

Subject Access Request



Patient	Miss Emma Lindsay
Date of birth	26-Aug-1990 (age 35)
Gender	F
NHS number	
Patient's address	46 Mayfield Avenue Hurlford Kilmarnock East Ayrshire KA1 5EA
Date range selected	26-Aug-1990 - 25-Jun-2026
Organisation	
Policy number	

Problems

Active

04-Jan-2026 Dr Belinda Chan (BC)

U-S pelvic scan
normal

16-Sept-2025 Dr Belinda Chan (BC)

Menorrhagia

25-Aug-2025 Dr Belinda Chan (BC)

[D]Hepatomegaly

25-Feb-2025 Dr Belinda Chan (BC)

Failed encounter - message left on answer machine
no answer x2 VM left to call back at the surgery.

14-Jun-2024 Miss Amy Ferguson (AFE)

[X]Drug addiction NOS
patient stated on reg form

10-Aug-2021 Miss Amy Ferguson (AFE)

Osteoarthritis of lumbar spine
L3/L4 & L4/L5

10-Aug-2021 Miss Amy Ferguson (AFE)

Spinal cord compression

10-Aug-2021 Miss Amy Ferguson (AFE)

Successful trial without catheter

10-Aug-2021 Miss Amy Ferguson (AFE)

Fixation of fracture of spine
T12/L32

13-Oct-2019 Miss Amy Ferguson (AFE)

Hepatosplenomegaly

05-Oct-2019 Miss Amy Ferguson (AFE)

Chronic viral hepatitis C

25-Apr-2017 Miss Amy Ferguson (AFE)

Drug addictn therap-methadone

19-Feb-2014 Miss Amy Ferguson (AFE)

[X]Emotionally unstable personality disorder

23-Feb-2009 Miss Amy Ferguson (AFE)

[X]Bipolar affective disorder, unspecified

16-Oct-2008 Miss Amy Ferguson (AFE)

Benzodiazepine dependence

05-Mar-2008 Miss Amy Ferguson (AFE)

Psoriasis and similar disorders

15-Sept-2007 Miss Amy Ferguson (AFE)

Nondependent alcohol abuse

15-Sept-2007 Miss Amy Ferguson (AFE)

Ecstasy type drug dependence

15-Sept-2007 Miss Amy Ferguson (AFE)

Heroin dependence

30-Jun-2007 Miss Amy Ferguson (AFE)

Amphetamine or psychostimulant dependence, unspecified

10-Oct-2000 Miss Amy Ferguson (AFE)

[X]Attention deficit hyperactivity disorder

Significant Past

15-Aug-2023 Miss Amy Ferguson (AFE)
Falls

27-Jun-2022 Miss Amy Ferguson (AFE)
Abscess NOS
L groin

10-Aug-2021 Miss Amy Ferguson (AFE)
Atelectasis

10-Aug-2021 Miss Amy Ferguson (AFE)
Illicit drug use
while inpatient on ward

03-Aug-2021 Miss Amy Ferguson (AFE)
Closed fracture thoracic vertebra, burst
T12

12-Aug-2016 Miss Amy Ferguson (AFE)
Allergic reaction

21-Aug-2010 Miss Amy Ferguson (AFE)
Overdose of drug
opiates, diazepam and quetiapine

19-Jan-2010 Miss Amy Ferguson (AFE)
Suicidal

18-Oct-2008 Miss Amy Ferguson (AFE)
Overdose of drug
seroquel and chlorthalidone

10-Jun-2008 Miss Amy Ferguson (AFE)
[X]Overdose - paracetamol

30-Jun-2007 Miss Amy Ferguson (AFE)
Anxiety states

30-Jun-2007 Miss Amy Ferguson (AFE)
Visual hallucinations

01-July-2006 Miss Amy Ferguson (AFE)
[X]Overdose - paracetamol

26-Aug-1996 Miss Amy Ferguson (AFE)
Gastro-oesophageal reflux

Minor Past

25-Sept-2025 Dr Belinda Chan (BC)
O/E - hirsutism

25-Aug-2025 Dr Belinda Chan (BC)
Fatty change of liver

31-July-2025 Dr Belinda Chan (BC)
Low back pain

31-July-2025 Dr Belinda Chan (BC)
[D]Incontinence of urine

11-Mar-2025 Dr Belinda Chan (BC)
Back pain, unspecified

25-Feb-2025 Dr Belinda Chan (BC)
Failed encounter

08-Feb-2025 Dr Belinda Chan (BC)
Platelet count

Consultations

23-Jun-2026 Mrs Rosemary Webster (ROSEMARY_16992) Old Irvine Road SurgeryMain Surgery

[Comment](#) [Comment](#) sss form posted

16-Jun-2026 Mrs Rosemary Webster (ROSEMARY_16992) Old Irvine Road SurgeryMain Surgery

[Comment](#) [Comment](#) sss form in vb box

03-Mar-2026 Dr Belinda Chan (BC) Telephone Consultation

Problem on going back pain - wants to review med
 Problem Fixation of fracture of spine
 History pain worse since stopping buvidal - no CE sx - offered face to face consultation assessment she doesn't feel would make diff. Currently on Gabapentin 200mg TID not helping with pain and is feeling psychologically 'numb' not keen on increasing dose as feels she needs to be able to use her brain to function / work. Also taking paracetamol - given prev drugs addiction hx does not want to take any opiates or benzodiazepines. Can try celecoxib with PPI for gastro protection and nefopam rv prn.

06-Feb-2026 DR Victoria Beveridge (VBEV) Triage

History History Phoned per triage request- no answer to calls. Not able to leave voicemail, number ringing out.

08-Jan-2026 Ms Anisa Haleem (AS) Old Irvine Road SurgeryMain Surgery

Comment Prescription by supplementary prescriber SR mefenamic acid, omeprazole- rx issued,
 Medication Medication Mefenamic Acid Capsules 250 mg 100 CAPSULE TWO TO BE TAKEN THREE TIMES A DAY
 Medication Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY (IF TAKING MEFENAMIC ACID - FOR STOMACH PROTECTION)

04-Jan-2026 Dr Belinda Chan (BC) Docman

Problem U-S pelvic scan normal

14-Nov-2025 DR Victoria Beveridge (VBEV) Telephone Consultation

History History Back pain worse recently. Sciatica +++ and struggling with work/walking etc. Previously had input with physio etc regarding this. Off buvidal for 7-8 months and wondering whether this has meant previous gabapentin dose no longer as effective. No red flag symptoms. Plan in first instance to increase gabapentin by 1 tab per week to reach 200mg TID. If ongoing issues to contact for face to face review and plan. Happy with plan. worsening advice given

11-Nov-2025 Dr David Curran (JC) Triage

Problem Problem MESSAGE: back pain - really bad medication not helping
 Comment Failed encounter - message left on answer machine

08-Oct-2025 Ms Docman *do Not Delete Please* Docman (DOC1) Docman

25-Sept-2025 Dr Belinda Chan (BC) Old Irvine Road SurgeryMain Surgery

Problem	Menorrhagia
History	History as per last entry // LMP 9th Sept. hx of miscarriage, not on contraception - current ***** has had vasectomy. was told in past when scan done to ix ? appendicitis had cyst on ovary but never told if has PCOS. does suffer from hirsutism. Pain and heaviness of periods last few mths - takes ibuprofen sometimes can upset stomach. declined STI screen as was neg last yr - stable r.ship.
Examination	O/E-vaginal speculum exam. NAD chaperone offered and declined : no masses/ abdomen SNT - Cervical
Examination	Cervical smear taken
Examination	O/E - no vaginal discharge
Comment	Comment normal examination today - try mefenamic acid with PPI Cover (stop ibuprofen if taking mefenamic acid) USS pelvis, check androgen screen day 1-4 of next period. worsening advice given.
Result	High vaginal swab taken
Medication	Medication Mefenamic Acid Capsules 250 mg 100 CAPSULE TWO TO BE TAKEN THREE TIMES A DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY (IF TAKING MEFENAMIC ACID - FOR STOMACH PROTECTION)
Medication	Medication Eflornithine Cream 11.5 % 60 GRAM APPLY THINLY TWICE A DAY
Read Code	O/E Cervix: transitional zone seen
Read Code	Nabothian follicles
Problem	O/E - hirsutism
History	History keen to try something to help her for this. does need to shave her face.

