/02 Hea/vn check	
5/9/02		Methadone Rx given for 80ml 5/9/02 – 11/9/02 inclusive	
12/9/02		Rx given methadone 12/9/02 – 18/9/02 inclusive ddds –	
19/9/02		Rx given for 80ml methadone plus other medication ddds 19/9/02 – 25/9/02 inclusive	
		Told Maria took IV cocaine sat night, c intention of killing himself. Says will contact CPN. Wants to commence methadone	
	D	Ward staff. Wanted to call GMH but only getting voicemail. Saw him in street Tue & told him to phone therapist. Co-morbidity team also involved → phone Jim Addis 531 2285	
26/9/02		Rx given for 80ml 3293 methadone. 26/9/02 – 2/10/02 inclusive.	
3/10/02		Rx given for 80ml methadone 3/10/02 – 9/10/02 inclusive	
17/10/02		Rx given for 80ml methadone 17/10/02 – 23/10/02 inclusive	
24/10/02		Rx given for 80ml methadone 24/10/02 – 30/10/02 inclusive	
31/10/02		Rx given for 80ml methadone 31/10/02 – 6/11/02 inclusive	
7/11/02		Rx given for 80ml methadone 7/11/02 – 13/11/02 inclusive	
14/11/02		Methadone phase given 80ml supervised 14/11/02 – 20/11/02 inclus	
21/11/02		Methadone Rx 80ml supervised 21/11/02 – 27/11/02 inclusive	
28/11/02		Methadone Rx 80ml supervised 28/11/02 – 4/12/02 inclusive	
5/12/02		OOH clinic – in hospital (? pneumonia ?) sent home.	
12/12/02	D	Bromley D pneumonia Home today Script for MEN 80ml (super) 13/12 → 18/12 * called	

* This column has been provided for doctors to enter A, V or C at their discretion

+ 7 script for tabs — last supplied 5 tabs → check.

MV Burns chemist may have supplied

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
McGuigan	Edward	8/2/70

Address

Date	*	Clinical Notes	Diagnosis
7/3/2		Methadone script given 70ml super 7/3/2 - 13/3/2 inclus	
14/3/2		Methadone script given 70ml super 14/3/2 - 20/3/2 inclus	
21/3/2		Methadone script given 70ml super 21/3/02 - 27/3/02 inclus	
25/3/02	M	see message from Dr Moore	
		diazepam 10mg x3 ÷ daily.	
		Lopp N ÷ daily for 10/7, then ↑ to 20mg if tolerated (see Brief).	
		needs prolactin level (appt 8/4).	
28/3/2		Methadone script given 70ml super 28/3/2 - 3/4/02 inclus	
4/4/2		Methadone script given 70ml super 4/4/2 - 10/4/2 inclus	
		Feels slight withdrawn in the morning, possibly increase 10mls as of next prescription.	
8/4/02	M	see Dr Moore's letter.	
		↓ diazepam tolerated, ↑ to 20mg — Valentine S	
		[illegible]	
		Still done Prolactin level.	
11/04/02		Methadone script given 80ml super 11/04/02 - 17/04/02 inclus	
18/4/02		Methadone script given 80ml super 18/4/02 - 24/4/02 inclus	
24/4/02		BNA. CC	
		diazepam now discontinued — prefers to take nothing	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F NB still needs prolactin.

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Date	*	Clinical Notes	Diagnosis
25/4/02	NS	Requested Lansoprazol – has had in past – Rx Lansoprazole 30g (25) – or repeat	
25/4/02		Methadone script given 80ml super 25/4/02 – 1/5/02 inclus	
2/5/02		Methadone script given 80ml super 2/5/02 – 8/5/02 inclus	
9/5/02		Methadone script given 80ml super 9/5/02 9/5/02 inclus	
13/5/02		c/o lower back pain esp on walking. Pain from injecting comes into groin & legs – probably not related to methadone. Exam R 70° L 90° already attending physio Barnwood (Miss Vernon). Referred to Dismissed Bike confiscated! c/f diarrhoea	
		Morphine 60mg 30%	
		c/o poor sleep – chronic problem	
		urine ✓	
23/5/02		Methadone presc given 80ml super 23/5/02 – 29/5/02 inclus	
30/5/02		Methadone prescription given 80mls super 30/5/02 – 5/6/02	
4/6/02		(DNA) CC	
6/6/02		Methadone presc given 80ml super 6/6/02 – 12/6/02 inclus concerned re wt ↑ referred dietician 16/5	
13/6/02		Methadone script given 80ml super 13/6/02	19/6/02 inclus
20/6/02		Methadone presc given 80ml super 20/6/02	26/6/02 inclus
25/6/02		Appt 2/7 → 1/7. Germany given Rx → may take away for 4 days	

* This column has been provided for doctors to enter A, V or C at their discretion

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): MCGUIGAN

Forenames (Block Letters): EDWARD

Address:

Date of Birth: 8-2-70.

Date	*	Clinical Notes	Diagnosis
6/9/01		Methadone script given - 70ml super. 6/9-12/9 incl. Requires to complete Hep. B immunisation.	
13/9/01		Methadone script given - 70ml. super. 13/9-19/9 incl.	
20/9/01		Methadone script given - 70ml super. 20/9/01 -	26/9/01 inclus
27/9/01		Methadone script given 70ml super. 27/9/01 - 3/10/01 incl	
4/10/01		Methadone script given 70ml super 4/10/01 -	10/10/01
11/10/01.		+ve preg +ve Hep B core Ab -ve HBSAg Must attend Brownlee for screening	
		CT meth (super) 70 → 11/10 → 17/10. diazepam 5mg TID x 42	
18/10/01	NS	signed to Sick renewed Request Carbamazepine — got on 16/8/01 Rx Carbamazepine 200 (28)	
18/10/01		Methadone script given 70ml super 18/10/01 - 24/10/01 inclus	
25/10/01		Methadone script given 70ml super 25/10/01 - 31/10/01 inclus.	
1/11/01		Methadone script given 70ml super 1/11/01 - 7/11/01 inclus.	
2 wks		~~Carbamazepine (?) 200~~ getting better	
8/11/01		Methadone script given 70ml super. 8/11 → 14/11/01 incl.	
15/11/01		Methadone script given 70ml super 15/11/01 - 21/11/01 inclus.	
22/11/01		Methadone script given 70ml super 22/11/01 - 28/11/01 inclus	
26/11/01		urine + cannabis smoker (10-20 cpd) Clonazepam not for ed. Diazepam 5mg x 42	

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

355.2095

SL 150ml refer re eyes

Date	*	Clinical Notes	Diagnosis
29/11/01		Methadone script given 70ml supervs 29/11/01 - 5/12/01 inclus	
6/12/01		Methadone script given 70ml supervs 6/12/01 - 12/12/01 inclus	
13/12/01		Methadone script given 70ml supervs 13/12/01 - 19/12/01 inclus	
		diazepam discussed reported 6 5mg tabs/day in MH	
		Mild chorea — + smoking advice Mum — not forced explanation given re 5mg tabs and Eye appt 1 Dec.	
20/12/01		Methadone script given 70ml supervs 20/12/01 - 9/1/02 inclus.	
10/1/02		Methadone script given 70ml supervs 10/1 - 16/1/02 inclus	
17/1/02		Methadone script given 70ml supervs 17/1/02 - 23/1/02 inclus	
24/1/02		Methadone script given 70ml supervs 24/1/02 - 30/1/02 inclus	
31/1/02		Methadone script given 70ml supervs 31/1/02 - 6/2/02 inclus.	
7/2/02		Methadone script given 70ml supervs 7/2/02 - 13/2/02 inclus	
14/2/02		Methadone script given 70ml supervised 14/2/02	20/2/02 inclusive
14/2/02		doesn't want for DT appt — unclear why. (Tongue nipples — concerned) ? b diazepam next time	
21/2/2		Methadone script given 70ml supervs 21/2/2 -	27/2/2 inclus
28/2/2		Methadone script given 70ml supervs 28/2/2 -	6/3/02 inclus
5/3/02		Up med appointments, see D/r psych. cannot change pending Diazepam etc, not sleeping (keep diazepam at current dose) Lamotrigine 3 tabs x28	

* This column has been provided for doctors to enter A, V or C at their discretion

refer to eye

National Health Service Number		
CLINICAL NOTES	Surname (Block Letters): Mc Guigan	Forenames (Block Letters): Edward
	Address	Date of Birth: 8-2-70

Date	*	
26/4/01		meth pres given for 70ml bottle 26/4/01 → 2/5/01 inc.
3/5/01.		cramps both calfs Not sleeping mem(sup) 70ml 3/5 → 9/5 diaz 10mg 8x3 7x4. } 52. daily dosp
		Med pm changed 9/5/01.
9/5/01		Symptoms mem(sup) 70ml diaz 10mg (7x4 5x3) daily dosp. (39) both 10/5/01 → 16/5/01 inc
9/5/01		Script given 70ml
17/5/01		mem(sup) 70ml. diaz 10mg 5x1 4x4 3x2 } daily dosp (27)
17/5/01		Script given 70ml 17/5/01 – 23/5/01 mel
	(T)	Mrs Mc Mean referring to community team
24/5/01		mem(sup) 70ml diaz 10mg 3x2 2x4 1x1 } daily dosp (15)

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

Date	*	
24/5/01		meth pres given 70ml dated 24/5/01 → 30/5/01 inc.
7/6/01		meth pres given 70ml dated 7/6/01 — 13/6/01 inc.
14/06/01		(Supervised) meth pres given 70ml dated 14/06/01 → 20/06/01
28/6/01		Script given 70ml 28/6/01 - 4/7/01 incl.
5/7/01		Script given 70ml 5/7/01 - 11/7/01 incl.
12/7/01		Meth 70mls 12/7/01 → 18/7/01
19/7/01		Methadone script given 70ml supervs. 19/7/01-25/7/01 inclus.
26/7/01		using "eggy" dialysis machine → 1/wk
		req dialysis — probably not appropriate D/W CPN discussing rehab.
		meth (supervised) 70ml 26/7 → 1/8
	T	Jim Carroll 531 3293 — will call back
30/7/01	T	D/w Dr Shaw suggests drug holiday 7 D. script for 3 days + put on RR
30/7/01	T	D/w Community Psych Nurse Referred to Thompson Andrews.
2/8/01		Methadone script given 70ml supervs. 2/8/01 - 8/8/01 inclus.
9/8/01		Methadone script given 70ml supervs 9/8/01 - 15/8/01 inclus
16/8/01.		meth 70ml 16/8 → 22/8 (Fri → Sun takeaway). going to Ireland.
23/8/01		meth 70ml (supervised) 23/8 → 29/8
30/8/01		Meth script given 70ml supervs. 30/8/01 - 5/9/01 incl.

*This column has been provided for doctors to enter A, V or C at their discretion

Printed for TSO.

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McGuigan

Forenames (Block Letters): Edward

Address

Date of Birth: 8.2.70

Date	*	
16/11/00		Counsellors on strike - script given
23/11/00		Script given 70ml
27/11/00		drug 10mg 10x4 9x4 8x2 } dipdaily
		? girlfriend
		v shaky + ? ~~tremulous~~
		many temazepam ~10/day, girlfriend checked him out ~ 6-8 ago - ? ? ? ? from her.
		med Wor SR — considering rehab in NY ??
		girlfriend reminiscent of ? ? ? ? ? ?
		v tremulous, hence letter not to be repeated after NY
		Now at Phoenix House.
30/11/00		Script given 70ml drug 8x2 7x4 6x1
7/12/00		" " " — 6x3 5x4
14/12/00		" " " — ~~8x4 2x2~~
21/12/00		Script given - 70ml - no problems - rep ↑ drug 10mg 4x4 3x3 (25)
28/12/00		rep ↑ 75 drug 10mg 3x1 2x4 1x4 (15)

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

Date	*	
11/1/01		Script given 75ml
17/01/01		8 sutures removed from wound (healed)
		Lady well. MJ
18/1/1		Script given - 75 ml.
25/1/01		" " 70 ml
1/2/01		" " "
		left form re Consent Tox Benzo phen. "severely mentally impaired".
		I do not feel this does apply to him - ok.
9/2/01		remand (super) 70ml 9/2 → 16/2
		re alleging some incident 8/1 assaulted by grandfather's brothers & hospital beats.
		dismissed.
		Temazepam X1 only
		discussed Consent Tox form.
15/2/01		Script given 70ml.
22/2/01		" " 70ml
1/3/01		" " 70ml
8/3/01		" " "
15/3/01		" " "
22/3/01		" " "
29/3/01		" " "
5/4/01		" " 70
12/4/01		methadone pres given for 70ml dated 12/4/01 → 18/4/01 mjc
19/4/01		meth pres given for 70ml dated 19/4/01 → 25/4/01 mjc.
24/4/01		Diazepam 10mg 10X4 daily disp 9X4 8X1 24/4 → 2/5.

*This column has been provided for doctors to enter A, V or C at their discretion

Printed for TSO, Dd.J17460 .03/98, R.P.(53791

DNW CPN.
!! for respite admission
(nurse temazepam ~10/day (→15/day)

Still stressed re assaults

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): MURRAY

Forenames (Block Letters): EDWARD

Address

Date of Birth: 8/2/70

Date	*	
18/5/00		metformin 850 bd — 1815 → 1915 thioridazine 25mg tds daily ~~bd~~ depot — ? more needed
25/5/00		RP as 1815
1/6/00		RP as 1815
8/6/00		"
15/6/00		"
22/6/00		"
29/6/00		"
6/7/00		"
13/7/00		"
20/7/00		RP as 18/5 ~ gary on hols dispense with in advance on 20/7/00
27/7/00		R.P as 18/5
3/8/00		RP as 1815
10/8/00		RP as 1815
17/8/00		RP as 1815

*This column has been provided for doctors to enter A, V or C at their discretion

Date	*	
24/8/00		meth (supp) 30ml Mianserin 15mg x4 daily) 1/52
31/8/00		RV in 24/8
7/9/00		vomiting 1st a.m for weeks (7 days) Cimetidine no help. stopped Mianserin → to different. taking "a couple of Valium" → to help sickness Adm inappropriate.
		Referred ~ Sam Cheatham Admitted
		try Lansoprazole 30mg/24/7
		Review 2/52
		Unit for Mears
		meth (supp) 30ml – 2/52 (Started!)
21/9/00		Letter re lansoprazole 30mg → c/7 1/12 then ↓ to 15mg
		Still using ex diazepam
		Depo ↓ 100 → 80 ? – to fetch PK
		meth (supp) 30ml 21/9 → 27/9
28/9/00		meth (supp) 30ml 28/9 → 4/10
5/10/00		" 5/10 → 11/10
		lansoprazole 15mg x28

*This column has been provided for doctors to enter A, V or C at their discretion

19/10. Script Given 7/52 ml Methadone
26/10 " " "
2/11/00 " " "
9/11/00 " " 70 "

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McGuigan

Forenames (Block Letters): Edward

Address

Date of Birth: 8.2.70

Date	*	
10.2.00		MCP CS 6/1 10.2.00 → 16.2.00
		using Tensarepa —
17/2/00		RF on 6/1
24/2/00		RF on 6/1
		(psychiatrist thinks he needs a spell in hospital, he says)
2/3/00		RF on 6/1.
6/3/00.		using lemsagepam — (on acid — "home made")
		> ½
		getting things out home
		split ? girlfriend
		brother staying ? turn round.
		req detox.
		asked to attend ? hospn.
		D/W CPN too.
7/3/00	T	Robert Shafford 550 3324
		unfortunately not seen him today.
		Sedday ? brother.
		agreed
		diaz 10mg comm 7/day, ↓ ? every ¼
		dreq 10mg X14 daily disp
9/3/00.		with (rep) JH

*This column has been provided for doctors to enter A, V or C at their discretion

+ thioridazine 25mg X4/day,

diaz 10mg 7 X2
6 X4
5 X1

FORM GP111F
355 2095

Date	*	
16/3/00		mem (syr) Rx Mandaxine 25mg X4/day diazepam 10mg 5X3 4X4
23/3/00		mem (syr) Rx Mandaxine 25mg X4/day diazepam 10mg 3X4 2X3
30/3/00		mem (syr) Rx Mandaxine 25mg X4/day diazepam 10mg 2X1 1X4 →stop
6/4/00		mem (syr) Rx Mandaxine 25mg X4/day → 6/52
13/4/00		RF on 6/52
20/4/00		RF on 6/52
27/4/00		RF on 6/52
4/5/00		RF on 6/52. To D/W CPN
11/5/00		Appt Dr Moore 17/5 plan for ~~[illegible]~~ respite rest/ Edinburgh ?? discuss anything urgent apart from general last wk. off feed — walks He did

*This column has been provided for doctors to enter A, V or C at their discretion

vomiting — on diazepam
eyes tenderness
Cimetidine 200mg X2
V ↓ to 1 X30.
See on req

pre R ? Ambulacrum

Printed for TSO. R.P.(53791

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McGUIGAN

Forenames (Block Letters): EDWARD

Address:

Date of Birth: 8/2/70.

Date	*	
30/9/99		?dep – wants ↑ dose of temazepam — feels 5mg temazepam not enough did refer & make appt to see me (not seen) May prepared to give another chance
		rec detox – ~~dark horse~~ (definitely!!)
		diaz 10mg 28 / 53 7x3
7/10/99		meth (inj) 80 ml thiamine 25mg TDS x 1 week then daily diaz 10mg 7x1 6x4 / 41 5x2
		~~surgery~~
14/10/99		meth (inj) 80 ml 14/10 → 20/10 thiamine 25mg TDS x 1 week then daily diaz 10mg 5x2 4x4 / 29 3x1
14/10/99		N.S. Rx gaviscon 15ml 500 ml
21/10/99		meth (inj) 80 ml thiamine 25mg TDS x 1 week then daily diaz 10mg 3x3 2x4 / 17

*This column has been provided for doctors to enter A, V or C at their discretion

(sent round to O.P — dr smith)

FORM GP111F

355 2095

Date	*	
29/10/99		mem (super) 80 ml thioridazine 25mg ÷ nocte dup daily diazepam 10mg 1×4 → 1×p 29/10 → 3/11
4/11/99		meth (super) 80 ml TDZ 25g ÷ nocte daily disp 4/11/99 → 10/11/99
4/11/99		rep T thioridazine — discontinued thioridazine 25mg mane + 6pm 28 disp daily 25mg ×2 nocte
11/11/99		mem (super) 80 ml tdz 25mg ÷ BD ÷ nocte ×28 11/11 → 17/11
18/11/99		RP as 11/11 18/11 → 24/11 (admits to valium)
25/11/99		RP as 11/11 25/11 → 1/12 urine ✓
2/12/99		RP as 2/12 2/12 → 8/12
9/12/99		RP as 2/12 9/12 → 15/12
16/12/99		RP as 2/12 16/12/99 → 22/12/99 ~~23/12/99~~
20/12/99		Meth Supe 23/12/99 → 29/12/99 Meth supe 30/12/99 → 5/1/00.
6/1/00		mem (super) 80 ml thioridazine 25mg ÷ BD ÷ nocte ×28 6/1 → 12/1
13/1/00		RP as 6/1. 13/1 → 19/1 admits to valium use.

*This column has been provided for doctors to enter A, V or C at their discretion

20/1/00 RP as 6/1 20/1 → 26/1
27/1/00 RP as 6/1 27/1 → 2/2/
2/2/00 RP as 6/1. 3/2/00 → 9/2/00
4/2/00 N.S. Rx gonioa 5005

Printed for TSO. R.P.(53791

National Health Service Number		
CLINICAL NOTES	Surname (Block Letters): M Corrigan	Forenames (Block Letters): Edward
	Address	Date of Birth: 8/2/70

Date	*	
17/6/99		man	exped 80 mls Mendelson 2.5ml x14 ⊼ route	17/6 → 23/6
24/6/99		man	exped 80 mls Mendelson 2.5ml x14 ⊼ route	24/6 → 30/6
		many benzos for 8-10 days — a couple of weeks — 3 month longer. neg detox pre-given — June 98 Nov 98 Feb 99	family abuse in childhood — intermit
		discussed. says girlfriend supportive, needs to change lifestyle the longer period to remain abstinent motivation today.	
		This is last time for detox.	
		Diaz 10mg 8x4 7x3	53
1/7/99		man	exped 80 mls Mendelson 2.5ml x14 ⊼ route Diaz 10mg 7x1 6x4 5x2	41
6/7/99	T	Dr R. Stafford CPN 550 3324 to have been aware of memory problems, missing appts etc. — ? ⊖ benzos use	

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

Date	*	
8/7/99		Sarge on = 1 tremors
		mem (super) 80 → 8/7 → 14/7 diaz 10mg 5x2 4x4 3x1 } 29
15/7/99		mem (super) 80 → 15/7 → 21/7 diaz 10mg 3x3 2x4 } 17
22/7/99		mem (super) 80 → 22/7 → 28/7 diaz 10mg 1x4 → Mgp (thioridazine 25mg x14)
29/7/99		meth (super) 80 → 29/7 → 4/8 thioridaze 25 x14
29/7/99		GANISCOL DUPED
5/8/99		meth super 80 → 80 → 5/8 → 11/8 TDZ 25 (14)
12/8/99		RF on 5/8 12/8 → 18/8
19/8/99		RF on 5/8 19/8 → 25/8
26/8/99		RF on 5/8 26/8 → 1/9
2/9/99		RF on 5/8 2/9 → 8/9
9/9/99		RF on 5/8 9/9 → 15/9 urine — neg
16/9/99		RF on 5/8 16/9 → 22/9
23/9/99		am up debt → £1000 v upset → missing benzodiazepam ~ 2/52 now taking steps to resolve matters

*This column has been provided for doctors to enter A, V or C at their discretion

Printed for TSO. R.P.(53791)

usual RF
+ diaz 10mg 2/day 3/7
1/day 3/7 — No more

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McGuigan

Forenames (Block Letters): Edward

Address

Date of Birth: 8-2-70

Date	*	
25/2/99		TDZ 25 · ii nocte Methadone 70ml susp } 25/2/99 → 3/3/99
		rem Cannwell Health (A-Mons) CPN — Roberts. Stafford Brian Centre 550-3324.
		mane Temazepam 10 gr aff mane pm mane — 14 Temazepam Friday — orally — 4+5 / 52
		daily 10mg 8x4, 7x3 | 53
		weekly urine — 1 one sample, negatives (1st this).
26.2.99		Gaviscon liq 500ml. AD
1/3/99	(T)	CPN Robert Stafford 550-3324 will return call
4/3/99		mem (supervised) 70ml Thursdayam 25mg x14 ii daily (dispensed daily)
		diazepam 10mg 7x1, 6x4, 5x2 | 41.
11/3/99		mem (supervised) 70ml Thursdayam 25mg x14 ii daily (dispensed daily)

*This column has been provided for doctors to enter A, V or C at their discretion

urine ✓

diaz 10mg 5x2, 4x4, 3x1 \| 29

FORM GP111F
355 2095

Date	*	
18/3/99		mem (supr) 70 l tdr 25mg X14 (+ Nocte) diazepam 10mg 3 X 3 2 X 4 } 17
18/3 → 24/3		
25/3/99		mem (supr) 70 l tdr 25mg X14 (+ Nocte) diazepam 10mg 1 X 4
25/3 → 7/4		
1/4/99		mem (supr) 70 l tdr 25mg X14 + Nocte
1/4 → 7/4		
7/4/99		CANSCOM (D) OPRD.
7/4/99		mem (supr) 80 l (↑) x prisrey tdr 25mg X14 + Nocte
7/4 → 14/4		
		Note chest wall + veg opiates amphetamines.
		pt. cannot undergo surgery
15/4/99		mem (supr) 80 l tdr 25mg X14 + Nocte
15/4 → 21/4		
22/4/99		RF on 15/4 22/4 → 29/4
29/4/99		RF on 15/4 29/4 → 5/5
6/5/99		RF on 15/4 6/5 → 12/5
12/5/99		DNA
13/5/99		RF on 15/4 VNW ✓
20/5/99		RF on 15/4

*This column has been provided for doctors to enter A, V or C at their discretion

27/5/99 RF on 15/4
VNW ✓

3/6/99 RF on 15/4

10/6/99 RF on 15/4 — says needs diazepam appt Dr.

Printed for TSO, Dd.J17460 ,03/98, R.P.(53791

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McGUIGAN

Forenames (Block Letters): EDWARD

Address

Date of Birth: 7/2/70.

Date	*	
5/11/98		~~see doctor~~ (also see Sharon Reid)
		to contact Colin (due to see him 16/11)
		drug 10mg 7X4 / 7X3 \ 53
		See next week
10/11/98	T	~~DNA CPN~~ (Williams (Sr)) ✓
12/11/98		drug 10mg 7X1 / 6X4 / 5X2 \ 41
		Stop drug until c doctor — Dorothy Mc to weekly meeting
11-11-98		SHAWPARK LETTER.
19/11/98		meth (sugar) 60 D
		Phenytoin 25mg X28
		drug 10mg 5X2 / 4X4 / 3X1 \ 29
		see next week re drug
		stop drug week
26/11/98		~~re~~ drug 10mg 3X3 / 2X4 \ 17.

*This column has been provided for doctors to enter A, V or C at their discretion

stopping but not typing up
Rep Meth → 70 ml daily
see weekly meeting

FORM GP111F
355 2095

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Date	*	
3/12/98		70ml mem (susp) ~~70ml~~ Thioridazine 25mg x 28 (1 daily) diaz 10mg 4x1 Manthop
		3/12/98 → ~~14/12/98~~ 9/12/98
19/11/98		Gaviscon 500ml PD
10.12.98		Meth (susp) 70ml Thioridazine 25mg x 28
		10.12.98 → 16/12/98.
17/12/98		mem (susp) 70ml Thioridazine 25mg x28
		17/12 → 23/12
24/12/98		mem (susp) 70ml Thioridazine 25mg x28
		24/12 → 30/12 31/12 → 6/1
7/1/99		mem (susp) 70ml Thioridazine 25mg x28
		7/1 → 13/1
		used speed recently
14/1/99		mem (susp) 70ml Thioridazine 25mg x28 done
		14/1 → 20/1
21/1/99		meth (susp) 70ml ~~Thioridazine 25mg x28~~ Thioridazine 25mg x ~~28~~ 14
		21/1 → ~~27~~ 28/1
28/1/99		mem (susp) 70ml Thioridazine 25mg x ~~14~~
		28/1 → 3/2
4/2/99		mem (susp) 70ml Thioridazine 25mg x14
		4/2 → 10/2
		Gaviscon 500 Mail wrong feed.

*This column has been provided for doctors to enter A, V or C at their discretion

11/2/99	mem (susp) 70ml Thioridazine 25mg x14	11/2 → 17/2
18/2/99	Meth (susp) 70ml Thioridazine 25mg x14	18/2/99 → 24/2/99

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
McCrudden	Edward

Address

Date of Birth: 8/2/70.

Date	*	
18/6/98		Letter "didn't work". Increased amlodipine to maximum from 5 to 10mg Drug 10mg 8 x 4 7 x 3 16 ↓ drug 4/7
		see notes
		? thrombolytic 25mg 11 Nov x 14
		dyspepsia — non-consent Ranitidine 300mg x 30.
		O/w CPN 566-6218
25/6/98		amp doing OK
		Drug 7 x 1 6 x 4 5 x 2 | 41.
2/7/98		meth (sup) 60 → drug 5 x 2 4 x 4 3 x 4 → 2 x 4 (46) 2/7 → 15/7 Mandelgan 25mg x 28
1/6/98		Leith Shaugh Centre

*This column has been provided for doctors to enter A, V or C at their discretion

16/7/98 meth (sup) 60 →
drug long 2 x 4
1 x 4 | 12 16/7 → 29/7
Ldr 25mg x 28 → Stop.

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Date	*	
9/7/98		CIMETIDINE 800mg x 30
30/7/98		mem (supa) 60 → Thioridazine 25mg x 28 → 30/7 → 12/8
23/7/98		Gaviscon Dolmix
13/8/98		Shawpark Celtic
13.8.98		Meth Supa 60 → Thioridazine 25 x 28 (REDISPENSED) → 13.8.98 → 26.8.98 incl
27/8/98		mem (supa) 60 → Thioridazine 25mg x28 → 27/8 → 9/9
17/8/98		Gaviscon 500 →
10/9/98		mem (supa) 60 → Thioridazine 25mg x28 (disp daily) doing well → 10/9 → 23/9
24/9/98		mem (supa) 60 → Thioridazine 25mg x28 (disp daily) → 24/9 → 7/10
8/10/98		meth (supa) 60 → Thioridazine 25mg x28 → 8.10 → 21/10
22/10/98		mem (supa) 60 → Thioridazine 25mg x28 → 22/10 → 4/11
9.10.98		Gaviscon Liq x 500ml
12.10.98		Shawpark.
5/11/98		mem (supa) 60 → Thioridazine 25mg x28 → 5/11 → 18/11

*This column has been provided for doctors to enter A, V or C at their discretion

→ Started using Temazepam again - 4 days
currently - 10/day Phy meth
Support — CPN Colin Roberts
Partnership project — Ros Chisholm

Printed for TSO, Dd.J17460 ,03/98, R.P.(53791)

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Mc Gurgan

Forenames (Block Letters): Edward

Address

Date of Birth: 8/2/70

Date	*	
13.1.98		Meth. supp (60ml) / Chlorad less ii nocte / 15.1.98 → 21.1.98
19/1/98		Gaviscon (1) 2pm ND
13.1.98		Letter S/Park
22.1.98		Meth Supp (60ml) / Chlorad less ii nocte / 22.1.98 → 28.1.98
29.1.98		Meth supp (60ml / Chlorad / 29.1.98 — 4.2.98
5/2/98		Meth supp (60ml) / Chlorad ii nocte / 5.2.98 → 11.2.98
12.2.98		Meth supp (60ml) / Chlorad ii nocte } 12.2.98 → 18.2.98
19.2.98		Meth supp (60ml) / Chlorad ii nocte } 19.2.98 → 25.2.98
26.2.98		→ for urology Sample / Meth 60ml / Chlorad ii nocte (28) } 26.2.98 → 11.3.98
12/3/98		Meth 60ml supp / Chlorad ii / 12.3.98 → 25/3/98
23/12/98		Letter Shangum Centre

*This column has been provided for doctors to enter A, V or C at their discretion

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Date	*	
26·3·98		Meth 60 ml supp Chloral ± tabs } 26·3·98 ⇒ 8·4·98
9·4·98		Meth 60 ml supp Chloral ± tabs } 9·4·98 ⇒ 22/4/98
		Meth 60 ml supp Chloral ± tabs } 23·4·98 ⇒ 6/5/98
7/5/98		mem 60 ml supp Chloral ± nocte } 7/5 → 20/5
		to Insulin — ↓ Nam Stop
21/5/98		mem 60 ml supp Chloral ± nocte } 21/5 → 3/6
		then Stop
27/4/98		With Staphylococcus
4/6/98		mem 60 ml supp 4/6 → 17/6
		IV Gentamycin ×6 — renal ~ avoid ± Ancuron ? Allergy Iron grains
		Bone lung 5×3 4×3 3×3 2×3 1×7
		c/o pain deep. ? by Mirtazapine nocte

*This column has been provided for doctors to enter A, V or C at their discretion

urine soon.

15/6/98 Sputum (AFB ± C&S)

18/6/98 mem (supp) 60 ml 18/6 → 1[illegible]

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): MCGUIGAN

Forenames (Block Letters): EDWARD

Address

Date of Birth: 8/2/70

Date	*	
24/7/97		DSS Letter
21/8/97		mem (supr) 60 ml / Welldorm ∓ nocte — 21/8 → 27/8 — doing ok, still using occasional valium
28/8/97		mem (supr) 60 ml / Welldorm ∓ nocte — 28/8 → 3/9
4/9/97		mem (supr) 60 ml / Welldorm ∓ nocte — 4/9 → 10/9 — Both changed
11/9/97		Meth supr 60 ml / Welldorm ∓ nocte — 11.9.97 → 17/9/97
17/9/97		going away 17/9 (Wed) → 25/9 (Thurs)
		→ 2 scripts dated 17/9
		mem (supr) 60 ml / Welldorm ∓ nocte — (1) disp all 17/9 (2) disp 1 day 17/9 Mon supr from Fri 26/9
25/9/97		attended clinic. mistakenly taken today 10 months too DIW Rudy
2/10/97		mem (supr) 60 ml / Welldorm ∓ nocte — 2/10 → 8/10. Script 60 ml 1 daily only
9/10/97		mem (supr) 60 ml / Welldorm ∓ nocte — 9/10 → 15/10
16/10/97		mem (supr) 60 ml / Welldorm ∓ nocte — 16/10 → 22/10.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
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urine ✓

(couple of valium Mon to help sleep, nil else)

Date	*		
23/10/97		mem (super) 60 ml Welldorm ÷ nocte	23/10 → 29/10
17/11/97		Bio Report	
30/10/97		mem (supr) 60 ml Welldorm ÷ nocte	30/10 → 5/11
6/11/97		mem (supr) 60 ml Welldorm ÷ nocte	6/11 → 12/11
13/11/97		mem (supr) 60 ml Welldorm ÷ nocte	13/11 → 19/11
20/11/97		mem (supr) 60 ml Welldorm ÷ nocte	20/11 → 26/11
27/11/97		mem (supr) 60 ml Welldorm ÷ nocte	27/11 → 3/12
	T	D/W c/o Dr Robertson (556-5259) Ironically they feel Eddy is doing OK Will arrange weekly depot and arrange psychiatric review	
4/12/97		mem (supr) 60 ml Welldorm ÷ nocte	4/12 → 10/12
		admitted to occ. Valium to sleep	
11/12/97		mem (supr) 60 ml Welldorm ÷ nocte	11/12 → 17/12
18/12/97		Meth (supr) 60 ml Welldorm ÷ nocte	18/12/97 → 24/12/97 incl
25/12/97		Meth (supr) 60 ml Welldorm ÷ nocte	25/12/97 → 31/12/97 / 1/1/98 → 7/1/97 incl

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8/1/98	Meth (supr) 60 ml Welldorm x14	8/1/98 → 14/1/98 incl

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
MCGURGAN	EDWARD

Address

Date of Birth: 8/2/70.

Date	*	
8/5/97		mem/supex) 60→ Walldorm TT North | 8/5 → 14/5
		(shd taking 2 Valium at night —)
18/4/97		Carswell Hse Letter
15/5/97		mem/supex) 60→ Walldorm TT north | 15/5 → 21/5
		rep RP prophylaxis — 60 given 1/4, 24/4, 29/4
		→ not signed meanwhile
22/5/97		mem/supex) 60→ Walldorm TT North | 22/5 → 28/5
		shd taking 2-3 x10 mg diazepam at night — unacceptable
		feels needs something for nerves & would like to stop diazepam
		says will make Dr's appt.
		? Leave ECPN?
29/5/97		mem/supex) 60→ Walldorm TT north | 29/5 → 4/6
5/6/97		Meth(supex) 60→ Walldorm TT north | 5/6/97 → 11/6/97
12/6/97		Meth(supex) 60 wk 1: 12-6-97 → 18-6-97

*This column has been provided for doctors to enter A, V or C at their discretion

Walldorm TT north

FORM GP111F
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Date	•	
8/6/97		LETTER STRATHMARK CENTRE
9/6/97		DSS LETTER (photocopy)
19/6/97		meth (supervised) 60ml Wellcome Trust North | 19/6 → 26/6
		had appt ECG but didn't wait!
26/6/97		meth (supervised) 60ml Wellcome Trust North | 26/6 → 2/7
3/7/97		meth 60ml Wellcome Trust North | 3/7 → 9/7
		to be disp on 3/7/97 — hols.
10/7/97		meth 60ml (supervised) Wellcome Trust North | 10/7 → 16/7
18/6/97		Letter Strathmark Centre
~~19/6/97~~		~~DSS Attendance~~
17/7/97		meth 60ml (supervised) Wellcome Trust North | 17/7 → 23/7
		going to Inverness for week again 31/7 has seen Dr Rae & due to see counsellor & revert to meth. & nothing more
24/7/97		meth 60 (supervised) Wellcome Trust North | 24/7 → 30/7
31/7/97		meth 60ml Wellcome Trust North | 31/7 → 6/8 — to be disp on 31/7/97
7/8/97		meth 60ml (supervised) Wellcome Trust North | 7/8 → 13/8
14/8/97		meth 60ml (supervised) Wellcome Trust North | 14/8 → 20/8

3 scripts given on 24/7/97 + urine test

*This column has been provided for doctors to enter A, V or C at their discretion

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
McGuigan	Edwina

Address

Date of Birth: 8.2.70

Date	*	
18.12.96	(R)	Procyclidine 5mg x (60) ÷ bd + V.I.T. B Co x 60 ÷ duties
8/1/97	(R)	Procyclidine 5mg x (60) ÷ BD
9/1/97.		meth (supv) SS ✓ chloral cap/A ∓ · nocte | 9/1 → 15/1
16/1/97		meth (supv) SS ✓ chloral caps ∓ nocte | 16/1 → 22/1 (not great — seeing Billy at office later too)
23/1/97		meth (supv) SS ✓ chloral caps ∓ nocte | 23/1 → 29/1
23/1/97		Open Surgery - epigastric discomfort, vomit - i.e. the morning. No blood, bowels no change. Past history of ?ulcer (- been on tagamet, Losec. O/E Well abdo - soft non BS ✓ Treat as for dyspepsia / peptic ulcer Rx cimetidine 400 mg BD (60)
30/1/97		meth (supv) SS ✓ chloral ∓ nocte | 30/1 → 5/2. Urine ✓
6/2/97		meth (supv) SS ✓ chloral ∓ nocte | 6/2 → 12/2. two hernias
13/2/97		meth (supv) SS ✓ chloral ∓ nocte | 13/2 → 19/2

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
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Date	*	
26/2/97		meth (super) 55ml chloral caps TT nocte 26/2→26/2
27/2/97		meth (super) 55ml chloral caps TT nocte (+ procyclidine + nitr B repeats) 27/2→5/3
6/3/97		meth (super) 55ml Welldorm tabs TT nocte 6/3→12/3
		+script for one week supply of above on 13/3/97 — thals.
24-11-97		Wks Shunt work
26/3/97		note urine.
		meth (super) 55ml Welldorm tabs TT nocte 26/3→26/3
27/3/97		meth (super) 55ml Welldorm TT nocte (giving valium at night to sleep) 27/3→2/4
3/4/97		meth (super) 55ml Welldorm TT nocte 3/4→9/4
10/4/97		meth (super) 55ml Welldorm TT nocte urine 10/4→16/4 admits to 4x Valium to sleep.
17/4/97		meth (super) 55ml Welldorm TT nocte 17/4→23/4
24/4/97		meth (super) 55ml Welldorm TT nocte (struggling — S/R Bully →) 24/4→30/4

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1/5/97	meth (super) 60ml (↑) Welldorm TT nocte	1/5/97→7/5-

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McGuigan

Forenames (Block Letters): Edward

Address

Date of Birth: 8-2-70

Date	*	
17/8/96	(R)	Procyclidine 5mg ×60 1 BD
15.8.96		Letter Shrewsbury
29/8/96		meth (syrup) 50ml chlordiazepoxide + Procyclidine 1 tab daily VVMG ✓
30/8 → 5/9		
5/9/96		meth (syrup) 50ml chlordiazepoxide + Procyclidine
6/9 → 12/9		
		Note VVMG the benzos spirals,
		Now split + girlfriend — may do better!
11/9/96		meth (syrup) 50ml chlordiazepoxide + Procyclidine
13/9 → 19/9		
19/9/96		meth (syrup) 55ml (↑) chlordiazepoxide + Procyclidine
19/9 → 25/9		
18.9.96	(R)	Procyclidine 5mg ×60 1 bd
30.8.96		Bio report
6.9.96		" "
26/9/96		meth (syrup) 55ml chlordiazepoxide + Procyclidine
26/9 → 2/10		
3/10/96		meth (syrup) 55ml chlordiazepoxide + Procyclidine VVMG ✓
3/10 → 9/10		
10/10/96		meth (syrup) 55ml chlordiazepoxide + Procyclidine
10/10 → 16/10.		

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Date	*	
17/10/96		meth (supervised) 55mg chloral caps ÷ nocte | 17/10 → 23/10
24/10/96		meth (supervised) 55mg chloral caps ÷ nocte | 24/10 → 30/10
1/10/96		Letter Shawfarm re Concerta
31/10/96		meth (supervised) 55mg chloral caps ÷ nocte | 31/10 → 6/11
7/11/96		meth (supervised) 55mg chloral caps ÷ nocte | 7/11 → 13/11
14.11.96		Meth (Supervised) 55mg Chloral caps ÷ nocte { 14.11.96 → 20.11.96 Going away for weekend disp. 16th + 17th on 15th
21/11/96		meth (supervised) 55mg chloral caps ÷ nocte | 21/11 → 27/11
21.11.96	R	Procyclidine 5mg x 28 ÷ bd + U.T.B. Co strong x 60 ÷ daily
28/11/96		meth (supervised) 55mg chloral caps ÷ nocte | 28/11 → 4/12
5/12/96		meth (supervised) 55mg chloral caps ÷ nocte | 5/12 → 11/12
5/12/96	R	Procyclidine 5mg x 28 ÷ BD
27/11/96		Letter Shawfarm
11/12/96		meth (supervised) 55mg chloral hydrate ÷ nocte | 11/12 → 18/12
19/12/96		meth (supervised) 55mg chloral hydrate ÷ nocte | 19/12 → 25/12 ↓ 26/12 → 1/1 + 2/1 → 8/1

*This column has been provided for doctors to enter A. V or C at their discretion

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McGuigan

Forenames (Block Letters): Edward

Address

Date of Birth: 08-02-70

Date	*	
22-5-96		Long BD form
24/5/96		Using Heroin £30/day Temazepam - 7/day
		Had 40y Dep[illegible] yesterday
		Looks O.K.
		? For Methadone - See urinalysis
		UR1. SL x 150ml
		Review at Methadone Clinic next week. ? Commence ~30ml/day.
28/5/96	(D)	Procyclidine 5mg + 28 i BD
22/5/96		G.E.M. LETTER.
30/5/96		Meth Mixt 30mls supervised 30.5.96 → 6.6.96 inc
6/6/96		Meth Mixt ~~30~~mls 7.6.96 → 13.6.96 Dose ↑ 40 mls 7.6.96 → 13.6.96
		needs procyclidine — therapist to Rx 10/6.
17/6/96		meth (supervised) 40ml 14/6 → 20/6.
10.6.96		Asking for Valium detox Diaz 5 y (22) 30 y | 25 | 20 | 15 | 10 | 5 | 5

*This column has been provided for doctors to enter A, V or C at their discretion

NO MORE

Procyclidine 5y x 28 i bd

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Date	*	
21.5.96		GP SM
13/6/96		DNA
17/6/96		Spermatozoan retina 1 Sond (ACBS) Pregelatinase Sng (Foin-frey) 6a. meth-dumped — agreed ↑ to Sond
26/6/96		meth Sond (Supra) 21/6 → 27/6
27/6/96		meth Sond (Supra) 28/6 → 4/7
4/7/96		meth Sond (Supra) 5/7 → 11/7 ~~chloral Mixture 10ml norte 70ml~~ Not collected
27/6/96		SHANDON LETTER
11/7/96		meth Sond (Supra) 12/7 → 18/7 chloral mixture 10ml norte (70ml)
9/7/96		Procyclidine 5mg x (28) 1 BD
18/7/96		meth Sond (Supra) chloral mixture 10ml norte (70ml) } 19/7 → 25/7
25/7/96		meth Sond (Supra) chloral caps 1 norte disp daily } 26/7 → 1/8
1.8.-96		Cdhg BA
18 > 98		Pro agerase 5mg x (28)
29-7-96	(8)	" " "
1/8/96		meth Sond (Supra) chloral caps 1 norte disp daily } 2/8 → 8/8
1/8/96		Procyclidine 5mg x (60) 1 BP
8/8/96		meth Sond (Supra) chloral caps 1 norte disp daily } 9/8 → 15/8
15/8/96		meth Sond (Supra) chloral caps 1 norte disp daily } 16/8 → 22/8
22/8/96		meth Sond Supra chloral caps 1 norte } 23/8 → 29/8

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National Health Service Number		
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)
	McGOVERN	EDWARD
	Address	Date of Birth
		8/2/70.

Date	*	
7/5/96		phone call from Helen Lawday (CPN, Shawfark Centre). she received call from Lorraine Sharp, CAMH worker who visited pt yesterday re housing issues. She found him to be hearing voices & paranoid — scared to leave room?
		seen by nurse here at surgery yesterday and presented as well
		according to CAMH worker, h/o IVDA, prev on methadone, drug free 6/12
		recent to Parkhead.
		can be seen at surgery if required (will be fitted in)
		CPN will visit within next few days
		Contact Dr Dhami for info. —
		on reducing script meth. since Aug '95 last script 11/4/96 — 6ml daily for 2/52 (SIX)
		(?. topping up — denied it)
		5/6/96 — S/B Locum — mentioned voices telling him to hurt others & himself

*This column has been provided for doctors to enter A, V or C at their discretion

8/4/96 — seen Parkhead (not admitted) ≒ episode self harm + ? stabbed girlfriend also ? visual hallucs

on meth., denied other med's.

FORM GP111F

→

Date	*	
		symptoms of paranoia → Thioridazine 50mg TID
		also due to be seen at clinic — referred by Drum early April
		→ ↑ to 75mg TID on 11/4 take too strong voices better.
		due review 25/4 — DNA
13/5/96		Procyclidine 5y x28 tbd. To be seen by Wed 15th — will need urinalysis for drug abuse
17/5/96		In Cheapside St 6/52 fell out with girlfriend 6/52 ago → hostel Using again since IV Temazepam — 10/day IV Heroin — £40/day
		Started on Tegretol age 16 When living in Liverpool — delusional himself & admitted for 1½ months
		Referred to Shrewsbury by Ron Sheffields
		Saw Jim Reilly → Out-Dept — first and Thursday 9th + 16th weekly
		Last injected yesterday
		last GP — Dr Dhanu Eaglehouse

*This column has been provided for doctors to enter A, V or C at their discretion

For D/w Jim Reilly
? has Consultant appt

8847928 53-3762 500M 3/85 F. & S. Ltd.

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National Health Service Number		
NEW PATIENT DATA COLLECTION	Surname (Block Letters) M c q u i g a n	Forenames (Block Letters) E D W A R D
	Address	Date of Birth 8.2.70

Date	
	DATE OF REGISTRATION
	DATE OF HEALTH CHECK INVITATION
ow cont'd	OCCUPATION In Hostel last 9 weeks: now happy dan
	HOUSEHOLD
	PAST MEDICAL HISTORY
	FAMILY HISTORY heart trouble high Blood pressure strokes diabetes anything else that runs in the family
	SMOKING HISTORY
	ALCOHOL CONSUMPTION
	REGULAR EXERCISE
	DIET
	IMMUNISATIONS
85 96	DATE OF LAST TETANUS
	DATE OF LAST POLIO
	DRUG HISTORY Medication – Nil.
	Known allergies – Nil known.