16-Sept-2025 Dr Belinda Chan (BC) Triage

Problem	Problem says review booked last week was for liver review - not pain
Problem	Fatty change of liver
Problem	[D]Hepatomegaly
History	History LFTs / lipids normal - asking what now. Still has one more appt with ID - will write to liver clinic. given hx of HEP C - ? need for fibro scan/ follow up by liver clinic.
Problem	Menorrhagia
History	History Over last few mths - periods more heavy, regular no IMB no PCB , painful after intercourse. In stable sexual r/ship and no STI concerns - never had a smear. See routinely for pelvic and vaginal exam , also needs smear done.

11-Sept-2025 Dr Belinda Chan (BC) Telephone Consultation

Problem	Problem mob - rv (phone slot booked 21st Aug)
History	History pain relief rv already done on 2nd Sept - pt not called today.

10-Sept-2025 Mrs Natalie Kinloch (NR) Old Irvine Road SurgeryMain Surgery

History	History ATtended for bloods as per DR Chan request.
Examination	Examination Consent gained, blood obtained from left arm, patient does have difficult access. No issues post venepuncture, happy to exit.

10-Sept-2025 Dr Belinda Chan (BC) General Practice Surgery

Result	Plasma lipids:		
	LDL Cholesterol	2 mmol/L	(No range available)
	Triglyceride	0.9 mmol/L	(No range available)
	Cholesterol:HDL Ratio	2.7	(No range available)
	HDL Cholesterol	1.4 mmol/L	(No range available)
	Cholesterol	3.8 mmol/L	(No range available)
Result	Plasma gamma-glutamyl transferase level:		
	GGT	6 U/L	(Range: 2 - 50)
Result	Liver function test:		
	Globulin	28 g/L	(Range: 21 - 35)
	Albumin	46 g/L	(Range: 35 - 50)
	Total Protein	74 g/L	(Range: 60 - 80)
	ALT	13 U/L	(Range: 5 - 55)
	AST	18 U/L	(Range: 10 - 45)
	ALP	51 U/L	(Range: 30 - 130)
	Bilirubin	5 µmol/L	(No range available)

09-Sept-2025 Ms Marie Fitzsimons (MF) Old Irvine Road SurgeryMain Surgery

History No thoughts of deliberate self harm previous self harm
 History Low suicide risk previous thoughts
 Comment T/C this morning - advised she has been through the addictions process over the last 16 years - feels she is dealing with her issues - has spoken with a counsellor recently who advised that she seek a diagnosis of PTSD and to seek Trauma led CBT - she advised that she is experiencing quite a bit of anxiety - works at Advocacy service - often feels that when other people reveal their trauma she starts to feel triggers herself - long chat (mostly Emma) about traumas in her life and how they affected her - spoke about her coping strategies for the anxiety - seem to have a few - previously used self harm to cope - was involved with CAMHs Dual diagnosis Team and RADAR over past 16 years - feels she needs referral to CMHT with a view to clarifying if she has PTSD and if so to seek appropriate treatment for same - given past history I agreed I would make the referral - in meantime Emma agreed she will keep herself safe and use her current coping strategies to help reduce her anxiety and symptoms - has supportive ***** and friends but feels her symptoms are worsening and she is keen to have them addressed.

Read Code Mental health assessment
 Read Code Low risk of harm to others
 Read Code Agreeing on mental health care plan refer to CMHT - continue with current strategies for management of symptoms - review if required

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

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

04-Sept-2025 Mrs Angela Lindsay (AJ) Old Irvine Road SurgeryMain Surgery

History History Attended for blood test for Dr Chan
 Examination Examination Consent obtained and details confirmed.
 Comment x5 failed attempt to obtain any blood. Couple of times got tiny bit of flashback but unable to get any into butterfly tubing. Extremities cold. Apologies given, pt understanding due to past history. Reappointed with NK double appt. Advised to have warm shower and wear warm clothing and adequate fluids before next appt by reception staff.

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

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

02-Sept-2025 Dr Belinda Chan (BC) Telephone Consultation

Problem Low back pain
 History History called to review pain relief: gabapentin 100mg has helped - happy to continue on current dose. I have put on repeats.
 Problem [D]Hepatomegaly
 History History explained USS findings - states has now completed tx for hepatitis C - no letters as yet in docman but can see clinic attendance on portal . advised findings of enlarged liver with fatty infiltration.
 Problem Fatty change of liver
 History History discussed dietary and lifestyle changes - recheck LFTs / GGT/ Cholesterol.

01-Sept-2025 Ms Marie Fitzsimons (MF) Old Irvine Road SurgeryMain Surgery

Comment Comment Attempted calls x2 this morning at 10.30 and 11.20 - ringing out but no reply - message left to call surgery if further appt required

25-Aug-2025 Dr Belinda Chan (BC) Docman

Problem [D]Hepatomegaly
 History History see USS - hepatomegaly, normal spleen, fatty infiltration of liver. Awaits Infection Disease clinic for her Hep C.
 Comment Comment She has phone slot with me on 2nd Sept for review of pain relief - will discuss USS report with her then.
 Problem Chronic viral hepatitis C
 Problem Fatty change of liver

19-Aug-2025 Dr Belinda Chan (BC) Triage

Problem **Problem** back pain - physio yesterday - ?medication as discussed with GP

Problem **Problem** Low back pain

History **History** had seen physio yest (can see on clinical portal their assessment) was told she had nerve pain and was told to discuss medication for this with GP. has since discussed with her work manager (who was an addictions counselor) as worried may fall back into addictions if she goes down the route of neuropathics like gaba or pregabalin. agree she is not in same headspace as before and now is accountable for own actions. AMT + Celecoxib not helping with pain at all.

Comment **Comment** will try gabapentin cautiously - stop AMT . I will call to review in 2 weeks.

Medication **Medication** Gabapentin Capsules 100 mg 84 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY

18-Aug-2025 Dr Glenn Mulligan (GM) Telephone Consultation

History **History** Failed encounter

History **History** x3 2 numbers.

18-Aug-2025 MS Precious Ndlovu (PN) Old Irvine Road SurgeryMain Surgery

Comment **Comment** Pt called back provided alt number *****, Missed call earlier.

18-Aug-2025 Dr Glenn Mulligan (GM) Old Irvine Road SurgeryMain Surgery

History **History** Failed encounter try later

31-July-2025 Dr Belinda Chan (BC) Old Irvine Road SurgeryMain Surgery

Problem **Problem** Low back pain

History **History** describes intermittent numbness more so on the outer part of her left hip-feels left leg has less power. also states when she turns sideways sometimes she can feel numb whole left side of her body 'tingly or painful numb'.

Examination **Examination** normal SLR bilat but pain reproduced left leg on doing this. intact sensation both saddle region - chaperone offered and declined : intact anal tone.

Comment **Comment** unlikely CE sx but cont to be vigilant of sx and report if any persistent urine incontinence. I will refer MSK Spinal. discussed analgesics - sleepy already with both AMT and quetiapine not keen on opiates or gaba/ pregabalin - done v well coming out of addictions and now works supporting others addicts. keen to try diff NSAID - GI se reiterated. review prn.

Problem **Problem** [D]Incontinence of urine

History **History** usually occurs on days of her back pain flare ups but then does go back to normal

Medication **Medication** Celecoxib Capsules 100 mg 56 CAPSULE ONE TO BE TAKEN TWICE A DAY

31-July-2025 Dr Belinda Chan (BC) Old Irvine Road SurgeryMain Surgery

Problem **Problem** Low back pain

History **History** burst T12 fracture in 2021 after jumping 1st floor window - operated on had T12-L2 posterior fixation. in Aug 2023 had further fall and c/o reduced sensation to left leg MRI whole spine : no evidence cord impingement. ongoing and worsening lower back pain radiating down left leg . NO saddle anaesthesiae. has new urine incont mainly urge in last 2/12 - last episode 2 weeks ago when was not able to get to toilet on time. taking AMT/ naproxen/ pcm / ibuprofen if not taking naproxen.

Comment **Comment** see.

Problem **Problem** [D]Incontinence of urine

Problem **Problem** [X]Drug addiction NOS

History **History** now off tx and has been discharged from Addictions.

10-Jun-2025 MS Lucy Middleton (LMID) Old Irvine Road SurgeryMain Surgery

Comment **Comment** Prescription by supplementary prescriber - amitriptyline added to rpt as requested - pain reviewed March 25. Quetiapine as before - under care of Psych

Medication **Medication** Amitriptyline Hydrochloride Tablets 10 mg 56 tablet ONE TO BE TAKEN AT NIGHT

Medication **Medication** Quetiapine Fumarate Tablets 50 mg 120 TABLET TWO TABLETS AT NIGHT

02-Jun-2025 Dr Alea Mahmoud (AMA) Old Irvine Road SurgeryMain Surgery

History **History** Further call to pt: no answer this time.

02-Jun-2025 Dr Alea Mahmood (AMA) Telephone Consultation

History History TC to patient : difficult to hear patient ? on train.
reception cutting in and out.

16-Apr-2025 Ms Usma Parveen (UP) Old Irvine Road SurgeryMain Surgery

Comment Prescription by supplementary prescriber pain reviewed 11/3/25.
Medication Medication Amitriptyline Hydrochloride Tablets 10 mg 56
tablet ONE TO BE TAKEN AT NIGHT
Medication Medication Quetiapine Fumarate Tablets 50 mg 60
TABLET TWO TABLETS AT NIGHT

08-Apr-2025 Dr Glenn Mulligan (GM) Telephone Consultation

Problem Fixation of fracture of spine
History History pain mx issues.
keen to avoid
opiates.
longtm medicn may not achieve pain
relief she would like due to prev injuries + surgery,
Comment Comment Trial rx/advice.
Medication Medication Nefopam Hydrochloride Tablets 30 mg 60
tablet ONE OR TWO TO BE TAKEN THREE TIMES A DAY

07-Apr-2025 Mrs Rosemary Webster (ROSEMARY_16992) Old Irvine Road SurgeryMain Surgery

Comment Comment summary emailed to curaleaf clinic as per their
email

11-Mar-2025 Dr Belinda Chan (BC) Old Irvine Road SurgeryMain Surgery

Problem Problem back pain NO ANS 9:36, 9:43
History History note prev hx burst T12 fracture in 2021 (after
jumping out 1st floor window) - operated on - had T12-L2
posterior fixation
Medication Medication Amitriptyline Hydrochloride Tablets 10 mg 56
tablet ONE TO BE TAKEN AT NIGHT
Medication Medication Naproxen Tablets 500 mg 56 TABLET ONE
TO BE TAKEN TWICE A DAY -AFTER FOOD
Problem Back pain, unspecified
History History attended with ***** - states is about to complete
and stop buvidal - since having her methadone then
buvidol reduced been feeling pain in back a lot more.
taking pcm and ibuprofen also using deep heat - the latter
helps a bit. occ radiation down left leg (not new) no new
saddle anaesthesiae GI or GU complaints.
Examination Examination pain is at level of prev surgery scar.
Comment Comment can try AMT and naproxen (stop ibuprofen if
taking naproxen) - advised risks sedation with AMT
suggest take quetiapine earlier then last thing at night
take AMT. if helps can have these put on her rpts.
worsening advice given .

27-Feb-2025 Ms Karen Lawrence (KL) Old Irvine Road SurgeryMain Surgery

Problem Chronic viral hepatitis C
Comment Comment attended for bloods as requested difficult
access on left arm may need repeated as vein collapsed

27-Feb-2025 Dr Belinda Chan (BC) General Practice Surgery

Result (Non Coded Event - HIV 1-2 ANTIBODY):
HIV 1 and 2 Antibody/Antigen Not Detected (No range available)

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

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

25-Feb-2025 Dr Belinda Chan (BC) Telephone Consultation

Problem Chronic viral hepatitis C
History History informed re active hep C infection // does not
sound surprised. states currently abstinent from drugs
never injected .
Comment Comment needs HIV serology updated , USS abdomen
requested , ref infectious disease - dictated.

25-Feb-2025 Dr Belinda Chan (BC) Telephone Consultation

Problem Failed encounter
History History further attempt to call pt - no answer VM left to
call back at the surgery have also dictated letter to inform
Emma of her blood test result showing active HCV and to
contact at the surgery to discuss further management.

25-Feb-2025 Dr Belinda Chan (BC) Telephone Consultation

Problem Failed encounter - message left on answer machine no
answer x2 VM left to call back at the surgery.
Problem Chronic viral hepatitis C

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

Read Code SMS text sent to patient Summary of SMS message /
Dear Emma Lindsay, Dr Chan will call you on Tuesday
25/2/25 to discuss blood results. Old Irvine Road Surgery

19-Feb-2025 Dr Belinda Chan (BC) Laboratory

Problem Chronic viral hepatitis C
History **History** ACTIVE HCV infection (PCR positive) - pls inform
pt I will call her on Tues 25Feb to discuss result and
further management .

11-Feb-2025 Mrs Natalie Kinloch (NR) North West Kilmarnock Area CentreBranch Surgery

History **History** Attended surgery for blood pressure check.
Examination **Examination** Consent gained, blood pressure taken from
left arm.
Examination Systolic blood pressure 118 mm Hg
Examination Diastolic blood pressure 56 mm Hg
Social Alcohol consumption 0 units/week
Social Light smoker - 1-9 cigs/day
Social 30 mins/day of at least mod intensity physc activity >=5
week walks daily, more than 30minutes

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

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

08-Feb-2025 Dr Belinda Chan (BC) Laboratory

Problem Hepatosplenomegaly
History **History** seen on CT abdomen during hospital admission
Oct 2019
Problem Chronic viral hepatitis C
History **History** awaiting latest serology ? active hep C - last hep
c screen was in 2013 - cannot see any HCV PCR result
from then. No Infectious disease letters noted.
Problem Platelet count
History **History** remains low / stable at 130 .
Comment **Comment** await Hep C result and then for further
discussion ? ref to ID/ repeat USS. LFTs are NORMAL .