CONTENTS

TICK IF GIVEN TO-DAY

Date	
	OBSTETRIC HISTORY
	CERVICAL SMEAR
	CONTRACEPTION
	RUBELLA STATUS
	BREAST SCREENING / BREAST CHECK

		COMMENTS
	HEIGHT m.	
	WEIGHT kg.	
	BLOOD PRESSURE /	
	URINALYSIS glucose.	
	protein	
	claimed	

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National Health Service Number		
CLINICAL NOTES	Surname (Block Letters) McGUIGAN	Forenames (Block Letters) EDWARD
	Address 11 INVERLOCHY ST	Date of Birth 8.2.70

Date	*	
~~10/8/95~~		
17/7/95	NJ	Methadone mix. 1mg/ml 50ml/dg (70ml) DAILY off Nitrazepam
31/8/95	NJ	Methadone mix 1mg/ml 50ml/dg (70ml) DAILY
9/8/95	PIC	apparently from discharge notes — ? deferred dealing / using other substances. — for supervised urine prior to next appt (DNA today) To be seen
14/8/95	S	Talks well being higher at night — not sleeping — admits to no problems.
Tom Adam (Edinburgh)	P	Is methadone by GP supervised urine — OK
16/9/95 (T)		D/W Dr Tom Adam (Eastern Day Hospital) - Difficult period for patient. Wishes to restart small dose nitrazepam — given Nitrazepam 2.5mg (5ml 70ml) dispersed daily. — Script for methadone 60ml 1 day (60) daily.
16/10/95	DNA	
27/11/95	DNA	
30/11/95	S	Several weeks of (C) mod pain, dysuria + frequency — no haematuria — constipation - worse - 2 x week
	O	GUS - tender (C) mod right masses / LNs

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

Date	*	
		MS present +(2)
	T	2 Renal stones
	V	X-Ray abdomen
		MSSV.
7/12/95	S	MS due next time — 23/2/95
		C6/12 'NAD'
	S	Has been 'tapping up' with caster
		medication
		– 'feeling irritable' Law'
	V	Explained that he is at risk of getting
		Seizure stopped. To stop using caster, and
		we can then discuss his problems
28.3.96		denies any "tapping up"
		4/52 Sod Stelazine 1d (112d)
5.4.96		– daily, supervised.
write to		KS
GBlomfield		Often hears voice telling him to hurt himself or others
		sleep – very poor, often agitated
		appetite fair
		denies any "tapping up"
		Rx:
		Ex Diazepam 2mg tds (28)
		refer psych.
9/4/96	MS	Thioridazine 50mg tds (60) KS
		See note
4/4/96	S	Finding 50mg strength too strong
	V	to 25mg tds x (60) Thioridazine
		See 2/52 (Rx → binding)
9/5/96	PLC	Dr. Crawford – has registered with the practice
		Case discussed.

*This column has been provided for doctors to enter A, V or C at their discretion

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
M C WILLIAMS	EDWARD

Address

Date of Birth

Date	*	
22/8/94	Σ	Look on out 29/6/94 — Given c/r hair — W.O' ~~explaining~~ noted explaining lapsed period'
30/8/94	DA/LY	Methadone mixt. 1mg/1ml · 50mls/day (70ml) — Nitrazepam susp 2.5mg/5ml 25mls/nocte (350ml)
14/9/94	DAILY disp	Methadone mixt. 1mg/1ml 50ml/day (700ml)
27/9/94		Nitrazepam susp. N/ 2.5mg/5ml 25ml nocte (350ml). Going away to Jersey for 1/52 — 2 letters for ... Methadone 50ml/day (700ml) — Nitrazepam 5mg² 2.5mg/5ml (350ml) 25mls nocte — 2/52 supply — Methadone back to daily
11/10/94		Methadone 50ml/day 70ml Daily — Nitrazepam 5mg 2.5mg/5ml 35ml Daily — NOW MDP
~~Saturday~~		~~Script did not reach~~
24/10/94	Σ	① Methadone 50ml/day (70ml) DAILY — ② Nitrazepam 2.5mg/5ml · 25mls nocte (350ml) DAILY
8/11/94		Repeat ①, ②
22/11/94	Σ	Repeat ①, ② — DAILY — with SOT
5/12/94	NJS	Repeat ① ② ONLY (To WHITE SIGN OUT DAY) Rx - Whitford Alan
19/12/94	NJS	Repeat ① ② DAILY
27/12/94	Σ	For Urine screen
29/12/94	NJS	Repeat ① ② DAILY Rx 2/1/95

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FORM GP111F

Date	*	
30/12/94	NJS	Seen. Subs. - methadone (80 ml)
13/1/95	NJS	Repeat ① ② DAILY - DOS 27/1/95
27/1/95	NJS	Repeat ① ② daily due 10/2/95
10/2/95	NJS	Repeat ① ② DAILY disp. due 24/2/95
24/2/95	NJS	Repeat ① ② DAILY - next due 10/3/95 (URINE - MEPH & BENZODIAZEPINES ONLY)
10/3/95	NJS	Repeat ① ② DAILY - next due 24/3/95
24/3/95	NJS	Repeat ① ② DAILY - next due 7/4/95
7/4/95	NJS	Repeat ① ② DAILY - next due 21/4/95
21/4/95	NJS	Repeat ① ② DAILY - next due 5/5/95
5/5/95		Dose mon 8/5/95
	NJS	Repeat ① ② DAILY next due 19/5/95 (Reduce Methadone by 5ml)
19/5/95	NJS	Repeat ① daily Nitrazepam overdose 20ml/6hrly 20ml/day (80ml) DAILY.
2/6/95	NJS	① Methadone mix 1g/1ml 50mls/day 70mls DAILY ② Nitrazepam 2.5g/5ml 10mls/day (20ml) DAILY
7/6/95	S	Not eating, thinks food is poisoned - for last 2 years.
	O	Weight 65.5kg
	P	Chest Remain in hospital
16/6/95	NJS	① Methadone mix 1g/1ml 50mls/day (70mls) DAILY ② Nitrazepam 2.5g/5ml 10mls/day (140mls) DAILY ~~DISCHARGE~~
3/7/95	NJS	① METHADONE MIXTURE 1g/1ml 50mls/day (70mls) DAILY ② NITRAZEPAM 2.5g/5ml 5mls/day (70mls) DAILY

*This column has been provided for doctors to enter A, V or C at their discretion

going on holiday

National Health Service Number

11.8.93 {EC/NP

CLINICAL NOTES (S)

Surname (Block Letters): McGUIGAN

Forenames (Block Letters): Edward

Address: 11 Inverlochy Street, Glasgow G33 5DA

Date of Birth: 8/2/70

Date	*	
11.8.93		5'11" 10st 5 ~ 10 Nil F-H Ad.
		PH changes as,
		Amit 250, (30) Became med dep Enfield CPN Ec
10 9 93		attended with Dru counsellor. Trying to stay out of prison
		+ keeping down a part-time job.
15.9.93	MWK	DHC 60 (7 daily)
22-9-93	MWK	DHC 60 (6 daily) + 42 Nitrazepam 2.5/5ml 10ml mane (70)
29.9.93	"	as 22.9.93
6.10.93	MWK	DHC 60, (6 daily) - 42 " 2.5/5ml 10ml mane (70)
		DHC 60 x84 6 DAILY NITRAZEPAM SYRUP 25mg/5ml
		10ml DAILY 140ml
27.10.93	MWK	DHC 60, (6 daily) 42 Nitrazepam 2.5/5ml 10ml mane 70ml
		332 1925 - Dispensary 3 ls it 6 Mon Wed Fri
		for DHC 60mg & Nitrazepam 2.5mg/5ml s
3/11/93		DHC 60mg x126 - 6 DAILY - NITRAZEPAM 2.5mg/5ml
		210ml 10ml mane
11.11.93		Golpsend L 30ml.
		Refer - to Cryl-Lm/primary. ? Rehmatis
19.11.93		I 16 82 'NO'
		Beclomese Nasal Spray
24.11.93	MWK	DHC 60, (42) 6 daily Nitrazepam 2.5/5ml 700ml 10ml mane
1.12.93	DMcL	Methadone/Mixture 1ml/1ml 50ml daily 700ml (350ml)
	"	→ dr Williams (MH Hospital)
15.12.93	"	as above SUPPLY TO 16/8
29.12.93	"	" " GLASGOW ON SAT.
20/1/94	C	26/2
12/1/94	"	Methadone mixture as above 650ml. (GV NOTE MADE)
26.1.94	"	Methadone mixture as above ~~650~~ 700ml
8.2.94	"	" " " 700ml

*This column has been provided for doctors to enter A, V or C at their discretion

3 Re referred to PH Hospital

FORM GP111F

22/2/94 Repeat methadone Elixir 700ml

Syr Nitrazepam 2.5mg/5ml 210ml

Date	*	DAILY SUNDAYS on SAT
8.3.94		Methadone mixture 5mg/5ml 700ml 50ml daily
		Nitrazepam 5mg 2.5ml/5ml 210ml 105ml 15ml nocte
22.3.94		methadone mixture 5ml/5mg 350ml 50ml daily
		Nitrazepam 5mg 2.5ml/5ml 105ml 15ml nocte
29.3.94		29.3.94
		Repeat methadone 700ml 50ml/day Nitrazepam 5mg/5ml 105ml 15ml/day for 14 days
		METH 1MG/ML - 700ML - DISP. 50ML DAILY
		NITR 2.5MG/5ML - 350ML DISP 25ML DAILY
		DISP. EVEN DOSE ON SAT.
26/4/94	DAILY	Repeat methadone 700ml 50ml Daily
		Nitrazepam 175ml 25ml/day
10/5/94	DAILY	methadone 700ml 50ml/day Nitrazepam 25ml 350ml
24.5.94		- Nitrazepam 5mg/5ml 2.5mg/5ml 350ml 25ml nocte
		- Methadone linctus 5mg/5ml 700ml 50ml daily
		to be reduced MW
7.6.94		- Nitrazepam 2.5mg/5ml 350ml 25ml/nocte
		- Methadone linctus 5mg/5ml 700ml 50ml nocte
		WORKS NOW
9.6.94		Repeat script for chemist - MW marked
20/6/94		
4/7/94		Repeat script —
		- Nitrazepam 2.5mg/5ml 350ml 25ml/nocte
		Methadone linctus 5mg/5ml 700ml 50ml/nocte
18/8/94	DAILY	Repeat Nitrazepam 2.5mg/5ml 25ml nocte 350ml
		Methadone mix 1mg/1ml 50mg/daily 700ml
15/8/94	DAILY	Repeat Nitrazepam 2.5mg/5ml - 25mg nocte 350ml
		Methadone mixt 1mg/1ml 50mg/day 700ml

*This column has been provided for doctors to enter A, V or C at their discretion

→ to speak to Consultant (Liaison) re: Methadone

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
M'QUIGAN	EDWARD

Address	Date of Birth
2 WESTERCRAIGS DENNISTOUN	8/2/70

Date	*	
17/5/93		DNA Hep. B. IV duly advised.
		DM Tolerated 400 mg bd (112)
21/5/93	*	clinical need ask for drugs to be prescribed was in Barlinnie & tabs taken away R Tolerated 400 mg bd (112)
		26/5 N.I.D.
1/6/93		very low tolerance to drug counselling wide ranging discussion re drug scene, various recovery groups etc advised I will not consider methadone.
	*	R. DHC 60 mg + 7 days (49) until else - must reduce, attend weekly, urine samples - part of agreement is to attend Respond GP 1/52 Rec D/L
8/6/93		DHC 60 mg (42) 6/day → Urine drug screen.
15/6/93		" " (38) 5/day. " "
		Rhinitis. ? Hay fever. Rhinitis - spray (Top)
21.6.93	N/A	Rec urine drug screen +ve Temgesic* long talk. refused further prescribing. seeing the head Tone slip? I am not prepared to help. I will not continue to prescribe when other illicit drugs being taken advised to see Counsellor next wk, if money problems.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

Date	*	
22/6/93		Refused drugs
22/6/93		phonecall from Joan Aldous Counsellor. apparently she 'Rings' agreed to go back to Diazepam detox.
		R DHC 6am (28) : 4 daily "to be dispensed daily"
29/6/93	1.	Came with counsellor part of programme at Dep Unit at Redwings = colleagues stay at 4 days for 2/52 agreed DHC 6am (28) : 4 daily - dispense daily
	2.	Took a pen ? Thrush. MSSU. Cannot clear x1-2.
	3.	Loic Rx (28) urine ⇒ drug screen ⇒ done
6/7/93		Take handed in Sample bottle with no explanation. DHC 6am x(28) 4 daily : dispense daily clearly explained urine sample rules *NO URINE SAMPLE HANDED IN*
13.7.93		DHC 6am (28) : 4 daily. ⇒ urine sample. ⇒ handed in pm. Still c/o Thrush / Rash on penis → GUM
20.7.93		DHC 6am (28) 4 daily. "dispensed daily"
	*	end next week
27.7.93		DHC 6am (21) 3 daily "dispensed daily" Advised re Homeopathic sleep remedies - Health Food shop etc
2/8/93	Rue.	
3/8/93		DHC 6am (14) 2 daily "dispense daily" Refused to maintain at 3/day Amytal 25g (28) to see Tmast + CGP
10/8/93		DHC 6am (7) - one daily.
	*	THIS IS THE LAST PRESCRIPTION *
		Rebbie agrees. See Counsellor (Joan Aldous letter) NO

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Counsellor seems unable to stick to agreement.

Dd 8277708 1500M 11/91 Ed(295286)

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): MCVICAR

Forenames (Block Letters): EDWARD

Address: 1/1 GARDEN 26 WELLHOUSE CRES

Date of Birth

Date	*	
AM	H+ 9.9.92	Temaz 20, (30) 1 nocte → 1 nocte
	14.9.92	Ibuprofen 0·2, (30) 1 t.d.s.
	14 9 92	& free rest & supplies → Liverpool
MON	21 9 92	TBM ↓ 1 → ½ + ½ (21) Temaz 20, 1 → ½ + ½ (21) 2 nocte (20)
AM (FOR MON)	28.9.92	" " ½ + ½ (7) ½ + ½ (14) " 20, ½ + ½ (7) ½ + ½ (14)
	TELE MON 12.10.92	
MON	5.10.92	DHC 60, 6×15 = (90) Temaz 20, 1×20 (20) 2 nocte Temaz — Horley
	14.10.92	DHC 60, 5×14 = (70)
	19.10.92	Temaz 20, 2×14 (28)
	2.11.92	DHC 60, 4×14 = (56) Temazepam 20, 2×14 (28) per Sean, Cut by 1 DHC daily
	2.11.92	DHC 60, 4×2 = (8) Temazepam 20, 2×2 (4) per Sean, Cut by 1 DHC daily
	4.11.92 Wed. Weekly	DHC 60mg (56) (84) 3×28 = 84 Temazepam 20mg (56) 3×14 = 42
	24.11.92	Pres for wed 25.11.92 per Sean DHC 60mg x 8 4 daily; Temazepan 20mg x 6 3 daily. 2 days supply as going into Re-had 27.11.92

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FORM GP111F

Date	*	

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Dd 8277708 1500M 11/91 Ed(295286)

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National Health Service Number	5644.3.70.255
Surname (Block Letters)	Forenames (Block Letters)
McGuigan	Edward
Address	Date of Birth
26, Nelthouse Cres	8.2.70

CLINICAL NOTES

Date	*	
		many MFeguglan
7 Nov 91		Temgesic (4) – work 4 weeks – TCA will make Tramadol
8 Nov 91		Temgesic 4 x 14 = 56 Tramadol
22.11.91	C 6/12	" 4 x 14 = 56 " "
6.12.91		" 4 x 12 = 48
18.12.91		" 3 x 14 = 42 2 x 14 = 28
17.1.92		" 4 x 14 = 56 Tramadol
31.1.92		Temgesic 4 x 7 = 28.
7.2.92		Temgesic 2 x [illegible] = 14 may repeat – 1 week
12.2.92		Tramadol 200 mg – Temgesic has not helped Erythro tenderness – Otrivine
14.2.92		Temgesic 2, (6) – Temgesic 200 mg 24
21.2.92		Temgesic 2, (6)
10.3.92		Temgesic 0.2mg (3)
12.3.92		Temgesic 0.2mg (3) Mr Brad Alstad
15.3.92		Temgesic 0.2mg (3)
17.3.92		Temgesic 0.2mg (3)
23.3.92		MSSV. Zoc 20, (30) FBC U&E LFTs
31.3.92		1 year ND.
9.4.92		Temgesic 0.2mg (3)
16.4.92		Temgesic 0.2mg (3)
13.4.92		Temgesic 0.2mg (3) Tabs David Bates
21/4/92		Temgesic 200 mg 4/24 3 days

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FORM GP111F

Date	*	
27/6/92		Going to France! – new drug needs bells R T. Temgesic 0.2 x 7 tds Next due Friday. 1/5/97
28.6.92		says he has lost prescription Rx Temgesic ttt daily. (9)
1/5/92		R T. Temgesic 0.7, x 7 3 daily on day he Told not to work back if knee R.
8/7/92		T. Temgesic 0.7, x 9 3 daily for 3/52 T. Temgesic 0.2 x 7 2 daily a/c 11/5/92
FM		Going away on Sunday Repeat Rx for 3/7 (6) ? Corned !!
16/7/92		Rx Temgesic x 14 2 daily for 1/52
22.7.92		Temgesic (14) 2 daily
Wed 27/7/92		TEMGESIC 9 x 42 – 3 daily TEMAZEPAM 24 x 112 – 8 daily
12.8.92		TEMGESIC (3) x 7
+		TEMAZEPAM (7) x 7
19.8.92		DAILY TEMGESIC 3 daily x 21 (63) TEMAZEPAM 7 nocte x 21 (147)
		Tamgesic 3x3 (9) Temgesic 7x3 (21) Flexeril 250 (30) Inderal 25 (30)
3.7.92		Temgesic 0.2 (9) 3x3 Temgesic 20 (7x3)
Mon 3/8/92		" (21) 3 daily " 20 (42) – 6 daily
13.7.92		" (42) " " 20 (84) – 6 "
21.7.92		Prozac – 4 (30) Ensure Forte 200g
24.7.92		Decadron – M 200 g ? scales
FM		Temgesic 21 (3) " 2 20 (35) 5 "
FM 31.7.92		" 42 (3) " 2 20 (50) 6 "
" 14.8.92		" 42 (3) " 20 (56) 4 "
FM 28.8.92		" 42 (3) " 20 (47) 3
FM 4.9.92		Chronic Clear FM ✓ " ~~20 + 28~~ 7

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters) | Forenames (Block Letters)

Address | Date of Birth

Date	*	
6·6·88		on TEMAZEPAM 50 (20) of London – Stays with friends
15/6/88		Going into Robertson House. 21-6-88 Surname. Sony. (10) Still smoking Heroin + Temgesic – has not injected @ weekend so he says he didn't attend community Service. Line Reported
4·7·88		↑ Headaches + Vision ↓ – Left Eye – Has attended Hobbs Brothers (148 Barlow Rd) wants off Heroin. Morph 0·125 (20)
30 9 88	C4	OFF DRUGS 3/52 now. ND.
26 10 88	C1	Emgesic 250 (10) weights taken ND
4·11·88	NS	Unfortunate Error
23/11/88	C13	Started Methadone 100 ND
14 2 89	C13	Current – Methadone 30 ml ND
25 5 89	NVM C2	ND
9·6·89	C12/12	Methadone 2·5% Linctus 30 ml ND
11 12 89	NVM	
12·12·89	C6/12	Still occasionally takes drugs. ND
14·3·90		Surrendered 25 (30) 9/12
18·7·90	C6/12	Varicose Veins Still – Antenge.
16·8·90		Colombia 8/7 (60)
28·8·90	C13	
29·10·90	NVM	Still using drugs. wants PAIN KILLERS – Refused
13 12 90	C+3 6/12	Colombia 8/7 (60)
28 1 91		" " (60) Certificate re Hertfordshire Zimmer
31·1·91		DHC Contus 60 (4 a day) Diazepam 10mg 200 ml
		Became Work Shy 10/11 35 28 21 ~ 8 4 (PROB) Seen Herbert
7·2·91		DHC Contus 60 (5 a day) → (4 a day) (3 a day)
28·2·91		DHC Contus 60 (2 . . .) – → 7 days 21
10·5·91		Temgesic 4 a day → 3/7 21 weeks. Temgesic (28) 14 days
22 5 91		Temgesic 3 a . . 14 } 35

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FORM GP111F

Mary McGregor Lane

Date	*	
4·6·91		Tenyesse (10) + Thop.
17·6·91		Still only occas tengesic — every 2nd day
		broadsheet (50) ∏ max of last 4 days.
20 of 91		DHC 60 (30) ∴ BD
26 of 91		" " (30) ∑ " D/W
2·9·91		Tenyesse 4 of 3 days → 3 of 3 days → 2 × 3 → 1 × 3 (30)
17·9·91		Tenyesse PRN (15)

Tony Heron

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10/82 (B2048) Dd. 8691304 2501328 500M 10/82 DW&S Ltd. 243

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National Health Service Number	
Surname (Block Letters)	Forenames (Block Letters)
Address	Date of Birth

CLINICAL NOTES

Date	*	
20·1·86		ex. ss Anders - lost to school - truancy, drugs etc - no longer on drugs - only to baby present YTS! Ht. depressed. ECG + bloods. Fe. + Folate given TCB. Trying each treatment entire depression so far.
3-2-86	YTS C/F	10.
16·4·86		Folls orders - 4 AM - Sleep until 12 noon, have got up earlier in AM no lost job. On Tamoxifen - 10 mg (30) - problem no really any worse - AM not so severe
29·5·86		Remarked 25 (30) TCB.
31·7·86		Onward 250 (28) Voluntary Rec 3 days
30/10/86		I.S.Q. Norman Bower now. PBC. UTI. Immunised HF
6/1/87.		Isoniazid LFTs FBC.
16/1/87		Triazolam 0·25 mg. (30)
5-2-87		Closed - wanted further prescr. of Triazolam - told to phone back - 5 & 10 mins - wanted to be put through to doctor phone back -
25/2/87.		Triazolam 0·25 mg (30) letter re bed wetting.
16/3/87.		Repeat NFIS. Two friends Lecturers medically with have depression.
30/3/87.		Triazolam 0·25 mg (30)
8/5/87.		Triazolam 0·25 mg (30) ISQ
26/5/87		Triazolam 0·25 (30) mostly take ½ a day
19·6·87		Triazolam 0·25 (30)

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FORM GP111F

Date	*	

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10/82 (B2048) Dd. 8691304 2501328 500M 10/82 DW&S Ltd. 243

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)

Forenames (Block Letters)

Address

Date of Birth

Date	*	
4.4.84		Effudex nasal drops. Attend C Ears, Sept Admit Dy
30.4.84		1/7 seen colours after resting TV. Has difficulty in sleeping.
		wakes during w sniffing glucose. N/A. To come back
		with notes. Dy to book an eye check by Dr.
11/9/84.		Refer back slotlit ophthalmy —DNA.
17/9/84.		URI Amoxil. Advised Cot illness.
7.11.84		Imodium (2) Stevens
16.3.85		Bonadol 250, (21) attend C Ears, Hypertens
28.4.85		Voodoom 200g

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FORM GP111F

Date	*	

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10/82 (B2048) Dd. 8691304 2501328 500M 10/82 DW&S Ltd. 243

METHADONE SCRIPT

Name: EDWARD McGUIGAN (8/2/70)
11 INVERLOCHY ST.

Daily Supervised Daily ☑

DATE	METHADONE 1mg/ml	No. of DAYS	QUANTITY	REDUCTION	COMMENTS
4/8/95	45ml	14	630ml	5ml	Increased mixture — OK
28/8/95	45ml	14	630ml	—	Reduction read twice (Corrected 4/12)
11/9/95	40ml	14	560ml	5ml	Script signed 14/9/95.
28/9/95	40ml	14	560ml	—	
12/10/95	35ml	14	490ml	5ml	
26/10/95	35ml	14	490ml	—	
9/11/95	30ml	14	420ml	5ml	
23/11/95	30ml	14	420ml	—	
7/12/95	25ml	14	350ml	5ml	(Has been having up - will take 10ml/day extra mixture)
21/12/95	25ml	14	350ml	—	
4/1/96	20ml	14	280ml	5ml	
18/1/96	20ml	14	280ml	—	
1/2/96	15ml	14	210ml	5ml	
15/2/96	15ml	14	210ml	—	
29/2/96	10ml	14	140ml	5ml	
14/3/96	8ml	14	112ml	2ml	
28.3.96	8ml	14	112ml	—	daily supervised.
11/4/96	6ml	14	84ml	2ml	

METHADONE SCRIPT

Name:

Daily Supervised ☐
Daily ☐

DATE	METHADONE 1mg/ml	No. of DAYS	QUANTITY	REDUCTION	COMMENTS

	National Health Service Number	
NURSES AND HEALTH VISITORS RECORDS	Surname (Block Letters)	Forenames (Block Letters)
	Address	Date of Birth

Date	

FORM GP111M

Ed Rep 300m 10/90 (029523)

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IMMUNISATIONS AND SCREENING INVESTIGATIONS

National Health Service Number	
Surname (Block letters)	Forename (Block letters)
McGuigan	Edward
Address	Date of Birth
	08.02.70

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

	Influenza	Hep.B.	Typhoid	Cholera				
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

IMMUNOLOGICAL STATUS

	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date				
Result				
Date				
Result				
Date				
Result				

SCREENING INVESTIGATIONS

Date	Blood Pressure	Weight	Height	Tobacco Per Day	Alcohol Units/Week	Cholesterol	Trigylerides	URINE	
								Glucose	Albumin

CERVICAL CYTOLOGY		MAMMO-GRAPHY		CHEST X-RAY		OTHERS	
Date	Result	Date	Result	Date	Result	Date	Result

Printed by HMSO Print Centre, Dd 8373639 9/94 (056322)

Registration

Mr Edward McGuigan
F7-7 421 Blythswood Court
GLASGOW

Service Code: Permanent
DoB: 08/02/1970

G2 7PA

Telephone:

Contact: ? ContactRelship: ?

CHI Number: 0802706150

Registered GP: Dr A A Lawson

Registered: 18/11/2002

BMI: 0.0 Height: 0 m Weight: 0 kg BP: 108/70

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Review
METHADONE 1MG/1ML MIXTURE	1260ONETHOUSANDTWOHUNDREDSIX	19/09/20(	14/06/20(	7	52
Omeprazole CAPS 10MG	56 1 Cap Twice daily	27/12/20(	01/04/20(	7	52
Salbutamol 200 Dose Cfc Free INHAL 100I	2 1-2puffs 4 times dailyif reqd	27/12/20(	14/06/20(	7	52
Diazepam TABS 5MG	56 daily dispense 1 Tab 4 times daily	16/08/20(	14/06/20(	7	52

Clinical / User Marker

26/02/2004	High	Current smoker
03/06/2003	High	Health ed. - smoking
16/12/2002	High	Pleural effusion NOS with pneumonia
16/10/2002	High	[V]Drug use Cocaine
08/05/1996	High	GP/HPC-health promotion clinic
08/05/1996	High	Stopped smoking
05/03/2003	Medium	Patient MRE received from HB
23/01/2003	Medium	Pat. GP7B/GP8B card from HB
04/12/2002	Medium	Other pleural effusion excluding mention of tuberculosis para-pneumonic effusion (right)
19/11/2002	Medium	Pat. GP7B/GP8B card from HB
18/11/2002	Medium	Patient reg. form sent to HB
18/11/2002	Medium	Patient reg. form sent to HB
11/11/2002	Medium	GP22-practice changed-moved
08/06/1996	Medium	New reg.check done + claimable

Screening

03/06/03 **B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 12 Months	Do not send recall letter	Do not send result letter
03/06/03 **Smoker$$ Status**	Moderate smoker - 10-19 cigs/d	
Repeat after an Interval - 12 Months	Do not send recall letter	Do not send result letter

26/11/01	**Smoker$$ Status**	Moderate smoker - 10-19 cigs/d	
Repeat after an Interval - 12 Months		Do not send recall letter	Do not send result letter
08/05/96	**Alcohol Intake$$**	Teetotaller	
No Action Required		Send recall when due	Do not send result letter
08/05/96	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 60 Months		Send recall when due	Do not send result letter
08/05/96	**Height$$**	O/E - height	
Repeat after an Interval - 60 Months		Send recall when due	Do not send result letter
08/05/96	**Smoker$$ Status**	Moderate smoker - 10-19 cigs/d	
Repeat after an Interval - 12 Months		Send recall when due	Do not send result letter
08/05/96	**Weight$$**	O/E - weight	
Repeat after an Interval - 60 Months		Send recall when due	Do not send result letter

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		**Reason For Referral**	**Referred By**	**Attendance Type**	
28/11/2001	High	Gartnavel Gen	Ophthalmology	Investigate	Out Patient
			Dr C M Crawford	1st Visit	
07/03/2002	High	Gartnavel Gen	Ophthalmology	Treat	In Patient
			Dr C M Crawford	1st Visit	
10/05/2002	High	William St	Dieticians	Treat	Out Patient
			Dr C M Crawford	1st Visit	
13/04/2004	Low	Gartnavel Gen	Ophthalmology Clinic	Investigate	Out Patient
			Dr D R MacNeill	1st Visit	

Registration

Miss Jennifer Best
79 Minerva Ct.,124 Houldsworth
GLASGOW

Service Code: Permanent
DoB: 13/12/1970

G3 8EH

Telephone:
Contact: ? ContactRelship: ?

CHI Number: 1312706384

Registered GP: Dr A A Lawson

Registered: 11/06/1996

BMI: 0.0 Height: 0 m Weight: 0 kg BP: 98/58

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Review
Microgynon 30 TABS	6op 1 Tab DAILY	19/02/19	21/01/20(	30	26

Clinical / User Marker

02/12/1998	High	Upper respiratory tract infection NOS
29/12/1997	High	Dyspareunia & Dysmenorrhoea - Referred gyn
02/12/1991	High	Ingrowing great toe nail Wedge resection & phenolisation
27/03/1986	High	O/E - hirsutism testosterone & androstenedione levels high. CT scan - bilaterally enlarged ovaries U.S- (N)
04/08/2001	Medium	Notes summary on computer
30/03/1999	Medium	GP102 sent to Health Board
10/03/1999	Medium	GP102 signed
30/07/1996	Medium	Patient MRE received from HB
11/06/1996	Medium	FH: Ischaemic heart dis. <60
11/06/1996	Medium	GP/HPC-health promotion clinic
11/06/1996	Medium	New reg.check done + claimable
11/06/1996	Medium	Pat. GP7B/GP8B card from HB
11/06/1996	Medium	Patient signed reg. form

Screening

03/11/03	**Contraceptive Review$$**	Oral contraception -no problem	
Repeat after an Interval - 12 Months		Do not send recall letter	Do not send result letter
24/06/03	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 60 Months		Do not send recall letter	Do not send result letter
12/02/03	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 60 Months		Do not send recall letter	Do not send result letter
09/10/02	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 60 Months		Do not send recall letter	Do not send result letter

Best, Jennifer
DoB: 13/12/1970

Report Valid On 17/06/04 14:40

13/05/02	**Smoker$$ Status**	Never smoked tobacco	
No Action Required		Do not send recall letter	Do not send result letter
13/05/02	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 60 Months		Do not send recall letter	Do not send result letter
03/09/01	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		Send recall when due	Result letter sent
13/12/00	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 60 Months		Do not send recall letter	Do not send result letter
29/06/00	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 6 Months		Send recall when due	Do not send result letter
01/08/96	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		No response to letters	Do not send result letter
11/06/96	**Alcohol Intake$$**	Trivial drinker - <1u/day	
No Action Required - 0 Months		Send recall when due	Do not send result letter
11/06/96	**B P Screening$$**	O/E - BP reading normal	
No Action Required - 0 Months		Send recall when due	Do not send result letter
11/06/96	**Height$$**	O/E - height	
Repeat after an Interval - 60 Months		Send recall when due	Do not send result letter
11/06/96	**Smoker$$ Status**	Never smoked tobacco	
No Action Required - 0 Months		Send recall when due	Do not send result letter
11/06/96	**Weight$$**	O/E - weight	
Repeat after an Interval - 60 Months		Send recall when due	Do not send result letter
02/02/94	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		Do not send recall letter	Do not send result letter

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		**Reason For Referral**	**Referred By**	**Attendance Type**	
23/05/2003	High	Gartnavel Gen	Ear, Nose & Throat (EN	Treat	Out Patient
			Dr D R MacNeill	1st Visit	

ENCOUNTER FORM (BRIEF) issued 10/09/88 at MIRIAM HEALTH CENTRE, LAIRD STREET,

.... MCGUIGAN EDWARD Dob: 08/02/1970 MALE ID No.: . 106
66 HERONDALE AVENUE FORD ESTATE BIRKENHEAD, MERSEYSIDE
Post code: Tel No.:
Marital Status: ..... NHS No.: S 644370255 Dispensing:
Hospital No. : .... Registered with: DR A B MANTGANI

Allergies : no record
Intolerances : no record

Contraception : no record
Blood Pressure: no record
Smoking : no record

Recall : no record
Immunisation : no record
Blood Group : no record
Weight/Height : no record

Disabilities :

Date	Medical History Summary	Comment	Priority
00/00/80	DIABETIC RETINOPATHY		1
00/00/87	HEPATITIS		
00/00/87	HEROIN ADDICTION		1

Last issued Repeat Medication Frm Strngth Dosage Days Qty Op Rp Is Comm
Repeat till:

Last Prescription issued:

Reason for Consultation:

New Therapy:

HEALTH PROMOTION CLINIC

SURNAME McGuigan FORENAME Edward

ADDRESS 3 Cockbridge Rd TOWN

POST CODE TELEPHONE NO.

D.O.B. 05/12/10 (d m y) Date of Interview 16/07/99 (d m y)

Sex M/F [M] Married [ ] M/S/D/W/Other [S]

Route of attendance Doctor [ ] Invitation [ ]

Poster [ ] Friend or relative [ ]

BACKGROUND

a). Medical History

Previous history of C.H.D. (angina/M.I.)	[N]	Y/N	Present	[N]	Y/N	Family Hist.	[N]	Y/
" " " Hypertension	[N]	Y/N	"	[N]	Y/N	"	[N]	Y/
" " " Diabetes	[N]	Y/N	"	[N]	Y/N	"	[N]	Y/
" " " Osteo-arthritis	[N]	Y/N	"	[N]	Y/N	"	[N]	Y/

Other

b) Present Medication

c) Allergies

d) Immunization Childhood [Y] Y/N Tetanus [Y] Y/N Abroad [ ] Y/N

e) Previous Screening Cervical smear [ ] Y/N
Breast examination [ ] Y/N
Other [ ] Y/N

LIFESTYLE

Exercise [Y] Y/N
Dietary Discretion [Y] Y/N
Tobacco [15] Cigarettes/day
Alcohol [ ] Units per week

N.B. 1 Unit = ½ pint beer
= 1 glass wine
= 1 tot spirits

ASSESSMENT

Height [5] ft [9] ins Weight [10] stones [ ] lbs

Blood pressure systolic [100] mm Hg

diastolic [85] mm Hg

Urinalysis Sugar [N] Albumin [N] Other [N]

Tetanus Toxoid Required [N] Y/N Accepted [N] Y/N

CURRENT PROBLEMS

Menstrual cycle Normal ☐ Y/N Irregular ☐ Y/N

If used, name of oral contraceptive

ACTION

CERVICAL SMEAR	☒	Y/N
BREAST SELF-EXAMINATION INFO	☒	Y/N
DIET SHEET	☒	Y/N
DIETARY ADVICE	☒	Y/N
SMOKING ADVICE	☒	Y/N

RESULTS

FASTING LIPIDS	☒	Y/N	☐☐ ☐ mmol/L
RANDOM CHOLESTEROL	☒	Y/N	
M.S.S.U.	☒	Y/N	
HIGH VAGINAL SWABS	☒	Y/N	

Intravenous drug abuse.

BRIDGETON HEALTH CENTRE
201 ABERCROMBY STREET
GLASGOW G40 2DA

NEW PATIENT QUESTIONNAIRE

Please complete as fully as possible and hand to Doctor:-

Name: Edward McGuigan

Address: 2 WESTERCRAIGS
DENNISTOUN

DAte of Birth: 8/2/70

Marital status:- Single

S. M. W. D. OTHER .

Telephone No: 554 0212

Former Address: 51 STEPPS ROAD
EASTERHOUSE

Children: None

Occupation: Unemployed

Past Medical History:

a) Illnesses: Hep B

Former C.P and his/her Address:
DR TOBIAS
EASTERHOUSE Health
CENTRE

Smoking: yes: 10 DAY

b) Operations: Left leg

Present Treatment:
Inhalant

Alcohol Consumption (Weekly):
DON'T DRINK

Known Important Family Medical Illness: eg Diabetes, High Blood Pressure, Heart Disease, Cancer, etc.

Known Drug Reactions and Allergies:
None

15
14
60
16
210

HEALTH PROMOTION

NAME Edward McGuigan
ADDRESS
D.O.B. 8.2.70 21.
MARITAL STATUS Single.
ROUTE OF ATTENDANCE Invite

DATE 18/12/91
SOCIAL HISTORY ½ Mother
OCCUPATION No.

PAST MEDICAL HISTORY

DIABETES O
HYPERTENSION O
CHD O
OSTEO ARTHRITIS O
ASTHMA O
BRONCHITIS O

CURRENT MEDICATION Temgesic.

ALLERGIES No.

IMMUNISATION STATUS ½.

TETANUS COURSE Y.

LIFESTYLE
EXERCISE No.
DIET poor.
TOBBACCO 10
DRUGS 4 temgesic x day, ALCOHOL No.

FEMALE:
LAST CERVICAL SMEAR
PARITY
SELF EXAMINATION
ORAL CONTRACEPTION
MENSTRUAL CYCLE -

ASSESMENT
HEIGHT 5 9
WEIGHT 10 st 3lb.
B.P. 120/70
URINALYSIS No spec
CHOLESTEROL No.
APPEARANCE Good : appears drowsy
SKIN COND Good.

MALE SELF EXAMINATION

UPDATE DUE

ACTION TAKEN

NHS Confidential: Personal data about a patient

SURNAME
(Mr) Mrs/Miss : Mc Guigan
Age if under 12 years
yrs. : mths.
Edward.
INITIALS AND ONE FULL FORENAME
Address 31 Kitchener Rd.
N17.

Pharmacy Stamp

Pharmacist's pack & quantity endorsement	No. of days treatment N.B. Ensure dose is stated		NP		*Pricing Office use only*

Signature of Doctor

Date

For pharmacist No. of Prescns. on form

ENFIELD & HARINGEY F. P. C.
Dr. B. J. S. MENDIS, 328009
52, WEST GREEN ROAD,
TOTTENHAM. N15.
Tel: 802 - 3833

IMPORTANT: Read notes overleaf before going to the pharmacy.

Form FP10 (Rev. 83)

IMPORTANT NOTES FOR PATIENTS

1. This form may be taken to any pharmacy or (in the case of a surgical appliance only) to any pharmacy or surgical appliance supplier on a Family Practitioner Committee List.
2. MEDICINE URGENTLY REQUIRED may be obtained outside normal hours if the prescription is marked "URGENT" by the doctor.
3. Unless you are entitled to complete the declaration below you must pay a charge for *each item.*
4. If you need information about exemptions from the charge or refunds obtain leaflet P11 from the Post Office. You cannot claim a refund unless you ask for a receipt *when the charge is paid.*
5. If you pay prescription charges frequently you could save money by buying a pre-payment certificate. Obtain form FP95 from the Post Office.

ONLY IF THE PATIENT IS **EXEMPT** FROM PRESCRIPTION CHARGES COMPLETE THIS DECLARATION
(**BEFORE** going to the pharmacy)

I DECLARE that the patient named overleaf

Please tick one box only

- ☐ is **under 16** years of age
- ☐ is a women **aged 60** or over
  is a man **aged 65** or over
- ☐ holds a current **Family Practitioner Committee** exemption certificate (see leaflet P11)
- ☐ holds a current **prepayment certificate** (FP96)
- ☐ is covered by a **Department of Health and Social Security** exemption certificate (see leaflet P11)
- ☐ is a **War/Service pensioner** with an exemption certificate Ref. No. (if available).....

AND THAT I AM

Please tick one circle

- ◯ the patient
- ◯ the patient's parent or guardian
- ◯ the patient's representative

I understand that a deliberately false statement may lead to prosecution.

Signed ..... Date.....

NAME AND ADDRESS —If your **FULL** address appears overleaf write "As overleaf"
(Block letters)

.....

.....

Please return bottles promptly in a clean condition. Dd 8827587/9830

This form is the property of the Family Practitioner Committee.

NHS Confidential: Personal data about a patient

HEALTH CENTRE

TREATMENT CARD

NAME: EDWARD McGUIGAN D.O.B. 8/2/70

DIAGNOSIS: On methadone Retro

ADDRESS: 11 INVERLOCHY STREET CLARKS CAS SEA

DOCTOR'S SIGNATURE:

DATE	TREATMENT	PROGRESS NOTES	NURSES INITIALS
21/2/95	Urine Screen (Supervised)	✓	SW
22/2/95	Urine Screen (Supervised)		

0195172

DATE	TREATMENT	PROGRESS NOTES	NURSES INITIALS

NHS Confidential: Personal data about a patient

NATIONAL HEALTH SERVICE
MEDICAL CARD

ISSUED BY THE
Wirral Family Practitioner Committee
5th Floor, Hamilton House,
35 Price Street, BIRKENHEAD,
Merseyside, L41 6NT

Please notify your Doctor and the Family Practitioner Committee of change of name or address. Please quote your name and NHS Number on all correspondence.

Name MR. EDWARD MCGUIGAN
Address 66 HERONDALE AVE
FORD ESTATE
BIRKENHEAD
MERSEYSIDE

NHS Number S 644370255
Date of Birth 08/02/1970

Dr. A B MANTGANI
Code 445
Date issued 15/07/87
FPC Cipher EIK

MR. EDWARD MCGUIGAN
66 HERONDALE AVE
FORD ESTATE
BIRKENHEAD
MERSEYSIDE
BIK

NHS Number S 644370255
Dr. A B MANTGANI
Date of Birth 08/02/1970
Date accepted 08/07/87

Part A To be completed if you want to change your doctor.

Application to be placed on the list of Dr ..... Date .....
Signature of applicant ‡ X Edward McGuigan
Address of applicant 31 Richmond Road N17
Cardoars Tottenham
Signature of accepting Doctor .....
Drs. Code No ..... Date .....

* Drugs

† Rural Practice

Part B

I agree to this transfer. Signature of consenting Doctor .....
Drs. Code No ..... Date .....

‡ A person signing for the applicant should state relationship.
* If Doctor is to supply drugs he should enter D in space marked *
† If Doctor claims a rural practice payment he should enter in the space marked † the distance from his main surgery to the patient's residence and should inform the Family Practitioner Committee if he wishes to claim for units in addition to those for ordinary distance.

FP4 (COMP)

IMPORTANT

1. **Please quote your NHS Number if you write to the Family Practitioner Committee.**
2. **Please keep this card safe. Take it with you when you visit your doctor or go for dental treatment or a sight test.**
3. **If you are going abroad (or to the Channel Islands) for more than three months please send this card to the address shown *overleaf*. Alternatively those going abroad may hand the card to the Immigration Officer on departure. On return from overseas you should check with your Family Practitioner Committee whether you will need to re-register with your doctor.**

GENERAL INFORMATION

1. **Lists** of doctors, dentists, pharmacists and opticians providing N.H.S. treatment can be seen at the office of the Family Practitioner Committee (the address is on this card) or at main post offices.

2. **Enquiries or complaints** about general medical, dental, ophthalmic or pharmaceutical services should be made in writing to the Family Practitioner Committee. If possible, a complaint should be made within eight weeks of the event which gave rise to it as complaints made later cannot usually be investigated.

3. **Postage** must be paid on letters to Family Practitioner Committees.

4. **This card** should be shown to your doctor if he asks to see it; if it is not produced he may charge a fee for which he will give an official receipt which contains instructions for the recovery of the fee.

5. **Day visits.** Please do not ask the doctor to call unless the patient is too ill to attend his surgery. Attendance at the surgery should be during surgery hours unless otherwise arranged by the doctor. When the condition of the patient does require a home visit, **please try to give notice** if at all possible, **before 10 a.m. on the day on which the visit is required.**

6. **Night visits. Please do not call in the doctor between the hours of 8 p.m. and 9 a.m. unless you need him urgently.**

7. In **Accident or Emergency, first try to get your own doctor** (or his deputy). If he is not available, immediate treatment can be obtained from any doctor giving general medical services under the National Health Service.

8. **Temporary absence from home.** If you are away from your home district for three months or less, you can apply for treatment to any local doctor giving general medical services. Tell him you are a temporary resident *and quote your N.H.S. number.*

9. **Change of address.** If you change your address you may choose a new doctor by completing Part A *overleaf.* If you wish to continue to receive treatment from your present doctor, you should notify him of your new address immediately. You should also tell the Family Practitioner Committee, at the same time sending this card.

10. **Change of Doctor.** (a) If you choose a new National Health Service doctor because you have changed to a new address you and the new doctor should fill in Part A *overleaf.* (b) If you wish to change your doctor for any other reason either (1) you may transfer at once with the consent of your present doctor and the new doctor; *Parts A and B overleaf should be completed by you and both doctors; or,* (2) you may write to the Family Practitioner Committee (at the address on the front page of this card) saying that you intend to change. This card **must** be sent with the letter; it will be returned to you with the necessary instructions. You will not be able to transfer in this case until at least 14 days after the Committee receives your letter.

FP4 (COMP).

NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD

COMMUNITY/PRIMARY CARE UNIT

Dr. C. Tobias

Belvidere House
1360 London Road
Glasgow G31 4PG
Telephone 041-556-2201

WITH COMPLIMENTS

As we cannot trace these hospital reports, would you please supply the following information:

EC22 Date: ..... Date of Birth: .....

Doctor's Name: ..... NHS No: .....

MF 6/4.1/5 F.R.H.

Dr. C. TOBIAS

9 AUCHINLEA ROAD
GLASGOW G34 9HQ
Tel: 041-771 0781

1328 DUKE STREET
GLASGOW G31 5OG
Tel: 041-554 3587

N/T

1·4·93

Dear Dr Allison,

● M. Edmund McGuigan
11. Rowtree House 611.

LEFT EYE — REPEATED PHOTOCOAGULATION FOR COATE'S RETINOPATHY. THIS RESULTED IN CONSIDERABLE REDUCTION IN VISION.

RIGHT EYE — 'VISUAL ACUITY EXCELLENT' -1989.

ATTENDED MISS V. M. D. HIND
DEPT OF OPHTHALMOLOGY
STOBHILL. NO. 356986
for attendance probably 21·4·89 despite no referral.

Hard to keep track.
Kind Regards to Alison (Jarvie).

Best wishes

Dear

Dr. DAMI

I refer to the above young person who has recently taken up residence here at our project as part of his/her preparation for independent living

To enable us to provide appropriate support during his/her stay with our Association, it would be very much appreciated if you could please complete and return the attached Questionnaire in the s.a.e. supplied. The young person has signed the Questionnaire to signify they consent to this enquiry.

Thanking you for your anticipated co-operation on this matter.

Yours sincerely
for BLUE TRIANGLE (GLASGOW) HOUSING ASSOCIATION LIMITED.

Project Manager

form\gp-ltr

Copy

St. Georges's Medical Centre

Dr C.L. Anand, MBBS, MRCP (Edin) & (Glas)
137 St.George's Road, Glasgow G3 6JB
TELE: 0141 332 5553 *FAX: 0141 332 5557*

HEALTH PROMOTION

NAME: Ed McGuigan D.O.B. 8/2/70
ADDRESS: 647 Argyle St Anderston

MALE / FEMALE: MALE

TELEPHONE: FORMER SURNAME:

LIFE STYLE:

SMOKING: YEARS:
DRINKING: YEARS:
DRUGS:

DIET:
EXERCISE:

ALLERGIES: None

MEDICAL HISTORY:

PAST HISTORY: HOSPITAL ADMISSION/OPERATIONS/PROLONGED TREATMENT:

FAMILY HISTORY	*I.H.D.*	*STROKE*	*HYPERTENSION*	*DIABETES*	*CANCER*	*OTHER*
FATHER						
MOTHER						
OTHER						

FOR FEMALES:

CONTRACEPTION
PARITY
CERVICAL SMEAR WHEN / WHERE

BREAST SCREENING WHEN / WHERE

URINE: SUGAR: ALBUMIN:

BLOOD PRESSURE:

PHYSICAL EXAMINATION:

CHECKUP FINDINGS IF ANY:

ACTION TAKEN:

METHADONE CLINIC AGREEMENT

NAME Edward McGuigan ..DATE...25-9-03....Allocated Time.....9.30.....