06-Feb-2025 Mrs Natalie Kinloch (NR) Old Irvine Road SurgeryMain Surgery

History **History** Attended surgery for bloods as per DR Chan
request.
Examination **Examination** Consent gained, blood obtained from left
arm, 1st attempt, difficult acces due to PMH.
Examination O/E - height 175 cm
Examination O/E - weight 84.8 Kg
Examination Body Mass Index 27.69

06-Feb-2025 Dr Belinda Chan (BC) General Practice Surgery

Result **Liver function test:**
Globulin 32 g/L (Range: 21 - 35)
Albumin 46 g/L (Range: 35 - 50)
Total Protein 78 g/L (Range: 60 - 80)
ALT 53 U/L (Range: 5 - 55)
AST 45 U/L (Range: 10 - 45)
ALP 60 U/L (Range: 30 - 130)
Bilirubin 6 µmol/L (No range available)
Result **(Non Coded Event - FULL BLOOD COUNT):**
Basophils, 0 0 10⁹/L (No range available)
Eosinophils 0.1 10⁹/L (Range: 0.1 - 0.7)
Monocytes 0.3 10⁹/L (Range: 0.2 - 0.9)
Lymphocytes 1.5 10⁹/L (Range: 1.1 - 5)
Neutrophils 3 10⁹/L (Range: 1.8 - 7.4)
Platelets **130 10⁹/L (Range: 150 - 400)**
MCHC **352 g/L (Range: 316 - 349)**
MCH 31.3 pg (Range: 27.3 - 32.6)
MCV 89 fL (Range: 82 - 98)
Haematocrit 0.4 % (Range: 0.36 - 0.48)
RBC 4.54 10¹²/L (Range: 3.88 - 4.99)
White Cell Count 4.9 10⁹/L (Range: 3.9 - 11.1)
Haemoglobin 142 g/L (Range: 122 - 165)

06-Feb-2025 Dr Belinda Chan (BC) General Practice Surgery

Result	(Non Coded Event - Virology Comment): Comment	(No range available)
Result	(Non Coded Event - HEPATITIS C ANTIBODY): Hepatitis C Comment Hepatitis C antibody	(No range available) (No range available)
Result	(Non Coded Event - HEPATITIS B S ANTIGEN): Hepatitis B Surface Antigen Not Detected	(No range available)
Result	(Non Coded Event - SEROLOGY TESTS): Serology Tests _____	(No range available)

05-Feb-2025 Dr Liz Muir (LMU) Old Irvine Road SurgeryMain Surgery

History	History see task - called to review - has been taking 100mg Quetiapine - not ready to reduce dose further - plans to discuss this at her next clinic appointment Rx issued
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05-Feb-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.
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04-Feb-2025 Ms Cheryl McCulloch (CMC) Data Entry

Comment	Comment Tried calling pt to move over to OIR Natalie appts as Karen appts to be cancelled
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04-Feb-2025 Mr Anonymous User (ANON) MJog

Read Code	Appt cancelled by doctor Summary of SMS message / Dear Emma Unfortunately, your appointment on Thursday 6/2/25 at North West Kilmarnock Area Centre needs to be rescheduled due to staff illness. Please call 01563 522413 to rebook.
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30-Jan-2025 Ms Anisa Haleem (AS) Old Irvine Road SurgeryMain Surgery

Comment	Comment See task- note patient is on quetiapine 50mg once daily. Attempted to phone patient to clarify dose she is taking, VM left.
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29-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of SMS message / Dear Emma Lindsay, we have received your request for medication, this is not currently due as this was issued on 13/12/24 for a month supply. Thank You Linda Old Irvine Road Surgery
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28-Jan-2025 Dr Belinda Chan (BC) Telephone Consultation

Problem	Problem Discuss blood results/progesterone level
History	History advised Day 21 progesterone is consistent with ovulation - did ask re: Antimüllerian hormone - advised this is not routinely checked by primary care. explained slightly low platelets (is on quetiapine - rarely can cause this as per BNF) and AST borderline 62. states before was told she didn't have an active Hep C infection - states been clean for drugs for some time now and keen for further Hep C screen.
Problem	Chronic viral hepatitis C

13-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code	Informing patient Summary of SMS message / Dear Emma Lindsay A result has been received and the doctor recommends that you have the blood test repeated in 1 month time. Thanks Jen - Admin Team Old Irvine Road Surgery / Result received
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12-Jan-2025 Dr Belinda Chan (BC) Laboratory

Problem	Chronic viral hepatitis C
Problem	Hepatosplenomegaly
History	History see bloods as per Dr Fullerton : Day 21 progesterone 63.9 (consistent with ovulation) .
Comment	Comment Plts bit low at 130 and AST 62 - rpt in 4 weeks.

09-Jan-2025 Ms Karen Lawrence (KL) Old Irvine Road SurgeryMain Surgery

Comment	Comment Attended for bloods as requested by Dr Fullerton VV difficult VP Blue Needle
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09-Jan-2025 Dr Belinda Chan (BC) General Practice Surgery

Result	Serum progesterone:		
	Progesterone	63.9 nmol/L	(No range available)
Result	Thyroid function test:		
	TSH	1.77 mU/L	(Range: 0.27 - 4.2)
	Free T4	11.9 pmol/L	(Range: 10 - 22)
Result	Liver function test:		
	Globulin	30 g/L	(Range: 21 - 35)
	Albumin	43 g/L	(Range: 35 - 50)
	Total Protein	73 g/L	(Range: 60 - 80)
	ALT	62 U/L	(Range: 5 - 55)
	AST	38 U/L	(Range: 10 - 45)
	ALP	56 U/L	(Range: 30 - 130)
	Bilirubin	9 µmol/L	(No range available)
Result	Urea and electrolytes:		
	eGFR result/1.73m2 >60		(No range available)
	Chloride	103 mmol/L	(Range: 95 - 108)
	Potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
	Sodium	137 mmol/L	(Range: 133 - 146)
	Creatinine	51 µmol/L	(Range: 50 - 100)
	Urea	4.1 mmol/L	(Range: 2.5 - 7.8)
Result	(Non Coded Event - FULL BLOOD COUNT):		
	Basophils, 0	0 10 ⁹ /L	(No range available)
	Eosinophils	0.1 10 ⁹ /L	(Range: 0.1 - 0.7)
	Monocytes	0.5 10 ⁹ /L	(Range: 0.2 - 0.9)
	Lymphocytes	2.1 10 ⁹ /L	(Range: 1.1 - 5)
	Neutrophils	4.7 10 ⁹ /L	(Range: 1.8 - 7.4)
	Platelets	130 10⁹/L	(Range: 150 - 400)
	MCHC	355 g/L	(Range: 316 - 349)
	MCH	30.9 pg	(Range: 27.3 - 32.6)
	MCV	87 fL	(Range: 82 - 98)
	Haematocrit	0.4 %	(Range: 0.36 - 0.48)
	RBC	4.63 10 ¹² /L	(Range: 3.88 - 4.99)
	White Cell Count	7.4 10 ⁹ /L	(Range: 3.9 - 11.1)
	Haemoglobin	143 g/L	(Range: 122 - 165)

08-Jan-2025 Mr Anonymous User (ANON) MJog

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

13-Dec-2024 Dr Alison Fullerton (ALIS) Old Irvine Road SurgeryMain Surgery

History	History Seen with *****. Doing really well. Nearly off all buprenorphine, says a few more weeks, before discharge from addictions team. Wanting to consider conceiving with ***** (not in this practice). Patient has had 5 miscarriages, but likely due to chaotic lifestyle previously. Has been stable for over 1 year, says periods are now regular. 28 days cycle bleed for about 4-5 days. LMP 18 nov 2024. smoker, nil alcohol, is on quetiapine, but currently taking 100mg nocte. Feels well in self, wanting to be checked, in terms of fertility. Advised usually we don't check until after 18 months of regular unprotected intercourse. Partner has had vasectomy in past - advised reversal not available on NHS, and not sure of success rates. Given miscarriage history, can check bloods and swabs in first instance. Patient has reduce quetiapine by herself, keen to reduce this if possible - agreed to reduce to 50mg nocte. Aware not harmful if were to fall pregnant, but may cause a bit of withdrawal in***** if to continue to term. Had smear this year.
Examination	Examination weight 83.6kg, height 180cm, BMI 25.8, BP 136/64, HR 112, sats99% Pulse reg, HSI+II, nil added chest clear.
Comment	Comment Advised can get bloods done at 21 days, to check her health for conceiving. swabs for STI. warned that reversal of vasectomy not always successful. Review if any further questions if wanting to reduce quetiapine further or if any other concerns. Aware smoking not ideal.
Medication	Medication Quetiapine Fumarate Tablets 50 mg 60 tablet ONE TABLET AT NIGHT

03-Sept-2024 Dr David Curran (JC) Triage

Problem	Problem MESSAGE: severe back pain, sore throat/chest & head, very sleepy for past 5 days now
History	Productive cough -green sputum covid -ve
Comment	Medication started
Comment	Patient given advice observe and rv as req'd.
Medication	Medication Doxycycline Hyclate Capsules 100 mg 8 capsule TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY

30-July-2024 Dr David Curran (JC) Telephone Consultation

Problem **Problem** MESSAGE: looking to discuss ongoing issues- surgery are aware of- back pain + shaking
 Comment Failed encounter - no answer when rang back

22-July-2024 Ms Kirsteen Upton (KUP) Data Entry

16-July-2024 Comment **Comment** Did not attend addictions appt
 History Outpatient clinic letter received

20-Jun-2024 Ms Anisa Haleem (AS) Old Irvine Road SurgeryMain Surgery

Comment Prescription by supplementary prescriber SR quetiapine- ast psychiatry review Jan 24. On weekly dispense as per GP2GP summary.
 Medication **Medication** Quetiapine Fumarate Tablets 200 mg 112 tablet TAKE 2 TABLETS AT NIGHT DISP WEEKLY

20-Jun-2024 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of SMS message / Dear Emma Lindsay, There is a prescription ready for you to collect at the surgery. Can you call us to advise what chemist you would like it sent to? Old Irvine Road Surgery

Medications (inc. issues)**Acute**

19-Aug-2025 Gabapentin Capsules 100 mg
 84 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

Repeat

07-Jan-2026 Gabapentin Capsules 100 mg
 84 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY. INCREASE BY 1 TAB PER WEEK TO REACH 2 TABS THREE TIMES A DAY

07-Jan-2026 Quetiapine Fumarate Tablets 50 mg
 120 TABLET - TWO TABLETS AT NIGHT

14-Nov-2025 Quetiapine Fumarate Tablets 50 mg
 120 TABLET - TWO TABLETS AT NIGHT

14-Nov-2025 Gabapentin Capsules 100 mg
 84 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY. INCREASE BY 1 TAB PER WEEK TO REACH 2 TABS THREE TIMES A DAY

26-Sept-2025 Gabapentin Capsules 100 mg
 84 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

17-Sept-2025 Quetiapine Fumarate Tablets 50 mg
 120 TABLET - TWO TABLETS AT NIGHT

19-Aug-2025 Gabapentin Capsules 100 mg
 84 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY. INCREASE BY 1 TAB PER WEEK TO REACH 2 TABS THREE TIMES A DAY

31-July-2025 Quetiapine Fumarate Tablets 50 mg
 120 TABLET - TWO TABLETS AT NIGHT

10-Jun-2025 Quetiapine Fumarate Tablets 50 mg
 120 TABLET - TWO TABLETS AT NIGHT

16-Apr-2025 Quetiapine Fumarate Tablets 50 mg
 60 TABLET - TWO TABLETS AT NIGHT

10-Mar-2025 Quetiapine Fumarate Tablets 50 mg
 60 TABLET - TWO TABLETS AT NIGHT

05-Feb-2025 Quetiapine Fumarate Tablets 50 mg
 60 TABLET - TWO TABLETS AT NIGHT

13-Dec-2024 Quetiapine Fumarate Tablets 50 mg
 120 TABLET - TWO TABLETS AT NIGHT

13-Dec-2024 Quetiapine Fumarate Tablets 50 mg
 60 tablet - ONE TABLET AT NIGHT

22-July-2024 Buvidal Prolonged Release Solution For Injection 128 mg/0.36 ml pre-filled syringe
 0.001 pre-filled disposable injection - DOSE AS PER ADDICTIONS

22-July-2024 Buvidal Prolonged Release Solution For Injection 128 mg/0.36 ml pre-filled syringe
 0.001 pre-filled disposable injection - DOSE AS PER ADDICTIONS

Past

03-Mar-2026 Nefopam Hydrochloride Tablets 30 mg Acute Medication (Past)
 60 tablet - ONE OR TWO TO BE TAKEN THREE TIMES A DAY

03-Mar-2026 Nefopam Hydrochloride Tablets 30 mg Acute Medication (Past)
60 tablet - ONE OR TWO TO BE TAKEN THREE TIMES A DAY

03-Mar-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY (IF TAKING MEFENAMIC ACID - FOR STOMACH PROTECTION)

03-Mar-2026 Celecoxib Capsules 100 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

03-Mar-2026 Celecoxib Capsules 100 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

03-Mar-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY (IF TAKING MEFENAMIC ACID - FOR STOMACH PROTECTION)

08-Jan-2026 Mefenamic Acid Capsules 250 mg Acute Medication (Past)
100 CAPSULE - TWO TO BE TAKEN THREE TIMES A DAY

08-Jan-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY (IF TAKING MEFENAMIC ACID - FOR STOMACH PROTECTION)

08-Jan-2026 Mefenamic Acid Capsules 250 mg Acute Medication (Past)
100 CAPSULE - TWO TO BE TAKEN THREE TIMES A DAY

08-Jan-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY (IF TAKING MEFENAMIC ACID - FOR STOMACH PROTECTION)

25-Sept-2025 Eflornithine Cream 11.5 % Acute Medication (Past)
60 GRAM - APPLY THINLY TWICE A DAY

25-Sept-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY (IF TAKING MEFENAMIC ACID - FOR STOMACH PROTECTION)

25-Sept-2025 Mefenamic Acid Capsules 250 mg Acute Medication (Past)
100 CAPSULE - TWO TO BE TAKEN THREE TIMES A DAY

25-Sept-2025 Eflornithine Cream 11.5 % Acute Medication (Past)
60 GRAM - APPLY THINLY TWICE A DAY

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100 CAPSULE - TWO TO BE TAKEN THREE TIMES A DAY

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31-July-2025 Celecoxib Capsules 100 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

31-July-2025 Celecoxib Capsules 100 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

31-July-2025 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

10-Jun-2025 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

16-Apr-2025 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

08-Apr-2025 Nefopam Hydrochloride Tablets 30 mg Acute Medication (Past)
60 tablet - ONE OR TWO TO BE TAKEN THREE TIMES A DAY

08-Apr-2025 Nefopam Hydrochloride Tablets 30 mg Acute Medication (Past)
60 tablet - ONE OR TWO TO BE TAKEN THREE TIMES A DAY

11-Mar-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY -AFTER FOOD

11-Mar-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY -AFTER FOOD

11-Mar-2025 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

11-Mar-2025 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

29-Oct-2024 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
112 tablet - TAKE 2 TABLETS AT NIGHT DISP WEEKLY

03-Sept-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY

03-Sept-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY

23-Aug-2024 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
112 tablet - TAKE 2 TABLETS AT NIGHT DISP WEEKLY

20-Jun-2024 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
112 tablet - TAKE 2 TABLETS AT NIGHT DISP WEEKLY

20-Jun-2024 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
112 tablet - TAKE 2 TABLETS AT NIGHT DISP WEEKLY

Allergies

12-Aug-2016 Miss Amy Ferguson (AFE)

Allergic reaction
Unknown
Episodicity - None

Vaccinations

12-May-2022 Miss Amy Ferguson (AFE)

Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine

11-Feb-2014 Miss Amy Ferguson (AFE)

Seasonal influenza vaccin given by other healthcare provider

08-Dec-2003 Miss Amy Ferguson (AFE)

Tuberculosis (BCG) vaccination

23-Feb-2001 Miss Amy Ferguson (AFE)

Single meningitis C vaccination

15-Jun-1995 Miss Amy Ferguson (AFE)

Booster DT(double)+polio vacc.