IMPORTANT NOTICE

As you wish to be placed on a methadone programme, it is important to realise that acceptance on the programme is subject to the following rules. Failure to comply with any one of these rules may result in you being removed from the methadone programme.

BEHAVIOUR

1. I agree to attend appointments promptly at the allocated time. I will not cancel or rearrange my appointment unless I have **written evidence** that I have an appointment elsewhere.
2. I agree not to upset my pharmacist, the counsellor, the reception staff or any other patients in the waiting room.
3. I agree to attend my appointments unaccompanied whenever possible.
4. I agree to be truthful about my drug use.

Behaviour outside these limits may result in you being asked to leave the premises and if necessary, the police may be called. This may result in you being removed from the clinic and possibly from the doctor's list.

PRESCRIPTION, MEDICATION AND APPOINTMENT

1. Any prescription is a private matter between the doctor, clinic staff, the pharmacist and myself. I will not discuss it with anyone else who does not have a proper reason for knowing about it.
2. I am aware that my prescription will be dispensed daily and supervised unless authorised otherwise by the Doctor.
3. I accept responsibility to attend my appointment on time and to arrive **not more than 15 minutes** prior to my allocated appointment time.
4. I agree to attend only the doctor in this practice.
5. I agree to accept responsibility for my prescription and medication and realise that these cannot be replaced.
6. I agree to collect my prescription in person and may not be passed to any other person to collect on my behalf.
7. I agree not to alter my prescription in any way.
8. I understand that failure to attend the clinic at the correct time may result in my prescription being refused and will not be reissued until I re-attend at a later time If this happens I will not be disruptive or cause any upset as this may result in being removed from the clinic and the doctor's list.
9. I agree not to request home visits or use the emergency service in connection with my prescription.
10. I agree not to take painkillers (other than aspirin or paracetamol) unless authorised by my doctor.
11. I confirm that I am currently addicted to opiate drugs. I understand that methadone can cause serious harm or death in overdose. I recognise that methadone and benzodiazepines are addictive and may cause drowsiness. If affected I must not drive or operate machinery. I know they are dangerous when taken with alcohol.
12. I agree to give urine specimens when requested to do so.

I have read the above rules. I understand what they mean. I agree to abide by them and realise that my prescription may be stopped and that I may be removed from the doctor's list if I fail to do so.

SIGNATURE OF PATIENT Edward McGuigan **DATE** 25/9/03

SIGNATURE OF COUNSELLOR/ GP..... **DATE**.....

DR DHAMI
PLEASE PHONE
DR CRAWFORD

248 - 3698

RE - ED. McGUIGAN.

NHS Confidential: Personal data about a patient

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

THIS PATIENT IS NO LONGER REGISTERED WITH THE PRACTICE.

We have amended our notes that E. McGuigan is registered to Dr Anand

DR. D. S. DHAMI
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD
GLASGOW G34 9HQ
TEL: 0141 531 8160

With Compliments

fils

MESSAGE

TO: DR CRAWFORD

FROM: DR MOORE SSH 6267

DATE: 20/3 TIME 13:50

MESSAGE: 8/2/70

Asked will you prescribe edward McGuigan with olanzapine 20mg for him and will you check his prolactin level.

Tarivid

METH. MIXT.
= 1mg/1ML
50MCS NOCTE
700MCS. - WORDS.
SUNDAY DOSE GIVEN
ON SAT
POST TO MOSS CHEMIST

usual
Script

Motens

CMC/HM

11 March 2002

Dr Fraser Shaw
Ward 24B, Co-Morbidity Team
Stobhill Hospital
Balornock Road
Glasgow G21 3UW

Dear Dr Shaw,

Re: **Edward McGuigan, DOB: 08.02.1970**
F2/1, Dalriada Block, 56 Blythswood Court, Glasgow G2 7PE

I would be grateful for your help regarding Eddie. I am not sure whether or not you are due to review him in the near future.

My reason for writing is that over the past 2 or 3 months he seems to have developed gynaecomastia, which is clearly causing him some discomfort. I am wondering whether it may be a side effect of his medication and would be grateful for your advice.

Overall, I would say Eddie is not too bad at present. He is still on Diazepam 5 mg qds. He was a bit agitated when I saw him recently, due to pending court charges which he alleges have been trumped up against him.

Thank you for your help.

Yours sincerely,

Dr Christine M Crawford
Sandyford Surgery

cc
Dr Rosemary Moore, Consultant Psychiatrist, Carswell House,
Mr Robert Stafford, Charge Nurse, The Arran Centre

DH/RG/684505

Tennent Institute of Ophthalmology
Gartnavel General Hospital
1053 Gt Western Road
Glasgow
G12 0YN
Tel: 0141-211 3000
Fax: 0141-211 2054

DR HOLDING'S CLINIC

Secretary: 0141-211 1040
Email: rhona.gribbon.wg@northglasgow.scot.nhs.uk.

Dictated: 29th January 2002
Typed: 31st January 2002

Dr Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8UU

Dear Dr Crawford

EDWARD MCGUIGHAN (08.02.70) 56 BLYTHSWOOD COURT GLASGOW G2 7PE

You referred Mr McGuighan in a letter dated the 28th of November 2001 ~~and he had an appointment at the clinic~~ and he had an appointment at the clinic and with the orthoptist on the 29th of January 2002. He attended for the orthoptic examination and was then brought to the out-patient clinic. From the clinic he was called on numerous occasions by various members of the medical staff in the clinic and was also called in all waiting areas by the nursing staff on several occasions. On none of these occasions was he to be found and I can only assume that he left the hospital without been seen.

I can therefore only give you the details of the orthoptic report as I did not see him myself.

The visual acuity in the right eye is good at 6/4 and N5, that in the left is significantly reduced at 4/60. His previous eye notes were not available although they had been requested. I cannot therefore compare his present visual acuity with previous levels but from the history it is likely that the vision has been poor in the left eye secondary to his previous history of Coates disease in childhood. He has a moderately sized left divergent squint although he himself is apparently not aware of this. No diplopia was elicited in the primary position but diplopia was apparent on lateral gaze to each side. No prisms were found to be of any help and the orthoptist encouraged him to concentrate on the good clear image and to try ignore the blurred image from his left eye.

05 FEB

Edward McGuighan continued:

As I said above he did not wait for further medical examination. Do you wish any further appointment to be sent out to Mr McGuighan?

Yours sincerely

Deirdre Holding
Consultant Ophthalmologist

NHS Confidential: Personal data about a patient

NHS GENERAL OPHTHALMIC SERVICES

GOS(S)(M)

PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

Referral/Notification of Patient to GMP

SECTION ONE: To Be Sent To GMP

To: Dr. Crawford

PATIENT'S DETAILS

SURNAME (Mr, Mrs, Miss, Ms) McGuigan

OTHER NAME(S) Edward

ADDRESS Flat 2/1, 56 Oakswood Court

POSTCODE

TEL No.

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST-DATE:

	Uncorrected V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R		-1.25	+0.25	135			6/6		N5
L		-1.25	(6.a.)				6/60		—

Previous corrected V.A. Date

Date of Birth 8.2.70

Specify Cycloplegic/Mydriatic if used.

POINTS REQUIRING ATTENTION - FOR INFORMATION (AND POSSIBLE REFERRAL):

Edward complains of constant diplopia for the last 6 months since head trauma. He has a large left esotropia which he maintains is not from childhood. (Ie congenital strabismus). Please arrange for referral soon.

Optic discs R & L 0.2

IOP R mmHg L mmHg

Tonometer used: Applanation/Tonometer

Visual Fields R L

Plot attached . . . Y/N

I agree / do not agree that any Ophthalmologist to whom I am referred for medical consultation and / or treatment may make information relevant to my eye condition and its treatment available to my Optometrist / Ophthalmic Medical Practitioner.

Signed ..... Date .....

Name and Address of Optometrist/OMP

Scott Conrad

SPECSAVERS OPTICIANS

187 TRONGATE

GLASGOW G1 5HF

TEL 0141 552 2776

Signed (Optometrist/OMP) Date 14/1/01

SECTION TWO: To Be Completed By General Medical Practitioner (If not accompanied by formal referral letter)

To: Dr. / Mr. / Mrs. / Miss / Ms

RELEVANT CLINICAL HISTORY - INCLUDE MEDICAL/FAMILY/OPHTHALMIC AND DETAILS OF MEDICATION:

Urgency Rating: Urgent/Soon/In turn

Blood Pressure: mmHg

Urinalysis:

Provisional Diagnosis:

Name and Address of GMP

Part One - This part must accompany any referral and be retained by the Ophthalmologist

Signed (GMP) Date

Printed for Tactica Solutions B17988 1/01 (71412)

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital Gartnavel General Hospital Date 28.11.01

CHI No. 6 1 5 0

Please arrange for the patient to attend the Ophthalmology Clinic clinic of Dr / Mr

Patients Name **MCGUIGAN**

First Names **EDWARD**

Maiden Surname

Single / Married / Widowed /

Address F2/1, Dalriada Block, 56 Blythswood Court
Glasgow

Date of Birth 08.02.1970

Patients Occupation

Postal G2 7PE Contact telephone 07751 742 754

Has the patient attended hospital before If "yes" please

Name of Hospital

Year of Hospital No.

If the patients name and/or address has/have changed since then please give details:

Can the patient attend at short notice?

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTIONER

Drs CRAWFORD LAWSON & MACNIELL
SANDYFORD SURGERY
1119 ARGYLE STREET
GLASGOW G3 8UU
Tel: 0141 248 3698 - Fax: 0141 221 5144
40455

I would be grateful for your opinion and advice on the above named patient. A brief outline history, symptoms and signs is given

Dear Doctor,

I would be grateful for your assessment regarding this 31 year old man. He was seen recently by his optician and I am enclosing a copy of the report. With the benefit of his medical records, I can tell you he attended the Ophthalmology Unit at Stobhill Hospital in 1978 and was diagnosed as having Coates Disease of the retina. His left eye was treated by photocoagulation in 1980. He was last seen in 1989, at which time visual acuity in the right eye remained excellent and there was no evidence of any active ophthalmic disease.

Eddie complained to his optician of constant diplopia and dates this from an assault in January of this year. He says he can see two images side by side. He does appear to have a left divergent strabismus, although it may be that this is not a new feature. At any rate, I would be grateful for your assessment.

I should mention that Eddie is on a Methadone maintenance program and there is also involvement from the Community Mental Health Team on account of a paranoid psychosis. He is however quite stable at present.

Yours sincerely,

Dr Christine M Crawford
Sandyford Surgery

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

ACCIDENT & EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY UNIVERSITY NHS TRUST

Tel: 0141 211 4000 Fax: 0141 552 5384

ATTENDANCE SUMMARY

DR CM CRAWFORD
1119 ARGYLE STREET
GLASGOW
G3 8ND

29 AUG 2001

A&E Number
AA00427430

Consultant
Mr R Crawford

Re: MR EDWARD MCGUIGAN, (8/2/1970), 56 BLYTHSWOOD COURT, GLASGOW, G15

This patient attended the A&E department at 22:11 on 27/8/2001 with the following complaint - **PAIN IN BACK**

Incident date: **25/8/2001** time **22:11**
Incident type: Medical non trauma
Injury Method: Non trauma
Number of previous attendances: 2

Diagnostic Category:
chest infection. Augmentin & cocodamol

Discharge: A&E disch GP follow-up

Above entries made by

Dr N Miller
Senior House Officer, Accident & Emergency (A&E) 28/8/2001

Our Ref G/1/210120-CW08

Incident in which applicant was injured took place:

Place: INSIDE: CATHERINE PRIOR'S HOUSE
647 ARGYLE STREET
GLASGOW
G1

Date: ON 08/01/2001

Date of First Treatment: 08/01/2001

Reference Number:

Name of injured Person: EDWARD MCGUIGAN
56 BLYTHSWOOD COURT
ANDERSON
GLASGOW
G2 7PE

Report Fee Payment Voucher

To ensure payment the name and address of the person to whom the fee should be sent should be printed below.

PLEASE COMPLETE IN BLOCK CAPITALS

Title: Initials: Surname

Position: Hospital Department

Full Address:

Re: **EDWARD MCGUIGAN**
DOB: **08.02.1970**

Your Ref: **G/1/210120-CW08**

1. Date of first visit: 08.01.01 Date of last visit: 03.05.01 No of visits 6
(Western Infirmary)

2. Laceration to left forehead requiring 8 sutures. He was extremely anxious following assault, with disturbed sleep and reluctant to go out. Seen by a psychiatrist 17.05.01. She commented that he had been very reluctant to leave his house since the assault and that he had started using Benzodiazepines, possibly as a consequence of this.

3. Will have residual scar on forehead.
There has been some improvement in his psychological state over recent months, but he remains very anxious and tremulous at times. I would hope, that in the long term, he will make a full recovery, but this remains to be seen.

4. He still has symptoms relating to the assault, not seven months after the injury. Note in May 01 states "Coping but not sleeping".

5. Patient does have a history of psychosis but his main problems over recent months has been anxiety symptoms. He remains relatively well from the psychosis point of view. He does have a history of Benzodiazepine abuse and maintains that the assault is the main reason he has been taking them recently. (He is currently prescribed Diazepam 1 mg three times daily on the advice of a psychiatrist).

Signature.....

Date .....

NHS Confidential: Personal data about a patient

CMC/HM 21 August 2001

TO WHOM IT MAY CONCERN:

Re: **Edward McGulgan, DOB: 08.02.1970**
F2/1, Dalriada Block, 56 Blythswood Court,
Glasgow G2 7PE

The above is a patient in my practice. He lives alone at the above address. Eddie has a history of mental health problems dating back over 5 years. He would benefit greatly from a supportive family member nearby. I understand his brother is applying for accommodation in the area. I am writing to confirm Eddie's requirement for support and help on a long-term basis.

Yours faithfully,

Dr Christine M Crawford
Sandyford Surgery

J.

Our Ref: JC/AOD

Your Ref:

If Calling Secretary's Office
Ask For: 0141 531 3293 (Direct Dial)
E-mail: Amanda.O'Donnell@glacomen.scot.nhs.uk

GREATER GLASGOW PRIMARY CARE NHS TRUST

ALCOHOL & DRUG DIRECTORATE

17th July 2001

Jim Carroll
531-3285
0777 1930591

Edward McGuigan
Flat 2/1
56 Blythswood Court
GLASGOW
G2 7PF

Dear Edward,

Please note that I will visit on Thursday 19th July 2001 at 9.30am. I look forward to seeing you soon.

Yours sincerely

JIM CARROLL
Community Psychiatric Nurse

pp

(Snr Drug Counsellor
Gillian Cook
Parkhill SW)

D370787

Co-Morbidity Evaluation & Treatment Team, Ward 24B, Stobhill Hospital, 133 Balornock Road, Glasgow G21 3UW
Tel: 0141 531 3293 Fax: 0141 531 3292

POSITIVE ABOUT DISABLED PEOPLE

FW
2

MESSAGE

TO: C.C

FROM: Dr Shaw, Psychiatrist Stobhill

DATE: 30.7.01 **TIME:** 9.40am

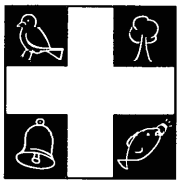
MESSAGE:

Edward McGuigan 8.2.70
re: diazepam script
Advise giving diazepam script
10mg tds for 2 weeks
Dr Shaw will review next week
There is a letter on its way
However if you wish to speak with Dr Shaw
please phone his mobile: 07765220954

GD

Ref: RS/CG

19 June 2001



GREATER GLASGOW PRIMARY CARE NHS TRUST

20 JUN 2001
file

Dr Lawson
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Lawson

Re: Edward McGuigan, Flat 2/1, 56 Blythswood Court, Glasgow

Edward was seen by myself and his Consultant Dr Moore on 10th May. As you are aware he has relapsed with his drug rehabilitation and Dr Moore felt that it would be appropriate to refer him to the Co-Morbidity Team at Stobhill.

I have since had a joint visit with Nurse Jim Carroll of the team and he has assessed Edward's suitability for residential rehab. Due to the lack of beds, this may take sometime so I will continue to provide support.

Yours sincerely

Robert Stafford
Charge Nurse

D370787

Community Mental Health Team The Arran Centre 10/18 Redan Street Bridgeton Glasgow G40 2QA
Tel: 0141-550-3324 Fax: 0141-554-6802

MESSAGE

TO: Doc C. STOBHILL

FROM: Jim Conrad ~~Comorbidity~~ CO-MORBIDITY TEAM - 0777193-0591

DATE: 25/5/01 TIME 3.34

MESSAGE:

Had letter from Doc Rosemary Moore says Doc C. was Doctor to 8/12/00 wants to know what other support he has e.g. C.P.N. etc. where does he get his depo-injection?

Please phone him back

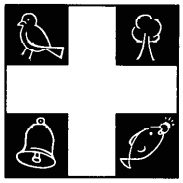
CPN- Robert Stafford- Arran Centre Brigadoon - does Home Visits every 3 weeks with Depo-Injection Roni

TOLD Jim Conrad, SP 7/6/01.

Our Ref: RM/AG/P014745

Your Ref:

If phoning
ask for: Dr Moore



**GREATER GLASGOW
PRIMARY CARE
NHS TRUST**

fr4

17 May 2001

Dr Fraser Shaw
Ward 24B, Co-Morbidity Team
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW

22 MAY 2001

Dear Dr Shaw

EDWARD McGUIGAN – D.O.B. 08.02.70
56 BLYTHSWOOD COURT GLASGOW

I would be most grateful for your input with this man. He has a long history of substance misuse starting from the age of 10 or 11 years. His first contact with psychiatric services was in 1996 when he was thought to be in an opiate withdrawal state. Further psychiatric care was provided by Shawpark Resource Centre and the Hostels Team. My first contact with him was in 1999 by which time the diagnosis was considered to be that of paranoid schizophrenia. He is on a Methadone prescription of 70 mls and a Depot injection of Flupenthixol 100 mgs two weekly. He was complaining of poor short-term memory last year and a CT Scan was reported as "considering his age there is mild central cerebral atrophy probably as a result of the chronic psychotic illness and substance abuse. There is no focal pathology". He has never been a particularly good clinic attender and his main stay of support has been via the Community Psychiatric Nursing Team. About two months ago he was assaulted and has been very reluctant to leave the house ever since. He also started abusing Benzodiazepines again. I have spoken with his GP who tells me that this is a recurrent feature with Edward, and she has been prescribing a Diazepam detoxification regime for him. Presently he is on a dose of 50 mgs per day, this has been reduced by 10 mgs every four days.

In terms of his psychosis, his symptoms are reasonably well controlled at the present time and his main complaint is of anxiety symptoms. Edward said that he would eventually like to come off Methadone, but gradually rather than using a Lofexidine detox. Primarily at the moment he is looking for some form of drug rehabilitation to help him get off and stay off Benzodiazepines and I think to a large extent get him away from his home environment. He tells me that he does have a Drugs Counsellor in the Voluntary Sector, but at present could not give me details of how to contact them. He tells me that he feels he is being overlooked for a rehab placement because of his mental health problem.

Thanking you in anticipation.

Yours sincerely

DR ROSEMARY MOORE
Consultant Psychiatrist

Copy Dr Christine Crawford Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND

e-mail Rosemary.Moore@glacomen.scot.nhs.uk
Safe, Sound & Supported Team
Carswell House, 5/6 Oakley Terrace, Glasgow G31 2HX-Tel: 0141-554 6267- Fax 0141-556 6967

D370787

bout your patient – continued

our reply to the Medical Services doctor

Please answer the following questions from the information which is currently available to you.

Date patient was last seen or examined for the condition(s) causing incapacity.

8/5/01

Diagnosis of all relevant conditions and date(s) of onset.

Opiate dependence
? Underlying mental health problems

Factual details of patient's condition.
Where possible, please include brief factual details of:

- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

Reasonably stable on Methadone

CMC/HM

25 April 2001

Mr Robert Stafford
Community Psychiatric Nurse
Arran Centre
10-18 Redan Street
Bridgeton
Glasgow G40 2QA

Dear Mr Stafford,

Re: **Edward McGuigan, DOB: 08/02/1970 HN: P014745**
F2/1, 56 Blythswood Court, Glasgow G2 7PE

Further to my telephone call I thought I should drop you a note. As you are aware, Eddie has been back to using Tamazepam over the past 6 weeks or so. He certainly still seems quite agitated following the assault at the beginning of January. He was asking for a Diazepam detox and I have agreed to this. He is starting on 10 of the 10,mg tablets daily and this will be reduced every 4 days. He will pick it up at the chemist on a daily basis. He is very keen for respite of some sort and I hope this can be arranged.

Yours sincerely,

Dr Christine M Crawford
Sandyford Surgery

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL : 0141-211-2304/2400

WEST GLASGOW HOSPITALS
ACCIDENT/EMERGENCY FORM

Rm 92

10 JAN 2001

G.P. COPY

Surname	Forename	Age	Date of Birth	Arr Date	Time	CRN: ~~684505~~ AE Number
MCGUIGAN	EDWARD	30	08/02/70	08/01/01	10:12	001137/01

Address	Sex	Religion	Date of Inc	Time
56 Blythswood Court GLASGOW	Male		08/01/01	

PC G2 7PE	Tel 221 2562	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
		Single /		Other	Walking

Name: Dr CRAWFORD
Address: 1119 ARGYLE STREET GLASGOW G3 8ND

Referred by: Selfref

Name: MARY
Relat.: MOTHER
Tel. No.: 771 7005
Address: 10 Sandford Gardens Baillieston GLASGOW G69 6NA

Complaint

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: Lacer to (L) forehead

X-Ray film/~~ECG shows~~: SXR → NAD,

Treatment given: Wound toilet
Sutured x 8 4/0 Ethilon
~~Tetanus~~

TRIAGE

TRIAGE TIME: 10:12

TRIAGE CATEGORY: Category 3

INITIAL COMPLAINT: Head Injury

INITIAL TREATMENT

FILED BY MRCWEL

Drugs \ days supply of _____ has been given.

Tetanus Prophylaxis ~~has~~/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange Sutures out 8/7,

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. DOA.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow up	Not arranged ✓	Arranged	To be arranged

Clinic Refered to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): CRAWFORD

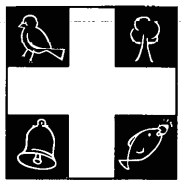
Cons SR Reg ~~SHO/JHO~~ Clin Assist (please circle)

Signature of Medical Officer

Our Ref: RM/AG/P014745

Your Ref:

If phoning
ask for: Dr Moore



GREATER GLASGOW
PRIMARY CARE
NHS TRUST

06 DEC 2000

4 December 2000

Robert Stafford
CPN
Arran Centre
REDAN STREET

Dear Robert

EDWARD McGUIGAN – D.O.B. 08.02.70
56 BLYTHSWOOD COURT GLASGOW

Mr McGuigan has failed to attend to see me at the clinic. I would be grateful if you could advise me as to whether you are still seeing him on a regular basis.

Yours sincerely

PP

DR ROSEMARY MOORE
Consultant Psychiatrist

copy: Dr Christine Crawford Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND

D370787

Carswell House, 5/6 Oakley Terrace, Glasgow G31 2HX Tel: 0141-554 6267 Fax 0141-556 6967
Providing Primary Care, Mental Health and Learning Disability Services. www.show.scot.nhs.uk/ggpct/

GREATER GLASGOW
PRIMARY CARE
NHS TRUST

RS/JH

3 December, 2000

Dr Lawson
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Lawson

Re: Edward McGuigan, 2/1, 56 Blythswood Court, Glasgow
DOB: 8/2/70

Edward tells me that he is once again abusing benzodiazepines and has promised to discuss this with you with a view to further detox. I would be grateful if you could keep me updated on what course you choose to take.

Edward realises that he is putting his health, as well as his tenancy at risk, and has promised to adhere to whatever care you provide.

I look forward to hearing from you.

Yours sincerely

Robert Stafford
Charge Nurse

Community Mental Health Team 10-18 Redan Street Bridgeton Glasgow G40 2QA
Telephone : 0141 550 3324 Fax : 0141 554 6802

Our Ref: RM/AG/P014745

Your Ref:

If phoning
ask for: Dr Moore

GREATER GLASGOW
PRIMARY CARE
NHS TRUST

19 May 2000

Dr C L Anand
St George's Medical Centre
137 St George's Road
Glasgow
G3 6JB

Dear Dr Anand

Edward McGuigan – d.o.b. 08.02.78
56 Blythswood Court Glasgow G2 7PE

I saw this man at Carswell House, Outpatient Clinic on 17th May 2000. Overall he feels there has been some improvement in his symptoms since the dose of his injection was increased to Depixol 80 mgs two weekly. He does, however, continue to have some symptoms. In particular he tells me that when he is outside he feels people are shouting at him and calling his name, and is afraid to go outside unaccompanied in case he tackles people. He tells me that his brother usually goes with him and explains to him that no one is shouting, and that he accepts this explanation. Apparently his brother has been living with him for the last few months to keep an eye on him. He tells me that he is turning night into day, and that he stays awake most of the night and lies in bed during the day. He tells me that when he watches the television at times her believes that he is responsible for some of the adverts that he is seeing. He denied any drug misuse. He told me that he had become drunk at the weekend at a family wedding, but other than that said that he rarely drinks alcohol. He denied any thoughts of self-harm. His other complaint was of poor short-term memory, for example he could not remember what he'd had to eat the night before or what he watched on television, he gave this as his reason for having failed to attend previous appointments. Certainly he was very early for his appointment on this occasion. He tells me that he can concentrate on computer games, such as Play Station and tends to forget about his problems when he is doing this. I wondered about getting him involved in daytime activities. He tells me that he is reluctant to become involved in sport because of his eyesight problems. I will discuss his case with the wider Community Mental Health Team, in particular his complaint of memory impairment and as to what daytime activities we could offer him. I thought it may be worth increasing the dose of his injection of Depixol 100 mgs two weekly. He does complain of some movement disorder and I have advised him to take his Procyclidine on a regular basis at a dose of 5 mgs three times daily. I will arrange further appointments with him at the discretion of his CPN.

Yours sincerely

Dr Rosemary Moore
Consultant Psychiatrist

copy Robert Stafford The Arran Centre

D370787 Carswell House, 5/6 Oakley Terrace, Glasgow G31 2HX Tel: 0141-554 6267 Fax 0141-556 6967

GREATER GLASGOW PRIMARY CARE NHS TRUST

Our Ref: RM/AG/P0 16745

Your Ref.

Carswell House
Outpatient Clinic
5/6 Oakley Terrace
GLASGOW
G31 2HX

If phoning
ask for: Dr Moore

Tel: 0141-554 6276
Fax: 0141-556 6967

31st March 1999

Dr Tobias
Easterhouse Health Centre
9 Auchinlea Road
Glasgow G34 9HY

Dear Dr Tobias

EDWARD McGUIGAN DOB 08/02/1970
2/1, 56 BLYTHSWOOD COURT, GLASGOW G2 7PE

I finally caught up with this man at Carswell Outpatient Clinic on 29th March 1999. His care had been transferred from the North Sector and he was seeing CPN Colin Roberts from the Hostel Team and more recently has been transferred to Robert Stafford of the Continuing Care Team at the Arran Centre.
I understand that he has a history of illicit drug misuse and paranoid schizophrenia. He told me that in the past he had tried to harm himself on a number of occasions, including attempted hanging and cutting his wrists although this had ameliorated since he began treatment with depot neuroleptics at a dose of Depixol 60 mgs three weekly. His only complaint currently was that he is talking to himself as if people are talking to him at night, and he is aware of some thought interference, derailment and thought blocking. He feels at times as though he talks rubbish and then he can't concentrate. He told me that he had been taking amphetamine again but not for the past month. At times he says he bursts into tears for no reason and has thoughts of self-harm but tries to think about his family. He has also very poor concentration. Current medication consists of Thioridazine 50mgs nocte, Methodone 70mls, Procyclidine on a PRN base. He lives in his own tenancy with a concierge controlled entry system. He has regular visits from his girlfriend whom he has been with for the past five or six years. He says he has one friend who is a non-drug user and says he has lost contact with his other friends.

Of his family history, he told me that his father died when he was aged 10, he has a good relationship with his 52 year old mother as long as they see one another in small doses. He told me that his mother had cut her wrists in the past and that she had been on Lorazepam for the past 20 years. He has one brother who lives in England and whom he tells me has had a drug problem in the past. He has one sister, he does not seem to see her very regularly, she has domestic problems of her own apparently. He describes a close relationship with his aunt Margaret whom he visits on a regular basis.

Of his personal history he told me he was born and brought up in Glasgow apart from a 2 year period when the family moved to Liverpool. He attended local schools, said he'd hit the teacher in his last year and was sent to List D schools thereafter. He left formal education aged 16 years without qualifications. He told me he had been unable to hold down a job for any length of time but had been involved in a number of jobs, mainly painting and decorating and labouring. He has not worked for the last 10 years, has never married and has no children. He is currently in receipt of Disability Living Allowance. He told me that he has a forensic history of violence where he was involved with gangs and also car theft but that he'd not been in any trouble for the last four and a half years.

Unfortunately I do not know the details of this. In view of his ongoing symptoms I feel it may be worth increasing the dose of injection Depixol to 80mgs three weekly and he is amenable to this.

He has an arranged appointment with me at the Clinic in three months and in the interval will be seen by his CPN.

Yours sincerely

Dr R Moore
Consultant Psychiatrist

Cc Geraldine Burn, Consultant Psychiatrist, Shawpark Resource Centre
Alan Robertson CPN
Robert Stafford CPN

NHS Confidential: Personal data about a patient

FLOURISH HOUSE

23-25 Ashley Street, GLASGOW G3 6DR TEL: 0141 333 0099 FAX: 0141 333 1188
E-mail : flohouse@ashleyst.demon.co.uk

Received
18/10/00

17 October 2000

Dr C Crawford
1119 Argyle Street
Glasgow G3

Dear Dr Crawford

Re: Edward McGuigan dob: 08.02.1970

The above named person has been referred to Flourish House, which is run on the International Clubhouse model of vocational and social rehabilitation for people with a history of enduring mental health problems.

The criteria for Flourish House membership is that the person has a history of mental illness, poses no significant threat to the Clubhouse and live in the areas we cover.

We should be grateful if you would complete the information on the attached questionnaire, which has been signed by the prospective member, and return it to us in the SAE provided at your earliest convenience.

If you have any queries about this or Flourish House in general then please do not hesitate to contact us.

Many thanks for your help.

Yours sincerely

P.P. **John Linn**
Manager

Enc.

FLOURISH HOUSE

23-25 Ashley Street, GLASGOW G3 6DR TEL: 0141 333 0099 FAX: 0141 333 1188
E-mail : flohouse@ashleyst.demon.co.uk

1) Does this person have a history of mental illness i.e. of more than six months duration? If so, please give diagnosis and treatment.

YES — SINCE ~1996.
PARANOID PSYCHOSIS — ? PSYCHOTIC ILLNESS
(OR LATE ONSET PSYCHOTIC SUBSTANCE
INDUCED PSYCHOTIC DISORDER)
ON DEPOT INJECTION (? FLUPENTHIXOL)
PROCYCLIDINE
MOTHERSIDINE MIXTURE 1mg/1ml — 80ml DAILY

2) Does this person have a history of violent behaviour? If so, please detail the circumstances and when the incident occurred.

NOT TO MY KNOWLEDGE.

Signature _____ Date 31/10/00

Print DR C M CRAWFORD
Designation SANDYFORD SURGERY
1119 ARGYLE STREET
GLASGOW G3 8ND
TEL. 0141 248 3698
FAX. 0141 221 5144

I hereby give my consent for information to be disclosed to Flourish House in relation to the above two questions.

Signature of Prospective Member X Edward McGuigan Date 16/10/2000

Name of Prospective Member (Printed) X EDWARD McGUIGAN

CMC/HM 11 September 2000

Dr Moore
Carswell House
5 Oakley Terrace
Glasgow

Dear Dr Moore,

Re: **Edward McGuigan (DOB: 08/02/1970)**

I would be grateful if you would update us regarding the above. We see Eddie on a regular basis as he is still on supervised Methadone, 80 mls daily. I have been in touch with his CPN, Robert Stafford, from time to time.

Eddie tells us his DEPO was increased a while ago but he feels he is over sedated and expects to be seen by yourself for review in the near future. We have also been giving him Thioridazine (25 mg bd and 50 mg at night). When I saw him recently, he said he has not been taking it for a while, so I felt you should also be aware of this.

Thank you for your help.
Yours sincerely,

Dr Christine M Crawford
Sandyford Surgery

GREATER GLASGOW PRIMARY CARE NHS TRUST

Our Ref : RS/JH
Your Ref :
If phoning: ask for Robert Stafford

Community Mental Health Team
The Arran Centre
10/18 Redan Street
Bridgeton
GLASGOW G40 2QA

Tel: 0141 550 3321
Fax: 0141-554 6802

3 July 1999

Dr Lawson
1119 Argyle Street
GLASGOW

Dear Dr Lawson,

RE EDWARD MC GUIGAN D.O.B. 08/02/70
2/1 52 BLYTHESWOOD COURT GLASGOW

Just a short note to keep you up to date with Edward's progress. He continues to receive his depot injection of Dexipol 60 every three weeks. To date he is fully compliant with his medication although he can be a bit confused regarding dates and appointemnts.

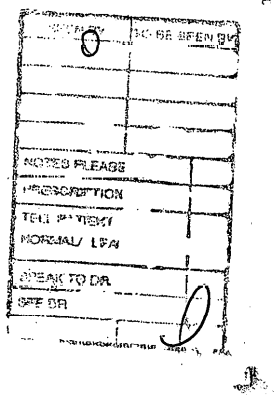
He assures me that he only takes prescribed medication at present and to date he has not given me any reason to disbelieve him. His mental health appears faily good at present although Edward is reluctant to share his problems at the best of times.

You will hear from me again.

Yours sincerely

ROBERT STAFFORD
Community Psychiatric Nurse

c.c. Dr Moore



About your patient – continued

4 Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

not known

5 Any other information.

- If you have evidence which indicates that, as a result of their medical condition, your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of the medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

Only complete the section below if you have diagnosed a psychiatric condition at question 2.

6 Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

Declaration

I understand that in certain circumstances a copy of the information I have given here will be sent to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit.

I further understand that certain information may be withheld if it appears to the adjudicating authority that its disclosure would be harmful to my patient's health. I have indicated any medical evidence I think may be harmful to my patient's health.

Your signature

Signature

Name Dr CM Crawford

Date 26/4/99

DRS CRAWFORD, LAWSON & MACNEILL
SANDYFORD SURGERY
1119 ARGYLE STREET
GLASGOW G3 8ND
TEL. 0141 248 3698
FAX. 0141 221 5144

Doctor's stamp

About your patient – continued

Your reply to the Benefits Agency doctor

Please answer the following questions from information which is currently available to you.

1 Date patient was last seen or examined for the condition(s) causing incapacity.

22/4/99

2 Diagnosis of all relevant conditions and date(s) of onset.

(1) DRUG ABUSE (OPIATES, BENZOS, AMPHETAMINES)
h/o IVDA.

(2) PSYCHOTIC ILLNESS

3 Factual details of patient's condition.

Where possible, please include brief factual details of:

- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

on methadone programme
reasonably stable but admits to use of benzos from time to time, also amphetamines, which is strongly to be discouraged in view of mental health problems

on methadone mixture daily (supervised)
thioridazine
depot — flupenthixol 60mg 3 weekly
(given by CPN)
(prescribed in error)

under care of CMHT Arran Centre / Cornwall House
(ie Parkhead)

likely to continue on medication long term —
certainly antipsychotic Rx & probably methadone too.

IB113-DLS

Incapacity for work

Office stamp

GLASGOW (CITY)
[illegible] STREET
G[illegible] 4DZ
[illegible] 225 4000
[illegible]
DIRECT TEL NO. 0141-225-

DR LAWSON
1119 ARGYLE STREET
ANDERSTON
GLASGOW
G3 8DH

Our phone number is

Code	Number	Ext

If you have textphone, you can call on

Code	Number

If you get in touch with us, tell us this reference number

Date: 19 / 04 / 99

About your patient

Surname: McGUIGAN

Other names: EDWARD WALTER HUGH

NI number: N3 46 73 96 D

Date of birth: 08-02-70

Address:
21 OAKRIDA
GLYNNESWOOD COURT
GLASGOW
Postcode G2 7AE

Dear Doctor

Your patient has claimed benefit due to incapacity and we now have to assess their capacity to perform any work, not just their own job, using the All Work Test procedures. People with certain severe medical conditions can be accepted as incapable of all work without undergoing the All Work Test or, if the test has to be applied, a medical examination.

From the information you have provided on a medical statement (for example form Med 3), or information otherwise available to a Benefits Agency doctor, it appears that this may be such a case. In order to advise the adjudication officer on this issue in accordance with the law, the Benefits Agency doctor requires further factual information. We would be obliged if you would answer the Benefits Agency doctor's questions overleaf clearly indicating any medical evidence that you think may be harmful to the patient's health. An example of what may be harmful information is a diagnosis that is not known to your patient such as malignancy, progressive neurological conditions or major mental illness. **Your patient has given written consent on their claim form to allow us to approach you for this information.**

If you have agreed to treat this patient under the NHS (General Medical Services) Regulations 1992 and have issued, or refused to issue, a medical certificate to them, you are obliged by your terms of service to supply clinical information to a Benefits Agency doctor. A similar obligation applies to most hospital and community doctors working within the NHS. You are not obliged to do this if you have not agreed to treat the patient under the NHS but any information you are willing to provide would be much appreciated. Unfortunately, we would be unable to pay you for it.

A reply within 7 days would be appreciated and a business reply envelope is enclosed for your use. If you have any queries about this form please contact the Medical Adviser at your local BA Medical Services Unit, see leaflet **IB204** *Guide for registered medical practitioners.*

Thank you for your assistance.

Yours sincerely

On behalf of the Manager
For the Medical Officer

benefits agency — *An Executive Agency of the Department of Social Security*

For official use	
DO	Ref type
0511	CM
First day of incapacity	
22/08/94	

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Shawpark Resource Centre
41 Shawpark Street
GLASGOW
G20 9DR

Tel: 0141-531-8770
Fax: 0141-531-8778

Our Ref. GB/MB

Your Ref.

If phoning
ask for **Dr Gerardine Byrne**

Dr Lawson
1119 Argyle Street
GLASGOW
G3 8ND

Dict: 6 January 1999
Typ: 7 January 1999

Dear Dr Lawson

EDWARD MCGUIGAN DOB 08.02.78
56 BLYTHSWOOD COURT, GLASGOW G2 7PE

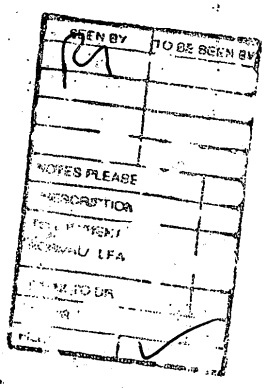
I reviewed Edward who did turn up for his appointment today, 6th January. He tells me he has settled well into his new flat and seems to be keeping mentally stable. **He continues on Flupenthixol 60mg im three weekly, Procyclidine 5mg twice a day but only on alternate days usually, and Methadone 70mls a day.** He attends Charlie Reid Centre and appears happy enough. As he is now in a permanent address I need to check catchment area, but he is quite agreeable to seeing me in the meantime. I also filled out his council tax exemption form today.

Yours sincerely

Byrne

GERARDINE BYRNE
Consultant Psychiatrist

cc Colin Roberts, CPN, Carsewell House



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GREATER GLASGOW
COMMUNITY AND MENTAL HEALTH SERVICES
NHS TRUST

Shawpark Resource Centre
41 Shawpark Street
GLASGOW
G20 9DR

Tel: 0141-531-8770
Fax: 0141-531-8778

Our Ref. **GB/MB**

Your Ref.

If phoning ask for **Dr Gerardine Byrne**

Dr Lawson
1119 Argyle Street
GLASGOW
G3 8ND

Dict: 4 November 1998
Typ: 11 November 1998

Dear Dr Lawson

EDWARD MCGUIGAN DOB 08.02.78
56 BLYTHSWOOD COURT, GLASGOW G2 7PE

I am just writing to let you know that this chap failed to attend a review appointment today, 4th November. However another will be arranged in due course.

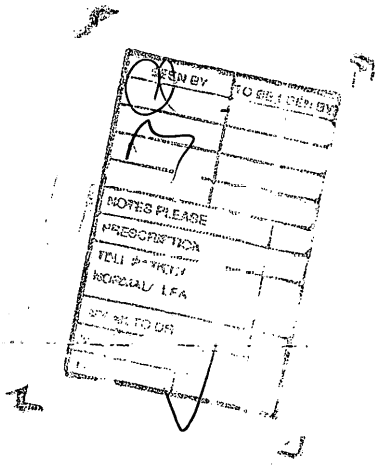
Yours sincerely

4/11/98
also to Dr Mrs Carsewell House

Byrne

GERARDINE BYRNE
Consultant Psychiatrist

cc Colin Roberts, CPN, Carsewell House



NHS Confidential: Personal data about a patient

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. GB/JF
Your Ref.

If phoning ask for Dr Gerardine Byrne

Shawpark Resource Centre
41 Shawpark Street
Maryhill
Glasgow G20 9DR

Tel: 0141 531 8770
Fax: 0141 531 8778

CONFIDENTIAL

Dictated : 14 September 1998
Typed : 01 October 1998

Dr Lawson
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Lawson

RE : EDWARD McGUIGAN - DOB 08.02.1978
56 BLYTHSWOOD COURT, GLASGOW G2 7PE

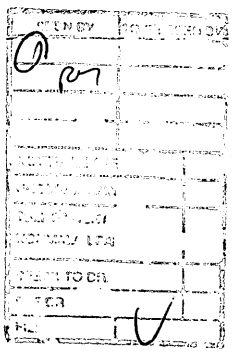
I am just writing to let you know that this man failed to attend a review appointment with me today, 14 September 98. However, he will be sent another in due course.

Yours sincerely

Byrne

GERARDINE BYRNE
Consultant Psychiatrist

cc Colin Roberts, CPN, Carswell House



0370787

GREATER GLASGOW
COMMUNITY AND MENTAL HEALTH SERVICES
NHS TRUST

Shawpark Resource Centre
41 Shawpark Street
Maryhill
Glasgow
G20 9DR

Tel No 0141-531-8770
Fax No 0141-531-8778

Our Ref GB/CD

Your Ref.

If phoning
ask for **Dr Gerardine Byrne**

Dr Lawson
1119 Argyle Street
GLASGOW
G3 8ND

Dict: 27 July 1998
Typ: 13 August 1998

Dear Dr Lawson

EDWARD MCGUIGAN DOB 08.02.78
56 BLYTHSWOOD COURT, GLASGOW G2 7PE

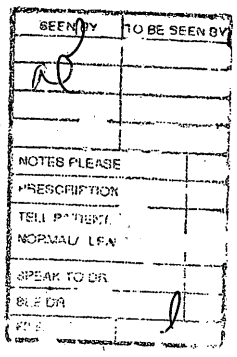
I reviewed Edward today the 27th July. Overall I think he is doing very well and I could not detect any psychotic symptoms at all today. He is complaining and his CPN, Colin Roberts, confirmed this, that he has turned night into day somewhat, stating that he is sleepy during the day. I believe Colin is going to help him with this and try to get some structure into his day. He is managing very well with his flat and I expect that they will make it a permanent tenancy in due course. I have on discussion with Colin Roberts decided to apply to the Arran Centre to begin the proceedings of transferring his care, as it might seem more appropriate for the Occupational Therapy to try and help co-ordinate structure to his day there rather than chopping and changing in mid course. I shall in the meantime of course keep him under review.

Yours sincerely

Byrne

GERARDINE BYRNE
Consultant Psychiatrist

cc Colin Roberts, CPN, Homeless Clinic, 120-130 William Street, Glasgow G3 8HS



0370787

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. **GB/MB**

Your Ref.

If phoning ask for **Dr Gerardine Byrne**

Shawpark Resource Centre
41 Shawpark Street
GLASGOW
G20 9DR

Tel: 0141-531-8770
Fax: 0141-531-8778

Dr Lawson
1119 Argyle Street
GLASGOW
G3 8ND

Dict: 1 June 1998
Typ: 9 June 1998

Dear Dr Lawson

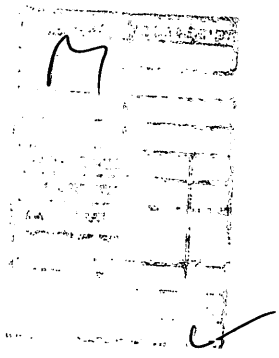
EDWARD MCGUIGAN DOB 08.02.78
56 BLYTHSWOOD COURT, GLASGOW G2 7PE

I reviewed this chap today, 1st June. I was very happy that the alteration in his medication has done him the world of good and mentally he confirmed this by saying he feels a lot better. He now has a permanent tenancy and is on the telephone and is very happy about this. It is Glasgow G2 which I'm pretty sure comes under the East, i.e. The Arran Centre, but I reassured Edward that I wasn't imminently about to discharge him from my caseload given the number of changes he has had to adjust to already recently. I have made arrangements to review him again in due course.

Yours sincerely

GERARDINE BYRNE
Consultant Psychiatrist

cc Colin Roberts, CPN, Carsewell House



GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Shawpark Resource Centre
41 Shawpark Street
GLASGOW
G20 9DR

Tel: 0141-531-8770
Fax: 0141-531-8778

Our Ref. **GB/MB**

Your Ref.

If phoning ask for **Dr Gerardine Byrne**

Dr Lawson
1119 Argyle Street
GLASGOW
G2 8ND

Dict: 27 April 1998
Typ: 11 May 1998

Dear Dr Lawson

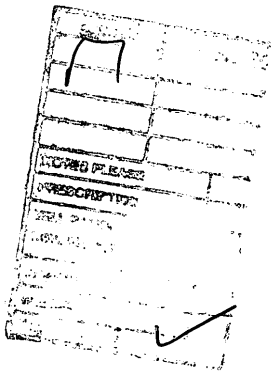
EDWARD MCGUIGAN DOB 08.02.78
FLAT 15E, 5 BROOMHILL LANE, GLASGOW G11 7NN

I reviewed this chap today, 27th April. He's still although not overtly psychotic, and seems to have some very vivid disturbing dreams that upset him. I think he's still probably a bit unsettled and has another imminent move in sight, to thankfully what should now be a permanent tenancy. **He continues on 60mls Methadone and his 3 weekly depot injection. I'll give Colin Roberts, his CPN, a ring with regard to possibly slightly increasing his depot when it's next due. I'll be thinking in terms of maybe 60mg 3 weekly to just tide him over yet more imminent changes.** He's going to try his best to come to some of the activities that Melanie has set up for him. I shall keep him under review.

Yours sincerely

pp **GERARDINE BYRNE**
Consultant Psychiatrist

cc Colin Roberts, CPN, Carsewell House



GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref.
GB/JF
Your Ref.

If phoning ask for Dr Gerardine Byrne

Shawpark Resource Centre
41 Shawpark Street
Maryhill
Glasgow G20 9DR

Tel: 0141 531 8789
Fax: 0141 531 8778

CONFIDENTIAL

Dictated : 23 February 1998
Typed : 4 March 1998

Dr Lawson
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Lawson

RE : EDWARD McGUIGAN - DOB 08.02.1970
15E, 5 BROOMHILL LANE GLASGOW G11 7NN

I reviewed this chap today 23 February. He had some symptomatology in that he had difficulty in sleeping although I believe he is getting some Chloral 2 tablets to be taken at night. He also has some paranoid ideation and feels unsettled since moving to his temporary tenancy. It has been two years since he's been at Laidlaw House so I am not surprised that a move like this has caused some exacerbation of his symptoms. He said its about a week after his depot that he starts getting the symptoms and I notice he is on Depixol 40 mg three weekly. He is also quite sensitive to side effects and he needs Procyclidine 5 mg four times a day. On balance I have told him I'll give Colin Roberts his community nurse a ring with a view to discuss whether we should adjust his dose when it is due next week.