06-Oct-1993 Miss Amy Ferguson (AFE)

Booster (single) haemophilus B vaccination

16-Mar-1992 Miss Amy Ferguson (AFE)

Third DTP (triple)+polio vacc.

16-Mar-1992 Miss Amy Ferguson (AFE)

Measles/mumps/rubella vaccn.

07-Oct-1991 Miss Amy Ferguson (AFE)

Second DTP (triple)+polio vacc

21-Nov-1990 Miss Amy Ferguson (AFE)

First DTP (triple)+polio vacc.

Referrals

26-Sept-2025 Dr Belinda Chan (BC)

8H...: Referral for further care (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

23-Sept-2025 Dr Belinda Chan (BC)

8H...: Referral for further care (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

09-Sept-2025 Dr Glenn Mulligan (GM)

8H...: Referral for further care (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

01-Aug-2025 Dr Belinda Chan (BC)

8H...: Referral for further care (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

27-Feb-2025 Dr Belinda Chan (BC)

8H...: Referral for further care (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

Test Requests

30-Dec-1899 Dr Belinda Chan (BC)**Status** Requested**Innoculation Risk** True**Priority** Normal**Has Fasted?** True**Is Pregnant?** True**30-Dec-1899 Mrs Natalie Kinloch (NR)****Status** Sampled**Innoculation Risk** True**Priority** Normal**Has Fasted?** True**Is Pregnant?** True**30-Dec-1899 Dr Belinda Chan (BC)****Status** Requested**Innoculation Risk** True**Priority** Normal**Has Fasted?** True**Is Pregnant?** True

30-Dec-1899 Ms Karen Lawrence (KL)

Status Sampled
 Innoculation Risk True
 Priority Normal
 Has Fasted? True
 Is Pregnant? True

30-Dec-1899 Dr Belinda Chan (BC)

Status Complete
 Innoculation Risk True
 Priority Normal
 Has Fasted? True
 Is Pregnant? True

30-Dec-1899 Mrs Natalie Kinloch (NR)

Status Sampled
 Innoculation Risk True
 Priority Normal
 Has Fasted? True
 Is Pregnant? True

30-Dec-1899 Dr Belinda Chan (BC)

Status Requested
 Innoculation Risk True
 Priority Normal
 Has Fasted? True
 Is Pregnant? True

30-Dec-1899 Dr Belinda Chan (BC)

Status Requested
 Innoculation Risk True
 Priority Normal
 Has Fasted? True
 Is Pregnant? True

30-Dec-1899 Dr Belinda Chan (BC)

Status Requested
 Innoculation Risk True
 Priority Normal
 Has Fasted? True
 Is Pregnant? True

30-Dec-1899 Ms Karen Lawrence (KL)

Status Sampled
 Innoculation Risk True
 Priority Normal
 Has Fasted? True
 Is Pregnant? True

30-Dec-1899 Dr Alison Fullerton (ALIS)

?ovulation

Status Complete
 Innoculation Risk True
 Priority Normal
 Has Fasted? True
 Is Pregnant? True

Test Results

10-Sept-2025 Mr Anonymous User (ANON)**Result:** Plasma lipids

LDL Cholesterol	2 mmol/L	(No range available)
Triglyceride	0.9 mmol/L	(No range available)
Cholesterol:HDL Ratio	2.7	(No range available)
HDL Cholesterol	1.4 mmol/L	(No range available)
Cholesterol	3.8 mmol/L	(No range available)

10-Sept-2025 Mr Anonymous User (ANON)**Result:** Plasma gamma-glutamyl transferase level

GGT	6 U/L	(Range: 2 - 50)
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10-Sept-2025 Mr Anonymous User (ANON)**Result:** Liver function test

Globulin	28 g/L	(Range: 21 - 35)
Albumin	46 g/L	(Range: 35 - 50)
Total Protein	74 g/L	(Range: 60 - 80)
ALT	13 U/L	(Range: 5 - 55)
AST	18 U/L	(Range: 10 - 45)
ALP	51 U/L	(Range: 30 - 130)
Bilirubin	5 µmol/L	(No range available)

27-Feb-2025 Mr Anonymous User (ANON)**Result:** (Non Coded Event - HIV 1-2 ANTIBODY)

HIV 1 and 2 Antibody/Antigen	Not Detected	(No range available)
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06-Feb-2025 Mr Anonymous User (ANON)**Result:** Liver function test

Globulin	32 g/L	(Range: 21 - 35)
Albumin	46 g/L	(Range: 35 - 50)
Total Protein	78 g/L	(Range: 60 - 80)
ALT	53 U/L	(Range: 5 - 55)
AST	45 U/L	(Range: 10 - 45)
ALP	60 U/L	(Range: 30 - 130)
Bilirubin	6 µmol/L	(No range available)

06-Feb-2025 Mr Anonymous User (ANON)**Result:** (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10 ⁹ /L	(No range available)
Eosinophils	0.1 10 ⁹ /L	(Range: 0.1 - 0.7)
Monocytes	0.3 10 ⁹ /L	(Range: 0.2 - 0.9)
Lymphocytes	1.5 10 ⁹ /L	(Range: 1.1 - 5)
Neutrophils	3 10 ⁹ /L	(Range: 1.8 - 7.4)
Platelets	130 10⁹/L	(Range: 150 - 400)
MCHC	352 g/L	(Range: 316 - 349)
MCH	31.3 pg	(Range: 27.3 - 32.6)
MCV	89 fL	(Range: 82 - 98)
Haematocrit	0.4 %	(Range: 0.36 - 0.48)
RBC	4.54 10 ¹² /L	(Range: 3.88 - 4.99)
White Cell Count	4.9 10 ⁹ /L	(Range: 3.9 - 11.1)
Haemoglobin	142 g/L	(Range: 122 - 165)

06-Feb-2025 Mr Anonymous User (ANON)**Result:** (Non Coded Event - Virology Comment)

Comment		(No range available)
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06-Feb-2025 Mr Anonymous User (ANON)**Result:** (Non Coded Event - HEPATITIS C ANTIBODY)

Hepatitis C Comment		(No range available)
Hepatitis C antibody		(No range available)

06-Feb-2025 Mr Anonymous User (ANON)**Result:** (Non Coded Event - HEPATITIS B S ANTIGEN)

Hepatitis B Surface Antigen Not Detected		(No range available)
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06-Feb-2025 Mr Anonymous User (ANON)**Result:** (Non Coded Event - SEROLOGY TESTS)

Serology Tests _____		(No range available)
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09-Jan-2025 Mr Anonymous User (ANON)**Result:** Serum progesterone