I think Edward will need to develop further skills if he is moving to his own permanent tenancy in the near future. He seems to be living on toast at the moment because he has no cooking skills although his mother and sister try and help him with the shopping etc. He does, of course, have he tells me Roz his support worker from Hamish Allan who visits on a weekly basis and is going to help him with budgeting skills. I will write to our Melanie here at the Shawpark and hope that maybe he could join her lunch group and improve his skills.

I shall keep you informed of any developments.

Yours sincerely

GERARDINE BYRNE
Consultant Psychiatrist

cc Colin Robert, CPN, Carswell House.

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Shawpark Resource Centre
41 Shawpark Street
Maryhill
Glasgow
G20 9DR

Tel No 0141-531-8770
Fax No 0141-531-8778

Our Ref. GB/CD

Your Ref.

If phoning
ask for **Dr Gerardine Byrne**

Dictated: 07 January 1998
Typed: 13 January 1998

Dr Lawson
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Lawson

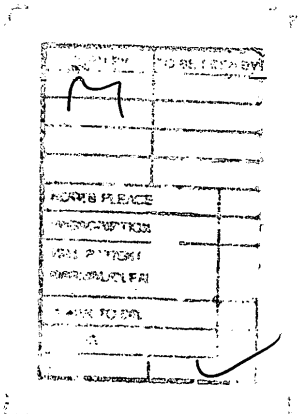
EDWARD MCGUIGAN DATE OF BIRTH: 08.02.70
C/O LAIDLAW HOUSE, 95 CHEAPSIDE STREET, GLASGOW, G3 8BH

I am just writing to let you know that this man cancelled a review appointment today, 7 January 1998 because of flu. However, he will be sent another in due course.

Yours sincerely

GERARDINE BYRNE
Consultant Psychiatrist

cc Colin Roberts, CPN, Carswell House



0370787

benefits agency

An Executive Agency
of the Department of
Social Security.

Your reference is NS467396D
Please tell us this number
if you get in touch with us

DR LAWSON
1119 ARGYLE STREET
ANDERSON
GLASGOW
G3 8DH

Glasgow Cranstonhill
67 Minerva Street
Glasgow
G3 8LD

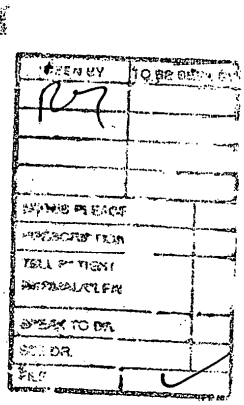
Phone 0141 5328800

Date 26/07/1997
FOR MR EDWARD WALTERHOGG
MCGUIGAN

INFORMATION ABOUT A PATIENT

About the patient

Name	MR EDWARD WALTERHOGG MCGUIGAN
Address	95 CHEAPSIDE ST. LAIDLAW HOUSE GLASGOW G3 8BH
National Insurance Number	NS467396D
Date of Birth	08/02/1970



Payment of benefit and the award of National Insurance credits due to incapacity for work are subject to an incapacity test. If a customer satisfies the test or is incapable of work, they no longer need to send us medical certificates.

6746/0386

Now go to the next page

MR EDWARD WALTERHOGG MCGUIGAN

REF: NS467396D

The patient shown above has satisfied the incapacity test or is treated as incapable of work so we do not require further NHS medical certificates for this person's present claim for benefit. However, we may need to contact you for further information about your patient in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and insurance companies. The provision of this information is not usually an NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity.

The booklet 'A guide for registered medical practitioners' gives you more information. If you do not already have this booklet, you can get it from your local Family Health Authority or Health Board.

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.

Yours sincerely,

IB74

MR EDWARD WALTERHOGG MCGUIGAN REF: NS467396D

7. Details of the outlook for your patient and any proposals for future management.

AS EXPECTED

8. Any other information and comments.

IDENTICAL FORM FILLED IN ON 9/6/97 AND POSTED TO YOURSELVES

9. Your patient may be asked to attend an examination by using public transport or by taxi without an escort, if necessary. Please give any clinical evidence you have that your patient may, as a result of their medical condition, be unable to attend such an examination.

THIS IS TIME CONSUMING !

ONLY COMPLETE THE SECTION BELOW IF YOU HAVE DIAGNOSED A MENTAL CONDITION AT QUESTION 2
Please give details of any evidence that there would be a substantial risk to the mental or physical health of either your patient or any other person, if your patient was found fit for work and benefit was stopped. For example, risk of suicide or threat of harm to others.

DECLARATION

I understand that in certain circumstances a copy of the information I have given here will be sent to my patient, their legal representatives and any authority deciding an appeal in relation to their entitlement to benefit.

I further understand that certain information may be withheld if it appears to the adjudicating authority that its disclosure would be harmful to my patient's health. I have indicated any medical evidence I think may be harmful to my patients health.

YOUR SIGNATURE

Signature Doctor's stamp

Name R. MACNEILL

Date 4/7/97

MR EDWARD WALTERHOGG MCGUIGAN REF: NS467396D

Your reply to the Medical Services doctor

1. Date patient was last seen or examined.

   3.7.97

2. Diagnosis(es) of all significant conditions and date(s) of onset.

   CHRONIC OPIATE DEPENDENCY

   POSSIBLE PSYCHOSIS INDUCED BY DRUG ABUSE

3. Details of the patient's recent medical history and present clinical condition including mental state.

   MENTAL STATE STABLE AT PRESENT

4. Details of any current medication and patient's response.

   METHADONE

   PROCYCLIDINE

   DEPIXOL INJECTIONS

5. Details of any other treatment including attendance at day care centres, hospital out-patients etc.

   ATTENDS DR BYRNE PSYCHIATRIST SHAWPARK RESOURCE CENTRE

   CPN'S ADMINISTER THE DEPIXOL

6. Effects of medical condition on daily living, for example, self care, mobility, judgement and compliance with medication.

   CHAOTIC LIFESTYLE IN THE PAST.

   POSSIBLY STILL ABUSING DRUGS

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

CPN Hostel Service
Carswell House
5/6 Oakley Terrace
Dennistoun
Glasgow
G31 2HX

Tel: 0141-556-5259 (direct line)
Tel: 0141-554-6267
Fax: 0141-556-6967

Our Ref. CR/AS

Your Ref.

If phoning ask for Colin Roberts

18 June 1997

Dr G Byrne
Consultant Psychiatrist
Shawpark Resource Centre
41 Shawpark street
Glasgow
G20 9DR

Dear ~~Dr Byrne~~ Dr Lawson

Re: Edward McGuigan, DOB 08.02.70., Laidlaw House, 95 Cheapside Street, Glasgow, G3 8BH

Just a brief up-date note on Edward's progress. I have been visiting him at the Hostel approximately every two weeks. I have been administering his depot - Depixol 40 mg 3/52 IMI and there appears to be no problems with this. Edward does not appear psychotic but voices vague paranoid ideation. He describes this as feeling uneasy and wary of others when out of the Hostel. This certainly does not appear to be restricting him going out as Hostel Staff report he is out every day and I have on occasion had trouble getting Edward in the Hostel.

I have found little evidence of extra-pyramidal side effects and Edward continues to take Procyclidine 5 mg four times per day. He continues on his Methadone prescription, collecting this on a daily basis from the Chemist. He denies any current illicit drug misuse but I have been concerned that on occasions he has been taking other substances. This has been due to his appearance and behaviour - sedated, with 'heavy eyes' and speech slightly slurred.

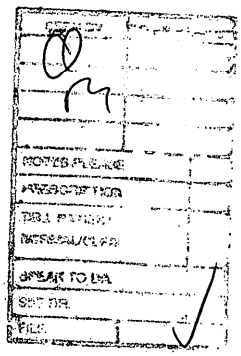
Edward has asked if you could organise another out-patient appointment for him. I would be grateful if you would inform me of this I will try to ensure he attends.

I shall keep you informed of any developments.

Yours sincerely

Colin Roberts
Community Charge Nurse

c.c. Dr Lawson, 119 Argyle Street, Glasgow, G3 8ND



0370787

About your patient – continued

Your reply to the Benefits Agency doctor

1 Date patient was last seen or examined.

5/6/97

2 Diagnosis(es) of all significant conditions and date(s) of onset.

Chronic opiate dependency – for several years. Now on methadone for maintenance
Previous abuse of variety other recreational substances
Possible psychosis induced by drug abuse

3 Details of the patient's recent medical history and present clinical condition including mental state.

Mental state stable at present

4 Details of any current medication and patient's response.

Methadone
Procyclidine

5 Details of any other treatment including attendance at day care centres, hospital-out patients etc.

Attending O.P. clinic at Shenpark Centre
Consultant – Dr Byrne

6 Effects of medical conditions on daily living, for example, self-care, mobility, judgement and compliance with medication.

Currently stable. Chaotic lifestyle in the past

About your patient – continued

7 Details of the outlook for your patient and any proposals for future management.

As expected. Will continue on Methadone Maintenance

8 Any other information and comments.

9 Your patient may be asked to attend an examination by using public transport or by taxi without an escort, if necessary. Please give any clinical evidence you have that your patient may, as a result of their medical condition, be unable to attend such an examination.

No evidence

Only complete the section below if you have diagnosed a mental condition at question 2.

Please give details of any evidence that there would be a substantial risk to the mental or physical health of either your patient or any other person, if your patient was found fit for work and benefit was stopped. For example, risk of suicide or threat of harm to others.

No nsh

Declaration

I understand that in certain circumstances a copy of the information I have given here will be sent to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit.

I further understand that certain information may be withheld if it appears to the adjudicating authority that its disclosure would be harmful to my patient's health. I have indicated any medical evidence I think may be harmful to my patient's health.

Your signature

Signature

Name Alison Lawson

Date 9 / 6 / 97

Doctor's stamp

Dr. C. M. CRAWFORD
Dr. A. A. LAWSON
Dr. D. R. MACNEILL
1119 ARGYLE STREET
GLASGOW G3 8ND
Tel No. 0141 248 3883
Fax No. 0141 221 8744

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. EC/AP

Your Ref.

If phoning ask for

SHAWPARK RESOURCE CENTRE
41 SHAWPARK STREET
GLASGOW G20 9DR
TELE NO 0141-531-8770
FAX 0141-531-8778

Dictated 2nd April 1997
Typed 8th April 1997

Dr. Lawson
1119 Argyle Street
GLASGOW

Dear Dr. Lawrie,

RE: EDWARD MCGUIGGAN D.O.B. 08.02.70
C/O LAIDLAW HOUSE CHEAPSIDE STREET GLASGOW

I am writing to inform you that I have transferred Edward's care over to Colin Roberts, C.P.N. from Carswell House, Dennistoun. Carswell House has recently taken over the care in the community of persons with mental health problems who reside in homeless units.

Dr. Byrne will remain Consultant for Edward and he will attend Shawpark for these appointments.

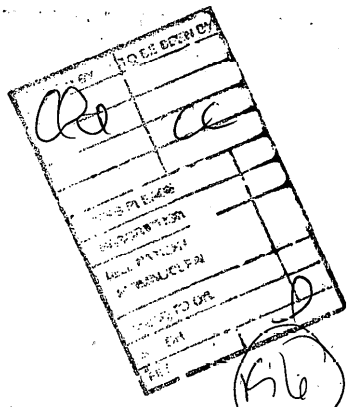
C.P.N. input and administration of 4 weekly depot of Depixol 40mg will be given by Colin Roberts.

I hope this is satisfactory to you.

Yours sincerely

ELISE CRILLY
Community Enrolled Nurse

Copy to Dr, Byrne, Consultant Psychiatrist, Shawpark Centre



0370787

Our Ref. CR/AS

Your Ref.

If phoning ask for Colin Roberts

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Hostel Project
Carswell House
5/6 Oakley Terrace
Dennistoun
Glasgow
G31 2HX

Tel: 0141-556-5259 (direct line)
Tel: 0141-554-6267
Fax: 0141-556-6967

Date: 18 April 1997

Dr Byrne
Consultant Psychiatrist
Shawpark Centre
41 Shawpark Street
Glasgow
G20 9DR

Dear Dr Bryne

Re: Edward McGuigan, DOB 08.02.70., Laidlaw House, 95 Cheapside Street, Glasgow, G3

The above named Patient's nursing care has been transferred to the C.P.N. Hostel Service. The Patient's named Nurse shall be myself, Colin Roberts, Community Charge Nurse.

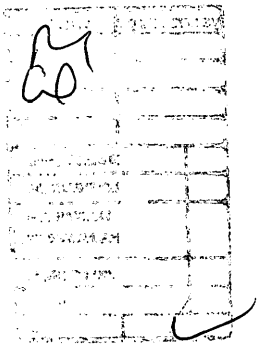
If you require any further information please do not hesitate to contact me.

Yours sincerely

A Shaw

Colin Roberts
Community Charge Nurse

c.c. Medical Records, Woodilee Hospital
(GP) Dr Lawson, 119 Argyle Street, Glasgow, G3 8ND



GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Shawpark Resource Centre
41 Shawpark Street
GLASGOW
G20 9DR

Tel: 0141-531-8770
Fax: 0141-5311-8778

Our Ref. **GB/MB**

Your Ref.

If phoning ask for **Dr Gerardine Byrne**

Dr Lawson
1119 Argyle Street
GLASGOW
G3 8ND

Dict: 28 November 1996
Typ: 29 November 1996

Dear Dr Lawson

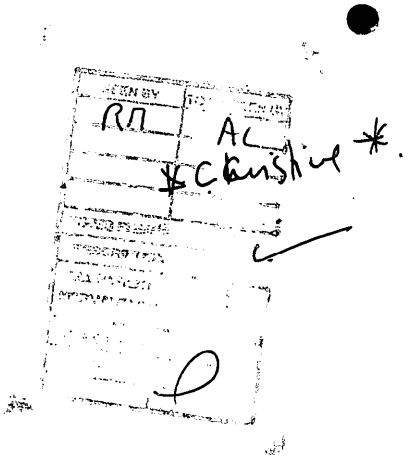
EDWARD McGUIGAN DOB 08.02.70
C/O LAIDLAW HOUSE, CHEAPSIDE STREET, GLASGOW G3 8BH

I had only just signed a letter this afternoon saying that this man hadn't turned up for his recent appointment, when he turned up at the Shawpark for his depot injection. Jim Reilly, his community nurse, asked me to see him because he was convinced that Mr McGuigan was under the influence of drugs. Mr McGuigan told me that he had taken no illicit substances, apart from his 55mls of prescribed methadone, about an hour previously. He said he had only tended yourself this morning and that you do regular urine screens. He certainly came across as sedated and heavy eyed and slurred speech on occasions. There was no evidence of any alcohol intake and he has agreed to provide another urine screen. I have given him the benefit of the doubt and it may be that perhaps it is the effect of the methadone. We have not given him his depot injection today and in fact I'm increasing the duration between injections from two weekly to three weekly. It might also be possible when his next **Procyclidine** script is due, to cautiously start reducing that. He tells me he takes **Procyclidine 5mg tablets six per day** and so I would suggest that this be reduced to **5mg four times per day**. I shall keep him under review.

Yours sincerely

GERARDINE BYRNE
Consultant Psychiatrist

cc Jim Reilly, CSN



GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. GB/SB

Your Ref.

If phoning ask for **Dr Gerardine Byrne**

SHAWPARK RESOURCE CENTRE
41 SHAWPARK STREET
MARYHILL
GLASGOW
G20 9DR

TEL NO 0141-531-8770
FAX. 0141-531-8778

Dr Lawson
1119 Argyle Street
GLASGOW
G3 8ND

Dictated: 25th November 1996
Typed: 27th November 1996

Dear Dr Lawson,

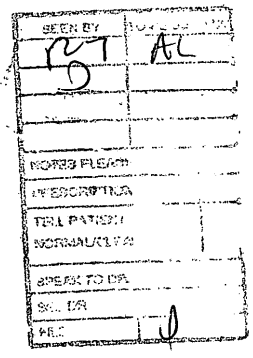
RE: EDWARD MCGUIGAN, D.O.B. 08/02/70
C/O LAIDLAW HOUSE, CHEAPSIDE STREET, GLASGOW, G3 8BH

I am just writing to let you know this chap has failed another review appointment today, 25th November 1996. Before sending him another I will have a word with his Community Nurse Jim Reilly with regards to the best way of ensuring his attendance.

Yours sincerely

Gerardine Byrne
CONSULTANT PSYCHIATRIST

c.c. Jim Reilly, CPN, Shawpark Resource Centre



Our Ref. AR/AP

Your Ref.

If phoning ask for

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

SHAWPARK RESOURCE CENTRE
41 SHAWPARK STREET
GLASGOW G20 9DR
TELE NO 0141-531-8770
FAX 0141-531-8778

Dictated 24th September 1996
Typed 1st October 1996

Dr. Lawson
1119 Argyle Street
GLASGOW G3 8ND

Dear Dr. Lawson,

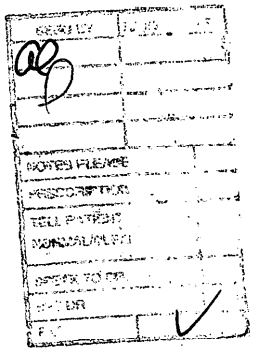
RE: EDWARD MCGUIGAN D.O.B, 08.02.70
C/O LAIDLAW HOUSE, CHEAPSIDE STREET GLASGOW G3 8BH

I am just writing to let you know that this man has failed to keep a review appointment today, 24th September 1996. However I shall send him another one in due course.

Yours sincerely

DR. GERARDINE BYRNE
Consultant Psychiatrist

Copy to James Reilly, C.P.N. Shawpark Centre



17 October 1996

Ms Rebecca Black
Community Link Co-ordinator
The Volunteer Centre
146 Argyle Street
(second floor)
Glasgow G2 8BL

Dear Ms Black

Re: Edward McGuigan 95 Cheapside Street Glasgow G3 8BH DOB 8 2 70

Thank you for your letter of 8th October 1996 regarding the above. I can confirm that Edward has been attending our practice since May of this year. Eddie has two problems which are of particular relevance. Firstly, he has a long history of drug abuse. With regard to this, he is now on our Methadone programme and is prescribed Methadone mixture 55 ml daily, which is taken under supervision in the pharmacy. He is also prescribed one Chloral capsule at night, to help him sleep. As far as we can establish, he seems reasonably stable from this point of view. His last urine test at the beginning of this month showed Methadone, as expected, but no evidence of illicit drugs.

Secondly, he has been complaining of feelings of paranoia over the past seven months or so. It is not clear whether this is related to his drug abuse or whether it is a separate psychiatric illness. He is under the supervision of the Community Mental Health Team at Shawpark Resource Centre and his consultant is Doctor Byrne. At present, he remains on a regular Depot injection but seems reasonably stable from this point of view.

With regard to voluntary work, the above would clearly have to be taken into consideration. He is undoubtedly vulnerable and will require continuing support. However, it may be that he would be able to undertake some voluntary work under supervision.

I should add that I feel I do not know Eddie particularly well and you may get more information from his Social Worker (Marie Kelman of the Homeless Team) or his Community Psychiatric Nurse (Jim Reilly) at the Shawpark Centre.

Yours sincerely

Christine M Crawford

The Volunteer Centre
146 Argyle Street (second floor)
Glasgow G2 8BL
Telephone 0141-226 3431 (24 hours)
Fax 0141-221 0716

Servicing the Community
Since 1970

8th October 1996

Doctor C. M. Crawford
Crawford and Lyndsey Practice
1119 Argyle Street
Finnistoun
Glasgow
G3

Dear Doctor Crawford

Re: Edward McGuigan, 95 Cheapside Street, City Centre, Glasgow, D.O.B. 8. 2. 1970.

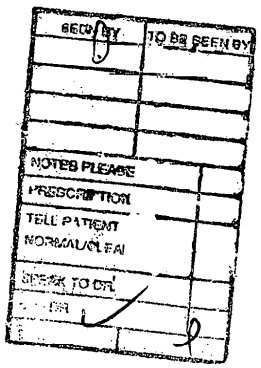
Edward McGuigan recently approached us expressing an interest in voluntary work. The exact nature of this work has not yet been confirmed, but may involve working with elderly people,painting and decorating and conservation work. Edward mentioned that he has experienced difficulties in the past, but that this situation has stabilised with professional help.

The Community Link Project works with volunteers who have experienced mental health difficulties but are now ready to undertake voluntary work on a gradual basis. In order to match effectively, we prefer to establish that the volunteer is ready and has support available to them if needed. Where necessary, we offer ongoing support after they have started at their placements.

I would appreciate your opinion as to Edward's suitability to this activity, and if you would like more information please do not hesitate to get in touch with me at the Volunteer Centre.

May I assure you that permission has been granted from Edward to approach you and that any information received will be treated in strictest confidence.

Yours sincerely



Rebecca Black
Community Link Co-ordinator

S.W. Marie Kelman (SW)

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Shawpark Resource Centre
41 Shawpark Street
Maryhill
Glasgow
G20 9DR

Tel No 0141-531-8770
Fax No 0141-531-8778

Our Ref. **GB/AF**

Your Ref.

If phoning ask for **Dr Gerardine Byrne**

Dictr 6th August 1996
Typed: 15th August 1996

Dr A Lawson
1119 Argyle Street
Glasgow
G3 8ND

Dear Dr Lawson

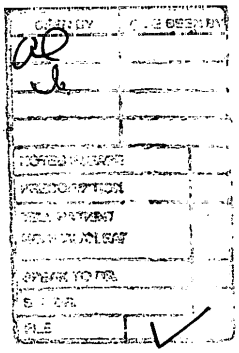
Re: Edward McGuigan, DOB 08.02.70
c/o Laidlaw House, 95 Cheapside Street, Glasgow G3 8BH

I reviewed this man today, 6th August 1996. He remains well on his weekly depot, although need quite a lot of **Procyclidine 10mg three times a day**. I have advised him that this is the maximum dose. He also takes his **Methadone 50mls daily**. I could not detect any psychotic symptamotology. He is getting help from GAMH in applying for supported accommodation, and I shall keep him under review.

Yours sincerely

GERARDINE BYRNE
Consultant Psychiatrist

cc: Jim Reilly, CPN



National Insurance No:	NS 46 73 96 D
Mr/Mrs/Miss/Ms	MR
Surname	McGUIGAN
Other Names	EDWARD
Address	95 CHEAPSIDE STREET GLASGOW G1
Date of birth	08 02 70

Important - If this patient has died or recently moved to another practice please still complete this report.

■ Your report - For Social Security purposes only

This is not a report to which the Access to Medical Reports Act 1988 applies. The Benefits Agency will show it to your patient in certain circumstances, but your patient does not have to see it before you return it to us.

I understand your patient suffers from Psychotic symptoms. I would be grateful for the following information:-

1. a) What is the diagnosis and when was this first made?
   b) What is the prognosis?

AUDITORY + ? VISUAL HALLUCINATIONS + PARANOIA AT TIMES
PRESENTED APRIL 1996
MET VERY PARANOIDAL ASSESSED (MISSED APPOINTMENT
WITH DR BYRNE 19/6/96)
— ? PRIMARY PSYCHOTIC ILLNESS
— ? DRUG RELATED
PROGNOSIS NOT KNOWN

2. What is the severity of the condition and frequency of relapses?

APPEARS TO HAVE HAD CONTINUING SYMPTOMS
SINCE INITIALLY PRESENTED
CURRENTLY ON WEEKLY DEPOT INJECTION WITH
APPARENT BENEFIT.
AT ONE POINT VERY DISTRESSED, SCARED TO LEAVE OWN
ROOM IN HOSTEL

PLEASE TURN OVER
DLA389A

3. a) Please give details of treatment and frequency.

WEEKLY DEPOT INJECTION BY CPN (NAME OF DRUG)
METHADOSE NOT RECORDED IN MAIN RECORDS
ALSO PRESCRIBING 5mg BD
+ METHADONE MIXTURE 30ml DAILY (PHARM. CAN SPEAK TO NURSE)

b) What supervision arrangements are required to issue regular medication?

INJECTION BY CPN.
METHADONE SUPERVISED IN PHARMACY
CHEMICAL DISPENSED DAILY

c) Please describe any other specific therapy (other than drug treatment) eg support agencies, group therapy, psychotherapy.

NOT KNOWN

4. Have there been any hospital admission for mental health reasons in the last 2 years? YES/NO

If YES please give details (eg approximate duration and reason).

not to my knowledge
BUT we do not yet have records
from 1st May 1996.

If YES is substantial supervision required? Please give dates of attempts eg parasuicides.

not to my knowledge

however, seen by Dr 5/4/11 — mentioned voices telling them to hurt others & themself.

6.(i) Does your patient overlook or forget the risks posed by:

a) Domestic appliances and common hazards in their familiar surroundings YES/NO

If YES please give details.

b) Common hazards when outdoors? YES/NO

If YES please give details

(ii) Has their confusion or agitation resulted in danger being caused to themselves or others? YES/NO

If YES please give details.

info from previous CPN

8/4/91 seen at Pembroke hospital

episode self harm - started girlfriend

community?

support from CPNs
+ CAMH

b) What help is needed from family and friends to support your patient in their current environment?

not known

8. a) Do they lack the concentration necessary to safely complete the preparation of a cooked main meal? YES/NO

not known

If **YES**, please give examples.

b) Do they need encouragement to get up and get dressed? YES/NO

If **YES**, please give examples. not as far as I know

c) Do they care about their appearance and living conditions? YES/NO

If **NO**, please give examples. not known
currently in hostel accommodation

a) Known surroundings? YES/NO
b) Unknown surroundings? YES/NO

If **YES**, please give examples to illustrate the above.

10. Does the patient exhibit dangerous tendencies or disruptive behaviour? YES/NO

If **YES**, please detail the nature and frequency of these episodes.

not usually but on previous occasions

number.

Name of bank or building society	THE ROYAL BANK OF SCOTLAND
Branch name	CHARING CROSS
Account name	DR CRAWFORD / DR LAWSON
Bank sorting number	83 54 60
Account number	00125202
Roll number (building society only)	

We will write to you when the payment will be made into your account.

■ FOR OFFICIAL USE ONLY

All boxes must be completed

This claim has been examined and approved. The sum of £_____ is payable.

Cost centre number | Account code

Signature of authorising officer

Date / /

AUTHORISATION STAMP

Office address stamp/"examined" stamp

Office phone number and extension

Please tell us your FAMIS number

To claim £17.00 payable for

☑ one report ☐ two reports

on this person please tell us how you want paying at part 2 of this form. Then return this form to us in the envelope we have sent you. It does not need a stamp.

About the person with the illness or disability

NINO NS 46 73 96 D

Surname McGuigan

Other names Edward.

Declaration

Please complete all these boxes in full.

I claim the fee for completing

☑ one report. ☐ two reports.

Signature J McGuigan Date 12 / 7 / 96

Surname

Other names

What is your **surgery** address, postcode and phone number? (please use your surgery stamp or print the details).

DR C. M. CRAWFORD
DR A. A. LAWSON
[illegible] ST
GLASGOW G3 8ND
Tel. No. 0141 248 3698

Name of a person we can contact in case we have a query with this claim.

Telephone number (if this is not your surgery phone number).

Please turn over >

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. **GB/MAB**

Your Ref.

If phoning ask for **Dr Gerardine Byrne**

Shawpark Resource Centre
41 Shawpark Street
Glasgow
G20 9DR

TEL NO. 0141-531-8770
FAX NO. 0141-531-8778

Dr A Lawson
1119 Argyle Street
Glasgow
G3 8ND

Dict: 19 June 1996
Typ . 27 June 1996

Dear Dr Lawson

EDWARD McGUIGAN, DOB: 08.02.70
C/O LAIDLAW HOUSE, 95 CHEAPSIDE STREET, GLASGOW G3 8BH

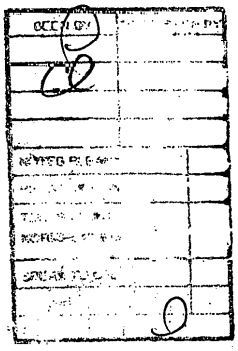
I am just writing to say that this man failed to keep his assessment appointment today the 19th of June 1996. However I shall send him another in due course.

Yours sincerely

Byrne

GERARDINE BYRNE
Consultant Psychiatrist

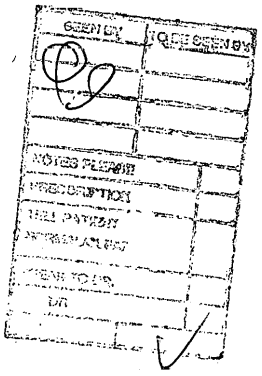
cc Jim Reilly, CPN, Shawpark Centre.



G.P. EMERGENCY MEDICAL SERVICE (GLASGOW)

CENTRE: Lightburn Hospital

NAME OF GP	Dr Lawson.
GP ADDRESS	Argyl St.
FAX NO.	
PATIENT NAME	Edward M'Cuigan.
DOB	8/2/70
ADDRESS TODAY	4 Baldovan Cres. Easterhouse.
POSTCODE	
HOME ADDRESS (IF DIFFERENT)	
SPECIAL DIRECTIONS	2/1.
CALLER'S NAME	
RELATIONSHIP	
TEL. NO.	773-3908.
COMPLAINS OF	Needs procyclidine. Bad reaction to Depo injection.
ACTION	URGENT VISIT ☐ NON-URGENT VISIT ☐ ATTEND:OWN TRANSPORT ☐ ATTEND: PTS TRANSPORT ☐ AMBULANCE ☐ ADVICE ☐
DATE	21/5/1996
RECEPTIONIST NAME	Allan.
TIME PHONED	19.30.
TIME PASSED (FOR VISIT/PTS)	
TIME AT CENTRE	
TIME SEEN	
CLINICAL NOTES	
TREATMENT	
REFERRAL	
CATEGORY CODE	
SEEN BY DR	
ROTA NO.	
NURSE	



N.B. PLEASE ENSURE THAT ALL AREAS OF THIS FORM ARE COMPLETED, INCLUDING NEW SECTION FOR RECEPTIONIST NAME AND ALL TIMES (BASED ON THE 24 HOUR CLOCK).

G.P. EMERGENCY MEDICAL SERVICE (GLASGOW)

CENTRE: Victoria Infirmary / Western Infirmary / Stobhill Hospital / Lightburn Hospital / Drumchapel Hospital / Cardonald Clinic

NAME OF GP	LANDER
GP ADDRESS	ARGYLE ST MCCANICA — FAX NO. 221-5144
PATIENT NAME	EDWARD MC[illegible] — DOB 8/2/70
ADDRESS TODAY	4 BALDOVAN CRESC → MATHERS ADDRESS — POSTCODE
HOME ADDRESS (IF DIFFERENT)	
SPECIAL DIRECTIONS	
CALLER'S NAME	RELATIONSHIP
TEL. NO.	
COMPLAINS OF	REQUIRES PROCYCLIDINE BAD REACTION TO 1.25
ACTION	URGENT VISIT ☐ NON-URGENT VISIT ☐ ATTEND:OWN TRANSPORT ☐ ATTEND: PTS TRANSPORT ☐ AMBULANCE ☐ ADVICE ☐
DATE	21 / 5 / 1996 — RECEPTIONIST NAME
TIME PHONED	1933 — TIME PASSED (FOR VISIT/PTS) 2000
TIME AT CENTRE	TIME SEEN
CLINICAL NOTES	Refer A+E for Cogentin injection + Procyclidine — has Severe
TREATMENT	
REFERRAL	
CATEGORY CODE	
SEEN BY DR [illegible]	ROTA NO. 37 — NURSE

9 ans YES

SEEN BY	TO BE SEEN BY
NOTES PLEASE	
PRESCRIPTION	
TELL PATIENT NORMAL/CLEAR	
SPEAK TO DR.	
[illegible] CA.	

Name Mr Edward Walterhogg McGuigen
NI number NS 46 73 96 D
Date of birth 08 · 02 · 70

Your reply

Does you patient have any of the following illnesses or disabling conditions?

- a psychiatric illness ☑
- personality disorder ☐
- alcohol or substance abuse ☑
- impairment of brain function consequent to organic disease or traumatic brain injury ☐

What is the diagnosis of this illness? Opiate dependency
Psychotic symptoms — aetiology as yet unclear

What was the approximate date of onset of this illness? Age 16.

Has your patient exhibited paranoid features, delusions, hallucinations or other frankly psychotic symptoms/behaviour at any time during the past six months? No ☐ Yes ☑

Is your patient on neuroleptic drugs or mood stabilising drugs? No ☐ Yes ☑ Please give details

Does you patient need continual care or supervision because of the effects of the condition(s) you have ticked in above?

No ☑
Yes ☐ Is you patient being looked after in home surroupdings or in sheltered care?

☐ Home
☐ Sheltered

Is your patient attending a day care centre for care or rehabilitation (where qualified nursing care is available) for at least one day per week?

No ☑
Yes ☐

Please give the name and address of any Consultant Psychiatrist treating this patient.

Dr Byrne
Shanpark Centre
Shanpark St
Glasgow
Postcode

If you wish, please add any remarks or comments which may assist in determining the severity of your patient's mental health problem even if they do not fall into one of the categories listed above.

Quarterly assessment by Dr Byrne. At present attending day hospital on weekly basis. Seen by CPN Mr. J. Reilly at Shanpark Centre weekly

NHS Confidential: Personal data about a patient

Please indicate which of the following describes you ☐

I am the patient's General Practitioner ☑

I am the patient's Consultant psychiatrist ☐

I am a Hospital Doctor involved in the care of the patient ☐

I am a Mental Health Care professional involved in the management of the patient's mental health problem ☐

If you have ticked this box please give the following information:

Job Title Qualifications

I understand that in certain circumstances, this report will be released to my patient, his legal representative and any authority deciding an appeal in relation to his entitlement to benefit. I further understand that certain information may be withheld if it appears to the adjudicating authority that its disclosure would be harmful to the patient.

Signature

Name

Telephone number

Date 21/5/96

Dr C. M. CRAWFORD
Dr A. A. LAWSON
1119 ARGYLE STREET
GLASGOW G3 8ND
Tel. No. 0141 248 3698

For Official use

CM	0611

Letter DL/S 584

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref GB/CD

Your Ref.

If phoning ask for **DR GERARDINE BYRNE**

SHAWPARK RESOURCE CENTRE
41 SHAWPARK STREET
MARYHILL
GLASGOW
G20 9DR

TEL NO 0141-531-8770
FAX. 0141-531-8778

Date 9/5/96

Dear Dr Crawford.

RE: PATIENT: Edward McGuigan

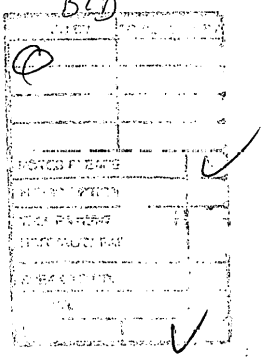
DATE OF BIRTH: 8/2/70.

ADDRESS: 95 Cheapside Street

Glasgow.

I reviewed the above named patient today at the Shawpark Resource Centre. I would be grateful if you would make the following changes to his/~~her~~ medication.

phase prescribe Procyclidine 5mg up to BD



A more detailed letter will follow.

Yours sincerely

GByrne

GERARDINE BYRNE
Consultant Psychiatrist

0370787

NHS Confidential: Personal data about a patient

Scottish Drug Misuse Database
MONITORING OF DRUG MISUSE IN SCOTLAND

Medical - In Confidence
SMR22 revised April 1995

Please complete a form if (a) the patient is attending for the first time ever or (b) the patient has attended before but not within the previous six months. Exclude letter and third party contacts. Please read the notes on the back.

Enquiries: phone 0131 551 8715

DETAILS OF PATIENT

First Name: EDWARD
Last Name: MCGUIGAN
Your Ref:
Date of Birth: 08 02 70
Sex: Male ☑ Female ☐
Ethnic Group: White ☑ Indian Sub-continent ☐ Chinese ☐ Afro-Caribbean ☐ Other (specify) _____

ADDRESS
Street: 95 Cheapside St
District/Ward:
City/Town: Glasgow
Postal District: G3 8BH
Date of initial contact(of this episode): 17 05 96

NOTIFICATION Is this person notifiable in accordance with the Misuse of Drugs Act 1971? (If yes, please send the white copy of this form to the Home Office in London) Yes ☐ No ☐ Person Number (if known)

DRUG PROFILE (PAST MONTH)

List drug use within the past month

	Drug Name (include each drug used, prescribed or not)	Prescribed? (Yes/ No/ Both)	Route(s)	How often? (daily/ weekly/ monthly/ occasionally)	For Local Use A	For Local Use B
Main Drug	HEROIN	No	IV	Daily		
Drug 2	TEMAZEPAM	No	IV	daily		
Drug 3						
Drug 4						
Drug 5/Alcohol						

Age at onset of problem drug use (If appropriate): 16 years
Age when help was first sought: 18 years

INJECTING / SHARING DETAILS

Ever injected: Yes ☑ No ☐ go to next section
Age when first injected: 16 years

In the past month has patient:
Injected: Yes ☑ No ☐ go to #
Always used new injecting equipment: Yes ☑ No ☐
Always cleaned equipment first: Yes ☐ No ☐
Shared injecting equipment: Yes ☐ No ☑ go to #
Has patient ever shared injecting equipment: Yes ☑ No ☐

INTENDED PRESCRIBING

Is there to be any prescribing? Yes ☐ No ☐ Not yet decided ☑ Already on script ☐

If yes or already on script, please state

	drug	form	daily dose
1.			
2.			
3.			

Prescriber? Reporting doctor (ie self) ☑
Other: Patient's GP ☐ Psychiatrist ☐ Other doctor ☐ *Tick all that apply*

DETAILS OF REPORTING DOCTOR AND CONTACT

Name: Alison Carson
Address: 119 Argyle St Glasgow G3
Telephone number: 0141 248 3698
Is patient attending for the first time ever ☑ or is the patient returning after an interval of at least 6 months ☐
Where was patient seen (if different from above)

Practice No. or Institution code: 40455
Health board: S 40

SOCIAL PROFILE *(CURRENT STATUS)*

EMPLOYMENT STATUS
Never employed ☑
Unemployed (1 year or longer) ☐
Unemployed (less than a year) ☐
Employed ☐
Other (specify) _____

LEGAL SITUATION *Tick all that apply*
None ☐
Serving prison sentence ☐
Deferred sentence ☐
On probation - with condition of treatment ☐
On probation - unspecified ☐
Community service ☐
Awaiting sentence ☐
Trial pending ☐
Pending cases ☐
Other (specify) _____
Previously been in prison ☐

LIVING *Tick all that apply*
Alone ☐
With spouse/partner ☐
With parents ☐
With dependent children ☐
With friends ☐
In residential rehabilitation ☐
In prison ☐
No fixed abode ☐
Other (specify) In homeless hostel

LOCAL USE C ☐ D ☐ E ☐ F ☐ G ☐ H ☐

CONTACT PROFILE

DRUG RELATED CONTACT IN PAST 12 MONTHS *Tick all that apply*
None ☐
GP ☐
Specialist drug service ☑
- statutory ☑
- non-statutory ☐
Social work services ☐
Social work offender services ☐
Other (specify) _____

REFERRAL FROM
Self ☐
GP ☑
Psychiatrist/Mental health services ☐
General hospital services ☐
Specialist drug service (non-statutory) ☐
Social work services ☑
Social work offender services ☐
Family ☐
Friend ☐
Other (specify) _____

ACTION PLANNED
Further appointment/ongoing assessment ☑
No further action ☐
Defaulted ☐
Other (specify) _____

PLANNED LIAISON *Tick all that apply*
GP ☐
Specialist drug service ☑
- statutory ☑
- non-statutory ☐
Other (specify) _____

DISCHARGED AND REFERRED ON
GP ☐
Specialist drug service ☐
- statutory ☐
- non-statutory ☐
Other (specify) _____

This is your copy to retain.

SMR22

Shawpark Centre 17 5 96

xx Byrne

McGuigan
Edward
95 Cheapside Street 8 2 70
Glasgow
G3 8BH

Dear Doctor Byrne

I understand that you may have already received a referral from Jim Reilly, the CPN, about Mr McGuigan. He presented initially via the Housing Department, I think, who referred him to the CPNs about 2 weeks ago. At that time, he was hearing voices and scared to leave his room. I understand that since then he has received Depot on two occasions.

I saw him for the first time yesterday and he seemed quite pleasant and with-it. He does have a long history of drug abuse and, currently, is injecting about £40 of heroin daily and injecting 100 mg of Temazepam. I think this is a slightly different story from what he has told Jim Reilly. He tells me that he was living with his girlfriend until 6 weeks ago and, at that time, had managed to wean himself drugs. However, he feels that this made him so bad tempered that this caused his girlfriend to throw him out and, since going into the hostel, he has started using again. However, he says he feels much better since being on Depot.

We contacted his previous GP, Doctor Dhami, who said that he had been on a reducing script for Methadone since August 1995 and, by the beginning of April, was down to 6 ml daily. At that time, he was seen by a locum doctor in that practice when he mentioned voices were telling him to hurt others and himself and he was referred to Parkhead Hospital. He was not admitted at the time. He denied any other medications.

Clearly, it would be very difficult to assess his mental state, given his ongoing admitted drug abuse. However, I would be grateful for your assessment, particularly with a view to deciding whether to continue the Depot or not.

With thanks for your help,

Yours sincerely

Alison A Lawson

Greater Glasgow Community & Mental Health Services

Eastern Psychiatric Services

Consultant: DR MISRA SHO/Registrar DR BENES

ADMITTED	DISCHARGED	WARD	AGE	HOSPITAL NUMBER
19.04.96	30.4.96	4	08.02.70	P014745

DISPOSAL

INFORMAL ADMISSION YES/NO

PATIENT NAME
ADDRESS Edward McGuigan
Cheapside Street Hostel
Anderston Glasgow

FINAL DIAGNOSIS	ISD CODE

DISTRIBUTION OF LETTERS

LEGAL STATUS V

NO Lorna Rosslyn

GP's NAME & ADDRESS Dr Dhami Easterhouse Health Centre

DISCHARGE SUMMARY/SUGGESTED TREATMENT/AFTER CARE ARRANGEMENTS MB/NM 23 May 1996

Dear Dr Dhami

The above named patient was admitted to Ward 4 at Parkhead Hospital on 19 April 1996 following a referral from A & E Dept at Western Infirmary. He was discharged back to Cheapside Hostel on 30 April 1996.

Mr McGuigan has a history of drug abuse since the age of 11 years when he started sniffing glue. Later on in his life he abused Cannabis, Temgesic, Temazepam and from the age of 18 years Heroin. he admitted to injecting of Herion at the present time as an additional opiate to Methadone prescribed by yourself for the last 3½ years. He claimed he had hallucinations, both auditory and visual. He felt very restless and agitated, his concentration and his immediate and recent memory very poor.

It became quite clear that Edward McGuigan suffers from opiate withdrawal when he was unable to obtain a sufficient dose of Drugs. His urine screen on the Ward showed additional abuse of Benzodiazepines. The address he gave when admitted to Parkhead was c/o 4 Baldovan Crescent, Glasgow is his mothers address and he has not been staying there for a long time. His last address in East End was in the Blue Triangle Hostel in Inverlochy Street and he left this place 4 months ago. Since then he has been staying in Cheapside Street Hostel in the West End of Glasgow.

Mr McGuigan did not suffer accute drug psychosis but he appeared to in opiate withdrawel state. He was not motivated for Detoxification and therefore he was discharged from Parkhead Hospital We would not recommend a further prescription of Methadone as Mr McGuigan clearly abuses in high does of Herion IV. Should you need further Psychiatric Assessement or admission please refer Mr McGuigan to Gartnavel Royal Hospital.

With kind regards

Yours sincerely

DR MARTIN BENES
Staff Grade Psychiatrist

DR PREM C MISRA
Consultant Psychiatrist

ALL CORRESPONDENCE SHOULD BE DIRECTED TO: Parkhead Hospital 81 Salamanca St. Glasgow G31. Tel: 0141 554 7951

Accident and Emergency Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 OSF

Telephone: 0141 211 4000
Direct line: 0141 211 4294/5166

TOBIAS C
EASTERHOUSE HC
9 AUCHINLEA RD
GLASGOW

G34 9HQ

Wednesday, 22/5/1996

Dear Dr.TOBIAS

Re: MR EDWARD MCGUIGAN
Our Ref : AA00060015
Date of Birth : 8/2/1970
4 BALDAVON CRESCENT
GLASGOW

C33 4PG

Your patient attended this A&E department at 23:39 on 21/5/1996 with the following complaint - REACTION TO MEDICATION

Diagnosis: ~~Overdose~~ Drug reaction.

Discharge Type: Discharged with OP Follow-up

Depot depixol yesterday, developed stiffness in jaw and torticollis gradually since this afternoon, now unable to straighten neck. No Parkinsonism, apyrexial.
Given 2mg Cogentin i.m. and settled completely in 15 mins.
For psychiatry review in morning. - Sharpark Centre.

If you have any queries, please do not hesitate to contact us.

Yours Sincerely

Dr P Climie

23/5/96

NHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

RPB

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
MCGUIGAN	EDWARD	26	08/02/1970	18/04/96	23:57	014957/96

Address	Sex	Religion	Date of Inc	Time
4 BALDOVAN CRES GLASGOW	MALE	R/C	18/04/96~	22:00~

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
SINGLE		EMERGENC	AMBULANCE

PC G32 Tel

GP

Name: DALHEMY
Address: EASTERHOUSE HEALTH CENTRE GLASGOW
Referred by: SELF REFERRAL

EXT OF KIN

Name: MARY
Rel.: MOTHER
Tel. No.: 773 3908
Address: S/A

Complaint: LACERATION L/WRIST

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: Self inflicted laceration left wrist. Who varies telling her to self harm.

X-Ray film/ECG shows

Treatment given: X2 sutures out 4/52

c/o psychiatry Parkhead.

22 tabs

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
	PARKHEAD	

Follow up	Not arranged	Arranged	To be arranged

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters) WEIR

Cons SR (Reg) SHO/JHO Clin Assist (please circle)

Signature of Medical Officer

6002

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. AB/KMH

Your Ref.

If phoning ask for Dr A Brown
Direct Tel: 211 8357

Parkhead Hospital
81 Salamanca Street
Glasgow G31 5BA

Telephone: 0141 554 7951
Fax: 0141 551 8318

Dr Dhami
Easterhouse Health Centre
9 Auchinlea Road
GLASGOW
G34 9HQ

15th April 1996

Dear Dr Dhami

Re: Edward McGuigan (d.o.b. 08.02.70)
4 Baldovan Crescent, Glasgow, G33 4LP

I reviewed the above-named patient in my capacity as duty doctor following an emergency referral from A&E at Glasgow Royal Infirmary on the 8th of April 1996, following an episode of deliberate self-harm on the previous night.

He claims to have been feeling paranoid for a few weeks now, and suicidal for the past 1½ weeks. He had considered throwing himself in front of a train the previous week and had tried to cut his wrists the previous night. He has been troubled by hearing what he described as his father's voice (who died when he was 9 years of age). This voice instructs him and controls his actions to a certain extent. Last week, the voice told him to stab his girlfriend, which he did. He was distressed by this as he claims it is against his nature. He does not believe that the voice can be heard externally and is unconvinced that the voice is not his own. He says that the voice is with him any time of the day, but more commonly at night. He also described visual illusions, similar to experiences which he has had on LSD trips.

He has had the experience that strangers have been staring at him and following him. However, he does not believe there is a general plot against him.

He has a past history of drug abuse including IV Heroin, Acid and Cannabis. He is currently on the Methadone Programme, taking 8mls per day. There has been no sudden reduction in his Methadone. He denies abusing any drink or drugs recently.

He described his sleep as poor, getting increasingly worse due to the voice in his head. He has a good appetite and there is no diurnal variation of mood or change in memory and concentration.

He has seen a psychiatrist in the past when he was in List D schools and had one episode of attempted hanging in Easterhouse Police Station. He tells me that you have recently referred him to a psychiatrist, for the above complaints.