Progesterone	63.9 nmol/L	(No range available)
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09-Jan-2025 Mr Anonymous User (ANON)**Result:** Thyroid function test

TSH	1.77 mU/L	(Range: 0.27 - 4.2)
Free T4	11.9 pmol/L	(Range: 10 - 22)

09-Jan-2025 Mr Anonymous User (ANON)**Result:** Liver function test

Globulin	30 g/L	(Range: 21 - 35)
Albumin	43 g/L	(Range: 35 - 50)
Total Protein	73 g/L	(Range: 60 - 80)
ALT	62 U/L	(Range: 5 - 55)
AST	38 U/L	(Range: 10 - 45)
ALP	56 U/L	(Range: 30 - 130)
Bilirubin	9 µmol/L	(No range available)

09-Jan-2025 Mr Anonymous User (ANON)**Result:** Urea and electrolytes

eGFR result/1.73m2 >60		(No range available)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
Sodium	137 mmol/L	(Range: 133 - 146)
Creatinine	51 µmol/L	(Range: 50 - 100)
Urea	4.1 mmol/L	(Range: 2.5 - 7.8)

09-Jan-2025 Mr Anonymous User (ANON)**Result:** (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10 ⁹ /L	(No range available)
Eosinophils	0.1 10 ⁹ /L	(Range: 0.1 - 0.7)
Monocytes	0.5 10 ⁹ /L	(Range: 0.2 - 0.9)
Lymphocytes	2.1 10 ⁹ /L	(Range: 1.1 - 5)
Neutrophils	4.7 10 ⁹ /L	(Range: 1.8 - 7.4)
Platelets	130 10⁹/L	(Range: 150 - 400)
MCHC	355 g/L	(Range: 316 - 349)
MCH	30.9 pg	(Range: 27.3 - 32.6)
MCV	87 fL	(Range: 82 - 98)
Haematocrit	0.4 %	(Range: 0.36 - 0.48)
RBC	4.63 10 ¹² /L	(Range: 3.88 - 4.99)
White Cell Count	7.4 10 ⁹ /L	(Range: 3.9 - 11.1)
Haemoglobin	143 g/L	(Range: 122 - 165)

25-Sept-2025 Mr Anonymous User (ANON)**Result:** (Non Coded Event - HVS CULTURE)

Culture	(No range available)
Bacterial vaginosis Not seen	(No range available)
Trichomonas vaginalis Not seen	(No range available)
Candida Culture	(No range available)
Pus cells Seen +	(No range available)

25-Sept-2025 Ms Erin Lannie (EL)**Result:** Virology

Cervical smear - human papillomavirus negative - Cervical smear - human papillomavirus negative	(No range available)
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13-Dec-2024 Mr Anonymous User (ANON)**Result:** (Non Coded Event - Chlamydia/GC)

NB	(No range available)
N. gonorrhoeae	(No range available)
Chlamydia trachomatis	(No range available)

Other Items

20-Dec-2024	Recall	Medication review
21-Jun-2024	Read Code	Notes summary on computer
17-Jun-2024	Read Code	Total notes on computer
14-Jun-2024	Read Code	Scottish - ethnic category 2001 census
14-Jun-2024	Read Code	[X]Drug addiction NOS patient stated on reg form
14-Jun-2024	Read Code	Current smoker
14-Jun-2024	Read Code	Alcohol intake within recommended sensible limits
14-Jun-2024	Read Code	Consent given for communication by email
14-Jun-2024	Read Code	Consent given for communication by SMS text messaging
15-Aug-2023	Read Code	Falls
27-Jun-2022	Read Code	Abscess NOS L groin
10-Aug-2021	Read Code	Osteoarthritis of lumbar spine L3/L4 & L4/L5
10-Aug-2021	Read Code	Spinal cord compression
10-Aug-2021	Read Code	Atelectasis
10-Aug-2021	Read Code	Illicit drug use while inpatient on ward
10-Aug-2021	Read Code	Successful trial without catheter
10-Aug-2021	Read Code	Fixation of fracture of spine T12/L32

03-Aug-2021	Read Code	Closed fracture thoracic vertebra, burst T12
13-Oct-2019	Read Code	Hepatosplenomegaly
05-Oct-2019	Read Code	Chronic viral hepatitis C
17-May-2019	Read Code	Deep vein thrombosis (Left)
25-Apr-2017	Read Code	Drug addictn therap-methadone
19-Feb-2014	Read Code	[X]Emotionally unstable personality disorder
21-Aug-2010	Read Code	Overdose of drug opiates, diazepam and quetiapine
19-Jan-2010	Read Code	Suicidal
23-Feb-2009	Read Code	[X]Bipolar affective disorder, unspecified
18-Oct-2008	Read Code	Overdose of drug seroquel and chlordiazepoxide
16-Oct-2008	Read Code	Benzodiazepine dependence
10-Jun-2008	Read Code	[X]Overdose - paracetamol
05-Mar-2008	Read Code	Psoriasis and similar disorders
15-Sept-2007	Read Code	Nondependent alcohol abuse
15-Sept-2007	Read Code	Ecstasy type drug dependence
15-Sept-2007	Read Code	Heroin dependence
30-Jun-2007	Read Code	Amphetamine or psychostimulant dependence, unspecified
30-Jun-2007	Read Code	Anxiety states
30-Jun-2007	Read Code	Visual hallucinations
01-July-2006	Read Code	[X]Overdose - paracetamol
10-Oct-2000	Read Code	[X]Attention deficit hyperactivity disorder
26-Aug-1996	Read Code	Gastro-oesophageal reflux

Attachments

Additional document
10-July-2026
Additional:Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

CHILD HEALTH SERVICES
Child and Adolescent Mental Health Services
Ladyfield Offices, Glencaple Road
DUMFRIES
DG1 4TE
Telephone: (01387) 244000 Extn 4327
Direct Dial: (01387) 244327
Fax: (01387) 244337

NHS
Dumfries
& Galloway

7th July 2006

First Class
Miss Emma Lyndsay
Snid Farm Cottage
Terregles
DUMFRIES
DG2 9RT

Dear Emma

Following your recent attendance to A & E Department at Dumfries and Galloway Royal Infirmary, Dr Elizabeth Cusworth, Consultant Psychiatrist with our team would be pleased to meet with you here at Ladyfield Offices on Wednesday, 12th of July 2006 at 1pm. (A map is enclosed with directions on how to find us)

Please get in contact if this appointment is not suitable otherwise we look forward to seeing you then.

Yours sincerely

Lynne McCulloch

Lynne McCulloch
Medical Secretary

Enc

c.c. Dr Kannapiran, SHO A & E Department, Dumfries and Galloway Royal Infirmary
Dr I M Brown, GP, Health Centre, Thornhill, DG3 5AA
Elaine Wylie, Clinical Co-ordinator, CAMHS, Nithbank Office

IB	✓
RB	✓
EV	✓
RI	✓
GPR	
FILE	
ACTION	
RECALL	
RX	
SUMMARY	
PN/HV	

05 SEP 2006

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Dumfries & Galloway NHS Board is the common name of Dumfries & Galloway Health Board

Additional document
10-July-2026
Additional:Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Ayrshire Doctors On Call



1 Patient Contacts for Tanyard Medical Practice

Page 1 of 2

Patient : Emma Lindsay

(Gender: Female) (DOB: 26/08/1990) (Age: 31 years) (CHI: 2608901301)

Case No 44483 **Case Date** 24/03/2022 17:55

Own Dr Fernandez-Ares, Tona

Emergency Care Summary viewed on case

Current Address

17 Richmond Terrace Cumnock

Home Address (If Different)