Dr Dhami 15th April 1996

There was an episode 2 years ago where he was stabbed whilst on LSD. He claimed that this was the beginning of all his problems.

He currently stays with his mother, in whom he does not wish to confide the above symptoms as she suffers from anxiety herself and sees a psychiatrist. He has a brother in England and is currently in no relationships, having broken up with his girlfriend 2 weeks ago. However, he is hopeful to return to the relationship. He is currently unemployed and there is no involvement with the police or any problems with debt at present.

On mental state examination he is a pleasant, calm individual with good eye contact and rapport. His speech was of normal rate and rhythm and mood was subjectively low and suicidal, but objectively undepressed. Thought form was normal and thought content concerned his paranoid feelings, which he related to the episode when he was stabbed 2 years ago. Over the previous 1½ weeks there had been an increasing suicidal ideation, but he has made no definite plan and does not voice his intentions strongly, being quite able to talk about his plans for the future, ie., getting a job and settling down. He was distressed as regards his current social situation. He described what sounds more like pseudo-auditory hallucinations, which occur mainly at night and visual illusions similar to that induced by LSD, his insight appeared poor.

In summary, this is a 25 year-old man with a past history of drug abuse currently on the Methadone Programme. He has been suffering feelings of paranoia which have become increasingly worse and accompanied by a voice in his head. There is a 1½ week history of suicidal ideation, however, he appears undepressed. I believe this is possibly due to a late on-set psychoactive substance induced psychotic disorder and I would advise a short course of Thioridazine 50mg tid whilst waiting for his out-patient appointment.

Yours sincerely

ASHLEY BROWN
SHO in Psychiatry

NHS Confidential: Personal data about a patient

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital PARKHEAD HOSPITAL Date 9.4.96

CHI No.

Please arrange for this patient to attend the PSYCHIATRIC O/P CLINIC clinic of Dr/Mr

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname McGUIGAN Maiden Surname

First Names EDWARD Single/Married/Widowed/Other

Address C/O 4 BALDOVAN CRESCENT Date of Birth 8.2.70

GLASGOW Patient's Occupation

Postal Code G34 Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital

Year of Attendance Hospital No.

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR DHAMI 531-8160
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD
GLASGOW
G34 9NT

Please use rubber stamp

46240

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Doctor

I would be grateful for your assessment of this 26 year old man who claims he recently has been hearing voices telling him to hurt himself or other people around him like his girlfriend. He has been sleeping poorly with initial insomnia and is often quite agitated. However his appetite is fair and he is not apparently depressed. He has a long history of opiate abuse and has been on Methadone substitution for 2 years. His dose has been gradually reduced over the past year and he is now on 8mls of Methadone mixture daily. He denies any topping up with other Opiates or Benzodiazepines. At times he feels very low and admits to some suicidal ideation. He lives at the Blue Triangle Housing Association at 11 Inverlochy Street, but he feel that they have been very unsympathetic regarding his symptoms and he has asked this appointment be sent to his mother address, as noted above.

Many thanks for your assessment.

Yours sincerely

Dr K Warshow
Locum to Dr Dhami

Dict: 5.4.96 KW/IM

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

Dd8373616 3/94 RP(53791)

355-2104

GREATER GLASGOW

COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

AUCHINLEA HOUSE
Auchinlea Road
EASTERHOUSE
G34 9PA

Tel: 0141 771 3441
Fax: 0141 781 0328

FORM B

FEEDBACK FORM

Name: Edward McGuigan

Address: c/o 4 Baldovan Crescent, Glasgow

Date Of Birth: 8/2/70 **Chi Number:** .....

Dear Dr Warshaw

Thank you for the above referral received on 12/4/96. **The referral was discussed at the multi-disciplinary team meeting on** 15/4/96. **and has been allocated to** ..... **An initial assessment will be carried out in the near *future/on** ..... **at** ..... **and a report will follow.**

* **In the event that he/~~she~~ fails to keep this appointment he/~~she~~ will receive a letter stating that he/she has two weeks within which to make another appointment. If the patient fails to do this he/~~she~~ will be discharged back to the care of his/~~her~~ G.P.**

Staff Signature: Janice Greig

Designation: Personal Assistant **Date:** .....

Copy to G.P.

Name: Dr Warshaw

Address: Easterhouse Health Centre

* **Delete as appropriate**

NORMAL | JJG

21/5/96

0370787

BLUE TRIANGLE HOUSING ASSOCIATION

11 Inverlochy Street,

Glasgow G33 5DA

Telephone
444 · 0528

7 September 1994

Dear Doctor Abedin,

As you are aware Eddie McGuigan is a resident at Blue Triangle Hostel, and as part of our theraputic programme we have organised a seven day holiday to Iona, from Saturday 1 October to Friday 7 October 1994.

We would appreciate if you could provide Eddie with the required amount of medication, which will be closely monitored by members of staff.

Eddie has made an appointment with yourself on Tuesday September 13th, As Eddies key worker here at the hostel I will accompany him at this appointment.

Yours Sincerely

June Cairney

June Cairney

Senior keyworker coordinator

R
23/9/94
Note

EAST END DRUGS INITIATIVE

JA/CC

Dr Kerr
Easterhouse Health Centre
9 Auchinlea Road
GLASGOW
G34 9HQ

29 June 1994

Dear Dr Kerr

Re: Eddie McGuigan, DOB: 08/02/70

I understand that you have been prescribing for Edward McGuigan, as previously Dr Tobias prescribed for him.

I have met with Edward and his partner and I am satisfied that he is progressing well with his prescription. Dr Tobias had agreed previously with me that the prescribing level for Edward can be maintained until Edward reaches the stage of requesting a reduction programme once he has gained a greater confidence in himself. I trust you will feel that this arrangement is a suitable one.

I am planning to involve Edward in our groupwork programme at the Initiative and encourage him towards further change and development. I am pleased to say that his personal life seems improved and increasingly stable.

Should you require further information, please contact me at the Project.

Yours sincerely

Joan Adams

Joan Adams
Counsellor

4/7/94

170 Stamford St, Barrowfield, Glasgow G31 4AP. Tel: 041-556 7131. Fax: 041-550 0585
An Urban Aid Project

West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

Our ref : OS/LR

Your ref :

Please reply to :

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line : 041 211 2651
Fax No. : 041 339 3046

ACCIDENT & EMERGENCY HAND CLINIC: 27/5/94

27 May 1994

Dr Tobias
Easterhouse Health Centre
9 Auchinlea Road
GLASGOW
G34 9HQ

Dear Dr Tobias

Edward McGuigan Date of Birth 8/2/70
647 Argyle Street Glasgow

The above 24 year old gentleman attended the A & E Department on 16.5.94 having sustained an injury to the left wrist that morning when he fell onto his outstretched hand. A wound was noted over the base of the thenar eminence but there was no associated neurovascular deficit. Swelling and tenderness was noted over the carpus, maximally over the scaphoid, associated with a reduced range of movement.

X-rays of the wrist did not demonstrate any evidence of a scaphoid fracture but he was treated as a clinical scaphoid and placed in POP.

He was reviewed at the A & E Hand Clinic today. On examination of his wrist, although there was some stiffness which is not unexpected considering he has been in plaster since last seen, there was no residual tenderness over the anatomical snuffbox, however, repeat scaphoid films today are rather suggestive of a scaphoid fracture. However, in view of the fact he is not particularly tender over this region, I have arranged for him to go into a Spencer wrist support and have made arrangements to see him again in one week's time.

Yours sincerely

Orla Smithwick
Registrar in Accident & Emergency Medicine

NHS Confidential: Personal data about a patient

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/ 961695

9 (BACK)

HOSPITAL CODE G516H.

SURNAME	FORENAMES	BIRTH SURNAME
Mc GUIGAN	EDWARD	

ADDRESS: 11 INVERNOCKY ST. | PATIENT'S OWN OCCUPATION: U/E

POSTCODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G3 -	—	8.2.70 (24)	1	1	R/C

NEXT OF KIN: NAME	RELATIONSHIP	FAMILY DOCTOR: SURNAME	INITIALS
MARY	MOTHER	TOBIAS	

ADDRESS	ADDRESS
6 BALDOVAN CRES EASTERHOUSE	E/HOUSE H/C

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
2-4-94	NO.		

TIME OF ATTENDANCE	REASON FOR ATTENDANCE
14-50	COND of NECK.

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
		8	GP____ SELF____ POLICE____ OTHER (CODE) 1

ROAD TRAFFIC ACCIDENT PLACE	DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: Hx neck - trapezius

X-Ray film/ECG shows:

Treatment given: Rx: collar.

Drugs 2 days supply of Ibuprofen has been given.

Tetanus Prophylaxis has/has not been administered. TT Course____ TT Booster____ HATI____ (Please Tick)

Would you please arrange: review -

DISCHARGE CODES: ~~Please Circle~~

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up	Not arranged ✓	Arranged	To be arranged

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): M. STEWART

Cons SR Reg SHO/JHO Clin Assist (please circle)

Signature of Medical Officer

NHS Confidential: Personal data about a patient

KM (10)

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-211 2409
OR 041-211 2304

WEST GLASGOW HOSPITALS

ACCIDENT/EMERGENCY FORM

AE No. C/ 968549

HOSPITAL NO. G516/H.

SURNAME	FORENAMES	BIRTH SURNAME
Mc GUIGAN	EDWARD.	

ADDRESS	PATIENT'S OWN OCCUPATION
647 ARGYLE ST. GLASGOW	UNEMP.

POSTCODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G3		8.2.70 (24)	1	1	RC

NEXT OF KIN: NAME	RELATIONSHIP	FAMILY DOCTOR: SURNAME	INITIALS
MARY	MOTHER	TOBIAS	

ADDRESS	ADDRESS
51A-1A	EASTERHOUSE H/C 9 AUCHINLEA RD

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.
		G34 9HQ.	

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
16/5/94		OUT	94

TIME OF ATTENDANCE	REASON FOR ATTENDANCE
16.20.	CUT TO L/HAND & WRIST

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
16/5/94		7	GP____ SELF ✓ POLICE____ OTHER (CODE)____ 8

ROAD TRAFFIC ACCIDENT PLACE	DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis Clinical # (L) scaphoid.

X-Ray film/ECG shows

Treatment given Scaphoid POP.

Drugs____days supply of____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course____ TT Booster____ HATI____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up	Not arranged____	Arranged____	To be arranged____

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify
		(Hand)								

Medical Officers Name (In Block Letters) M. JOHNSTON.

Signature of Medical Officer M Johnston.

Cons (SR) Reg SHO/JHO Clin Assist (please circle)

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

TELEPHONE: 041 946 7120
FAX: 041 945 5730
IF PHONING PLEASE ASK FOR: Ext 1498

HIV & ADDICTIONS CLINICAL DIRECTORATE
GLASGOW DRUG PROBLEM SERVICE

RUCHILL HOSPITAL
520 BILSLAND DRIVE
GLASGOW G20 9NB

RS/HMMT
6 May 1991

Dear Doctor

Edward McGuigan (08·02·70)

1. Your above named patient has failed to attend the Glasgow Drug Problem Service clinic appointment as per the copy letter sent to you, and has not contacted the GDPS as requested in that letter.

OR

2. Your above named patient has missed appointments with the Glasgow Drug Problem Service and has failed to contact us although asked to do so.

He / she is therefore discharged from the Glasgow Drug Problem Service but we would be happy to consider re-referral in the future should you consider it appropriate .

Yours sincerely

Heather Telford

DR ROBERT SCOTT
Medical Director

DR TOBIAS - FILE COPY

Ext1588

19 April 1994

Mr Edward McGuigan (8.2.70)
11 Inverlochy Street
Glasgow
G33 5DA

Dear Mr McGuigan

GLASGOW DRUG PROBLEM SERVICE - FIRST APPOINTMENT

Your doctor has referred you to the Glasgow Drug Problem Service for assessment and possible treatment.

Your first appointment is as shown below:

DATE	TIME	CLINIC
05.05.94 (Thursday)	**2.00pm**	**EASTERHOUSE HEALTH CENTRE 9 AUCHINLEA ROAD GLASGOW G34**

If you are unable to keep this appointment, please contact me at the above number. May I emphasise the importance of keeping this appointment as failure to do so could result in any possible treatment being delayed.

IF YOU DO NOT ARRIVE ON TIME YOU MAY NOT BE SEEN.

Yours sincerely

PAMELA CHARLESTON
CHARGE NURSE

THE GLASGOW DRUG PROBLEM SERVICE

RUCHILL HOSPITAL
520 BILSLAND DRIVE
GLASGOW G20 9NB

TELEPHONE: 041 946 7120
FAX: 041 945 5730

Ext 1590

16 March 1994

Dear Doctor Tobias

Your referral letter to Parkhead Hospital dated 9 February 1994 concerning your patient EDWARD McGUIGAN (8.2.70) was sent to ourselves and received here on 14 March 1994.

I am writing to first of all bring the delay to your attention and secondly to confirm that your patient will be sent an appointment to be seen at one of our clinics. However, in view of the fact that so many referrals were sent to us in one batch from Parkhead it may be a little longer than we would like before your patient can be seen.

Yours sincerely

Heather Telford

HEATHER M M TELFORD (MRS)
Administrator

Our Ref. PW/MM/P014745

Your Ref.

If phoning ask for DR WIGGINS

14 January 1994

COMMUNITY AND MENTAL HEALTH UNIT

PARKHEAD HOSPITAL
81 Salamanca Street
GLASGOW
G31 5BA

Tel.No. 041 554 7951
Fax No. 041 551 8318

DRUG CLINIC

Dr Tobias
Easterhouse Health Centre
9 Auchinlea Road
GLASGOW
G34 9QH

Dear Dr Tobias

EDWARD McGUIGAN (08.02.70) 11 INVERLOCHY STREET GLASGOW G33 5DA

This patient was offered an appointment at the Drug Clinic on 13 January 1994 but did not attend. If you feel he requires a further appointment please re-refer ~~him~~.

Yours sincerely

P WIGGINS
Clinical Assistant

GREATER GLASGOW HEALTH BOARD

PLEASE REPLY TO:

Out Patient Department:
GLASGOW EYE INFIRMARY,
3 SANDYFORD PLACE,
GLASGOW G3 7NB.
Tel: 041-204 0721
Fax: 041-221 7118

GARTNAVEL GENERAL HOSPITAL,
1053 Gt. WESTERN ROAD,
GLASGOW G12 0YN.
Tel. 041-211 3000

YOUR REF
OUR REF NH/FC/154428

Dictated: 21 December 1993
Typed: 22 December 1993

Dr Tobias
Easterhouse Health Centre
9 Auchinlea Road
GLASGOW
G34

Dear Dr Tobias

EDWARD McGUIGAN 11 INVERLOCHY STREET GLASGOW G33 (8.2.70)

Thank you for your referral about this young man who has previously seen Dr Hind at the Eye Infirmary when the diagnosis of left Coats Disease was made. This has caused almost complete loss of vision in the left eye as a result of extensive telangectasis of the left retinal vasculature with associated exudation and scar formation. The right eye is completely unaffected.

We simply discussed the situation today with Mr McGuigan, explaining that he would maintain good vision in the right eye (6/9 vision) and that the situation seems stable for the time being. We have not made any formal plans to see him again in the clinic but of course would be delighted to do so should any further problem arise.

Yours sincerely

N Hall
Registrar in Ophthalmology

NHS Confidential: Personal data about a patient

Social Work Department
Director: F E Edwards RD BA DipASS FISW FBIM

Strathclyde Regional Council

DR. TOBIAS
EASTERHOUSE HEALTH CENTRE
ACADEMY DRIVE
EASTERHOUSE

Tel 771 8811
Our ref S.W.O.
Your ref 99 BREESAM RD BARLANARK
If phoning or calling ask for LOUISE WRIGHT
Date 22/11/93

Dear Dr Tobias,

Re. EDWARD McGUIGAN, INVERLOCHY ST, GARTHAMLOCK

Joan Adams, Drugs Counsellor at East End Drugs Project informed me of a new resource at Parkhead Hospital, for the assessment and monitoring of Methadone detoxification Programmes.

This service has very recently been set up and is run by Dr Wiggins at the Clinical Psychology Department at Parkhead. Dr Wiggins role is to assess each referral, work out the dosage, and programme, and monitor the parents progress.

Could you refer Eddie to Dr Wiggins, if you feel this is appropriate.

Thank you for your assistance.

Yours sincerely
Louise Wright
Social Worker

Strathclyde Regional Council
Social Work Department
North East 6 Sub-Team, 44 Bressay Road, Glasgow G33 4PN

Director: Miss Mary C. Hartnoll CBE, BA

Telephone No: 771 8811 EXT42
Our Ref: LW/HJ
Your Ref:
Date: 15th October 1993
If calling or phoning please ask for: L. Wright

Strathclyde
SCOTLAND
A nuclear-free zone authority
An equal opportunities authority

Dr Tobias
Easterhouse Health Centre
9 Auchenlea Road
Easterhouse
GLASGOW

Dear Dr Tobias

RE: EDWARD McGUIGAN (D.O.B 8.2.70)
BLUE TRIANGLE HOUSING ASSOCIATION c/o INVERLOCHY ST GARTHAMLOCK

I am writing regarding Eddie who is presently on Probation, and resident in Supported Accommodation in Garthamlock.

Eddie is attending Barrowfield Drugs Initiative, his Counsellor being Joan Adams, with whom I believe you have had contact.

During a Probation Review meeting, on 6.10.93, the issue of Eddie's progress on Probation was fully discussed, with all parties who provide him with support.

The main issue arising, from the discussion, was Eddie's detox programme which appears to be a stumbling block to his progress. He was extremely honest in expressing his desire to return to Rainbow House Drug Rehabilitation Centre where he had been resident for a four month period until June '93.

The meeting discussed this option, however, it was felt by all parties that Eddie had made great progress in remaining out of trouble, gaining independence and managing his detox programme in the community. It was felt that Eddie's desire to return to 'institutional care', was a response to his fear of relapse, and that this could best be addressed with an altered detox regime.

Eddie stated that the Dihydrocodiene he receives at present affect his stomach (he previously received Tagamet for a suspected ulcer) and do not reduce his craving.

He also states that he feels lethargic and irritable.

Eddie had broached the subject of Methadone detox with his Drug's counsellor, Joan Adams, who I understand discussed this issue with you. After consideration and consultation you decided not to use this particular detox programme, however, I would ask that this decision be reviewed, as it would appear that a Dihydrocodiene detox programme does not meet Eddie's needs, as a long-term drug user.

EDDIE McGUIGAN

At present, Eddie is doing extremely well on Probation, however, a detox programme he feels does not meet his needs, puts him at risk of further offending, and still makes drugs, and their acquisition, the focus of Eddie's life.

Eddies had attempted to move away from the culture and remain out of trouble, in which he has been successful. However, he finds this existence an artificial and solitary one.

A long-term Methadone detox may best meet Eddie's needs, and it is to this end that I ask you to reconsider your decision.

Please contact me at the Barlanark Social Work Department (771 8811) if you wish to discuss this further.

Thank you for your assistance.

Yours sincerely

LOUISE WRIGHT
Social Worker
Offenders

19/10/93

A6LW001
LETTERS 2

Archdiocese of Glasgow

SOCIAL SERVICES, 196 CLYDE STREET, GLASGOW

Telephone: 041 226 5898 or 041 221 6400 Fax: 041 248 2104

PROJECT: Red Tower
4 Douglas Drive
Helensburgh
G84 9AL

Tel. No: (0436) 79137

Mr Eddie McGuigan
148 Bararnack Road
Balarnack
GLASGOW

25 November 1991

Dear Mr McGuigan,

Thank you for returning your application form to us. I am pleased to offer you a pre-entry interview for Wednesday 4 December 1991 at 11.30 am.

Interviews will be held at the Church House, Flat 2, 493 Bilsland Drive, Ruchill, Glasgow, G20 9JN, opposite Ruchill Hospital.

Please confirm that you are able to attend this appointment by telephoning me here at Red Tower on 0436 79137 on Thursday morning before 12 noon.

Yours sincerely

K Sheerer.

pp. Michael Foley
Manager.

C.C.

Dear Dr Bruce

I called in but you were busy there. I am writing a note to ask you to consider re-prescribing for Eddie Mc Gurgan to 3/4 DHC (daily [redacted] dose) for 2 weeks given that Eddie is finding it difficult to stabilise on his reduced dose. I'm aware this does not comply entirely with our original agreement but possibly you will consider this request. Eddie is currently in a good quality hostel, to my knowledge, has some work and [redacted] have asked him to keep attending our group for the moment. I also want Eddie to consider attending P.A.R.C. group which is a newly-established 'after-care' in Glasgow. Thank you for your time.

Yours sincerely Joan Adams

GREATER GLASGOW HEALTH BOARD

Message/Repeal Prescription Request

DATE ..... GP

TIME .....a.m ..... p.m

NAME .....

ADDRESS .....

DATE OF BIRTH .....

DETAILS

1. .....
2. .....
3. .....
4. .....
5. .....
6. .....
7. .....
8. .....

EAST END DRUGS INITIATIVE

13.7.93

Dear Dr Bruce

I cannot attend Eddies appointment this morning although I hope to do so next week. Eddie has been continuing to attend the Redbury Groupwork programme and I think he is beginning to benefit from this. I would appreciate if he can retain his current prescribed dose for a further week and I can discuss with him in more detail his reduction plan, as well as with yourself.

Thank you for your help in this matter

Yours sincerely

Dan Adams.

170 Stamford St, Barrowfield, Glasgow G31 4AP. Tel: 041-556 7131. Fax: 041-550 0585
An Urban Aid Project

Dr. W.S. Scott Dr. A.G. Allison Dr. Alison C.E. Garvie Dr. J.A. MacLean Dr. Helen R. Henderson

MARYHILL HEALTH CENTRE

41 SHAWPARK STREET, GLASGOW G20 9DR

Telephone: 041-946 7151

26 MAR 1993

Dear Dr Tobias,

Re Edward McGuigan 8/2/70.
c/o Rainbow House.
G11.

This lad is currently a T.R. with us whilst he is in the above drug free rehab.

He tells me that he had treatment to his L eye possibly at GRI. and it is impossible from his story to say what this was for. ? congenital retinal problem.

Can you advise me what the condition was and where he was treated so I can refer him again?

With kind regards.

Yours sincerely

Andrew Allen

Easterhouse Drug Initiative
8-12 Arnisdale Road,
Easterhouse,
GLASGOW
G34 9BU
Tel: 041-773 2255

F.A.O The Locum for
Dr Tobias.
Easterhouse Health Centre
Auchinlea Rd
Easterhouse

If phoning or calling ask for: Sean Harkin.

Date: 27/04/92.

RE: EDWARD McGUIGAN. D.O.B 8/02/70
26 Wellhouse Crescent, Easterhouse.

Edward has been recieving a detox from Dr Tobias over the past few weeks, at present he is recieving 3 temgesics which are dispensed daily. Edward and his family are to attend a funeral in Liverpool on Thursday the 28th of April and are thus leaving early and hope to return by Thursday, I would thus ask if you could possibly supply Edward with his prescription for the period he is down in Liverpool ie 3 days. I hope this letter is sufficient and should you require any further information please do not hesitate to contact us.

Yours Sincerely,
Sean Harkin
pp for Sean Harkin.

NHS Confidential: Personal data about a patient

THE SCOTTISH OFFICE HOME AND HEALTH DEPARTMENT

Tel. No.
041 248 7581

REGIONAL MEDICAL OFFICE
CORUNNA HOUSE
29 CADOGAN STREET
GLASGOW G2 7RD

SICKNESS BENEFIT

(To be completed in accordance with instructions in Code S B)

(Claimant's first name Surname and address (BLOCK CAPITALS)

Dr. CECIL TOBIAS,
E'HOUSE H.C.,
GLASGOW,
Post Code: G34.

Mr./Mrs./Miss EDWARD McGUIGAN
51 STEPFORD ROAD,
GLASGOW,
Post Code. G33 4AT.

13 JAN 92

8 | 2 | 70
Date of birth

- 2 MAR 1992 3491

NS | 46 | 75 | 96 | D.
N.I. No.

STB.

Date .....

This report is furnished solely for the information of the medical practioner and should in no circumstances be handed over to the patient.

Dear Doctor,

With reference to your patient, named above, who was referred by the **Department of Health and Social Security** for examination:

(i) I have informed that department that examination is not necessary at present.

(ii) I have to inform you that the patient did not attend for examination.

(iii) I find on examination, the present condition to be as follows and the Department of Health and Social Security have been informed accordingly:-

The examining medical officer has examined the above ..... on .....

Age ..... Occupation ..... Date Last Employed .....

In my opinion the claimant:-

(1)

(2) is capable of work

(3) is incapable of work at his/her normal occupation, but is capable of work within certain limits

See DP.1 (Part II) (Rev.)

Signed .....

Yours faithfully,

H. McBAIN
Senior Medical Officer

Easterhouse Drug Initiative,
8-12 Arnisdale Road,
Easterhouse,
GLASGOW.
G34 9BU
Tel: 041-773 2255

Dr Tobias
Easterhouse Health Centre
Auchinlea Road
GLASGOW G34

If phoning or calling ask for: Ms Karen Hoswieson

Date: 18th September 1991

Dear Dr Tobias

Re: **EDDIE McGUIGAN - DATE OF BIRTH: 08.02.70**

Mr McGuigan has been attending the Project regularly over the past few months with a view to entering a long term rehabilitation unit, Alpha House. He has to make contact with them weekly and was to have gone to Alpha on the 16th September, however, a bed is not yet available and Mr McGuigan is to contact Alpha House again next Wednesday for a date of entry. We feel that it would be beneficial for Mr McGuigan to remain on detoxification until a definate date is given so that we can maintain his present stability before becoming drug free prior to entry.

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

Yours sincerely

Karen Hoswieson

MS Karen Howieson
DRUG WORKER
EDI

ROYAL INFIRMARY
GLASGOW G4 0SF
TELEPHONE 041-552 3535 Ext. 4447

Surgeon in Charge
Mr. R. G. SIMPSON
Mr. I. J. SWANN

Accident and Emergency Department
Wards 45 and 46

IJS/AH

29th August 1990 MR I J SWANN'S HEAD INJURY CLINIC

Dr Tobias
Easterhouse Health Centre
9 Auchinlea Road
GLASGOW G34

Dear Dr Tobias

EDWARD MCCUIGAN 8 2 70 148 BARLANARK ROAD GLASGOW

This 20 year old man presented to the A & E Department on the 11th of August having allegedly been assaulted, with a brick.

On examination, there was a 10 cm long open wound of the right parietal region of the scalp and a 4 cm long transversly running wound of the right eyebrow. Both wounds were incised in nature and the aponeurosis was intact. X-rays of the skull revealed no definite fracture. He had reduced hearing in the right ear and blood in the canal. He was orientated and obeying commands. There was no facial weakness and no limb weakness. He was admitted to Ward 24 for observation and antibiotic therapy. By the 14th of August, he was considered fit for discharge. He was given an appointment to attend the Head Injury Clinic but failed to keep this appointment. He has been sent a further appointment for one month.

Yours sincerely

I J SWANN
Consultant in A/E Medicine

Ward 63

SURGEONS :
MR. J. G. POLLOCK
(Surgeon in Administrative Charge)
MR. D. P. LEIBERMAN
MR. D. G. GILMOUR

DPL/ST 039402L
14th May 1990

ROYAL INFIRMARY
16 ALEXANDRA PARADE
GLASGOW
G31 2ER

Telephone 041-552 3535

Peripheral Vascular Surgery

Dr Tobias
1328 Duke Street
GLASGOW
G31

Edward McGuigan (8.2.70) 4 Balnornock Road, Glasgow G21

This patient was admitted to the Royal Infirmary following a stab wound to the right thigh. He has been an intravenous drug abuser in the past. A tense and pulsatile haematoma of the thigh gave rise to the belief that he has a false aneurysm present and this was confirmed on x-ray. He was positive for hepatitis B core antibody (anti HBC). He is negative for hepatitis B surface antigen (HBSAG) and on 2.4.90 he was negative for human immuno deficiency virus antibody.

His right thigh was explored and a through and through knife wound of the superficial femoral artery was identified and exposed. The arterial lacerations back and front were sutured primarily. The haematoma was evacuated.

Mr McGuigan's subsequent course was relatively slow because of the degree of swelling in the thigh and the need for his fasciotomy release wound to heal slowly. Before his final discharge we obtained an intravenous digital subtraction angiogram which confirmed a reasonable arterial anatomy.

Yours sincerely

D.P. LEIBERMAN
Consultant Vascular Surgeon

14 JUN 1990

CONSULTANT
D.P.Leiberman

GLASGOW ROYAL INFIRMARY
84, CASTLE, STREET, GLASGOW C.4.

Telephone No. 041-552 3535
Ext.5503

ADMITTED	DISCHARGED	WARD	AGE	HOSPITAL NUMBER
01/04/90	07/05/90	G3	08/02/70	039402

DISPOSAL
HOME

FOLLOW UP
VASCULAR OPD

NAME AND ADDRESS
EDWARD MCGUIGAN
4 BALORNOCK ROAD
GLASGOW
G21 3UH

FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS

		I.S.C. CODE
1.	STAB WOUND RIGHT THIGH	
2.	FALSE ANEURYSM RIGHT SFA	
3.		
4.		
5.		
6.		

DISTRIBUTION OF LETTERS
DR. TOBIAS
1328 DUKE STREET
GLASGOW
G31

OPERATION	CODE
1. REPAIR RIGHT SFA	
2.	
3.	

This IV drug abuser was admitted as an emergency 24 hours after he had a stab wound to his right thigh. There was huge haematoma, the thigh was explored and through and through arterial damage at the mid SFA was documented. The area was repaired and the wound was left open for free drainage of infected haematoma. A few days before his discharge his wound had leaked a moderate amount of altered blood so IVDSA was carried out and showed satisfactory repair and no signs of flase aneurysm formation. The patient was allowed home and a District Nurse was organised. He will be reviewed at the vascular out-patient clinic on 14 May 1990. Kind regards.

Yours sincerely

Sabir Rawashdeh
Surgical Registrar

SR/KM
15 May 1990

S

No. 1514

NHS Confidential: Personal data about a patient

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION

Hospital ..Stobhill General..... Date...20.8.90

Urgent Appointment Required YES/NO

Please arrange for this patient to attend the ..Ophthalmology..... clinic of Dr/Mr .....

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname ..McGUIGAN..... Maiden Surname .....

First Names .....Edward..... Single/Married/Widowed/Other

Address .....C/o Garden..... Date of Birth .....8 2 70.....

.....26 Wellhouse CRescent..... Patient's Occupation .....

Postal Code .....G33..... Telephone Number .....

Has the patient attended hospital before YES/NO if "YES" please state:

Name of Hospital .....

Year of Attendance ..... Hospital No .....

If the patient's name and/or address has/have changed since then please give details:

.....148 Barlanark Road, G33.....

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

Dr C Tobias
Easterhouse Health Centre
9 Auchinlea Road
Glasgow G34 9QH
Tel: 041-771 0781

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

This young man was last seen on 20 April 1989 whhee has attended because of scarring of the left posterior pole of the right eye. He has very poor vision in the left eye. He was due to be reviewed in April 1990 but changed address and missed his appointment.

I would be grateful if he could be sent a further appointment.

He is an intravenous drug abuser but, whilst positive for Hepatitis B core antibody (anti HBC), he is negative for Hepatitis B surface antigen (HBSAG) and negative for human immuno deficiency virus antibody. He was checked on 2 April 1990 at Glasgow Royal.

CT/HMMT

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray (women of childbearing age). Date of first day of L.M.P. .....

Relevant X-rays available from: ..... No. (if known).....

Signature .....

Dd 8128515 11.5M pads 6/88 (25364)

NHS Confidential: Personal data about a patient

...ISH OFFICE HOME AND HEALTH DEPARTMENT 32645

REGIONAL MEDICAL OFFICE
CORUNNA HOUSE
29 CADOGAN STREET
GLASGOW G2 7RD

SICKNESS BENEFIT

To be completed in accordance with instructions [illegible] (Print name Surname and address - BLOCK CAPITALS)

Dr CECIL TOBIAS
EASTERLEA HOUSE N.C.
GLASGOW
Post Code: G31X

Mr./~~Mrs./Miss~~ EDWARD MCGUIGAN
51 STEPFORD [illegible]
GLASGOW W.
Post Code: G2 4NT

-1 APR 92

8 | 2 | 70
Date of birth

NS | 46 | 73 | 96 | D

3491-

This report is furnished solely for the information of the medical practioner and should in no circumstances be handed over to the patient.

Date 5.6.92.

Dear Doctor,

With reference to your patient, named above, who was referred by the ~~Department of Health and Social Security~~ BENEFIT AGENCY for examination:

(i) I have informed that department that examination is not necessary at present.

(ii) I have to inform you that the patient did not attend for examination.

(iii) I find on examination, the present condition to be as follows and the Department of Health and Social Security have been informed accordingly:-

The examining medical officer has examined the above-named claimant today and reports as follows:-

Age 22. Occupation NAVAL RATING. Date Last Employed —

Started boozing, fags, wkd and shrooms at 13 & III yrs of age. Started heroin IV. at 16 yrs of age. Recently to keep using Temazepan 20mg x 20 and Temgesic x 10 IV daily. Now he is taking 30 Temazepan 20mg x 8 daily and Temgesic 3 daily orally at present. He to be fed with drawal symptoms. He is awaiting rehabilitation. On examination he is under the influence of drugs. Weight — 77 kgs. Height — 60 Kg BP — 120/70 Lungs clear. He to be [illegible] marks on arms and legs. Still a fresh injection site in the left groin.

He is unfit for work.

In my opinion the claimant:-

(2) ~~is capable of work~~

(1) is incapable of work

(3) is incapable of work at his/her ~~normal~~ occupation, but is capable of work ~~within certain limits~~

See DP.1 (Part II) (Rev.)

Signed [signature]
Examining Officer

Yours faithfully,

H. McBAIN
Senior Medical Officer

NHS Confidential: Personal data about a patient

28/225.

NATIONAL HEALTH SERVICE

RECORD OF TREATMENT OF TEMPORARY RESIDENT

Cipher of Home FPC: G

Surname	Mr / Mrs / Miss	NHS Number	Date of Birth
McGUIGAN			8/2/70

Forenames: EDWARD

Temporary Address: 86 QUERMORE ROAD GLASGOW

Home Address: 148 BARLANARK ROAD BARLANARK

Name of doctor at home: DR C TOBIAS

To be completed by patient

I am temporarily resident at the address shown above and I expect to remain in the district for (tick whichever is appropriate)

not more than 15 days from today ☐

more than 15 days from today ☑

but not more than 3 months from the date of my arrival.

I have received treatment from the doctor whose signature appears below.

Patient's signature ..... Date .....

A person signing for the patient should state the relationship.

To be completed by doctor

I have accepted the person named above as a Temporary Resident and have given treatment which is not one of the exceptions listed in paragraph 32.6 of the Statement of Fees and Allowances.

*I also claim a rural Practice Payment. The distance from my main surgery to the patient's temporary residence is ..... miles.

Doctor's signature ..... DM Elliott

Date 23/4/90 Code No. E159

E159

* Delete if not applicable

Printed in the UK for HMSO. D.8131290 2.615m 7/88. 36625.

CLINICAL RECORD

(before completing, please detach the top copy,
but send both copies to the Family Practitioner Committee).

20

4 years Hlo drug abuse (inc IV heroin)

Hep B +ve. (March 90)

Blushes (L) eye (? cause) (from boat)

Anxiety state. On ward/sitting 18/12.

Stab wound (R) thigh 7/52 ago.
Necessitated skin graft (R) thigh.

C 11.2. R/) Supervised Dressing

31.5.90 Wound dressed. Satis.

18/6/90 Wound (R) thigh now all healed.

WPT 10.5 Lower abdo pain after meals + vomiting
Bowels ✓ Abdo NAD
No wt loss °Tenderness °Liver palp.
? IBS.

NHS Confidential: Personal data about a patient

Dr. C. TOBIAS

9 AUCHINLEA ROAD
GLASGOW G34 9HQ
Tel: 041-771 0781

1328 DUKE STREET
GLASGOW G31 5OG
Tel: 041-554 3587

1.4.93

Dear Dr Allison,

M. Edward McGuigan
11. Rowanbank House 611.

LEFT EYE — REPEATED PHOTOCOAGULATION FOR COATE'S RETINOPATHY. THIS RESULTED IN CONSIDERABLE REDUCTION IN VISION.

RIGHT EYE — 'VISUAL ACUITY EXCELLENT' - 1989.

ATTENDED MISS V. M. D. HIND
Dept of OPHTHALMOLOGY
STOBHILL. NO. 356986.
for attendance probably 21.4.89 despite re referral.

Glad to know being well.
Kind Regards to Alison (Junior),

Best wishes

Yours sincerely

NHS Confidential: Personal data about a patient

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital: Eye Infirmary Date: CHI No.

Please arrange for this patient to attend the clinic of Dr/Mr

Patient's Surname: McGuigan Maiden Surname:

First Names: Edward Single/Married/Widowed/Other

Address: 11 Inverleithy St Date of Birth: 8.2.70

Postal Code: EH3 5PA Contact telephone number: Patient's Occupation:

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital: ?Surgery Year of Attendance: Hospital No. 15219.28

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR C TOLMIE
Easterhouse Health Centre
[illegible] ROAD

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Patient requested referral.
Has a long standing visual problem.
?L retina. ?Choroid melanoma
Was seen at Eye Infirmary / Stirbhill
Optom. 5yrs ago.
Subsequently became Drug Addict and
defaulted pt-m. Rx.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards: Check your chart

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature: [signature]

355-2104

NHS Confidential: Personal data about a patient

SCOTTISH HOME AND HEALTH DEPARTMENT

100907

Tel. No.
041-248 7581

REGIONAL MEDICAL OFFICE
CORUNNA HOUSE
29 CADOGAN STREET
GLASGOW G2 7RD

SICKNESS BENEFIT

Claim completed in accordance with instructions in Code S B1

Dr CECIL TOBIAS
EASTERHOUSE HEALTH CENTRE
GLASGOW G34

Post Code:

(Claimant's first Christian name Surname and address – BLOCK CAPITALS)

Mr. EDWARD MCGUIGAN
3 LOCHBRIDGE ROAD
GLASGOW G34

Post Code:

22 NOV 89

08	02	70

Date of birth

NS	46	73	96	D

N.I. No.

3491

Date 8 JAN 1990

This report is furnished solely for the information of the medical practitioner and should in no circumstances be handed over to the patient.

Dear Doctor,

With reference to your patient, named above, who was referred by the Department of Health and Social Security for examination:

(i) I have informed that Department that examination is not necessary at present.

(ii) I have to inform you that the patient did not attend for examination.

(iii) I find on examination, the present condition to be as follows and the Department of Health and Social Security have been informed accordingly:-

The examining medical officer has examined the above-named claimant today and reports as follows:–

Age ..... Occupation ..... Date Last Employed .....

In my opinion the claimant:–

(2) is capable of work

(1) is incapable of work

No need to refer again for

(3) is incapable of work at his/her normal occupation, but is capable of work within certain limits

See DP 1 (Part II) (Rev.)

Signed .....
Examining Officer

Yours faithfully,

H. McBAIN
Senior Medical Officer

R.M.9 (SB) (Scotland)

Ed Rep 50m 2/89 (023757)

NHS Confidential: Personal data about a patient

SCOTTISH HOME AND HEALTH DEPARTMENT

33661

Tel. No.
041-248 7581

REGIONAL MEDICAL OFFICE,
CORUNNA HOUSE,
29 CADOGAN STREET,
GLASGOW, G2 7RD.

(For S.H.H.D. use only)

SICKNESS BENEFIT

(To be completed in accordance with instructions in Code S B)

Dr. Cecil Tobias
Easterhouse Health Centre
Glasgow
G34
Post Code:

(Claimant's first Christian name Surname and address – BLOCK CAPITALS)

Mr./~~Mrs./~~Miss Edward McGuigan
3 Lockbridge Rd
Easterhouse
Glasgow
Post Code:

8	2	70

Date of birth

NS	46	73	96	D

N.I. No.

Date 26 May 1987

3491
(Local Office Serial No.)

CB

THIS REPORT IS FURNISHED SOLELY FOR THE INFORMATION OF THE MEDICAL PRACTITIONER and should in no circumstances be handed over to the patient.

Dear Doctor,

With reference to your patient, named above, who was referred by the Department of Health and Social Security for examination:

(i) I have informed that Department that examination is not necessary at present.

(ii) I have to inform you that the patient did not attend for examination.

(iii) I find on examination, the present condition to be as follows and the Department of Health and Social Security have been informed accordingly:-

The examining medical officer has examined the above-named claimant today and reports as follows:—

Age 19 Occupation Labourer, cont. Date Last Employed

This young man was previously on Methadone drugs, including heroin and more recently Temgesic and Temazepam. He does not now seem to be taking anything now. He has problems with ~~Right~~ Left eye vision. and attends ophthalmic clinic at Stobhill Hospital. for supervision

He has migraine headaches

His manner is dejected and motivation poor. His personality is such that I would not see him being employable or protect. He lives alone physically he has a poor physique. A skull x-ray is available at some area. Optic discs exhibit bitemporal pallor. Remainder Left retinal abnormality of retinal vessels held to periphery. It might not be a candidate for any kind of rehabilitation. Medication I would like to see him off

In my opinion the claimant:—

(2) ~~is capable of work~~

(1) is incapable of work

(3) is incapable of work at his/her normal occupation but is capable of work within certain limits

See DP1 (Part II) (Rev.)

Signed
Examining Officer
C GRANT

Yours faithfully,
H. McBAIN
Senior Medical Officer

NHS Confidential: Personal data about a patient

Level 3 Ward C

SURGEONS:
Mr. J.G. POLLOCK
(Surgeon in Administrative Charge)
Mr. D.P. LEIBERMAN
Mr. D.G. GILMOUR

ROYAL INFIRMARY
16 ALEXANDRA PARADE
GLASGOW
G31 2ER

Telephone 041-552 3535

Peripheral Vascular Surgery

Date:

Hospital Number: 039402L

Patient's Name: MCGUIGAN M/N
EDWARD 08/02/1970

Patient's Address: 4 DALORNOCK RD
GLASGOW
G21 3UH HD/OP

Dear Dr. TOBIAS

The following is a brief report on the above-named, who has been an in-Patient in our wards:—

Date of Admission: 1.4.90 Date of Discharge: 7.5.90

Diagnosis: False aneurysm (R) Superficial Femoral Artery

Treatment in Hospital: Repair of false aneurysm.

Recommendations: OPD Mon 14.5.90

Remarks: I.V. Drug abuser

Yours sincerely,

J. Docherty SHO

A full report will follow.

No. 739

GREATER GLASGOW HEALTH BOARD

Stobhill General Hospital
Glasgow G21 3UW

Telephone 041 - 558 0111

DEPARTMENT OF OPHTHALMOLOGY
Miss V. M. D. HIND
Mr. H. H. FAWZI

VMDH/MT/TYP 21.4.89
Dict: 20.4.89.

Dr. C. Tobias,
Easterhouse Health Centre,
9 Auchinlea Road,
Glasgow. G34 9QH.

Dear Dr. Tobias,

Edward McGuigan, d.o.b. 8.2.70, Unit No.356986,
148 Barlanark Road, Glasgow. G33.

I saw this young man in the out-patient department today. The visual acuity in the right eye remains excellent although there is considerable scarring of the left posterior pole. The vision in the left eye being considerably reduced.

There is absolutely no evidence of any active ophthalmic disease now. I arranged to see Mr. McGuigan in one year.

Yours sincerely,

pp V.M.D. HIND, Ph.D., F.R.C.S.Ed.,F.C.Ophth.
Consultant Ophthalmic Surgeon.

Stobhill 6.7.88

Ophthalmology Dr. V. Hinds

McGUIGAN
Edward
148 Barlanark Road 8.2.70
Glasgow
G33

Dr. C. Tobias

This chap has just rejoined my list having returned from a stay in London. He states that he used to attend your clinic complaining of reduced vision in his left eye and headaches. In the circumstances, I should be grateful if you would see him for review.

He currently is addicted to heroin.

17.11.88

CT/EMCK

GREATER GLASGOW HEALTH BOARD
ADMINISTRATIVE UNIT NORTH 1

Stobhill General Hospital
Glasgow G21 3UW

Telephone 041 - 558 0111

DEPARTMENT OF OPHTHALMOLOGY
Miss V. M. D. HIND
Mr. H. H. FAWZI

VMDH/EY/3.4.86

CLINIC: 27.3.86

Dr K.M. Hooper
Easterhouse Health Centre
9 Auchinlea Road
Glasgow G34 9HQ

Dear ~~Dr~~ Hooper

Edward McGuigan, d.o.b. 08.02.70, Unit No 356986
148 Badanark Road, Glasgow G33

I reviewed this lad in the out-patient department today. His ocular reviews have been conducted under suboptimal conditions because he has been unable to attend our clinics for social reasons.

The visual acuity in the right eye remains excellent, and I am pleased to say there is no evidence of fundal pathology on that side; the left visual acuity is, of course, markedly reduced because of extensive photo-coagulation scars, by way of treatment for Coate's retinopathy.

The vessels to the nasal side of the left fundus show quite marked sheathing, but I am sure there is no indication for any treatment at this/...

KNO.

this late stage. Unfortunately the prognosis for return of any useful acuity to the left eye is very limited indeed.

As the condition is now stable, I have not arranged to see Edward upon a regular basis and no further out-patient appointment has been given, but please let me know if there are problems in future.

Yours sincerely

Valerie Hind

V.M.D. HIND, Ph.D.,F.R.C.S.Ed.
Consultant Ophthalmic Surgeon

GREATER GLASGOW HEALTH BOARD
NORTHERN DISTRICT

Stobhill General Hospital
Glasgow G21 3UW

Telephone 041 - 558 0111

DEPARTMENT OF OPHTHALMOLOGY
Miss V. M. D. HIND
Mr. H. H. FAWZI
Mr. R. D. HUNTER

SNS/DSW. 5th May 1980

Dr. Tobias
94 Easterhouse Road,
Glasgow.

Dear Dr. Tobias,

Edward McGuigan, 9 yrs. Unit No. 356986
148 Barlanark Road, Glasgow, G33.
Admitted 27.4.80 Discharged: 2.5.80

This is just a wee note to let you know that this boy had photocoagulation done on 29th April 1980 under Miss Hind's care, on account of the diabetic retinopathy.

Yours sincerely,

pp. Dr. Saba.

S.N.Saba
Registrar in Ophthalmology.

GREATER GLASGOW HEALTH BOARD
NORTHERN DISTRICT

Stobhill General Hospital
Glasgow G21 3UW

Telephone 041 - 558 0111

DEPARTMENT OF OPHTHALMOLOGY
Miss V. M. D. HIND
Mr. H. H. FAWZI
Mr. R. D. HUNTER
Dr. R. W. HARRINGTON

VMDH/DSW. 30th August 1978

Dr. Tobias,
94 Easterhouse Road,
Glasgow, C34.

Dear Dr. Tobias,

Edward McGuigan, 8 yrs. Unit No. 356986
2 Galilea Drive, Glasgow, G34.
Admitted:3.8.78 Discharged:8.8.78

Unfortunately fluorescein studies could not be performed on this boy but there is little doubt that he has Coates disease of the retina. There are some abnormal blood vessels which should respond well to topical photocoagulation. This may prevent the condition from progressing but unfortunately the prognosis for the return of any useful vision in the left eye is very poor.

He will be admitted in due course, so that treatment can be given with a general anaesthetic.

Yours sincerely,

Valerie M.D. Hind

Valerie M.D. Hind, Ph.D.,F.R.C.S.Ed.
Consultant Ophthalmic Surgeon.

GREATER GLASGOW HEALTH BOARD
NORTHERN DISTRICT

Stobhill General Hospital
Glasgow G21 3UW
Telephone 041 - 558 0111

DEPARTMENT OF OPHTHALMOLOGY
Miss V. M. D. HIND
Mr. H. H. FAWZI
Mr. R. D. HUNTER
Dr. R. W. HARRINGTON

VMDH/DSW. 19th August 1978

Dr. Tobias,
94 Easterhouse Road,
Glasgow,G34.

Dear Dr. Tobias,

Edward McCuigan, 8 yrs. Unit No. 356986 (GEI:154428)
2 Dalilea Drive, Glasgow, G34
Admitted:3.8.78 Discharged:8.8.78

This little boy was recently admitted for a period of in-patient investigation. After an episode of casual trauma 18 months ago it was noted that the sight in the left eye was a little blurred. Since then he has noted some discomfort.

Upon examination it was apparent that there was a large exudate at the left posterior pole in association with an area of abnormal blood vessel formation and it is thought that this may well be an example of Coats reaction, the blood vessels being congenitally abnormal.

As he had to wait a little for fluorescein angiographic pictures to be taken he was allowed home meantime.

Investigation for toxoplasma infection and full blood count have shown no abnormality.

I will communicate with you in due course after he has been seen as an out-patient.

Yours sincerely,

Valerie M.D. Hind, Ph.D.,F.R.C.S.Ed.
Consultant Ophthalmic Surgeon

GREATER GLASGOW HEALTH BOARD
NORTHERN DISTRICT

Stobhill General Hospital
Glasgow G21 3UW

Telephone 041 - 558 0111

DEPARTMENT OF OPHTHALMOLOGY
Miss V. M. D. HIND
Mr. H. H. FAWZI
Mr. R. D. HUNTER

Dr. Tobyas,
94, Easterhouse Road,
Glasgow. G34

VMDH/MG

12th August 1982

Dear Dr. Tobyas,

Edward McGuigan, d.o.b. 8.2.70, Unit no.356986
2, Dalilea Drive, Easterhouse, Glasgow.

I saw this boy in the out-patient department today. He previously had had photocoagulation for Coates' syndrome of the left eye, and had defaulted from clinic attendance.

When I saw him todayI thought that response to treatment had been excellent and there was no evidence of further extension of the lesion, but it is clearly important that we continue to see him on a regular basis and, in case there should ever be any involvement of the right eye, I would, therefore, request that I see him again in six months' time.

Unfortunately, due to the site of the pathology, the visual acuity in the left eye will remain impaired.

Yours sincerely,

Vaun Dhind.

V.M.D. Hind. Ph.D.,F.R.C.S. (Ed).
Consultant Ophthalmic Surgeon

NHS Confidential: Personal data about a patient

08.02.70 THURSDAY

Methadone
Census
1-10-02

SURNAME (BLOCK LETTERS) TITLE Mc GUIGAN ✓			MALE OCCUPATION
FORENAMES (BLOCK LETTERS) EDWARD ✓			PHONE NUMBER Mum - 773 - 3908 07751742 754
DATE OF BIRTH	SINGLE		N.H.S. NUMBER
08.02.70	MARRIED (DATE) ✓		5644 . 3 . 70 . 255
6150 - CHI	DIVORCED (DATE) ✓		C.H.I. NUMBER
	WIDOWED (DATE)		6150 ✓

ALLERGIES ..... SPECIAL HAZARDS .....

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
1. FLAT 2/1 DALRIADA BLOCK 56 BLYTHSWOOD COURT G2 7PE			A A LAWSON	25/10/96
2. 421 Blythswood Court FLAT 7/7 G2 7PA.				
3.				
4.				
5.				

Cause of Death
(1) .....
(2) .....

Form GP IIIB (Rev. 5/87)
355—2091

Printed for Astron B22992 11/01 (017302)

1st FILE FROM 89 - MAR DR. WK1

G.P.111.

NHS Confidential: Personal data about a patient

SURNAME (BLOCK LETTERS) McGUIGAN

TITLE

FORENAMES (BLOCK LETTERS) EDWARD

MALE

OCCUPATION

PHONE NUMBER

DATE OF BIRTH			N.H.S. NUMBER
CHI: 6150 08.02.70	SINGLE	✓	5644/3/70/255
	MARRIED (DATE)		
	DIVORCED (DATE)		
	WIDOWED (DATE)		

ALLERGIES .....

SPECIAL HAZARDS .....

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
1. 647 Argyle St. G3 8TG			Dr. C.L. Amend	G
2. 2/1 Dalrada 36 Blythswood Gr G2 7PY			AA Lawson	15 DEC 20
3.			13/4045	
4.				
5.				

Cause of Death

(1) .....

(2) .....

Ed Rep 100m 12/89 (026318)

Form GP IIIB (Rev. 5/8

NHS Confidential: Personal data about a patient

SURNAME (BLOCK LETTERS) MCGUIGAN			MALE
TITLE			OCCUPATION
FORENAMES (BLOCK LETTERS) EDWARD			PHONE NUMBER mum 773-3408 07751742758
DATE OF BIRTH	SINGLE		N.H.S. NUMBER
	MARRIED (DATE)		
	DIVORCED (DATE)		
8.2.70	WIDOWED (DATE)		564 3.70.255
ALLERGIES CLSO		SPECIAL HAZARDS	

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
1. 11 INVERLOCHY ST.			DR DHAM	
LAIDLAW HSE 98 CHEAPSIDE ST G3			A A LAWSON	25 JUL 1996
2. 65 BLYTHSWOOD CT G2 7PE	EDA CC			
3. 2/1 DALKEITH BLOCK 5 BLYTHSWOOD CT G2 7PE				

Address

11 INVERLOCHY ST
G33 5DA

Subsequent Addresses

G

-10-8

Doctor's Name

D.S.DHAMI

Council's Cipher and Stamp

G

4 MAY 1995

Temporary Envelope

OCCUPATIONS

(Note changes and insert year of change).

	YEAR

	YEAR

Date of Death.....19

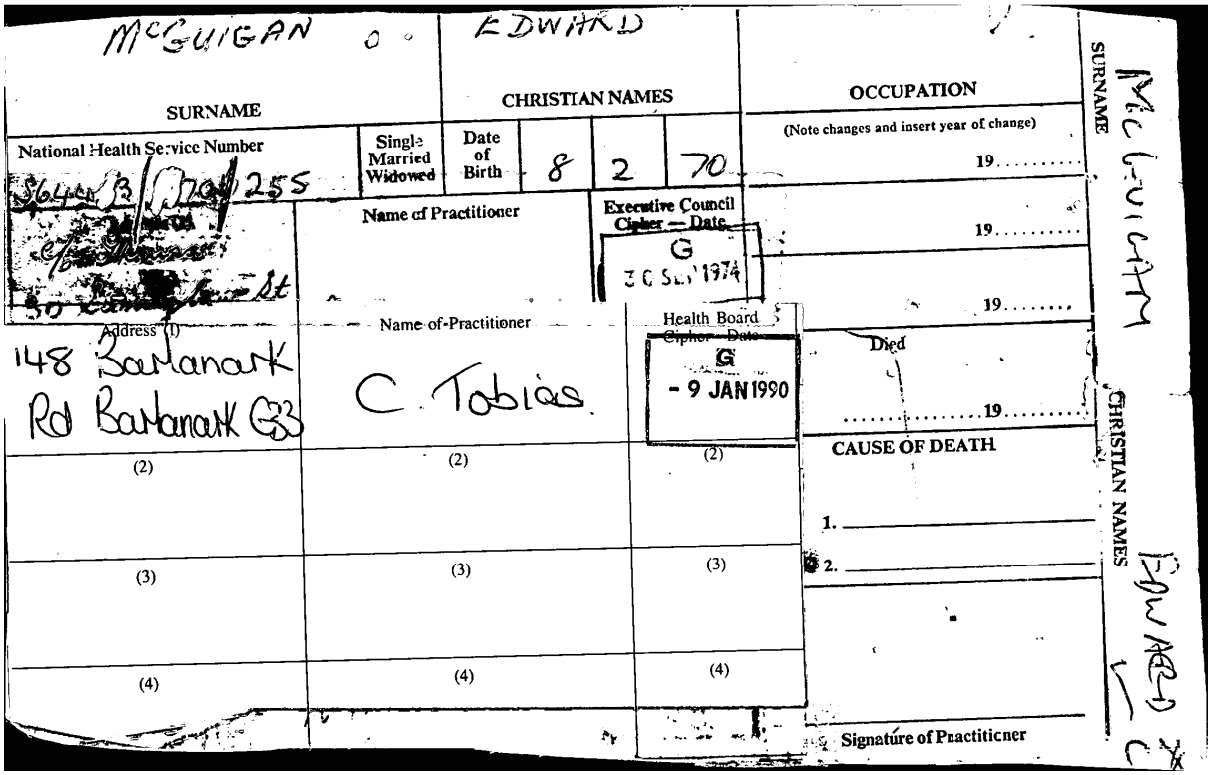
Cause of Death.....

Doctor's Signature.....

THIS RECORD IS THE PROPERTY OF THE MINISTER OF HEALTH

McC & Co. Ltd 163144 Form E.C.5.

NHS Confidential: Personal data about a patient



SURNAME	CHRISTIAN NAMES	OCCUPATION
McGUIGAN	EDWARD	(Note changes and insert year of change)

National Health Service Number	Single Married Widowed	Date of Birth				
S64[illegible] B [illegible] 255			8	2	70	

Executive Council Cipher — Date: G 30 SEP 1974

Address (1): 148 Barrhead Rd Barrhead G78

Name of Practitioner: C. Tobias

Health Board Cipher — Date: G - 9 JAN 1990

Died: ..... 19.....

CAUSE OF DEATH

1. _____

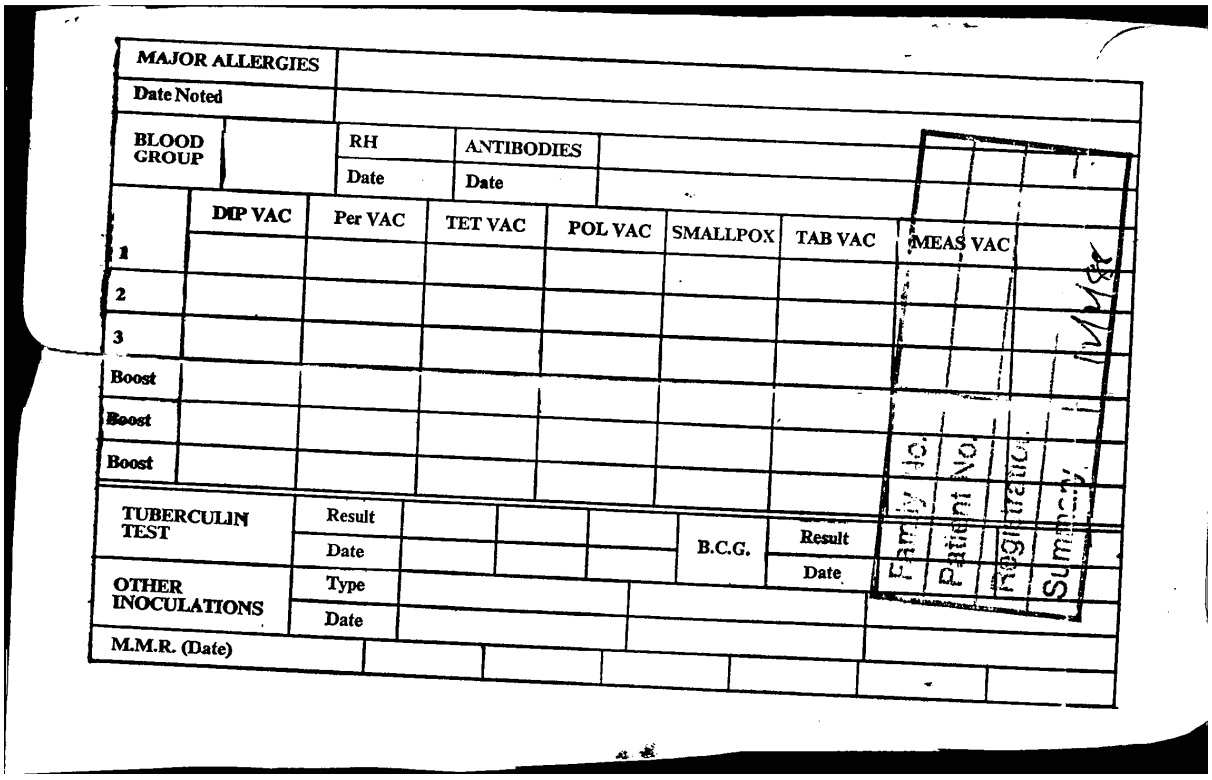
2. _____

Signature of Practitioner

(2)	(2)	(2)
(3)	(3)	(3)
(4)	(4)	(4)

SURNAME: McGUIGAN

CHRISTIAN NAMES: EDWARD



MAJOR ALLERGIES								
Date Noted								
BLOOD GROUP		RH		ANTIBODIES				
		Date		Date				
	DIP VAC	Per VAC	TET VAC	POL VAC	SMALLPOX	TAB VAC	MEAS VAC	
1								
2								
3								
Boost								
Boost								
Boost								
TUBERCULIN TEST	Result				B.C.G.	Result		
	Date					Date		
OTHER INOCULATIONS	Type							
	Date							
M.M.R. (Date)								

Family No.
Patient No.
Registration
Summary

NHS Confidential: Personal data about a patient

NHS IN SCOTLAND

Application to Register with a General Medical Practitioner

GPR

Please complete in **block capitals** and tick relevant boxes

Patient details

Surname MCGUIGAN

Forename EDWARD

Previous Surname

Date of birth 08 02 70

Male ☑ **Female** ☐

I wish the child named above to be registered at the practice for Child Health Surveillance ☐

Address 56 BLYTHSWOOD COURT ANDERSTON GLASGOW

Post code G2 7PE

I will be in the area for more than three months ☐

Relationship to patient

Patient's / Patient's representative signature Edward McGuigan **Date** 13.08.98

Voluntary consent to organ donation

If you wish to register on the NHS Organ Donor Register as someone whose organs can be used for transplantation purposes after your death, please tick relevant box(es) below:

Any Organ ☐ **Kidneys** ☐ **Liver** ☐ **Lungs** ☐ **Heart** ☐ **Corneas** ☐ **Pancreas** ☐

Patient's signature **Date**

Please help us to trace your previous medical records by providing the following information if known

NHS No. (not National Insurance No.)

Community Health Index (CHI) No.

Previous address in U.K.

LAIDLAW HOUSE
95 CHEAPSIDE ST
Town GLASGOW
County Post code

Name and address of previous doctor in U.K.

If returning from abroad

Date of departure from U.K.

Date of return to U.K.

If returning from HM Forces

Date enlisted **Service / Personnel No.**

If **none** of the above information is known then please complete the following:

Town of birth

Reg. district of birth (see birth certificate)

County of birth

Mother's maiden name

Doctor's agreement

Enter 'D' if supplying drugs ☐

CHS acceptance yes ☐ no ☐

Mileage claim road ☐☐ water ☐☐ footpath ☐

Enter date if registration examination completed

I accept this patient on my list and I claim payment in accordance with the Regulations.

CHS Ref No. of GP providing service if different from below

Doctor's signature **Date**

Doctor's name **GP Ref. No.**

Printed for The Stationery Office

NHS Confidential: Personal data about a patient

SURNAME MCGUIGAN FORENAME EDWARD	UNIT No. 50684505X D.O.B 08.02.70 SEX Male ADDRESS 421 Blythswood Court	CONSULTANT/GP A A LAWSON SPECIALITY HOSP/PRACTICE 1119 ARGYLE ST WARD/TOWN SANDYFORD SURGERY

N.G.U.H.D.
BIOCHEMISTRY DEPT
GARTNAVEL GENERAL
☎(0141)-211-3355

LAB.No.
8007102

ISSUED
DATE 21.04.06
TIME 09:10

Auto Check
SIGNATURE

RECEIVED
DATE 20.04.06
TIME 14:40

REQUESTED
DATE 20.04.06
TIME

Generic Screening Tests

U Amphetamines	Negative	U Benzodiazepine		Positive
U Methadone	Positive	U Opiates		Negative
U Cocaine	Negative	U Creatinine	7.7	mmol/L

21 APR 2006

Comments & Confirmations

CC	RM	AL	DONE BY
NORMAL/NEGATIVE		RESULT TO BE LOGGED	
POSITIVE/SHOWS NF		CONTACT PATIENT	
MAKE APP. DR/NURSE		CLINICAL UPDATE	EM
SCRIPT			
NOTES		FILE	

B

Drugs of Abuse

NHS Confidential: Personal data about a patient

SURNAME MCGUIGAN FORENAME EDWARD	UNIT No. 50684505X D.O.B 08.02.70 SEX Male ADDRESS 421 Blythswood Court	CONSULTANT/GP A A LAWSON SPECIALITY HOSP/PRACTICE 1119 ARGYLE ST WARD/TOWN SANDYFORD SURGERY

N.G.U.H.D.
BIOCHEMISTRY DEPT
GARTNAVEL
GENERAL
☎(0141)-211-3355

LAB.No.
8021084

ISSUED
DATE 07.12.05
TIME 11:10

W Borland
SIGNATURE

RECEIVED
DATE 01.12.05
TIME 15:11

REQUESTED
DATE 01.12.05
TIME

Generic Screening Tests

U	Amphetamines	Negative	U	Benzodiazepine	Positive
U	Methadone	Positive	U	Opiates	Positive
U	Cannabinoids		U	Cocaine	Negative
U	Barbiturates		U	Alcohol	
U	Buprenorphine		U	T/cyclic Antid	
U	Creatinine	9.1 mmol/L			

Comments & Confirmations
Confirmation by GCMS:
Codeine and morphine detected

08 DEC 2005

C.C.	R.M.	A.L.	DONE BY
NORMAL/NEGATIVE		RESULT LOGGED	
POSITIVE/SHOWS INF		CONTACT PATIENT	
MAKE APPT. DR/NURSE		CLINICAL UPDATE	
SCRIPT			
NOTES		FILE	

B

Drugs of Abuse

NHS Confidential: Personal data about a patient

SURNAME MCGUIGAN FORENAME EDWARD	UNIT No. 5068450[illegible]X D.O.B 08.02.70 SEX Male ADDRESS 421 Blythswood Court	CONSULTANT/GP A A LAWSON SPECIALITY HOSP/PRACTICE 1119 ARGYLE ST WARD/TOWN SANDYFORD SURGERY

N.G.U.H.D.
BIOCHEMISTRY DEPT
GARTNAVEL GENERAL
☎(0141)-211-3365

LAB.No.
8021084

ISSUED
DATE 03.12.05
TIME 10:10

Auto Check
SIGNATURE

RECEIVED
DATE 01.12.05
TIME 15:11

REQUESTED
DATE 01.12.05
TIME

Generic Screening Tests

U Amphetamines	Negative	U Benzodiazepine		Positive
U Methadone	Positive	U Opiates		Positive
U Cocaine	Negative	U Creatinine	9.1	~~mmol/L~~

Comments & Confirmations
Confirmation of positive opiates screen to follow

05 DEC 2005

C.C.	R.M.	A.L.	DONE BY
NORMAL/NEGATIVE		RESULT LOGGED	
POSITIVE/SHOWS INF		CONTACT PATIENT	AC
MAKE APPT. DR/NURSE		CLINICAL UPDATE	
SCRIPT			
NOTES		FILE	B

Drugs of Abuse

NHS Confidential: Personal data about a patient

SURNAME MCGUIGAN	UNIT No. ST014745	CONSULTANT/GP A A LAWSON
FORENAME EDWARD	D.O.B 08.02.70 SEX Male	SPECIALITY
	ADDRESS FL7/7 421 BLYTHSWOOD ST G	HOSP/PRACTICE 1119 ARGYLE ST
		WARD/TOWN SANDYFORD SURGERY

N.G.U.H.D.
BIOCHEMISTRY DEPT
GARTNAVEL
GENERAL
☎(0141)-211-3355

LAB.No.
8001491

ISSUED
DATE 27.01.05
TIME 14:10

Jan Knepil
SIGNATURE

RECEIVED
DATE 27.01.05
TIME 14:05

REQUESTED
DATE 27.01.05
TIME

Generic Screening Tests

U Amphetamines	Negative	U Benzodiazepine	Positive
U Methadone	Positive	U Opiates	Positive
U Cannabinoids		U Cocaine	Negative
U Barbiturates		U Alcohol	
U Buprenorphine		U T/cyclic Antid	
U Creatinine	6.6 mmol/L		

02 FEB 2005
C.O. R.M. A.L.
NORMAL/NEGATIVE
POSITIVE/SHOWS INF
MAKE APPT. DR/NURSE
SCRIPT
NOTES
RESULT LOGGED
CONTACT PATIENT
CLINICAL UPDATE
FILE
DONE BY

Comments & Confirmations
Confirmation by GCMS:
Codeine detected
No time specified

B

Drugs of Abuse

NHS Confidential: Personal data about a patient

SURNAME MCGUIGAN FORENAME EDWARD	UNIT No. ST014745 D.O.B 08.02.70 SEX Male ADDRESS FL7/7 421 BLYTHSWOOD ST G	CONSULTANT/GP A A LAWSON SPECIALITY HOSP/PRACTICE 1119 ARGYLE ST WARD/TOWN SANDYFORD SURGERY

N.G.U.H.D.
BIOCHEMISTRY DEPT
GARTNAVEL GENERAL
☎(0141)-211-3355

LAB.No.
8001491

ISSUED
DATE 27.01.05
TIME 15:10

Auto Check
SIGNATURE

RECEIVED
DATE 27.01.05
TIME 14:05

REQUESTED
DATE 27.01.05
TIME

Generic Screening Tests

U Amphetamines	Negative	U Benzodiazepine	Positive
U Methadone	Positive	U Opiates	Positive
U Cocaine	Negative	U Creatinine 6.6	mmol/L

Comments & Confirmations
Confirmation of positive opiates screen to follow
No time specified

28 JAN 2005
C.C. RLM
NORMAL/NEGATIVE
POSITIVE/SHOWS IN
MAKE APPT. OPINION
CLINICAL
DONE

B

Drugs of Abuse

NHS Confidential: Personal data about a patient

SURNAME MCGUIGAN	UNIT No. ST014745	CONSULTANT/GP A A LAWSON
FORENAME EDWARD	D.O.B 08.02.70 SEX Male	SPECIALITY
	ADDRESS 56 Blythswood Court	HOSP/PRACTICE SANDYFORD SURGERY
		WARD/TOWN 1119 ARGYLE ST

N.G.U.H.D.
BIOCHEMISTRY DEPT
GARTNAVEL
GENERAL
☎(0141)-211-3355

LAB.No.
8409778

ISSUED
DATE 15.07.04
TIME 11:55

Jan Knepil
SIGNATURE

RECEIVED
DATE 15.07.04
TIME 14:19

REQUESTED
DATE 15.07.04
TIME

Generic Screening Tests

U Amphetamines	Negative	U Benzodiazepine	Positive
U Methadone	Positive	U Opiates	Positive
U Cannabinoids		U Cocaine	Negative
U Barbiturates		U Alcohol	Negative
U Buprenorphine		U T/cyclic Antid	
U Creatinine 12.8 mmol/L			

Comments & Confirmations
Confirmation by GCMS on hydrolysed urine:
Morphine detected

21 JUL 2004

C.C.	R.M.	A.L.	DONE BY
NORMAL/NEGATIVE		RESULT LOGGED	
POSITIVE/SHOWS INF		CONTACT PATIENT	
MAKE APPT. DR/NURSE		CLINICAL UPDATE	
SCRIPT			
NOTES		FILE	

B

Drugs of Abuse

NHS Confidential: Personal data about a patient

SURNAME MCGUIGAN	UNIT No. ST014745	CONSULTANT/GP A A LAWSON
FORENAME EDWARD	D.O.B 08.02.70 SEX Male	SPECIALITY
	ADDRESS 55 Blythswood Court	HOSP/PRACTICE SANDYFORD SURGERY
		WARD/TOWN 1119 ARGYLE ST

N.G.U.H.D.
BIOCHEMISTRY DEPT
GARTNAVEL
GENERAL
☎(0141)-211-3355

LAB.No.
8409778

ISSUED
DATE 15.07.04
TIME 15:55

Auto Check
SIGNATURE

RECEIVED
DATE 15.07.04
TIME 14:19

REQUESTED
DATE 15.07.04
TIME

Generic Screening Tests

U Amphetamines		Negative U Benzodiazepine	Positive
U Methadone		Positive U Opiates	Positive
U Cocaine		Negative U Alcchol	Negative
U Creatinine	12.8	mmol/L	

Comments & Confirmations
Confirmation of positive opiates ~~screen to follow~~

16 JUL 2004

C.C.	R.M.	A.L.	DONE BY
NORMAL/NEGATIVE		RESULT LOGGED	
POSITIVE/SHOWS INF		CONTACT PATIENT	
MAKE APPT. DR/NURSE		CLINICAL UPDATE	
SCRIPT			
NOTES		FILE	

B

Drugs of Abuse

NHS Confidential: Personal data about a patient

SURNAME MCGUIGAN FORENAME EDWARD	UNIT No. ST014745 D.O.B 08.02.70 SEX Male ADDRESS 55 Blythswood Court	CONSULTANT/GP A A LAWSON SPECIALITY HOSP/PRACTICE 1119 ARGYLL STREET WARD/TOWN SANDYFORD SURGERY

N.G.U.H.D.
BIOCHEMISTRY DEPT
GARTNAVEL GENERAL
☎(0141)-211-3355

LAB.No.
8408881

ISSUED
DATE 02.07.04
TIME 15:55

Jan Knepil
SIGNATURE

RECEIVED
DATE 01.07.04
TIME 14:29

REQUESTED
DATE 01.07.04
TIME

Generic Screening Tests

U Amphetamines	Negative	U Benzodiazepine	Positive
U Methadone	Positive	U Opiates	Positive
U Cannabinoids		U Cocaine	Negative
U Barbiturates		U Alcchol	Negative
U Buprenorphine		U T/cyclic Antid	

U Creatinine 5.1 mmol/L

Comments & Confirmations
Confirmation by GCMS:
Codeine and morphine detected

- 7 JUL 2004

C.C.	R.M.	A.L.	DONE BY
NORMAL/NEGATIVE	RESULT LOGGED		
POSITIVE/SHOWS INF	CONTACT PATIENT		
MAKE APPT. DR/NURSE	CLINICAL UPDATE		
SCRIPT			
NOTES	FILE		

B

Drugs of Abuse

NHS Confidential: Personal data about a patient

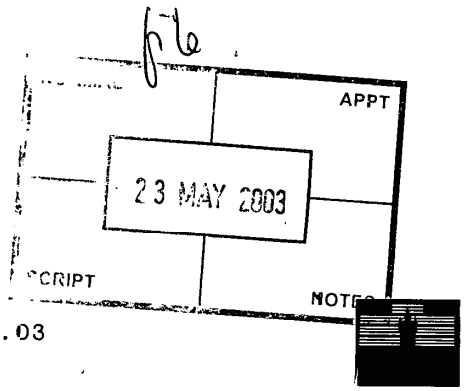
BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL B

CONSULTANT MACNEILL	SURNAME MCGUIGGAN	HOSPITAL NUMBER	ZC03204906
HOSPITAL GP WARD 1119 ARGYLE	FORENAME EDWARD	DATE OF BIRTH	08.02.70
DATE 22.05.03 TIME WITHDRAWN 09:20	LABORATORY NUMBER N.03.8308874.V	SEX	M

U Amphetamines	Negative	U Benzodiazepines	Positive
U Methadone	Positive	U Opiates	Positive
U Cocaine	Negative	U Alcohol	Negative
U Creatinine	16.1 mmol/L		

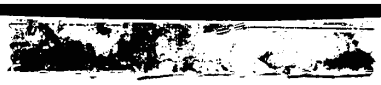
Comments & Confirmations
Confirmation of positive opiates screen to follow



Authorised by Auto Check
Time reported 14:52 Date reported 22.05.03

Drugs of Abuse

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT



REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA_1c (DCCT Calibrated)	Good Control <7% Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Triiodothyronine (T_3)	(1.0 -2.2 nmol/L)
Free Thyroxine (fT_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

7 Vitamins	(Reference interval)
Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/G)
Vitamin B2 (Riboflavin)	(<70%)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L))
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141 - 211 3355 or 3341)

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Name: EDWARD MCGUIGAN
Address:

Sex: M Age: 08-02-70
Cons:

Hosp: General practitioner
Practice Number: 40455
Ward: Dr Crawford & Partners
1119 Argyle Street

Hosp No.: ZM02253152

Taken: 27.08.02
Reported: 28.08.02

Specimen: Throat swab Investigation: C & S

NORMAL APPT
29 AUG 2002
SCRIPT NOTES

1. Moderate growth Normal Upper Respiratory Flora
2.
3.
4.

	Organism
Antibiotic	1. 2. 3 4.

Microbiologists: Dr S. Samavedam Throat swab / Lab No: B,02.0095525.N

NHS Confidential: Personal data about a patient

SURNAME MCGUIGAN

FORENAME EDWARD

Hosp No 50684505X

CHI No 0802706150

D.O.B 08.02.70 SEX Male

ADDRESS 421 Blythswood Court

CONSULTANT/GP D R MACNEILL

HOSP/PRACTICE SANDYFORD SURGERY

WARD/TOWN 1119 ARGYLE ST

Requested	Received	Report Issued
09.03.06 @ 09:50	09.03.06 @ 16:10	10.03.06 @ 12:25

CLINICAL BIOCHEMISTRY
CPA ACCREDITED LABORATORY

	Sodium	135–145		mmol/L
	Potassium	3.5–5.0		mmol/L
	Chloride	98–108		mmol/L
	Bicarbonate	21–28		mmol/L
	Urea	2.5–7.5		mmol/L
	Creatinine		§	µmol/L
* 5.6	Glucose	3.5–5.5		mmol/L
	CRP	<10		mg/L
	Amylase	<100		U/L
	Urate		§	mmol/L
	Troponin I	<0.04		µg/L
	CK	<210		U/L
	Bilirubin	3–22		µmol/L
	AST	<40		U/L
	ALT	<50		U/L
	Gamma-GT		§	U/L
	Alk.Phos.		§	U/L
	Protein	60–80		g/L
	Albumin	36–52		g/L
	Globulins	19–33		g/L
	Calcium			mmol/L
	Adjusted Calcium	2.10–2.60		mmol/L
	Phosphate	0.70–1.40	§	mmol/L
	Magnesium	0.70–1.00		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	0.8 –4.0	§	g/L
	IgG	6 –16	§	g/L
	IgM	0.5 –2.0	§	g/L

13 MAR 2006

Lab No. N,00.7134178 Run No. 656

CC RM AD DONE BY

NORMAL/NEGATIVE
POSITIVE/SHOWS INF
MAKE APP. DR/NURSE
SCRIPT
NOTES

RESULT TO BE LOGGED
CONTACT PATIENT
CLINICAL UPDATE

§Significant sex/age differences – See handbook

Authorised by
Auto Check
Date Reported 10.03.06

FILE

North Glasgow University Hospitals Division
Biochemistry Department

PROLACTIN
184.

SURNAME	MCGUIGAN
FORENAME	EDWARD
Hosp No	5068450 5X
CHI No	0802706150
D.O.B	08.02.70 SEX Male
ADDRESS	421 Blythswood Court
CONSULTANT/GP	MOORE
HOSP/PRACTICE	THE ARRAN CENTRE
WARD/TOWN	12 Orr St

Requested	Received	Report Issued
18.01.06 @ 12:05	18.01.06 @ 12:05	19.01.06 @ 13:45

CPA CLINICAL BIOCHEMISTRY
CPA ACCREDITED LABORATORY

139	Sodium	135–145	mmol/l
4.4	Potassium	3.5–5.0	mmol/L
107	Chloride	98–108	mmol/L
	Bicarbonate	21–28	mmol/L
3.7	Urea	2.5–7.5	mmol/L
80	Creatinine	75–122 §	µmol/L
* 6.6	Glucose	3.5–5.5	mmol/L
	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate	§	mmol/L
	Troponin I	<0.04	µg/L
	CK	<210	U/L
10	Bilirubin	3–22	µmol/L
* 50	AST	<40	U/L
* 53	ALT	<50	U/L
30	Gamma-GT	<90 §	U/L
133	Alk.Phos.	80–280 §	U/L
77	Protein	60–80	g/L
42	Albumin	36–52	g/L
* 35	Globulins	19–33	g/L
	Calcium		mmol/L
	Adjusted Calcium	2.10–2.60	mmol/L
	Phosphate	0.70–1.40 §	mmol/L
	Magnesium	0.70–1.00	mmol/L
2.20	Cholesterol	target <5.0	mmol/L
* 0.70	HDL Cholesterol	target >1.0	mmol/L
3.1	Chol/HDL ratio		
1.40	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
1.5	TSH	0.350–5.000	mU/L
12	Free T4	9–24	pmol/L
	T3		nmol/L
	IgA	0.8 –4.0 §	g/L
	IgG	6 –16 §	g/L
	IgM	0.5 –2.0 §	g/L
	Lab No. N.06.4014436	Run No. 635	

Non-fasting sample – LDL not calculable.
No collection time specified

23/1/6

§Significant sex/age differences – See handbook

Authorised by
Dr H Miller
Date Reported 19.01.06

North Glasgow University Hospitals Division
Biochemistry Department

Burns Chemist.

National Health Service Number

Surname (Block Letters): McGUIGAN

Forenames (Block Letters): EDWARD

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address

Date of Birth: 8.2.70.

Date	COATES SYNDROME
12.8.82	PHOTOCOAGULATION FOR ~~COAGULATION~~ @ EYE
26.5.89	DRUG ABUSE (I.V.) > HEROIN, TEMAZEPAM, TENGESIC
7.4.90	REPAIR OF FALSE ANEURYSM @ SUPERFICIAL FEMORAL ARTERY
24.9.90	(A)RE ANTI HBC
16.5.94	(L) SCAPHOID #
15.4.96	DSH EPISODE
20.9.00	NL OF NOTE

Form GP111G 355—2096

Dd 8277740 500M 7/92 Ed(202406)

Date	

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
McGuigan	Edward

Address

Date of Birth: 8/2/70.

Date	*	Clinical Notes	Diagnosis
1.6.06		Methadone po given for 90ml - 1260 ml.	
		1.6.06 – 14.6.06 plus other medication.	
		Asked about Vivamin caps..	
15.6.06		Methadone po given for 90ml - 1260.	
		15.6.06 – 29.6.06.	
		Referral and appointment made for assessment	
		Pheonix Daycare 21.6.06. at 2pm	
		Edward has changed pharmacy to Abbey 552-2528.	
		They do not dispence sugar free. prescription	
		renewed in pharmacy informed that he has new prescrip	
21/6/06		see comp	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, B43522 9/05 (017302)

355 2095

Date	*	Clinical Notes	Diagnosis

* This column has been provided for doctors to enter A, V or C at their discretion

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McGuigan

Forenames (Block Letters): Edward

Address

Date of Birth: 8/2/70

Date	*	Clinical Notes	Diagnosis
26·1·06		Methadone px given for 90ml - 126Oml 26/1/06 - 8/2/06.	
9.2.06		Methadone px given for 90ml - 126Oml, 9·2·06 - 22/2/06 :- plus other medication given	
16/2/06	NS	meth fruity glue free	
23·3·06		Methadone px given for 90m - 1260 23·2·06 - 8/3/06	
	IVDU	Cocaine use nor taking Quetiapine Tabs. Feelings of anger and paranoia,	
27/2/06		using cocaine IV, symptoms 4 days for 1 month daily, paranoid. drug 10mg tds/day 7 days 3/day 3 days (37)	
		friend died + cocaine use, becoming estranged from family, wants to stop. due to use CBT/Relapse Prevention for. (DNA CBT) Quetiapine + diazepam will help — I am not sure but prepared to give short term	
9/3/06		16 60mg admitted to ward, 9-by 10mg valium Bloods taken for Fasted BG	
9/3/06		drug 10mg 3/day 7 days, 2/day 7 day (35) + drug 5mg nocte. non 90 9/3 → 14/3.	
16/3/06	NS	Requests vitamins — caps ii bd	

* This column has been provided for doctors to enter A, V or C at their discretion

Date	*	Clinical Notes	Diagnosis
23/3/06		re diazepam — 10mg 2/day 7/7 1/day 7/7	21 (daily dep) x3/52
		+ diazepam 5mg x 56	
23/03/06		prescription given methadone 90 mls (1260 mls) Diazepam 5mgs x 56. 23/03/06 -> 05/04/06	
6.4.06		Methadone px given for. 90ml 6.4.06 - 19.4.06. - No cocaine use	
		No longer on Olanzapine.	
20.4.06		Methadone px given for. 90ml - 1260ml 20.4.06. - 3.5.06	
		CPN 19/4/06. changed medication	
4.5.06		Methadone px given for. 90ml - 1260ml 4/5/06. - 17/5/06. No illicit CPN Weekly	
		MAP. Fri. 5th for ~~Assessment~~	
10/5/06	T	07918614057	
		phoned to say MAP had been in touch — wants to	
		speak to someone himself re his mental health problems	
		(because of attacked stigma)	
		Duty Nurse tomorrow.	
19/5/06		methadone 90ml (18/5 -> 31/5	
		diazepam 5mg bid (daily dep)	
		WVH, cough & sputum + allergic	
		IM42a	
		dem-complex, mal-fed	(asthma review)
		Assessment working	
		doesn't use heroin + goes out regularly	
		Re-assessed (each dose ~ x3 days, 1 dose)	
		given Azithromycin — demonstrated.	
		Amoxicillin 500mg tds	
		feeling (C reducing) better on new psychotropic	

* This column has been provided for doctors to enter A, V or C at their discretion

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
McGuigan	Edward

Address

Date of Birth

Date	*	Clinical Notes	Diagnosis
2.6.05		Methadone px given for 80ml - 1120ml. 2/6/05 - 15/6/05. - has reduced his Quetiapine intake to one daily, wants to continue ↓ methadone 5ml each month against advice. low mood. angry staying with family.	
	T	CTR re compliance (on Mersyndol & quetiapine. ✓ SD 9/6.	
14/6/05	T	returned call, message left. 07981177306. on emergency sessions Mon/Tue/Fri — to be seen by 9.30 am & clinical not operative 9.00 am re-cent take in Quetiapine appointment slot.	
		Awaiting return call	
17.6.05		Seen at desk	
		Needs doses Meth. to take away for May 20th and Thursday 23rd - / extra. Script done for 2 doses to be dispensed in advance on 17th & 22nd June.	
		- Pharmacy at Bridgeth HC contacted. tel: 531-6500	
		Meth ↓ 5mls to 75 mls	
30/6/05		Methadone Rx given 75mls 30/6/05 ⇒ 13/7/05 req dessert hrs — suggested by psych. @ Bridgeth HC Pharmacy ✓	
			+ Glucose 69
11/7/05	NS	See letter from Opthal re abnormal LFT's ✓ TMA to discuss further Inv	
14/7/05	NS	Awaiting for clozapine — sent blood for quetiapine.	
28/7/05	NS	req Cremaffin cream — symptomatic entry re DTS appt (see above)	

* This column has ~~been provided~~ for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, B30160 3/03 (017302)

355 2095

Date	*	Clinical Notes	Diagnosis
28/7/05		Methadone plus other medication given 75ml – 1050ml 28/7/05 – 10/8/05	
8/8/05		DNA	
11/8/05		Dabbling every 2-3 days. Smoky + IV Wants to go up to 80ml. Caseous ? spots on legs – v. few. Sent Rx daltacort – never ground. Rx Methadone 90ml 11/8 => 24/8 x 3 or Friday – ag going to Brighton, H.C. runs for methadone.	
25/8/05		Methadone px given for 90ml – 1260ml 25/8/05 – 7/9/05. heroin use	
		~~meth~~ – family given Lyn at HTs	
8/9/05		Methadone Rx given 90mls 8/9/05 ⇒ 21/9/05 collapse	
23/9/05		Methadone px given for 90ml – 1260ml 23/9/05 – 5/10/05	
6/10/05		Methadone px given for 90ml – 1260ml 6/10/05 – 19/10/05	
20/10/05		Methadone px given for 90ml 1260 20/10/05 – 2/11/05. other medication given.	
3/11/05		Methadone px given 90ml – 1260ml 3/11/05 – 16/11/05 Appt Eye infirmary Crantnavel wavel 1 23/11/05 looking for unsupervised.	
17/11/05		Methadone px given for 90ml – 1260ml appr hospital 23/11/05 – 24/11/05	
1/12/05		Methadone px given for 90ml – 1260ml 1/12/05 – 14/12/05	
15/12/05		Methadone px given for 90ml – 1260ml. (15/12/05 – 28/12/05) (29/12/05 12/1/06.) R. ~~no~~ no one awake – discussed family state distressed ~~to~~ CPN remained	
12/1/06		Methadone px given for 90ml – 1260ml 12/1/06 – 25/1/06. No illicit use	

* This column has been provided for doctors to enter A, V or C at their discretion

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
McGUIGAN	EDWARD	8/11/70

Address

Date	*	Clinical Notes	Diagnosis
10/2/05		generally unwell abd pain, diarrhoea, epigastric Nausea ++ Pan — omeprazole 40mg OD domperidone 10mg TDS Ignore previous note: penicillin + 10mg IV (as now) Dr contacted GP (John Ward — not taken for methadone) (T) Arrow Centre 232 1200. message left for John Ward — req to see Eddie Aron meth. 100ml daily diazepam 5mg BD	10/2 → 23/2.
24/2/05		GP ring + Rx given. Also awaiting appt Dr Moore taking quetiapine, not all Methad effervescing ++ Domperidone 10mg BD PRN CT PR Meth ↓ 10mls to 90mls for 24/3/05	
24/3/05		Methadone Rx given for · 90ml · 1260ml 24/3/05 – 6/4/05 ↓ · Reduce next Rx to · 85ml. (against advice) discussed risks of overdose. Tolerance	

* This column has been provided for doctors to enter A, V or C at their discretion

Date	*	Clinical Notes	Diagnosis

METHADONE ANNUAL REVIEW – DATE 14/4/05.

WEIGHT – 4 stones BMI

URINALYSIS Jan '05. B.P.

HEP B prev + Hep B core Ab, = HBsAg

HEP C dismissed – not wanting tested just now

TETANUS

HIV

DRIVING?

CHLAMYDIA?

CERVICAL SCREENING?

CONTRACEPTION?

meth 90ml daily (supervised) 26/2 → 9/3

10/3/05 Methadone px given for 100ml – 1400
10/3/05 – 23/3/05 plus other medication given

6/4/05 Methadone px given for 85ml – 1190ml.
20mg diazepam – Taking Quetiapine Tabs.
John Ward visiting Pm. review medication.

11/4/05 DNA

21/4/05 Methadone px given for 85ml – 1190ml.
21/4/05 – 4/5/05.
SEEN CPN TUES, ↓ 5ml each month.

28/4/05 NS computer RV changed to
QUETIAPINE being BD

3/5/05 NS Request Omeprazole 20mg Rpt
– To see dr

11/5/05 DNA

19/5/05 Methadone px given for 80ml – 1120ml.
plus other medication – cancel Quetiapine
has some at home.
19/5/05 – 1/6/05.

* This column has been provided for doctors to enter A, V or C at their discretion

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): MCGUIGAN

Forenames (Block Letters): EDWARD

Address

Date of Birth

Date	*	Clinical Notes	Diagnosis
26/8/04		Methadone px given for 90ml - 1260ml plus other medication. 26/8/04 - 8/9/04	
27/8/04		Seen at reception given script for ARIPIPRAZOLE 15mg (28) 1 daily - as per letter from Dr Moore	
3/9/04	NJ	See for for Dr Moore! Handwritten script for T. Quetiapine Starter Pack :- 25mg BD day 1 2x25mg BD day 2 100mg BD day 3 150mg BD day 4 T. Quetiapine 200mg (2) 1 BD day 5 T. Quetiapine 300mg BD 1 BD day 6 onwards (56) weekly supply	
9/9/04		Methadone px given for 90ml - 1260 - Diaz 20mg	9/9/04 - 22/9/04
23/9/04		- feels things are not - at times bad d/c Cryst Meth - reassured. Px Meth. 90s. daily drop + reduce as tol 23/9 - 26/9 Diazepam 5mg OD	
7/10/04		Methadone px given for 90ml - 1260ml. plus other Medication = 7/10/04 - 20/10/04 No longer taking Quetipine - (feels numb) should have seen Dr more frequently 16/9.	
21/10/04		Methadone px given for 90ml - 1260ml - 3/11/04. Arranged appt next time Dr Crawford Seen CPN. 14/10/04.	21/10/04 -

* This column has been provided for doctors to enter A, V or C at their discretion

Date	*	Clinical Notes	Diagnosis
26/10/04	NS	Quetiapine restarted as per Parkhead Start- pack then 200 bd day 5 then 300 bd (as entry fr 3/9/04)	
4/11/04		Methadone plus other medication given, 90ml (1260). 14/11/04 - 17/11/04, has some Quetiapine put in repeat Px.	
18/11/04		Methadone px given for: 80ml - 1260ml 18/11/04 - 1/12/04, Recently picked up Quetiapine px.	
22/11/04		0.5 ml Inflexal® V Lot No.: 3000545 Im (L) arm Appt given for asthma review 16/12/04 9.50am	MAgeddi
2/12/04		Methadone px given for 90ml - 1260ml 2/12/04 - 15/12/04,	
		disp 3/12/04 on 2/12/04 hosp appt.	LEFT EYE
16/12/04		Asthma Review: PEF 450 (Eu) Exp. 6 wo (approx). Has cough (productive) in morning most day. Uses reliever 2 times/day - not always for symptom control - advised on when to use & will monitor symptoms. Ret 13/1/05. ? needs Step 2 or LABD.	MAgeddi
16/12/04		Methadone Rx given 16/12/04 => 29/12/04 30/12/04 => 12/1/05 (4 wks for Xmas)	
13/1/04		PEF 450 Eu. Symptoms persist as above DIW DI MacNeil ↳ Beclomethasone 200mcg 2 puffs advised on use. C/R 1/12	BD MAgeddi
26/1/05		DNA	
27/1/05		Methadone px given for 90ml - 1260ml. 27/1/05 - 9/2/05. No illicit	
9/2/05	(T)	14:45: Violently sick for 1 week. No addn pain unless he presses tum. Kept methadone down. Has a dull headache (1 week). See tomorrow	
10/2/05	G	Has 3/7 of prescription — Not dispensed weekly → not taking	

* This column has been provided for doctors to enter A, V or C at their discretion

clo with pharm - 4/7
remaining — 1 1/2/52

one month

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): MCGUIGAN

Forenames (Block Letters): EDWARD

Address

Date of Birth: 8-2-70

Date	*	Clinical Notes	Diagnosis
8/1/04		Rang on holiday - ticket seen Rx Methadone 90ml - ~~560ml~~ 560ml Disp 450ml today (to run 9/1 → 13/1), 90ml required on 14/1/04 - returns no total 560ml Rx diazepam 5mg 28 (26) 9/1 → 14/1	
15/1/04		Methadone Rx given for 90ml - 1260ml - 15/1/04 - ~~25/1/04~~ DDS. inclusive	
29/1/04		Methadone Rx given for 90ml - 1260ml - 29/1/04 - 11/2/04 inclusive dds	
5/2/04	NP	Commun Cardiogram 20mg (per Dr Moore) Blood Urinalysis Weekly dispn	
12/2/04		Methadone Rx given for 90ml - 1260ml 12/2/04 - 25/2/04 inclusive	
26/2/04		90ml Rx given (1260) Citapram 20mg (14) Diazepam 5mg (56). Wants to reduce by 5ml from next Rx. ~~FH~~	g.o.h.
		Meth ↓ 5mls to 85mls on 11/3/04	
11/3/04		Methadone Rx given for 90ml - 1260ml 11/3/04 24/3/04.	
25/3/04		Methadone Rx given for 90ml - 1260ml - 25/3/04 - 7/4/04 inclusive	
5/4/04 9/4/04		Methadone Rx given for 90ml - 1260ml 8/4/04 - 21/4/04 Was referred because of diverged agent (C). Ok.	
22/4/04 12		Methadone Rx given for 90ml 1260ml - 22/4/04 - 8/5/04	

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Date	*	Clinical Notes	Diagnosis
6/8/04		Methadone Rx given for 90ml - 1260ml, 6/8/04 - 19/8/04 inclusive	
20/8/04		Methadone Rx given for 90ml - 1260ml 20/8/04 - 5/9/04.	
2/6/04		(R) sided back pain, productive cough ± green sputum. O/E (R) basal crepes, no wheeze. Rx amox. 250 tds (15). Also small lipoma (R) side of back. Will monitor + r/v prn.	Sputum
3.6.04		Methadone px given for 90ml - 1260ml. 3/6/04 - 16/6/04 inclusive	
17/6/04		Methadone px given for 90ml - 1260ml. 17/6/04 - 30/6/04.	
22/6/04		Back pains - (R) post / lower chest O/E Pulse 68 BP 100/60 T35 (L) (R) Chest - clear Tender on chest wall (L) (R) - lipoma ? Muscular - has recently started exercise bicycle Rx Transvasin Reassured	
25/6/04			
1/7/04		Methadone px given 90ml - 1260ml. 1/7/04 - 14/7/04 Plus other information	
15/7/04		Methadone 90ml 1260 15/7/04 ... 28/7/04 been taking painkiller for headache c PN + Psychiatrist appt next week. handed in urine specimen	
29/7/04		Methadone px given. for 90ml - 1260ml. 29/7/04 - 11/8/04 plus other medication	
12/8/04		Methadone px given for 90ml - 1260ml 12/8/04 - 28/8/04.	

* This column has been provided for doctors to enter A, V or C at their discretion

National Health Service Number

NURSES AND HEALTH VISITORS RECORDS

Surname (Block Letters): McGUIGAN

Forenames (Block Letters): EDWARD

Address

Date of Birth: 8/2/71.

Date	
7/8/03	Methadone px given for · 90ml - 630 ml - (630 ml) inclusive.
14/8/03	Methadone px given for 90ml - 630 ml 7/8/03 7 days
21/8/03	Methadone px given for 90ml - 630ml = 21/8/03 - 27/8/03 inclusive
28/8/03	Methadone Rx given for 90 ml - 630ml - 28/8/03-3/9/03 inclusive - dets.
4/9/03	going to Manchester today for tx.
	mer 90 ml x 630 ml
	Diazepam 5mg x28
	Temazepam Mertazapine 7mg x105 — will try to stop
11/9/03	Methadone Rx given for · 90ml - 630 ml - 11/9/03 - 17/9/03 inclusive
18/9/03	Was going to Manchester this weekend, but not now, seeing a flat tomorrow so cancelled trip.
18/9/03	Methadone px given for - 90ml - 630ml. 18/9/03 - 24/9/03 inclusive
28/9/03	Methadone px given for 90ml - 1260 ml 25/9/03 - 8.10/03 inclusive

FORM GP111M 355—2101

Date	
9/10/03	Methadone px given 90ml - 1260ml - 9/10/03 - 22/10/03 inclusive
28/10/03	Methadone Rx given 90ml - 1260ml 28/10/03 - 8/11/03 inclusive
27/10/03	[illegible]
	[illegible]
	[illegible]
	[illegible]
6-11-03	Methadone Rx given for 90ml - 1260ml
	6/11/03 - 19/11/03. inclusive
12/11/03	Court tomorrow - shown a card
	Script for methadone 90ml (80ml) today - for tomorrow
	diazepam 5mg 20ml (6) today - " "
20/11/03	Methadone Rx given for 90ml - 1260ml - 20/11/03 - 3/12/03 inclusive
20/11/03.	Wanting script for methadone for 4 days as going down to Manchester -
	Chemist has been phoned. 90 mls daily → 360mls to be given in bottle. 22nd 23rd 24th 25th November
	16 tablets of diazepam also to be taken away
	Have seen tickets to Manchester.
	Guy's Waterloo
4/12/03	Methadone Rx given for 90ml - 1260 ml.
	4/12/03 - 17/12/03 inclusive
18/12/03	Methadone Rx given 90ml - 1260 [illegible] 18/12/03 - 31/12/03
	1/1/04 - 14/1/04

Printed by The Stationery Office B5821 2/99 (70785)

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
McGUIGAN	EDWARD

Address	Date of Birth
	8/2/70.

Date	*	Clinical Notes	Diagnosis
10/4/03		Methadone Rx given for 80ml / 560ml	inclusive.
		10/4/03 - 16/4/03 - Plus. diazepam 4 x [illegible]	
17/4/03		Methadone Rx given for 90ml - 630	17/4/03 - 23/4/03 inclusive
24/4/03		Methadone Rx given for 90ml - 630ml -	24/4/03 - 30/4/03
		inclusive	
25/4		DNA	
1.5.03		Methadone Rx given for 90ml - 630ml -	1/5/03 - 7/5/03
		inclusive c Diaz 20mg daily	
8/5/03		Methadone Rx given for 90ml - 630 x Diaz	20mg daily -
		supervised 8/5/03 - 14/5/03	
15/5/03		meth (super) 90ml [illegible]	
		[illegible] 5mg QID (daily)	
		26/5 [illegible] on [illegible] — [illegible] [illegible]	
		[illegible] brought [illegible]	
		feeling better [illegible], sleeping better [illegible]	
		[illegible] [illegible] [illegible] (on	
		[illegible] in maintenance, [illegible] for [illegible]	
22/5/03		Methadone Rx given for 90ml - 630ml	inclusive.
		22/5/03 - 28/5/03	
29/5/03		Methadone Rx given for 90ml - 630ml	inclusive
		29/5/03 - 4/6/03 - Plus other medication	
3/6/03		Abdo pain in a.m	108/70.
		Relieved by milk	
		Settles after 1 hr. Chin-nad	Smoked 15/day
		Venous access poor	
		Assume poss helicobacter	Advised to
		Rx Helicl[illegible]	stop.

* This column has been provided for doctors to enter A, V or C at their discretion

+ Avian[illegible]

Twinrix ADULT
Lot: HAB253A6

FORM GP111F

PRINTED FOR ASTRON, B24563 2002 (03791)

355 2095

Date	*	Clinical Notes	Diagnosis
12/6/03		Methadone px given for · 90ml - 630ml, plus diaz 12/6/03 - 18/6/03 inclusive	
19/6/03		Methadone Rx given for 90ml-630 19/6/03 - 25/6/03 inclusive,	
26/6/03		Methadone px given for · 90ml - 630ml plus diaz · 26/6/03 - 2/7/03 inclusive.	
2/7/03	1.	Requesting Nicorette Microtabs, ✓	
	2	~~Referral for Hiddog~~ c/o drug & use - not to have DNA'd x 2. Unlikely that they can do anything. Held off further referral - Eddie agreeable	
	3	Distinctly hypo today, Phil says mood better Seeing psych tomorrow,	
	4	Wound abscess hole ⓒ gm - 0/E: Clear. No discharge Reassured. Should be OK as long as he leaves it alone.	
3/7/03		Methadone Rx given 90 ml supervised	
10/7/03		Methadone Rx given 90ml sup 10/7/03 16/7/03 inclusive	
10/7/03		'Athletes' foot - not responding to clotrimazole Rx terbinafine.	
		Rx. nicorette microtabs 1mg - omeprazole 20mg (56)	
		Bloods seen fine.	
17/7/03		Going to Manchester in ~2/52 - will bring tablets Going tonight to Manchester back next week. Phone a ticket to me.'	
		Re-Methadone 90ml supervised today then take away for next 6 days	
		- diazepam 5mg BDS (28)	
24/7/03		Methadone Rx given for · 90ml - 630 - 24/7/03 - 30/7/03 - other medication given.	
25/7/03	AS	Nicorette S/L. 1mg 1mg	
31/7/03		Methadone Rx given for · 90ml. - 630ml inclusive 31/7/03 - 6.8.03 inclusive.	

* This column has been provided for doctors to enter A, V or C at their discretion

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
M[illegible]	G[illegible]

Address

Date of Birth: 8/2/70

Date	*	Clinical Notes	Diagnosis
9/2/02		Rx given for methadone and other medication 9/2/02 – 9/1/03 Disp P/H.	
9/1/03		Rx given for : 560 – 80ml daily plus other medication given. 9/1/03 – 15/1/03.	
9/1/03		No previous note of Hep A or B vaccination No contra-indications well today 1st Twinrix given Lot HAB241C6 Exp 10/04.	
16/1/03		Rx given for Methadone plus other medication 16/1/03 – 22/1/03 inclusive	
23/1/03		Rx given for methadone 80ml plus other medication. 23/1/03 – 29/1/03 inclusive.	
30/1/03		Methadone Rx given for 30/1/03 – 5/2/03 inclusive plus other medication	
6/2/03		Methadone 80ml x 560ml 6/2/03 – 12/2/03. Diazepam 5mg x 28 Olanzapine 10mg x 14.	
13/2/03		Methadone Rx 80ml x 560ml plus other medication 13/2/03 – 19/2/03 inclusive	
20/2/03		Methadone Rx given for 80ml – 560 20/2/03 – 26/2/03 inclusive	
27/2/03		Methadone Rx given for 80ml – 560ml 27/2/03 – 5/3/03 inclusive other medication given.	
27/4/03		DNA – Dr [illegible] given appt to consultant cancelled – [illegible]	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

PRINTED FOR ASTRON, 11/01 B22826 (13161)

Date	*	Clinical Notes	Diagnosis
6/3/03		Methadone Rx given for 80ml 6/3/03 – 12/3/03 inclusive	
13/3/03		Methadone Rx given for 80ml 13/3/03 – 19/3/03 inclusive	
19/3/03		T=36.6°C resp infection, conf pp. BP 88/mm chest – good AE anaemia ↓ Hb → Clonazepam 500mg XT Sublingual MST. new on new antipsychotic no cocaine use recently noted changes – ONT medical follow up rash / runny report glucose note – taken off benzos in hospital but re was re-started at next time, benzos restarted on DX plan – 1 review.	
20/3/03		Methadone Rx given for 80ml x 560 ml 20/3/03–26/3/03 inclusive daily dose.	
27/3/03		Methadone px given for 80ml for one WK- inclusive	
27/3/03		dose	
2/4/03		Methadone Rx given for 80ml – 560ml	inclusive
		now on Risperidone consta. Told by CPN to stop clonazepam after 2 weeks. ? phased benzodiazepine withdrawal to confirm – Robert Stafford off c note via clozapine but Eddie is sure that is intended.	
7/4/03		DNA	

* This column has been provided for doctors to enter A, V or C at their discretion

MB should have urinary glucose

McGuigan, Edward Sandyford Surgery

DoB: 08/02/1970 **Report Valid On 08/03/06 08:55** Page number 1

Registration

Mr Edward McGuigan
F7-7 421 Blythswood Court
GLASGOW
G2 7PA
Telephone:
Contact: ? ContactRelship: ?
Email: ?
CHI Number: 0802706150
Registered GP: Dr AA Lawson
Registered: 18/11/2002

Service Code: Permanent
DoB: 08/02/1970
Age: 36
Records Received: 05/03/2003

BMI: 0.0 Height: 0 m Weight: 0 kg BP: 100/60

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Review
Zuclopenthixol Acetate Amp 2ml INJ 50MG/ML	5 to be injected by CPN	03/03/2006	03/03/2006	30	26
Orphenadrine Hydrochloride TABS 50MG	56 1 Tab Twice daily	03/03/2006	03/03/2006	28	26
Salmeterol 120 Dose INHAL 25MCG/DOSE	1 2 Puffs Twice daily	20/10/2005	10/02/2006	30	26
METHADONE sugar free 1mg/1ml MIXTURE	1260 onethoustwohundsixty 90mls ninety dispdai	10/08/2005	fr06/03/2006	30	26
Omeprazole CAPS 20MG	28 1 Cap nocte disp weekly	30/06/2005	06/03/2006	28	26
Omeprazole CAPS 20MG	28 1 Cap At night	03/05/2005	27/06/2005	28	26
Beclometasone (Beclomethasone Dipropionate) 200 Dose INHAL 200MCG/DOSE	1 2 Puffs Twice daily	13/01/2005	10/02/2006	7	52
Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE	2 1-2puffs 4 times dailyif reqd	27/12/2002	10/02/2006	7	52
Diazepam TABS 5MG	56 daily dispense 1 Tab 4 times daily	16/08/2002	17/02/2006	7	52

Clinical / User Marker

22/06/2004 High Smoking cessation advice
26/02/2004 High Current smoker
03/06/2003 High Health ed. - smoking
16/12/2002 High Pleural effusion NOS with pneumonia
02/12/2002 High Pleural effusion NOS with pneumonia
16/10/2002 High [V]Drug use Cocaine
06/02/2002 High Schizo-affective schizophrenia
01/01/2000 High Drug addictn therap-methadone
08/05/1996 High GP/HPC-health promotion clinic
08/05/1996 High Stopped smoking

05/03/2003	Medium	Patient MRE received from HB
23/01/2003	Medium	Pat. GP7B/GP8B card from HB
04/12/2002	Medium	Other pleural effusion excluding mention of tuberculosis para-pneunomic effusion (right)
19/11/2002	Medium	Pat. GP7B/GP8B card from HB
18/11/2002	Medium	Patient reg. form sent to HB
18/11/2002	Medium	Patient reg. form sent to HB
11/11/2002	Medium	GP22-practice changed-moved
08/06/1996	Medium	New reg check done + claimable

Screening

16/12/2004	**Cessastion smoking$$**	Smoking cessation advice	
Repeat after an Interval - 15 Months		Do not send recall letter	Do not send result letter
22/06/2004	**Smoker$$**	Smoking cessation advice	
No Action Required		Do not send recall letter	Do not send result letter
22/06/2004	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 60 Months		Do not send recall letter	Do not send result letter
03/06/2003	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 12 Months		Do not send recall letter	Do not send result letter
03/06/2003	**Smoker$$**	Moderate smoker - 10-19 cigs/d	
Repeat after an Interval - 12 Months		Do not send recall letter	Do not send result letter
20/11/2001	**Smoker$$**	Moderate smoker - 10-19 cigs/d	
Repeat after an Interval - 12 Months		Do not send recall letter	Do not send result letter
08/05/1996	**Alcohol Intake**	Teetotaller	
No Action Required		Send recall when due	Do not send result letter
08/05/1996	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 60 Months		Send recall when due	Do not send result letter
08/05/1996	**Height$$**	O/E - height	
Repeat after an Interval - 60 Months		Send recall when due	Do not send result letter
08/05/1996	**Smoker$$**	Moderate smoker - 10-19 cigs/d	
Repeat after an Interval - 12 Months		Send recall when due	Do not send result letter
08/05/1996	**Weight$$**	O/E - weight	
Repeat after an Interval - 60 Months		Send recall when due	Do not send result letter

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type

McGuigan, Edward Sandyford Surgery

DoB: 08/02/1970 **Report Valid On 08/03/06 08:55** Page number 3

Ref. Appt.	Reason For Referral	Referred By	Attendance Type	
28/11/2001 High	Gartnavel Gen Dr CM Crawford	Ophthalmology	Investigate 1st Visit	Out Patient
07/03/2002 High	Gartnavel Gen Dr CM Crawford	Ophthalmology	Treat 1st Visit	In Patient
16/05/2002 High	William St Dr CM Crawford	Dieticians	Treat 1st Visit	Out Patient
13/04/2004 Low	Gartnavel Gen Dr DR MacNeill	Ophthalmology	Investigate 1st Visit	Out Patient

Glasgow

Integrated Community Addictlon Teams

Consent to Share Information

NHS Greater Glasgow

Community Addiction Teams (CATs) are joint shared care services involving NHS staff and Social Work Services staff. To provide social care and health services. In response to your needs, we require your consent to obtain and share information about you. This information will be used to assist us in providing the best quality services to you that we can.

Information supplied by you will be made available to only those people who require access for the purpose of your care. In addition we may need to use some of this information for other reasons, e.g. administration of services, audit, research, protecting and improving public health, investigation of complaints and legal claims. Where possible, it will not be used in a manner which can identify you without your permission, unless required by law. In using this information we will, as far as possible, respect your confidentiality. We will also uphold your legal rights under the Data Protection Act. You have a right to access any information we hold about you should you wish to exercise your right to access your records.

For medical records please speak to or write to the person managing your health care in your Community Addiction Team (insert Community Addiction Team contact)

To access your social care record or file speak to the person care managing your social care or alternatively contact the Area Service Manager in writing.

You may chose **not to consent** to the sharing of information or to withdraw consent at any time and **this is your right.** If you choose not to give consent to the sharing of information this **will not effect** your medical treatment but please be aware that **it may result** in difficulties and delays in providing the full range of services to you.

If you agree/do not agree to consent please read and sign this form and either hand it back to the worker who is beginning your assessment or return it, as soon as possible, to your local Community Addiction Team Office.

I **do give/do not give/withdraw** my consent for employees of Social Work Services and Health Services (Community Addiction Team) to share information about me within the course of their duties, when necessary, to provide a service for me. I understand that the employees will be bound by the Council and Health Boards procedures under the Data Protection Act 1998 and the NHS Code of Confidentiality when sharing information.

Client Name	E Q. L McGuigan			
Worker Name	Marion Donnelly	Designation	Social Care Worker	
Client Signature	**I do give consent**	E L McGuigan	Date	7.10.04
Client Signature	**I do not give consent**		Date	
Worker Signature			Date	7.10.04

Queen Mary

Primary Care Division

NHS
Greater Glasgow

Arran Centre
121 Orr Street
Bridgeton
Glasgow
G40 2BJ

Tel: 0141 232 1200
Fax: 0141 232 1212

Dr Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Date: 7 April 2006
Your Ref:
Our Ref: SD/JK/T1504307

CHI No: 080 270 6150

Dear Dr Crawford

EDWARD MCGUIGAN – D.O.B. 08/02/1970
FLAT 77, 421 RI YTHSWOOD COURT, GLASGOW G2 7PA

This man attended the Arran Centre on 6 April 2006 for a review.

His mental health has considerably improved. He is feeling more relaxed and less paranoid. He says his mood still swings from time to time but he now denies any thoughts of self-harm. He occasionally hears his name being called but he no longer feels compelled to confront people or to act on this and feels able to cope with it.

Unfortunately he has developed severe akathisia on Clopixol low dose. He finds this very distressing. He is very keen to continue with a depot injection and would like to try an alternative depot. I discussed that these side effects were more common with the injections, however, he would rather try another injection than return to oral medicine to which he has many side effects.

Treatment Plan:

1. I have stopped his depot Clopixol.
2. He will be given a test dose of Modecate 12.5 mg IM on 18 April 2006, and I will review him again in the outpatient clinic on 20 April 2006.
3. He will continue to be monitored by his CPN.

26 APR 2006

CC	RM	AL	DONE BY
NORMAL/NEGATIVE		RESULT TO BE LOGGED	
POSITIVE/SHOWS INF		CONTACT PATIENT	
MAKE APP. DR/NURSE		CLINICAL UPDATE	
SCRIPT		FILE	
NOTES			

Thank you.

Yours sincerely

DR SARA DALTON
STAFF GRADE PSYCHIATRIST

Copy Jim Parker CPN Arran Centre

POSITIVE ABOUT DISABLED PEOPLE

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2BJ

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1229

NHS Greater Glasgow

Date: 16 March 2006
Our Ref: SD/AGG/T/1504307
Your Ref:

Dr Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

EDWARD McGUIGAN – DOB 08.02.1970
FLAT 7/7, 421 BLYTHSWOOD COURT, GLASGOW G2 7PA

This man failed to attend his appointment in our new Health Check Screening Clinic at the Arran Centre on 14th March 2006. I note that he also failed an appointment for this clinic on 31st January 2006 and I have not planned to offer him any further appointments at this time in the Health Check Clinic.

He also failed to attend his recent outpatient appointment. As you know he has become non-compliant with his oral Quetiapine medication and he received a test dose of Depot Clopixol 100 mgs i.m. stat on 3rd March 2006. His CPN reports that he has had no adverse reaction and I plan to increase the Clopixol to 200 mgs i.m. 4 weekly, which will be administered by CPN.

Thank you,

Yours sincerely

DR SARA DALTON
STAFF GRADE PSYCHIATRIST

22 MAR 2006

CC RM AL DONC

NORMAL/NEGATIVE	RESULT TO BE LOGGED
POSITIVE/SHOWS INF	CONTACT PATIENT
MAKE APP. DR/NURSE	CLINICAL UPDATE
SCRIPT	FILE
NOTES	

POSITIVE ABOUT DISABLED PEOPLE

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2BJ

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1229

NHS Greater Glasgow

Date: 13 March 2006
Our Ref: SD/AGG/T/1504307
Your Ref:

Dr Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

EDWARD McGUIGAN – DOB 08.02.1970
FLAT 7/7, 421 BLYTHSWOOD COURT, GLASGOW G2 7PA

This man failed to attend his outpatient appointment at the Arran Centre on 9th March 2006.

He will be reviewed by his CPN Jim Parker and I am due to see him in our Health Check Clinic next week.

Thank you,

Yours sincerely

DR SARA DALTON
STAFF GRADE PSYCHIATRIST

Copy Jim Parker CPN Arran Centre

16 MAR 2006

CC	TM	AL	DONE BY
NORMAL/NEGATIVE	RESULT TO BE LOGGED		
POSITIVE/SHOWS INF	CONTACT PATIENT		
MAKE APP. DR/NURSE	CLINICAL UPDATE		
SCRIPT	FILE		
NOTES			

POSITIVE ABOUT DISABLED PEOPLE

D370787

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2BJ

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1229

NHS Greater Glasgow

Date: 7 March 2006
Our Ref: SD/AGG/T/1504307
Your Ref:

Dr Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

13 MAR 2006

CC RM AL BY
NORMAL/NEGATIVE — RESULT TO BE LOGGED
POSITIVE/SHOWS INT — CONTACT PATIENT
MAKE APP. DR/NURSE — CLINICAL UPDATE
SCRIPT
NOTES — FILE

Dear Dr Crawford

EDWARD McGUIGAN – DOB 08.02.1970
FLAT 7/7, 421 BLYTHSWOOD COURT, GLASGOW G2 7PA

I reviewed this man at the Arran Centre on 3rd March 2006 following his CPNs request.

He had been non-compliant with his oral Quetiapine antipsychotic medication for at least several weeks now. He has simultaneously been abusing Cocaine intravenously.

Not surprisingly there has been a relapse in his mental health. He complains of feeling agitated and believing that he can hear his name called when he is in the street. He wanders if people want to harm him, and has on several occasions confronted people who he thought were calling his name. He admits that he has got into several fights with people. It is not clear to what extent this is drug related or whether it is his mental health but clearly things have deteriorated. He says that he thinks people are coming to his door although can see no-one on the video camera. He says that he has recorded his video camera door entry system when he is out, worrying that people are coming in to his flat. He describes generally feeling uncomfortable and paranoid when outside.

He describes that his mood has been "up and down like a yoyo". He has had thoughts of throwing himself off his veranda in his high rise building but is able to resist this. He denied any suicidal intent currently and feels that this is getting easier to resist. His sleep is disturbed and he is sleeping during the day and up at night. His appetite is poor.

Mr McGuigan was reluctant to re-commence his Quetiapine medication as he feels that this made him sedated. I note from his past records that he has tried numerous different antipsychotics including Aripiprazole which made him vomit, Olanzapine which caused excessive weight gain, Risperdal Consta Depot injection which caused over sedation and Depot Depixol which resulted in extra pyramidal side effects and gynaecomastia. I discussed with Mr McGuigan today at length the various options open to him and after discussion he felt that he would like to re-try Depot injection as he finds compliance with oral medication difficult.

Mr McGuigan feels that when he is feeling a bit better he would be interested to engage in day-time activities more and I have already made a referral to Occupational Therapy at the Arran Centre for further assessment.

TREATMENT PLAN:

1 He was given a test dose of Clopixol 100 mgs i.m. today. He had no side-effects over the first hour following this. I gave him advise regarding the risk of dystonic reaction and advised him that should there be any acute dystonic reaction occur he should attend A&E.
2 I faxed a prescription for Orphenadrine Hydrochloride 50 mgs bd to your surgery and would be grateful if you could provide this.

POSITIVE ABOUT DISABLED PEOPLE

3 He will be reviewed in the outpatient clinic on 9th March 2006.
4 His CPN will review him weekly at the moment.

Thank you,

Yours sincerely

DR SARA DALTON
STAFF GRADE PSYCHIATRIST

Copy Jim Parker CPN Arran Centre

FAX

Date:	3/3/06
Number of pages including cover sheet:	2

NHS Greater Glasgow

To:	DR CRAWFORD.
Phone:	0141 248 3698.
Fax:	0141 221 5144.

From: DR DAZZO
Designation Staff Grade.

Arran Centre
121 Orr Street
Bridgeton
GLASGOW, G40 2QP

Phone: 0141 232 1200

Fax: 0141 232 1212

CC:

Urgent		For your review	✓	Reply ASAP		Please comment	

For a prescription please.
Thankyou

248 3698. Fax 221 5144.

Primary Care Division

Sandyford Surgery.

Arran Centre
121 Orr Street
GLASGOW
G40 2BJ

NHS
Greater Glasgow

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1229

Date:
Our Ref:
Your Ref:

Dear Dr CRAWFORD.

RE: EDWARD Mc GUIGAN 8/2/70.

I saw the above named patient at the Arran Centre on:- 3/3/06.

I would be grateful if you could prescribe the following medication:-

ORPITENADRINE HYDROCHLORIDE.
50 mg bd initially
Recommenced on Depot Clopixol 100mg IM
last dose today

A more detailed letter will follow.

Please stop prescription for Quetiapine 300mg nocte. due to non compliance.

Thank you.

Yours sincerely

DR SARA DALTON
STAFF GRADE PSYCHIATRIST

File

D370787

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2BJ

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1229

NHS Greater Glasgow

Date: 24 February 2006
Our Ref: SD/AGG/T/1082670
Your Ref:

Dr Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

EDWARD McGUIGAN – DOB 08.02.1970
FLAT 77, 421 BLYTHSWOOD COURT, GLASGOW G2 7PA

This man failed to attend his outpatient appointment at the Arran Centre on 22nd February 2006. He had requested this as he told his CPN that he had stopped his medication.

I have re-appointed him for 3rd March 2006 at 9.30 a.m.

Thank you,

Yours sincerely

DR SARA DALTON
STAFF GRADE PSYCHIATRIST

Copy Jim Parker CPN Arran Centre

03 MAR 2006

CC	RM	AL	DONE BY
NORMAL/NEGATIVE	RESULT TO BE LOGGED		
POSITIVE/SHOWS INF	CONTACT PATIENT		
MAKE APP. DR/NURSE	CLINICAL UPDATE		
SCRIPT			
NOTES	FILE		

AMGR.

North Glasgow University Hospitals
Division
Tennent Institute of Ophthalmology
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow

Secretary: 0141 211 2936
Reception: 0141 211 1030
Fax: 0141 211 2054

Our Ref: CW/FG/50684505

Typed: 9th February 2006

DR WEIR - CONSULTANT OPHTHALMOLOGIST – 1st February 2006

Dr MacNeill
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8UU.

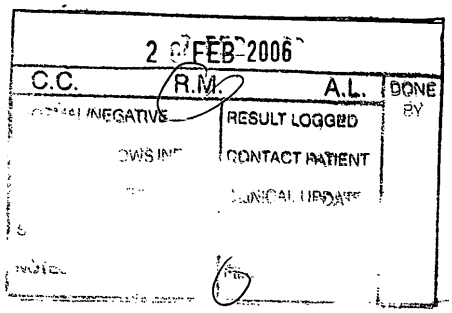
Dear Dr MacNeill

Edward McGuigan (08.02.70) 421 Blythswood Court. Flat 7/2. Glasgow. G2.

Mr McGuigan has failed to attend our clinic on two successive occasions. He did undergo squint surgery for his left divergent squint in November of last year and the immediate postoperative result was satisfactory. No further follow up has been arranged but if he does wish to be seen we would be pleased to see him.

Yours sincerely

C Weir
Consultant Ophthalmologist



Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2BJ

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1229

NHS Greater Glasgow

Date: 2 February 2006
Our Ref: SD/AGG/T/1504307
Your Ref:

HEALTH CHECK SCREENING CLINIC

Dr Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

EDWARD McGUIGAN – DOB 08.02.1970
FLAT 77, 421 BLYTHSWOOD COURT, GLASGOW G2 7PA

This man failed to attend his medical appointment at our new Health Check Screening Clinic at the Arran Centre on 31 January 2006.

He did comply with the initial home visit.

His blood pressure was 110/60 lying and standing.

Medication:

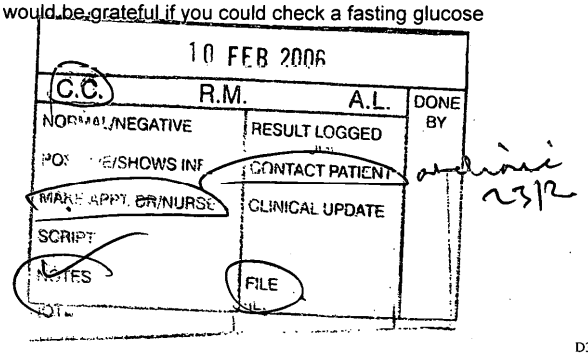
Omeprazole 20 mgs at night
Quetiapine 300 mgs nocte
Diazepam 5 mgs qds
Salbutamol, Beclomethasone and Salmeterol inhalers
Methadone 90 mls daily

He gave a history of smoking 2 ounces of tobacco a week, binging on vodka intermittently around half a bottle and smoking Cannabis daily.

Biochemistry bloods were obtained; however, there was an insufficient sample for haematology. I enclose a copy for your records. These indicated normal U&Es, normal Thyroid Function and essentially normal Cholesterol, although a low HDL Cholesterol.

His Liver Function is abnormal with elevated AST and ALT.

I note an elevated random Glucose and I would be grateful if you could check a fasting glucose to exclude diabetes.



Thank you,

Yours sincerely

DR SARA DALTON
STAFF GRADE PSYCHIATRIST

Copy Jim Parker CPN Arran Centre

Primary Care Division

The Arran Centre
121 Orr Street
Bridgeton
Glasgow
G40 2BJ
Tel: 0141-232-1200
Fax: 0141-232-1212

NHS
Greater Glasgow

Dr Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 0ND

Date 1 November 2005
Your Ref:
Our Ref: SD/JK

Dear Dr Crawford

EDWARD MCGUIGAN – D.O.B. 08/02/1970
FLAT 77, 421 BLYTHSWOOD COURT, GLASGOW G2 7PA

I reviewed this man on a domicillary visit along with CPN, Jim Parker, on 27 October 2005.

Mr McGuigan reports feeling reasonably well at the moment. His mood was euthymic and he is sleeping and eating well. He is going out regularly and spending a lot of time with his cousin in the south of Glasgow. His cousin has dogs and ponies and young children and he enjoys spending time with them.

At home Mr McGuigan continues to wonder if people come into his flat and move things around. This appears to be an over valued idea rather than delusional in intensity. He still keeps his blinds closed in his flat feeling uncomfortable in case people are able to see him at home.

Mr McGuigan denies cocaine or heroin use on top of his current Methadone script for 90 mg daily. He admits to ongoing cannabis use but says he is trying to reduce this. He remains on prescribed Benzodiazepines 5 mg qds.

I discussed with Mr McGuigan that we could try a small dose increase in his antipsychotic medication but he declined this as he felt he was already "hung over" in the morning as a side effect of his medication. He currently feels able to cope with the side effects but does not wish a dose increase. He admits that trying to reduce his cannabis is likely to reduce his paranoia.

Treatment Plan:

1. Continue Quetiapine 300 mg nocte in addition to his other regular medication which is Diazepam 5 mg qds and Serevent, Salbutamol and Beclomethasone inhalers.
2. He will be followed up by his CPN, Jim Parker, and I will review him at the request of his CPN.

Thank you.

Yours sincerely

DR SARA DALTON
STAFF GRADE PSYCHIATRIST

Copy Jim Parker CPN Arran Centre

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2BJ

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1229

NHS Greater Glasgow

Date: 26th September 2005
Our Ref: SD/AGG/T/1504307
Your Ref:

Dr Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

EDWARD McGUIGAN – DOB 08.02.1970
FLAT 77, 421 BLYTHSWOOD COURT GLASGOW G2 7PA

This man failed to attend his outpatient appointment at the Arran Centre on 23rd September 2005.

I will liaise with his CPN and try to re-arrange this.

Thank you,

Yours sincerely

DR SARA DALTON
STAFF GRADE PSYCHIATRIST

Copy Jim Parker Staff Nurse Arran Centre

3 OCT 2005

C.C.	R.M.	A.L.	DONE
NORMAL/NEGATIVE		RESULT LOGGED	
POSITIVE/SHOWS INF		CONTACT PATIENT	
MAKE APPT. DR/NURSE		CLINICAL UPDATE	
SCRIPT			
NOTES		FILE	

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2BJ

NHS
Greater Glasgow

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1229

Date: 17th June 2005
Our Ref: SD/AGG/T1504307
Your Ref:

Dr Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

EDWARD McGUIGAN – DOB 08.02.70
11 INVERLOCHY STREET GLASGOW G33 5DA

I reviewed this gentleman at the Arran Centre at the request of his CPN on 15th June 2005.

Mr McGuigan tells me that he has been completely non-compliant with prescribed medication. His previous prescription was Quetiapine 200 mgs bd, however he only takes about 1 dose in 6. Not surprisingly he continues to feel unwell at times. He says that he felt paranoid when outside and wonders if he hears people shouting his name when at home. He describes feeling very anxious in company. He said that he wondered if his ex-girlfriend had been in his house and had cut keys and moved things around. It is difficult to know whether this is a recurrence of his psychotic symptoms or in fact true.

Edward denies any ongoing Heroin use but continues on his Methadone. This has gradually being reduced recently and he says that he feels a bit more anxious. He admits that he uses extra Valium on top of his prescription.

The main problem is Edward's reluctance to comply with medication. He complains of over sedation. I discussed with him today and advised that he would be better to take his medication at night.

TREATMENT PLAN

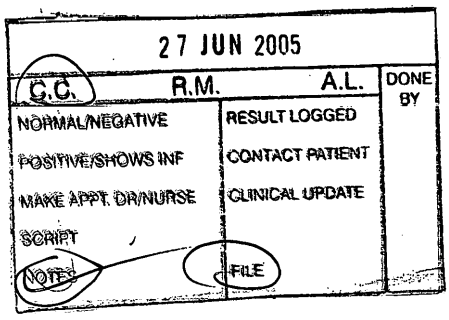
1 Due to the fact that he has been so poorly compliant on the previous dose I have advised him to re-start Quetiapine 300 mgs nocte.
2 CPN follow up.
3 Further outpatient review in 3 months time, next appointment 15th September 2005 at 3 p.m.
4 I think it would be wise to prescribe this gentleman's medication in a dosette box to assist with his compliance.

Thank you,

Yours sincerely

DR SARA DALTON
STAFF GRADE PSYCHIATRIST

Copy John Ward CPN Arran Centre
Steph Muir OT Arran Centre



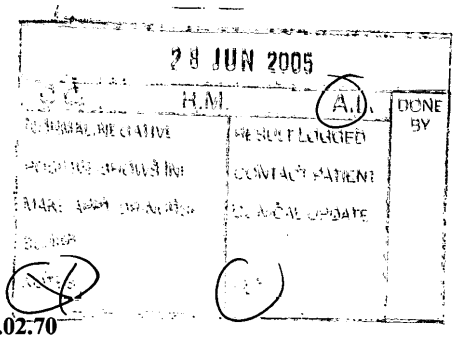
North Glasgow University Hospitals
Division
TENNENT INSTITUTE OF OPHTHALMOLOGY,
GARTNAVEL GENERAL HOSPITAL,
1053 GREAT WESTERN ROAD,
GLASGOW, G12 0YN.
Tel: 0141 211 3000
Fax: 0141 211 2054

NHS Greater Glasgow

Our ref: FL/CMcK/50684505
Secretary: Fiona Graham – (0141) 211 2936

Dr. Weir's Ophthalmology Clinic

Dictated: 23rd June, 2005
Typed: 23rd June, 2005



Dr. R. MacNeill,
Sandyford Surgery,
1119 Argyle Street,
Glasgow, G3 8ND.

Dear Dr. MacNeill,

Re: Edward MCGUIGAN D.O.B. 08.02.70
421 Blythswood Court, Flat 7/7, Glasgow, G2 7PA

Diagnosis: Abnormal LFTs
Left adjustable squint surgery postponed

Mr. McGuigan attended the Eye Day Ward on 23rd June, 2005 for his left adjustable squint surgery under general anaesthetic. Unfortunately despite our advice he had something to drink despite attending the ward and we were therefore unable to proceed with general anaesthesia safety. As a result of we will have to postpone his operation to a later date.

Of note was a mild transaminitis noted on his LFTs and an elevated ASG of 127 and an ALT of 170. Mr. McGuigan is an ex-IVD user who does admit having sharing needles in the past. He is currently asymptomatic with normal coags and a glucose of 6.9. He is keen on further investigations and we were wondering if you could arrange for him to have this done. Our anaesthetist is aware of the transaminitis and this will not preclude him any surgery. It would be beneficial for his long-term health point of view to probably have this investigated which he is keen on doing.

Yours sincerely,

F. Lam
SHO in Ophthalmology

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2QP

NHS
Greater Glasgow

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1228

Date:
Our Ref:
Your Ref:

T/1504307/1
McGuigan Edward
11 Inverlochy Street,
GLASGOW,
Lanarkshire
G33 5DA
08/02/1970 Male

Dear Dr GRAWFORD

RE: Sandyford Surgery

I saw the above named patient at the Arran Centre on:- 15/6/05.

I would be grateful if you could prescribe the following medication:-

QUETIAPINE 300mg nocte for 1 week
then 450mg nocte thereafter
(Script changed to once daily dose due to non compliance with twice daily)

A more detailed letter will follow.

Yours sincerely

* I would recommend weekly Dosette box for all meds to aid compliance *.

DR SARA DALTON
STAFF GRADE PSYCHIATRIST

POSITIVE ABOUT DISABLED PEOPLE

D370787

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2QP

NHS
Greater Glasgow

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1228

for John's ward to see.

Date: 25/4/05
Our Ref:
Your Ref:

notes

Dear Dr

RE: Mr Edward Mc Shiggan. DOB 08-02-70.
Flat 7/1 Blythswood Court. G2 7AA.

I saw the above named patient at the Arran Centre on:-

I would be grateful if you could prescribe the following medication:-

↑ Quietiapine 200 mg BD

→ On 300 mg od already
Do you mean another dose?
Or a lower

PLEASE PRESCRIBE 200mg BD to REPLACE PREVIOUS HIGHER DOSAGE.

A more detailed letter will follow.

Yours sincerely

S Misra

DR SANDHYA MISRA
ASSOCIATE SPECIALIST IN PSYCHIATRY

D3N787

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2QP

NHS
Greater Glasgow

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1228

Date: 25/4/05.
Our Ref:
Your Ref:

FAXED
26 APR 2005

Dear Dr

RE: Mr Edward Mc Spiggan. DOB 08-02-70.
Flat 7/1 Blythswood Court Syz 7PA.

I saw the above named patient at the Arran Centre on:-

I would be grateful if you could prescribe the following medication:-

R Quetiapine 200 mg BD

A more detailed letter will follow.

Yours sincerely

S. Misra

DR SANDHYA MISRA
ASSOCIATE SPECIALIST IN PSYCHIATRY

→ On 300 y od. already
Do you mean another dose?
Or a Lower

POSITIVE ABOUT DISABLED PEOPLE

D370787

[redacted]

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2BJ

Your Ref:
Our Ref: **SD/SMcK/T1504307**

Tel: 0141-232-1228
Fax: 0141-232-1212

If phoning
Ask for: **Dr Dalton**

NHS Greater Glasgow

Date: 1 April 2005

Dr Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

Re: Edward McGuigan – D.O.B 08/02/70
11 Inverlochy Street, Glasgow G33 5DA

I eventually managed to meet up with this man at home on 23rd March 2005 along with his CPN, John Ward.

Mr McGuigan has a diagnosis of Schizophrenia, ICD 10-F20 in addition ICD 10-F19 and behavioural disorders due to multiple drug use including in the past Cocaine, Cannabis, volatile substances, Heroin, Methadone and Benzodiazepines.

Previous medications include Quetiapine which was stopped due to over-sedation but has recently re-commenced, also Apiprazole although this was not tolerated due to vomiting, Olanzapine caused weight gain, extra-pyramidal side-effects and gynacomastia. There were also problems with Depot Depixol, Risperdal Consta caused over-sedation on a dose of 50mg IM two weekly.

Mr McGuigan's mental health had been deteriorating recently according to his CPN due to a relapse into additional Heroin use on top of his Methadone prescription. He now claims to have stopped his additional heroin use and his mental state has improved.

When seen today Mr McGuigan's mental health was stable. He says he feels anxious when outside and occasionally wonders if he hears his name being called or his buzzer sounding but otherwise I could not identify any psychotic symptoms. He described lack of drive in terms of caring for himself and cooking food but his mood was euthymic with no biological symptoms of depression.

Edward complained of lack of activity in the day and expressed an interest in attending a computer course or something to stimulate him. He does have some help from his family and his brother who lives downstairs. He sees his girlfriend Andrea who was due to visit this weekend.

Edward described difficulty budgeting and problems with debt. We have advised him to seek further advice from the Welfare Rights Advisor at the Arran centre and this appointment will be arranged. Edward continues to use Cannabis around £15 minimum but denies concurrent drug use apart from his dependence on prescribed Methadone and Diazepam.

[redacted]

Physically Edward complained of an upset stomach, which I believe is long-standing which I believe he said he had some fresh bleeding PR and I have advised him to seek his GP for further assessment and advice.

Current medication
Methadone 90mg per day
Diazepam 5mg QDS
Quetiapine 300mg BD
Omeprazole 40m mg OD
Salbutamol inhaler PRN
Beclomethazone inhaler 2 puffs BD

Edward initially complained of over-sedation on Quetiapine. On further questioning what he is describing is that he takes the morning dose and if he is active copes well and if he is not active he tends to sleep. This appears to be more due to lack of occupation and inactivity rather than any side effect of the medication as he is not sedated when outside. He says he often fails to take the evening dose as he had been taking the tablets about 8 o'clock and feeling sleepy. I have advised him that it is important to continue with the prescribed dose and he should alter the time of the night-time prescription until he is ready to go to bed.

Treatment plan

1. Advised Edward to continue with his current prescribed medication and reinforced the importance of regular compliance i.e. Quetiapine 300mg BD
2. I will make a referral to Occupational Therapy as I feel this young man would benefit greatly from increased activity
3. He will be followed up by CPN, John Ward
4. His CPN will organise further input from Welfare Rights Advisor
5. He will be reviewed at the Arran Centre Outpatient Clinic in 3 months time. Next appointment June 29th 05 @ 2.00pm.

Yours sincerely

Dr S DALTON
Staff Grade in Psychiatry

copies

John Ward, CPN, Arran Centre

Steph Mulr, Senior II Occupational Therapist

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2BJ

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1229

NHS
Greater Glasgow

Dictated: 8th March 2005
Typed: 14th March 2005
Our Ref: SD/AGG/T/1504307
Your Ref:

Dr Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

EDWARD McGUIGAN – DOB 08.02.1970
11 INVERLOCHY STREET GLASGOW G33 5DA

This man failed to attend his outpatient appointment at the Arran Centre on 8th March 2005.

I will arrange a further outpatient appointment with his CPN, John Ward.

Thank you.

Yours sincerely

DR SARA DALTON
STAFF GRADE PSYCHIATRIST

Copy John Ward CPN ARRAN CENTRE

MAR 2005

C.C.	R.M.	A.L.	DONE BY
NORMAL/NEGATIVE		RESULT LOGGED	
POSITIVE/SHOWS INF		CONTACT PATIENT	
MAKE APPT. DR/NURSE		CLINICAL UPDATE	
SCRIPT			
NOTES		FILE	

Call No: 1340036 CHI No:	Date : 09 Feb 2005	NHS 24 No:
Patients Name: EDWARD MCGUIGAN	D.O.B. Age 08/02/1970 35 Y	Callers Name
Address Today: 421 Blytheswood Ct Anderson Glasgow Post Code:	Home Address if different Post Code:	
Phone Number (0141) 226 5595 - Home	Call Type Advice CPN	
Name of GP: Crawford CM	Time Call Received at NHS 24: 00:00	
Surgery 047 1119 Argyle Street	Time Details Received at GEMS: 23:03	
Practice Number 047	Time Patient Arrived:	
Fax Number 0141 221 5144	Consultation Start time:	
Speed Dial 074W	Consultation End time: 10/02/2005 00:35:24	
Dispatched To COMMUNITY MENTAL HEALTH		

Clinical Information

advice on medication

B[redacted] /	Pulse	Temp: °c	Allergies

Clinicians Notes

(ELIZA assigned at 00:14)
Triage Person assigned to call via Despatch Screen.

T/C from client tonight, concerned about his non compliance with his Olanzepine. Seeking reassurance and advice.

F2 known to Dr Moore at the Arran Centre.
Spoke with client plans to attend GP appt tomorrow am. Advised to discuss re commencement of medication. Also agreed that I would inform own CPN of contact.

Referral:	Seen by Dr:	Rota No:	Nurse:

Primary Care Division
Tennent Institute of Ophthalmology
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS Greater Glasgow

Secretary: 0141 211 2936
Reception: 0141 211 1030
Fax: 0141 211 2054

Our Ref: CW/FG/50684505

Typed: 30th December 2004

DR WEIR'S OPHTHALMOLOGY CLINIC – 17th December 2004

Dr MacNeill
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8UU.

Dear Dr MacNeill

Edward McGuigan (08.02.70) 421 Blythswood Court. Flat 7/7. Glasgow. G2.

Diagnosis: Left secondary divergent squint.
Coats disease left eye.
Botulinum Toxin Injection to left eye December 2004.

Mr McGuigan underwent a Botulinum Toxin Injection to his left lateral rectus muscle two weeks ago. There has been a significant reduction in the size of his divergent squint and his orthoptic assessment suggests that if we were to correct his squint surgically there would only be a small risk of him having diplopia. He is keen to undergo surgery and has been listed to have this done under general anaesthetic using adjustable sutures. He is aware however there is still a small risk of diplopia becoming evident following surgery, which would require further treatment. In view of the poor vision in his left eye I also warned him there is a significant risk that his left eye will re-diverge in the future and that further surgery may be required. As we do require to wait several months for his Botulinum Toxin to wear off his surgery will be arranged for either April or May next year.

Yours sincerely

C Weir
Consultant Ophthalmologist

31 DEC 2004		
C.C.	R.M.	A.L.
NORMAL/NEGATIVE		RESULT LOGGED
POSITIVE/SHOWS INF		CONTACT PATIEN
MAKE APPT. DR/NURS		CLINICAL UPDATE
SCRIPT		
NOTES		FILE

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2QP

NHS
Greater Glasgow

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1229

Date: 28th October 2004
Our Ref: AP/AGG/T/1504307
Your Ref:
Email:Alice.Greer@glacomen.scot.nhs.uk

Dr Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

-3 NOV 2004

C.C.	R.M.	A.L.	DONE
NORMAL/NEGATIVE		RESULT LOGGED	
POSITIVE/SHOWS INF		CONTACT PATIENT	
MAKE APPT. DR/NURSE		CLINICAL UPDATE	
SCRIPT			
NOTES		FILE	

Dear Dr Crawford

EDWARD McGUIGAN - DOB 08.02.1970
11 INVERLOCHY STREET GLASGOW G33 5DA

I visited Mr McGuigan at his residence accompanied by his CPN, Robert Stafford on 24th October 2004. The reason for the visit was Edward had been on the phone to his CPN saying that he had stopped taking his medication and was starting to feel a bit paranoid. On our visit Edward reported that he stopped taking medication within 2 weeks of commencing it, and he had not taken any for the last 2 or 3 weeks. He said that the reason he stopped taking the tablets were that they were making him feel sedated. He admitted that since he stopped his tablets he had become quite anxious and the thoughts that someone was out to get him were getting intense. He denied any problems with the voices and reported that his sleep and appetite were normal. He had quite good insight into his problem and said that he should have given Quetiapine a chance to work, which he hadn't, and had stopped the tablet in haste and was quite happy to re-commence on Quetiapine and give it a good trial.

Since he had not taken any medication for 2 weeks I advised him to start on Quetiapine from a low dose, which is 25 mgs bd. I contacted your surgery requesting the prescription for the building up dose of Quetiapine. Robert Stafford, CPN, will review him while he is in the community and he will be seen at the outpatient clinic by Dr Moore.

Yours sincerely

DR PRATHIMA APURVA
SHO IN PSYCHIATRY TO DR MOORE

Copy Robert Stafford Charge Nurse Arran Centre
Jim Dodds Co-Morbidity Team Stobhill Hosp

6/4 script done

Dr Apurva
Avon Centre
232-1200

26/10/04

DR A A LAWSON
SANDYFORD SURGERY
1119 ARGYLE STREET
GLASGOW G3 8ND
TEL. 0141 248 3698
FAX. 0141 221 5144

- Edward McGuigan 8/270

Started on new tablet Quetiapine on 6th September but only took it for a week

Wants to start him again

25mg ~~x 2~~ Twice a day – on day 1 Morning + Night

50mg Twice a day – day 2

100mg Twice a day – Day 3

150mg Twice a day – Day 4

200mg Twice a day – Day 5

300mg Twice a day thereafter

North Glasgow University Hospitals
Division
Tennent Institute of Ophthalmology
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow

Secretary: 0141 211 2936
Reception: 0141 211 1030
Fax: 0141 211 2054

Our Ref: CW/AC
Dictated: 15/09/04
Typed: 24/09/04

DR WEIR'S OPHTHALMOLOGY CLINIC

Dr MacNeill
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8UU.

Dear Dr MacNeill

EDWARD MCGUIGAN DOB 08 02 70 UNIT NO 50684505
FLAT 7/7 421 BLYTHSWOOD COURT GLASGOW G2

Diagnosis: 1 Left secondary divergent squint
2 Coats disease, left eye with previous photocoagulation

Thank you for your letter regarding Mr McGuigan whom I saw at the clinic today. He is increasingly aware of his left divergent squint which he feels has become worse over the last 2 years or so following an alleged assault. I note that he was treated for Coats disease in childhood and has been left with poor vision in the left eye ever since. He is increasingly aware of vague horizontal diplopia resulting from his divergent squint. Our orthoptic assessment suggests that should we carry out surgery to straighten his eyes, this could make his double vision more noticeable. I have therefore decided to temporarily try and straighten his eyes using Botulinum Toxin Injection to his left lateral rectus muscle to allow us to investigate the risk of double vision in more detail. I have warned Mr McGuigan about the risks involved including both over and under-correcting his squint, causing vertical and horizontal diplopia and the small risk of a ptosis developing. I also explained that the side effects were transient and would normally last 2-3 months before wearing off. We will hopefully arrange for him to have this done within the next 2 months.

Yours sincerely

C Weir
Consultant Ophthalmologist

Primary Care Division

The Arran Centre
121 Orr Street
Bridgeton
Glasgow
G40 2QP
Tel: 0141-232-1200
Fax: 0141-232-1212

NHS Greater Glasgow

Dr Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Date: 6 September 2004
Your Ref:
Our Ref: RM/JK

Dear Dr Crawford

EDWARD MCGUIGAN – D.O.B. 08/02/1970
11 INVERLOCH STREET, GLASGOW G33 5DA

I saw this man at the Arran Centre on 2 September 2004. He contacted the department complaining of vomiting since starting his Aripiprazole. He told me he had started the Aripiprazole on the Saturday and had been sick most days since the Monday. He was also describing feeling hot and cold sweats. He denied any stiffness in his limbs. His BP, sitting is 130/79 with a pulse of 80 standing, 129/80 with a pulse of 83, his temperature was 36.5. Certainly vomiting is listed as one of the side effects of Aripiprazole. I therefore considered we should try him on Quetiapine which again is not particularly noted for weight gain and metabolic syndrome. I faxed your surgery with details of the prescription for Quetiapine which I would be grateful if you would prescribe at a dose of:

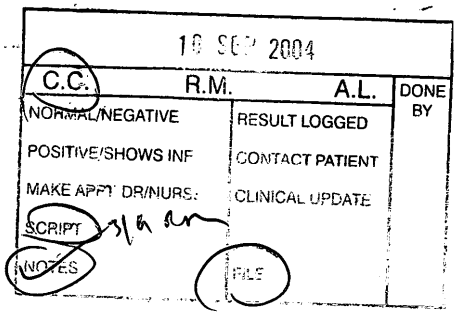
25 mg bd on day 1
50 mg bd on day 2
100 mg bd on day 3
150 mg bd on day 4
200 mg bd on day 5
300 mg bd thereafter

I have advised him that he may be aware of over-sedation particularly in the first week but that this should ameliorate thereafter. I have arranged to see him in a fortnight.

Yours sincerely

DR ROSEMARY MOORE
CONSULTANT PSYCHIATRIST

c Robert Stafford
Jim Dodds, Co-Morbidity Team



POSITIVE ABOUT DISABLED PEOPLE

D370787

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2QP

NHS
Greater Glasgow

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1229

Our Ref: RM/AGG
Your Ref:

Date: 2/9/04

Dear Dr CRAWFORD

RE: EDWARD MCGUIGAN DOB 8/2/70
11 INVERLOCH ST GLASGOW

The above named patient was seen at the Arran Centre, Psychiatric Outpatient Clinic on:
2/9/04. HAS HAD ADVERSE REACTION TO ARIPIPRAZOLE

I would be grateful if you would prescribe the following medication:
QUETIAPINE TABS 25mg BD DAY 1, 50mg BD DAY 2, 100mg BD DAY 3, 150mg BD DAY 4 200mg BD DAY 5, 300mg BD THEREAFTER.

A more detailed letter will follow.

Yours sincerely

DR R MOORE
Consultant Psychiatrist

D370787

Primary Care Division

The Arran Centre
121 Orr Street
Bridgeton
GLASGOW
G40 2QP

Tel: 0141-232-1200
Fax: 0141-232-1212

NHS Greater Glasgow

Dr Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow G3 8ND

Date: 30 August 2004
Your Ref:
Our Ref: RM/CG/T1504307

Dear Dr Crawford

EDWARD McGUIGAN, DOB 08.02.1970
11 UNDERLOCH STREET, GLASGOW G33 5DA

I saw this man at the Arran Centre on 27 August 2004. He had contacted the Community Mental Health Team complaining of over sedation on his increased dose of Risperdal Consta. Eddie noticed this over the last 3 weeks and said that he felt unsafe when he was outside walking in traffic. Eddie is not hearing voices and states that he feels brighter in mood and has no thoughts of self harm. He is aware, however, of a sensation that someone is behind him, pushing him. He said that he experienced this feeling in the train station and felt that he was going to fall under the train. He has therefore stopped travelling by train. He says he is also recording people coming to his door in case anything bad happens to him. He feels that someone is going to get him and that he is going to die.

In view of his ongoing symptoms the drug of choice would be Clozapine, but in view of the weight gain and gynecomastia he developed with the Olanzapine I feel he is unlikely to tolerate the side effects of Clozapine. I wonder whether Aripiprazole would be more tolerable for him and he agreed to try this. I gave him a handwritten note to take to the surgery asking for Aripiprazole 5mg daily to be prescribed.

I will see him again in 6 weeks time.

Yours sincerely

DR ROSEMARY MOORE
CONSULTANT PSYCHIATRIST

cc Robert Stafford, CPN, The Arran Centre
Jim Dodds, Co-Morbidity Team

03 SEP 2004

C.C. R.M.	A.L.	DONE BY
NORMAL/NEGATIVE	RESULT LOGGED	
POSITIVE/SHOWS INF	CONTACT PATIENT	
MAKE APPT. DR/NURSE	CLINICAL UPDATE	
SCRIPT		
NOTES	FILE	

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2QP

NHS
Greater Glasgow

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1229

Our Ref: RM/AGG
Your Ref:

Date: 27/8/04

Dear Dr

RE: EDWARD McGUIGAN 8/2/70
11 INVERNESS ST

The above named patient was seen at the Arran Centre, Psychiatric Outpatient Clinic on:

27/8/04

I would be grateful if you would prescribe the following medication:

ARIPIPRAZOLE TABS 15mg

A more detailed letter will follow.

Yours sincerely

DR R MOORE
Consultant Psychiatrist

Primary Care Division

Arran Centre
121 Orr Street
GLASGOW
G40 2QP

Telephone: 0141-232 1200
Fax: 0141-232 1212
Direct Line: 0141-232 1229

NHS Greater Glasgow

Date: 23rd July 2004
Our Ref: RM/AGG/T/1504307
Your Ref:

Dr A A Lawson
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Lawson

EDWARD McGUIGAN – DOB 08.02.70
FLAT 7/7 42 BLYTHSWOOD COURT GLASGOW G2 7PA

I visited this man at home accompanied by his CPN. In recent months Mr McGuigan has stopped attending the clinic for administration of his medication although he has received his medication largely because his CPN has been visiting his house when he does not appear for the clinic. When asked about this Mr McGuigan described paranoid ideas when he is outside feeling that people are looking at him and talking about him, and at times when he is waiting for a train a feeling that someone is pushing him from behind out into the lines. He has also had difficulties walking outside, he feels fearful when confronted with yellow lines. He said that he had also been what he called "dabbling" in Heroin again and using Cannabis. On the day that I saw him he said that he had not had any Heroin for 2 days. He had stopped taking the Citalopram and told me that his brother had flushed all his medication down the toilet because he had threatened to take an overdose a couple of months ago. He denied any current suicidal ideas.

In view of his paranoid symptoms I feel that it may be worth increasing the dose of his Risperdal Consta to 50 mgs two weekly. I did not feel that he appeared clinically depressed at interview although he did appear anxious. Of course the picture is complicated by his drug misuse and he told us that it was his intention to stay off on this occasion. I have not given him a further appointment at this time, but will leave that to the discretion of his CPN.

Yours sincerely

DR ROSEMARY MOORE
Consultant Psychiatrist

Copy Robert Stafford Charge Nurse Arran Centre

C.C.	R.M.	A.L.	DONE BY
NORMAL/NEGATIVE	RESULT LOGGED		
POSITIVE/SHOWS INF	CONTACT PATIENT		
MAKE APPT. DR/NURSE	CLINICAL UPDATE		
SCRIPT			
NOTES	FILE		

Greater Glasgow Primary Care NHS Trust

The Arran Centre
121 Orr Street
Bridgeton
GLASGOW
G40 2QP

Tel: 0141-232-1200
Fax: 0141-232-1212

NHS
Greater Glasgow

Dr Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Date: Tuesday 18th May 2004
Your Ref:
Our Ref: RS/LM

Dear Dr Crawford

Re: Edward McGuigan – D.O.B 08/02/70
Flat 7/7, 421 Blytheswood Court, Glasgow

My input with Edward continues. He tends to enjoy fairly long settled periods with intermittent chaotic episodes.

He attends a fortnightly clinic here at the Arran Centre, where he has his Risperidone Consta 37.5mg administered. More often than not he misses this clinic and requires to be followed up at home.

Edward's short term memory exhibits a marked defective. He can be quite emotional at times but this may be a side effect of the Consta.

He continues to manage his home well and his self care cannot be faulted.

Yours sincerely

Robert Stafford
Community Charge Nurse

21 MAY 2004

C.C. R.M	A.L.	DONE BY
NORMAL/NEGATIVE	RESULT LOGGED	
POSITIVE/SHOWS INF	CONTACT PATIENT	
MAKE APPT. DR/NURSE	CLINICAL UPDATE	
SCRIPT		
NOTES	FILE	

POSITIVE ABOUT DISABLED PEOPLE

D370787

NHS Confidential: Personal data about a patient

E-mail Subject Line: Ophthalmology, - -, 0802706150, McGuigan, Edward

Clinic	Day Date	Time	Hospital No.
Consultant to complete:	Appointment category	Clinic Details	

Date: 09 April 2004 GP Urgency: Routine CHI **0802706150**

Please arrange for this patient to attend **Gartnavel General, Ophthalmology, Ophthalmology, - -**

Surname **McGuigan**
Forename **Edward**
Address **F7-7 421 Blythswood Court□GLASGOW**

Title **Mr**
Date of birth **08/02/1970**
Tel

Post code **G2 7PA**
Previous name
" address

Previous hospital attendance Y/N
If Yes, please indicate year Year
Unit number 684505
Referral checked by

Referring clinician: Dr D R MacNeill
Sandyford Surgery
1119 Argyle St Glasgow
GLASGOW
G3 8ND

0141 248 3698, fax: 0141 221 5144
Practice Number 40455

Dear Doctor,

Thanks for seeing Edward because of his concern and worry about his constant diplopia which is worse when he sees things out of the periphery of his left eye. He feels that this has occurred since an assault in January 2001 when someone used a baseball bat on his head. From his medical records I see that he had Coates disease of the retina and he had photocoagulation in the left eye in 1980. From the letters it appears that the left eye always had very poor visual acuity because of the extensive photocoagulation scars. Although Edward admits that his vision out of this eye is poor he says that his peripheral vision is reasonable. He has a left divergent strabismus although this is not new the diplopia is what concerns him. Edward is also on Methadone, currently 90mls daily, and has a past history of paranoid psychosis, very likely drug related, but he has had a good spell for the last year or so and is currently very well. Thanks for seeing him.

Yours sincerely,

Dr Roderick MacNeill

McGuigan, Edward, 0802706150, 08/02/1970 - - Ophthalmology Gartnavel General Routine
RL \\Gpass40455w2k1\Documents\Dr D R MacNeill\McGuigan, Edward 2004 04 10 #1.doc

Greater Glasgow Primary Care NHS Trust

The Arran Centre
121 Orr Street
Bridgeton
Glasgow
G40 2QP
Tel: 0141-232-1200
Fax: 0141-232-1212

NHS Greater Glasgow

Dr Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow

Date: 6th February 2004
Your Ref:
Our Ref: RM/.IK

Dear Dr Crawford

EDWARD MCGUIGAN – D.O.B. 08/02/1970
11 INVERLOCH STREET, GLASGOW G33 5DA

I saw this man at the Risperdal Clinic on 29 January 2004.

He was complaining of low mood which said had been present for the last two months, although the CPN felt he had noticed this a few months before that. He was complaining of loss of interest, loss of pleasure but no suicidal ideas. His sleep pattern is broken and his appetite has decreased but there is no weight loss. His psychotic symptoms are not particularly to the fore on this occasion. He was quite agitated at times during the interview and appeared to be avoiding eye contact. He appeared clinically depressed and I feel it would be worth trying him with an anti-depressant here. I would therefore be most grateful if you would prescribe Citalopram 20 mgs daily for him and I will send him an appointment to see me again at the clinic in two months.

Yours sincerely

Has been started

DR ROSEMARY MOORE
CONSULTANT PSYCHIATRIST

c Robert Stafford, CPN

12 FEB 2004

C.G.	R.M.	A.L.	DONE BY
NORMAL/NEGATIVE		RESULT LOGGED	
POSITIVE/SHOWS INF		CONTACT PATIENT	
MAKE APPT. DR/NURSE		CLINICAL UPDATE	
SCRIPT			
NOTES		FILE	

POSITIVE ABOUT DISABLED PEOPLE

D370787

Greater Glasgow Primary Care NHS Trust

Carswell House
5/6 Oakley Terrace
GLASGOW
G31 2HX

Telephone: 0141-232 0100
Fax: 0141-232 0132

NHS Greater Glasgow

06 AUG 2003

Our Ref: RM/AGG/T/1504307
Your Ref:

30TH July 2003

Dr Christine M Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

EDWARD McGUIGAN – D.O.B. 08.02.60
FLAT 2/1, DALRIADA BLOCK, HOUSE 56
BLYTHSWOOD COURT, GLASGOW G2 7PE

I saw this man again at Carswell House, Outpatient Clinic on 15th July 2003. He was less agitated than when I saw him previously. He denied any drug misuse. His speech was still rapid and at times he was difficult to follow. He told me that he was hearing voices in the morning calling his name and he feels he is cleaning excessively. It will take 4 weeks for the increased dose of the Risperdal to reach it's full effect and therefore I have not changed the medication at this time. He continues to attend the Risperdal Clinic every fortnight for review, and I will see him again at the staff's discretion.

Yours sincerely

DR ROSEMARY MOORE
Consultant Psychiatrist

copy Robert Stafford Charge Nurse Arran Centre Redan Street

POSITIVE ABOUT DISABLED PEOPLE

D370787

Greater Glasgow Primary Care NHS Trust

Carswell House
5/6 Oakley Terrace
GLASGOW
G31 2HX

NHS Greater Glasgow

Telephone: 0141-232 0100
Fax: 0141-232 0132
Direct Line: 0141-232 0117

Our Ref: RM/AGG/T/1504307/1
Your Ref:

7th June 2003

Dr Christine M Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

EDWARD McGUIGAN – D.O.B. 08.02.60
FLAT 2/1, DALRIADA BLOCK,
HOUSE 56 BLYTHSWOOD COURT GLASGOW G2 7PE

I saw this man at the Risperdal Clinic on 3rd July 2003. He told me that he is not hearing voices now, but that he still feels people are out to get him. He feels since changing medication his mood has lifted, but he finds it hard to cope with the emotions that he now feels. He tells me that he has not been abusing drugs of late. His speech was rapid at interview and was difficult to follow at times. His movement disorder has improved. On balance I feel that it would be worth continuing with the Risperdal Consta, but have arranged to increase the dose to 37.5 mgs two weekly. His other main preoccupation was about his housing, and he wishes to move to the same block of flats as his brother. I have agreed to write to the Housing Department on his behalf.

Yours sincerely

DR ROSEMARY MOORE
Consultant Psychiatrist

Copy Robert Stafford Charge Nurse Arran Centre Redan Street
Jim Dodds CPN Co-Morbidity Team Stobhill Hospital

Greater Glasgow Primary Care NHS Trust

NHS
Greater
Glasgow

Carswell House
5-6 Oakley Terrace
GLASGOW
G31 2HX

Dr Christine Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Date: Wednesday 26 March 2003
Your Ref:
Our Ref: RM/jj

Telephone: 0141 232 0100
Fax: 0141 232 0132

Dear Dr Crawford

Re; Edward McGuigan Flat 2/1 Dalriada Block House 56 Blythswood Court G2 7PE
DOB; 08/02/1960

I saw this man the Risperdal Consta clinic on the 13th March 2003 for commencement of treatment. He will now be on Risperdal Consta 25 mgs 2 weekly. He will be reviewed by the CPNs at the clinic and I will see him again in 3 months time. → ie every 2 weeks

Yours sincerely

Dr Rosemary Moore
Consultant Psychiatrist

cc Robert Stafford CPN Arran Centre 10 – 18 Redan Street

07 APR 2003
file

Greater Glasgow Primary Care NHS Trust

Carswell House
5/6 Oakley Terrace
GLASGOW
G31 2HX

Telephone: 0141-232 0100
Fax: 0141-232 0132
Direct Line: 0141-232 0117

NHS Greater Glasgow

Our Ref: RM/AGG/P014745
Your Ref:

7 February 2003

14 FEB 2003

Dr Christine M Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

EDWARD MoGUIGAN – D.O.D. 00.02.80
FLAT 2/1, DALRIADA BLOCK, HOUSE 56 BLYTHSWOOD COURT, GLASGOW G2 7PE

I saw this man at Carswell House, Outpatient Clinic on 7th February 2003. His CPN had expressed concern about his mental state and felt that he might be suitable for Risperdal Consta. Edward appeared quite agitated at interview and was difficult to follow frequently jumping from topic to topic. He told me that he felt someone had been bugging his house since December of last year and his bus pass had disappeared, and that things had been moved around. He believes this happened when he was admitted to hospital to the Brownlee Unit last December with pleurisy and pneumonia. He said that he is also having experiences, which he describes as being clairvoyant. He said that at times he has seen a dog in his house and he has tried to shoo it away, but has been advised by his brother that there was no dog there. He thinks this may be related to the fact that he is likely to be re-housed and he thought about getting a dog. He denied any recent drug misuse apart from Cannabis on occasion. He said that he is taking the Olanzapine 20 mgs per day, but was complaining about side effects, in particular gynaecomastia and weight gain. It certainly would appear that he is not controlling his symptoms presently and we should try another atypical antipsychotic drug here, he is amenable to treatment with Risperdal Consta. We are at the present time setting up a clinic and hope to start Edward on this drug within the next few weeks.

Yours sincerely

DR ROSEMARY MOORE
Consultant Psychiatrist

Copy: Robert Stafford CPN Arran Centre Redan Street

14 FEB 2003

North Glasgow University Hospitals
NHS Trust

NHS
Greater
Glasgow

Tennent Institute of Ophthalmology
Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

Tel No. 0141 211 3000
Fax No: 0141 211 2054

Our Ref:

Your Ref:

DR HOLDING;S OUT-PATIENT CLINIC 07 01 03

Please reply to: Secretary : 0141 - 211 - 1040

Date Dictated: 08 01 03
Date Typed : 03 02 02

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8UU

Dear Dr Crawford,

EDWARD McGUIGAN DOB 08 02 70 HN 684505
2/1 DAKRIADA BLOCK BLYTHSWOOD COURT GLASGOW G2

You wrote on 07 03 02 requesting as further appointment for the above patient after my letter informing you that he had not waited to see the medical staff. From the case sheet it appears that he was given an appointment for 25 09 02 which was not kept and a replacement appointment was sent out for today 08 01 03 which was also not kept.

No further appointment will be sent out.

Yours sincerely,

06 FEB 2003

Deirdre Holding
Consultant Ophthalmologist

01811

North Glasgow University Hospitals
NHS Trust

THE INFECTION, TROPICAL MEDICINE AND COUNSELLING SERVICE:
THE BROWNLEE CENTRE,
GARTNAVEL GENERAL HOSPITAL,
1053, GREAT WESTERN ROAD,
GLASGOW, G12 OYN.
Telephone Number: 0141-211-3000. Fax. Number: 0141-211-1097. Direct Line: 0141-211-0294.
e-Mail addresses: vivienne.patrick.wg@northglasgow.scot.nhs.uk
stellagray@northglasgow.scot.nhs.uk

NHS Greater Glasgow

14 JAN 2003

Our Ref : RV/VAP
Date Dictated : 16.12.02.
Date Typed : 08.01.03.

wp data
+ fb

Dr Christine M Crawford
1119 Argyle Street
Glasgow

Dear Dr Crawford

Re:- Edward McGuigan - date of birth - 08.02.70. (Unit No. 684505).
56, Blythswood Court, Flat 2/1, Dalriada Block, GLASGOW, G2 7PE.

Admission Date	:	**03.12.02.** **Date of Discharge : 12.12.02.**
Principal Diagnosis	:	**. Para-pneumonic effusion (right).**
		. Ex-IVDU.
Other Diagnoses	:	
Operative Procedures	:	
Allergies	:	
Drugs on Discharge	:	**. Olanzapine - 20 mgs once a day.**
		. Omeprazole - 10 mgs b.d.
		. Salbutamol inhaler - 2 puffs p.r.n.
		. Augmentin - 65 mgs t.d.s. for 5 days.
Follow Up	:	**Out-patient clinic.**
Copies To	:	

I apologise for the delay in this letter reaching you. This 32 year old man initially was seen at A + E at the Western Infirmary with a sudden onset of breathlessness and pleuritic chest pain associated with productive green phlegm. He had been given a course of amoxycillin for a few days prior to admission, but was febrile and feeling unwell on the day he was seen at the Western Infirmary.

On arrival he was febrile with right-sided bronchial breath sounds and stony dull percussion on the right side, but no heart murmurs.

A chest X-ray suggested an empyema. Pleural aspiration proved to be quite difficult, and ultrasound confirmed a complex loculated effusion.

//cont'd.....

Culture was negative for any bacteria or organisms and negative for AAFB. He was noted to have only a few pus cells, and we felt that this was a post-pneumonic effusion rather than an empyema, and he made a slow recovery on IV benzyl penicillin, augmentin and clarithromycin. Although his inflammatory markers were very high, and he continued to have evidence of a moderately large effusion, his saturation returned to normal and he had resolution of all his pain.

We therefore discharged him and will follow him up at the out-patient clinic in a couple of weeks' time.

We will also repeat his glucose, as this was elevated during his admission, and repeat his chest X-ray.

During his admission we did stop his bendodiazepines due to his respiratory compromise, and started him on nicotine replacement. His methadone prescription continues as before at 80 mls a day.

Yours sincerely

Rajesh Varma
SENIOR HOUSE OFFICER
p.p. Dermot H Kennedy
LEAD CONSULTANT PHYSICIAN

NHS Confidential: Personal data about a patient

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

2.20

232059

CONFIDENTIAL

2002 NOV 13

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
GARTNAVEL GENERAL HOSPITAL, Glasgow G12 0YN
Telephone 0141-211-3000

Name of G.P.:_____

684505
MCGUIGAN EDWARD
56 Blythswood Court M
Flat 2/1 Dalriada Bl
GLASGOW 08/02/70
G2 7PE
G.P.Prac. 40455

Consultant Kennedy
Admitted to Ward Bramley On 3/12/02
Discharged on 11/12/02 From Ward Bramley
Or seen at _____ *Clinic on* __/__/__

Diagnosis
1 Pleural effusion + Pneumonia
2
3
4

Operation/Procedures
1
2
3

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Follow Up Arrangements

Clinic _____	Date __/__/__	
Home Help	Yes	No
District Nurse	Yes	No
Meals/Wheels	Yes	No
Paramedical (please state) _____		
Other _____		

Please TICK box if childproof containers are UNSUITABLE ☐

Medicine	Form	Dose	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other Times	Recommended duration of treatment from date of discharge	No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.
OLANZAPINE	O	20mg									✓		INDEF	1	28 10mg Lilly
OMEPRAZOLE	O	10mg		✓							✓		"	7	14 10mg Astra
SALBUTAMOL	U	2 puffs		PRN									"		14 Allen
Augmentin	O	625mg		✓			✓				✓		5 days	5	15 625mg SB

PHARMACY USE ONLY

Dispensed by AS Checked by SL
Date 12.12.02 CP Check 16

OTHER TREATMENT and COMMENTS (Including details of drug sensitivities, appliances, etc.)

Medication Collected by (Messenger)

PRESCRIBERS NAME IN BLOCK CAPITALS PHILIP MURRAY
DESIGNATION PRHO
SIGNATURE _____ DATE 11/12/02

WARD USE ONLY

Medication Rec. on Ward by _____
Issued by _____
Date Issued _____
Signature of Recipient _____

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Pacer No. 4242

NHS Confidential: Personal data about a patient

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409
Fax: 0141 339 3046

CONSULTANTS: Mr W M Tullett
Mr P T Grant
Dr S Perry
NURSE MANAGER: Mr G D Wright

NHS Greater Glasgow

CRN: 684505

G.P. COPY

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
CGUIGAN	EDWARD	32	08/02/70	02/12/02	11:55	049873/02

Address	Sex	Religion	Date of Inc	Time
56 Blythswood Court Flat 2/1 Dalriada Block GLASGOW	Male		02/12/02	

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
Single /		Other	Walking

PC G2 7PE | Tel 221 2562

Name: Dr CRAWFORD
Address: 1119 ARGYLE STREET GLASGOW G3 8ND 2483698

Referred by: Selfref

Complaint

Name MARY
Relat. MOTHER
Tel. No. 771 7005
Address: 10 Sandford Gardens Baillieston GLASGOW G69 6NA

- 4 DEC 2002

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time: 11:55
Triage Category: Category 2

Initial Complaint: Medical Other

Dear Doctor, Cranford

The above-named patient attended Accident & Emergency Department today.

Diagnosis (R) pleural effusion.

X-ray film/ECG shows

Treatment given Abx mediam.

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange _____

DISCHARGE CODES: *Please circle*

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital *(see below)*
5. Died
6. Refer to O.P. Clinic *(see below)*
7. Irregular Discharge
8. D.O.A.

Ward No. *(if admitted)* L & M

Transfer to Hospital

Consultant *(if admitted)* Darling

Follow-up: Not Arranged _____ Arranged _____ To be arranged _____ IRIS _____

Clinic Referred to	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT	Others *(specify)*

Medical Officer's Name *(in BLOCK LETTERS)* J. MACGLONE

Signature of Medical Officer S MacGlone.

Cons SpR SHO3 SHO JHO Clin Assist ENP *(please circle)*

Greater Glasgow Primary Care NHS Trust

Carswell House
5/6 Oakley Terrace
GLASGOW
G31 2HX

Telephone: 0141-554 6267
Fax: 0141-556 6967

NHS Greater Glasgow

Our Ref: RM/AGG/P014745
Your Ref:

24 October 2002

Dr Christine M Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

29 OCT 2002
update

Dear Dr Crawford

EDWARD McGUIGAN – D.O.B. 08.02.60
FLAT 2/1, DALRIADA BLOCK, HOUSE 56, BLYTHSWOOD COURT, GLASGOW G2 7PE

I saw this man at Carswell House, Outpatient Clinic on 16th October 2002. I tried to arrange to see him twice before this, but there seemed to be some misunderstanding about appointment times.

Edward told me that he felt reasonably well following his discharge from Parkhead Hospital at the end of August. He was uncertain as to the time scale but said that he started feeling he was being followed when he was outside, and that someone was going to grab him and something bad was going to happen to him. He said that when he went outside he felt unable to cross roads with yellow lines on them and walk near a fire hydrant and that he found it difficult to separate reality from what was going on in his dreams. In recent weeks he said that he had told his brother he had been to Sweden, but accepted that this had not been the case when his brother pointed out that he did not have a passport.

About a month ago he said that he took and overdose of Cocaine, and was admitted to the Western Infirmary. He said that he had been using Cocaine on a regular basis, presently half a gram per week, but denied any other substance misuse. He is currently on Methadone 80 mls, Diazepam 10 mgs bd and Olanzapine 20 mgs nocte. At times he said that he has thoughts of self-harm, but says that he does not wish to kill himself and thinks about his religious beliefs.

In general he feels that he has been better since going on the Olanzapine. Certainly his movement disorder is very much improved. I am wondering how much of his symptomatology is related to his cocaine habit. I am somewhat reluctant to change his antipsychotic medication at this time until this addressed. Mr McGuigan tells me that Jim Dodds from the Co-Morbidity Team is arranging for him to attend Specialist Services in this regard, and that this would seem the most appropriate intervention at this time.

In view of Eddie's erratic attendance at the clinic I have not given him a further appointment at this time, but would be happy to see him at the discretion of his CPN.

Dr Rosemary Moore, Consultant Psychiatrist, Safe, Sound & Supported Team
Carswell House, Outpatient Clinic, 5/6 Oakley Terrace, Glasgow G31 2HX
Telephone: 0141-554 6267 - Fax: 0141-556 6967
e-mail: (Secretary) Alice.Greer@glacomen.scot.nhs.uk

Yours sincerely

DR ROSEMARY MOORE
Consultant Psychiatrist

Copy: Robert Stafford CPN Arran Centre
Dr Fraser Shaw Ward 24B Co-Morbidity Team Stobhill Hospital
Jim Dodds Co-Morbidity Team Stobhill Hospital

North Glasgow University Hospitals
NHS Trust

NHS
Greater
Glasgow

Tennent Institute of Ophthalmology
Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

Tel No: 0141 211 3000
Fax No: 0141 211 2054

18 OCT 2002

DR HOLDING'S CLINIC

Our Ref: RC/mag/

Date Dictated: 25 09 02
Clinic Date 25 09 02
Date Typed: 07 10 02

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8UU

Dear Dr Crawford,

EDWARD McGUIGAN DOB 08 02 70 HN 684505
2/1 DALRIADA BLOCK, BLYTHSWOOD COURT GLASGOW, G2 7PH

Unfortunatcly this patient did not attend his eye clinic appointment and a further non urgent one has been sent.

Yours sincerely

R Carmichael

R Carmichael
Clinical Assistant

Greater Glasgow Primary Care NHS Trust

The Arran Centre
10/18 Redan Street
Bridgeton
Glasgow
G40 2QA

Tel: 0141-550-3324
Fax: 0141-554-6802

NHS
Greater Glasgow

Jim Dodds
Co-Morbidity Team
Ward 24B
Stobhill Hospital
133 Balornock Road
GLASGOW
G21 2UW

Date: 13 October 2002
Your Ref:
Our Ref: RS/CG

15 OCT 2002

Dear Jim

Re: Edward McGuigan, DOB 08.02.70, Flat 2/1, 56 Blythswood Court, Glasgow

As you are no doubt aware, Eddie overdosed on Seroxat in July and as a result, a six week admission to Parkhead Hospital ensued. Although Eddie denies any substance misuse, ward staff confirmed that he had been using on a number of occasions, during his admission.

On discharge he certainly appeared to be enjoying improved mental health and settled back into his daily routine, however, his GP, Dr Crawford contacted me on September 9th to inform me that Eddie had once again overdosed with opiates on this occasion.

I arranged an emergency appointment with Dr Moore, but Eddie attended up to four hours late and could not be seen. I saw him at home on October 1st and found him to be fairly low in mood and once again today where he was quite weepy. He tells me that he feels hopeless and incapable of dealing with his drug problems to any definite outcome.

I will discuss Eddie with Dr Moore at our team meeting tomorrow, but I would doubt that an admission to Parkhead would be an option at present. Eddie tells me that you are arranging a four week admission to Red Towers in the near future, Dr Moore and myself would certainly support this option.

Yours sincerely

Robert Stafford
Community Charge Nurse

c.c. Dr Moore, Consultant Psychiatrist, Carswell House
Dr Crawford, 1119 Argyle Street, Glasgow

A:\dna new.doc

Greater Glasgow Primary Care NHS Trust

NHS Greater Glasgow

Dr. C. Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8UU

Date 02 September 2002
Your Ref
Our Ref sp/
Direct Line 0141 566 6206
Fax 0141 566 6255
Email Susan.Prentice@glacomen.scot.nhs.uk

Dear Dr. Crawford

Edward McGuigan, DOB 08.02.70

05 SEP 2002

F2/1, 1 Dalriada Block, 56 Blythswood Court, Glasgow, G2 7PE

Thank you for referring this patient to the Community Dietetic Service.

One appointment has been offered for our clinic at William Street and unfortunately the patient failed to attend. I am unable to offer a further appointment at present.

If in the future you feel this patient would benefit from advice please re-refer.

Yours sincerely,

Susan Prentice

Susan Prentice SRD
Community Dietitian

Nursing & Residential Homes Team
William Street Clinic, 120-130 William Street, Glasgow, G3 8HS. Tel 0141566 6220 Fax 0141 566 6255

POSITIVE ABOUT DISABLED PEOPLE

D370787

Greater Glasgow Primary Care NHS Trust

Carswell House
5/6 Oakley Terrace
GLASGOW
G31 2HX

Telephone: 0141-554 6267
Fax: 0141-556 6967

NHS Greater Glasgow

Our Ref: RM/AG/P014745
Your Ref:

26 June 2002

Dr Christine M Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Jul 2002

Dear Dr Crawford

EDWARD McGUIGAN – D.O.B. 08.02.60
FLAT 2/1, DALRIADA BLOCK, HOUSE 56 BLYTHSWOOD COURT GLASGOW G2 7PE

I saw this man at Carswell House, Outpatient Clinic on 25th June 2002. He told me that he had been feeling low in mood in the last 2 weeks and was aware of poor concentration. He said that he had been thinking about events from the past, in particular an incident where he had injected a friend who subsequently died. He was quite tearful at this point. At times he said that he had thoughts that he wanted his life to be over, but he had no active plans. He is aware of some initial insomnia lying awake until 2 a.m. but then sleeps to 8 a.m. His appetite and his weight have increased since being on the Olanzapine. His extra pyramidal side effects appeared to have abated since the change to Olanzapine and his psychotic symptoms are not as prominent as previously. He did say however that he hears a screaming, which sounds like himself, he said that it is coming from inside periodically. He denied hearing any other voices. He was also describing some obsessional behaviour with checking and problems walking on cracks on the pavements when he is outside. I felt that he was clinically depressed at interview and gave him a prescription for Paroxetine 20 mgs mane, which I would be grateful if you would prescribe for him. I have given him a further appointment for 2 months and he has ongoing contact with his CPN.

Yours sincerely

DR ROSEMARY MOORE
Consultant Psychiatrist

copy: **Dr Fraser Shaw Ward 24B Co-Morbidity Team Stobhill Hospital**
Robert Stafford CPN Arran Centre Redan Street

Dr Rosemary Moore, Consultant Psychiatrist, Safe, Sound & Supported Team
Carswell House, Outpatient Clinic, 5/6 Oakley Terrace, Glasgow G31 2HX
Telephone: 0141-554 6267 - Fax: 0141-556 6967
e-mail: (Secretary) Alice.Greer@glacomen.scot.nhs.uk

cm → fax

25th June 2002

To whom it may concern:

Re: **Edward McGuigan (DOB 8/2/70)**

The above is a patient in my practice. I understand he is travelling abroad from 28th June 2002 until 1st July 2002. He is currently prescribed methadone mixture (1mg/1ml) 80ml daily. He will be carrying a supply for his own personal use while on holiday.

Yours faithfully,

Christine M. Crawford

NHS Confidential: Personal data about a patient

NOV-30 WED 19:48 WESTERN FAX NO. 0 P. 01

Call No: 821648

EDWARD McGUIGAN

D.O.B./Age: 08/02/1970 32 Y

Address Today: 56 BLYTHSWOOD
FLAT 2/1
ANDERSTON

GLASGOW
G02 7PE

Post Code:

Post Code:

's address:

ip to patient.

Name of Dr.

Surgery

Address:

Practice No: 047

Fax No:

Speed Dial:

Time Passed:

Time Complete: 19.20

Patient's Complaint:

DH Losec 20m.
Olanzapine 20mg
Diazepam

Urinalysis

advised kidney inf. + give Abx
Pain (R) lower post
u sit of cough, pain
No urinary sympt
No evid pneumothorax.
AE (R) base + lower zones
Impr LRTI
Zoid (50)
Losec to ibd.

NHS Confidential: Personal data about a patient

27-NOV-2002 WED 06:20 FAX NO. P. 01

Glasgow Emergency Medical Service

Call No: 821514 Date: 27/11/2002 08:28:08 Time at Call:

Patient's name: B.O.B.Age: 02/08/1970 32 Y

Address Today:
2/1 Dalriada
56 Blythswood Court
Glasgow

G2 7PE

Post Code:

Home Address:
2/1
56 Blythswood Court
Glasgow

G2 7PE

Post Code:

Phone Number Today: 44 07762657 562

Home Phone Number:

57321

Special Directions to today's address:

Relationship to patient:

Name of GP: AA Lawson

Practice No: 047

Surgery: 047 1119 Argyle Street

Cipher No: G0593 4

Address:

Fax No: 0141 221 5144

Speed Dial: 074W

Type: ECT

Time Passed:

Time Complete:

Patient's Complaint:

Comments: WORSENING MANIC PSYCH, EVENT ON MEDICATION NO REGULAR [illegible] NEEDS 60 MINS WITH TRANSPORT..

Dr Mother Clare GP Fax

BP: / PR: per min Temp: Notes:

Took Collapse / Faint
Tuesday Has mental
health problems
Bellshill hospital Now
he's Epilepsy & Congestive
Epilepsy
Dr Prof Jefferson
Diazepam 10 2.5 mg

Treatment:

Referral:

Seen by Dr: Nurse:

Routine

Simple Lunch (10 minutes)

KM

Greater Glasgow Primary Care NHS Trust

Carswell House
5/6 Oakley Terrace
GLASGOW
G31 2HX
Telephone: 0141-554 6267
Fax: 0141-556 6967

NHS Greater Glasgow

1 May 2002

Our Ref: RM/AG/P014745
Your Ref:

Dr Christine M Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

EDWARD McGUIGAN – D.O.B. 08.02.60
2/1 DALRIADA BLOCK, HOUSE 56, BLYTHSWOOD COURT, GLASGOW G2 7PE

I reviewed this man at Carswell House, Outpatient Clinic on 30th April 2002. His previously noted extra pyramidal side effects appear to have resolved since starting on the Olanzapine. He tells me that he does continue to have some breast tenderness. His voices are not as marked as before but he continues to have some obsessional features to his illness. He continues to find it difficult to go outside following the assault and tends to be accompanied everywhere by family members. As a result he has stopped going to the Charlie Reid Centre and Flourish House, which he used in the past. He is due to see a physiotherapist at Parkhead to try and increase his activity level and combat weight gain. His only complaint was that his sleep pattern remains disturbed. He tells me that he now sleeps between 12.30 and 6.30/7 am. He certainly looked tired at interview. After discussion we decided to persevere with the Olanzapine at this time. I have arranged to see him again in 2 months, but if there are ongoing difficulties we may consider Clozapine at that time.

Yours sincerely

DR ROSEMARY MOORE
Consultant Psychiatrist

copy: Dr Fraser Shaw Ward 24B Co-Morbidity Team Stobhill Hospital

07 MAY 2002

Dr Rosemary Moore, Consultant Psychiatrist, Safe, Sound & Supported Team
Carswell House, Outpatient Clinic, 5/6 Oakley Terrace, Glasgow G31 2HX
Telephone: 0141-554 6267 - Fax: 0141-556 6967
e-mail: (Secretary) Alice.Greer@glacomen.scot.nhs.uk

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital William Street Clinic Date 16.05.02

CHI No. 6 1 5 0

Please arrange for the patient to attend the Dietician clinic of Dr / Mr

Patients Name **MCGUIGAN**

First Names **EDWARD**

Maiden Surname

Single / Married / Widowed /

Address F2/1, 1 Dalriada Block, 56 Blythswood Court Glasgow

Date of Birth **08.02.1970**

Patients Occupation

Postal G2 7PE Contact telephone 07751 742 754

Has the patient attended hospital before If "yes" please

Name of Hospital

Year of Hospital No.

If the patients name and/or address has/have changed since then please give details:

Name, Address and Telephone number of MEDICAL / DENTAL PRACTIONER

Drs CRAWFORD, LAWSON & MACNEILL
SANDYFORD SURGERY
1119 ARGYLE STREET
GLASGOW G3 8UU
Tel: 0141 248 3698 – Fax 0141 221 5[redacted]
40455

Can the patient attend at short notice?

If YES, minimum notice required days

I would be grateful for your opinion and advice on the above named patient. A brief outline history, symptoms and signs is given

I would be grateful for our input regarding this 32 year old man. Eddie is concerned that he has put on quite a bit of weight. He is suffering from low back pain and feels his weight is not helping things.

Eddie has a history of drug abuse and also of mental health problems. He is stable on Methadone. He was changed from Depo injections to Olamzapine about 7 weeks ago and feels his weight gain has been even more of a problem since then. He says he does not eat much and describes that what he does eat as "rubbish". He is clearly concerned about his weight and I would be grateful for your input. He has a bike which has only recently been fixed and he is also hoping to get more exercise to try and improve matters.

Yours sincerely,

[redacted]

Dr Christine M Crawford
Sandyford Surgery

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

Greater Glasgow Primary Care NHS Trust

Carswell House
5/6 Oakley Terrace
GLASGOW
G31 2HX
Telephone: 0141-554 6267
Fax: 0141-556 6967

NHS Greater Glasgow

25 March 2002

Our Ref: RM/AG/P014745
Your Ref:

Dr Christine M Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

12 APR 2002

Dear Dr Crawford

EDWARD McGUIGAN – D.O.B. 08.02.70
2/1 DALRIADA BLOCK HOUSE 56 BLYTHSWOOD COURT GLASGOW

I saw this man at Carswell House, Outpatient Clinic on 19th March 2002. He was complaining of problems with his concentration and imagining that people were coming to take money from him. He told me that if he goes outside he feels that something bad might happen to him if he stands on fire hydrants and that if he passes a pole he must count to 10 to prevent something bad happening. He said this has been ongoing since he was assaulted 6 months ago. He was also complaining of vomiting in the morning and abdominal pain. He told me he had been to see you in this regard and was prescribed medication, but was unclear as to what this was. He said that he also had a brain scan at Glasgow Royal Infirmary a year ago but was not sure what the result was and was worrying about this. I would be most grateful if you could provide me with any information in this regard.

He said at times he sits and worries about the amount of debt he is in, approximately £13.000, and on these occasions he said that he feels he wants to jump out of his window. I feel that he would benefit from seeing a debt counsellor and will discuss this with the CPNs.

From his account he has good support from his brother who visits every day and accompanies him when he goes out for his Methadone in the morning and cooks dinner for him. He is complaining of sleep disturbance. What he describes is a broken sleep pattern, where he will sleep for an hour at a time and then be awake for about an hour.

I understand that he is presently on Methadone 70 mls per day, Diazepam 10 mgs bd, Procyclidine 5 mgs as required up to 3 times per day and Depot Flupenthixol 100 mgs three weekly. He had marked tremor involving his right leg at interview. He told me that he was no aware of it until I pointed it out to him, but that at times both of his legs are tremulous and he has to sit forward to try and hide this. He did complain about painful breasts, and I understand that you examined him when he was down at the surgery recently. It could be related to his Depot injection, and I wonder if I could suggest checking a prolactin level to investigate this further. In view of his ongoing symptoms and his side effects it may be worth trying an atypical antipsychotic drug here. Of those currently available Quetiapine is the one with least chance of causing gynaecomastia, and I feel there may be a better chance of compliance with a once a day prescription such as Olanzapine. Other patients have been having this drug dispensed with their daily dose of Methadone. Mr McGuigan tells me that he finds it difficult to take all of his tablets in the morning and is reluctant to try to take something else at that time. There is a velotab preparation of Olanzapine, which seems to be more palatable than tablets for some people. /...

Dr Rosemary Moore, Consultant Psychiatrist, Safe, Sound & Supported Team
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However, there has been occasions when people have been over sedated with the Olanzapine, and it may be better if he tries to take it at night in the first instance. The major problem with this drug appears to be weight gain, although not with everybody for whom it is prescribed. The manufacturers are suggesting that weight gain is less pronounced when the patient is commenced on the 20 mgs per day rather than lower doses. I would therefore be most grateful if you could prescribe Olanzapine 20 mgs nocte for Mr McGuigan. He tells me that his Diazepam is given to him on a daily basis when he attends for his Methadone, and I wonder if there could be something similar arranged for the Olanzapine to try and improve compliance. There appears to be a 6-week period before the drug reaches it's full effectiveness, and I have advised him of this and arranged to see him at that time. I shall also refer him on to the physiotherapist at Parkhead Hospital to see if we can try combat the weight gain from the outset. He has ongoing contact with his CPN.

Yours sincerely

PP

DR ROSEMARY MOORE
Consultant Psychiatrist

Copy: Dr Fraser Shaw Ward 24B Co-Morbidity Team Stobhill Hospital
Robert Stafford CPN Arran Centre Redan Street

8.2.70 THURSDAY

SURNAME (BLOCK LETTERS) McGUIGAN ✓ | MALE

TITLE | OCCUPATION

FORENAMES (BLOCK LETTERS) EDWARD ✓ | PHONE NUMBER

DATE OF BIRTH			N.H.S. NUMBER
8/2/70 ✓	SINGLE		
	MARRIED (DATE)		SKH4. 3. 70. 255
	DIVORCED (DATE)		C.H.I. NUMBER
	WIDOWED (DATE)		6150 ✓

ALLERGIES ..... SPECIAL HAZARDS .....

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
FLAT 7/7 421 BLYTHSWOOD COURT G2 7PA			A. LAWSON	25/1/7
2.				
3.				
4.				
5.				

Cause of Death
(1) .....
(2) .....

Form GP IIIB (Rev. 5/87)
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