39 Lambfair Gardens Auchinleck Cumnock

KA18 1DN

KA18 2HY

Current Phone [REDACTED]

Home Phone (If Different) [REDACTED]

Case Type ED Telephone Assessment

Priority On Reception Within 4 Hours

NHS 24 Advice by

Caroline Wilson (Call Taker Si) ()

Triage Start 17:57

Clinical summary created by: Caroline Wilson (Call Taker Si) () (24/03/2022 18:24:05)

Triage End 18:23

Reason for call: INJURY TO BACK 3 DAYS

24/03/2022 17:52:08 WILSONC. RETURN CALLER - PHONED SPINAL UNIT 3 DAYS AGO - SLIPPED ON TWO STAIRS 3 DAYS AGO - INJURED BACK - IN AGONY - HAS APPT FOR SCAN AT SPINAL UNIT NEXT WEEK - IS BED RIDDEN - STAYING WITH FRIEND FOR SUPPORT - CAN'T GET OUT OF BED. EVEN TO GO TO THE TOILET - PAIN SCALE 8/10 - HAS USED PARACETAMOL, COCODAMOL AND PATCHES, NO IMPROVEMENT - BROKE BACK LAST YEAR - HAD 2 FRACTURES AND D12 AND D13 VERTEBRAE - (UNSTABLE BURST FRACTURES) - THERE ARE STILL FRAGMENTS OF BONE IN SPINAL CHORD, TOO DANGEROUS TO REMOVE AT TIME OF OPERATION - HAD A LOT OF REHAB - TINGLING SENSATION IN LEGS SINCE FALL - OWN GP DIDN'T PHONE BACK - NEGATIVE LFT - NO COVID SYMPTOMS. PT HAS BEEN USING CRUTCHES SINCE BREAKING HER BACK 7 MONTHS AGO - DISCHARGED FROM HOSPITAL AFTER 3 MONTHS. 24/03/2022 18:21:30 MACINNESE. SLIPPED ON STEPS 3/7 AGO LANDING ON HER BOTTOM. JARRED HER SPINE. ABLE TO WALK WITH HELP BUT VERY PAINFUL. HAD SURGERY END LAST YEAR FOR FRACTURES IN LOWER SPINE. HAD ORIF FRACTURES. INTERMITTENT TINGLING/PINS & NEEDLES IN RIGHT UPPER THIGH SINCE. WORSE SINCE FALL. CO-CODAMOL & IBUPROFEN NOT HELPING. FEELS SHE CAME OFF STRONG MEDICATIONS TOO QUICKLY. HX IV DRUG USE, TAKES METHADONE - ARE 4 HRS - SPEAK TO CLINICIAN. Outcome: Speak to clinician within 4 Hrs

Case Questions

Pocketed Aremote Consult by:

Start Type

End Type

Consult Start

Consult End

Adastra Consult by

Sondhi, Ravindra

Consult Start 19:33

Start Type ED Telephone Assessment

End Type ED Telephone Assessment

Consult End 20:01

History

CO- H/F patient - fell down 2 steps - staying at friend as struggling to mobilise - due scan on back in 2 weeks - not on analgesics - GP refused to prescribe Shortec/ longtec/ diazepam - Has an addiction history - often crying in pain. Issue apparently - She states that the consultant was going to write to her GP adv re back. Advised try DHC 1 QDS 28

Report Statistics:

Report produced by Adastra Version 3 - 24/03/2022 20:19:36

NHS Confidential: Personal data about a patient

Page 2 of 2

Patient : Emma Lindsay

(Gender: Female) (DOB: 26/08/1990) (Age: 31 years) (CHI: 2608901301)

Examination

Diagnosis

Treatment

Clinical Code(s)

N145. Backache, unspecified

Prescriptions

Dihydrocodeine 30mg tablets 1 tablet - every 6 hours - with or after food - oral 28.00

Informational Outcome(s)

Pharmacist -

Report Statistics:

Report produced by Adastra Version 3 - 24/03/2022 20:19:36

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10-July-2026
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Covid19 Report	
Patient Details	
Surname	LINDSAY
Forename	EMMA
CHI	2608901301
Date of birth	26.08.1990
Sex	Female
Address	39 LAMBFAR GARDENS DALRYMPLE CUMNOCK AYRSHIRE KA18 2HY
Specimen Details	
Specimen Number	V.21.4425337.L
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	30.08.21 / 03:20
Date/Time Received	30.08.21 / 13:29
Requested By	Dr Margaret Purcell
GP Practice	80171
Date/Time Reported	30.08.21 / 19:47
Details	Routine

Results

2019 NCov - Authorised on 30.08.21 at 19:42

2019 NCov Not detected

Comments:

The laboratory will discard negative SARS-CoV-2 PCR specimens after 48 hours.
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report

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NHS Confidential: Personal data about a patient

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Patient : Emma Lindsay		
(Gender: Female) (DOB: 26/08/1990) (Age: 26 years) (CHI: 2608901301)		
Case No	11057	Case Date 08/07/2017 19:51
Own Dr	Watt, Karen	
Current Address		Home Address (If Different)
59 Main Street Auchinleck Cumnock		
KA18 2AF		
Current Phone		Home Phone (If Different)
Case Type	NHS24 Advice	
Priority On Reception	NHS24 Advised	
NHS 24 Advice by Lyndsey Loguidice (Clinical Nurse) ()		Triage Start 19:52
Clinical summary created by: Lyndsey Loguidice (Clinical Nurse) () [08/07/2017 20:36:44]		Triage End 20:31
Reason for call: VAGINAL BLEEDING 14HRS		
08:07:2017 19:53:39 CLARKJ2.. FEELING WEAK, CRAMP FEELING IN ABDO.. D/W TL S CUNNINGHAM PT DOESNT FEEL FAINT/PALE COLD OR CLAMMY, ADVISED REGRADE KW2, WORSENING STATEMENT GIVEN..		
08:07:2017 20:35:50 LOGUIDICEL.. POSITIVE PREGANACY TEST 3 DAYS AGO, PASSING LARGE AMOUNTS OF BLOOD PV. CHANGING PAD EVERY 15 MINS. PASSED 3 LARGE CLOTS SIZE OF PALM OF HAND. NOT PALE, NOT COLD, NOT CLAMMY. NOT DIZZY. ADVISE A&E CROSSHOUSE ASAP...		
Outcome: Patient advised to go to A&E - For Information Only		
Case Questions		
Pocked Aremote Consult by:		Consult Start
Start Type	End Type	Consult End
Adastra Consult by		Consult Start
Start Type	End Type	Consult End
History		
Examination		
Diagnosis		
Treatment		
Clinical Code(s)		
Prescriptions		
Informational Outcome(s)		

Report Statistics:

Report produced by Adastra Version 3 - 09/07/2017 04:01:05

NHS Confidential: Personal data about a patient

Page 12 of 26

Patient : Emma Lindsay
(Gender: Female) (DOB: 26/08/1990) (Age: 26 years) (CHI: 2608901301)

Case No	11072	Case Date	08/07/2017 20:49
Own Dr	Watt, Karen		

Current Address	Home Address (If Different)
59 Main Street Auchinleck Cumnock	

KA18 2AF

Current Phone	07392 596213	Home Phone (If Different)
----------------------	--------------	----------------------------------

Case Type	NHS24 Advice
Priority On Reception	NHS24 Advised

NHS 24 Advice by	Alan Simpson (Clinical Nurse) ()	Triage Start	20:50
	Clinical summary created by: Alan Simpson (Clinical Nurse) () [08/07/2017 21:13:04]	Triage End	21:11
Reason for call: CALLED NHS24 10 MINUTES AGO WITH VAGINAL BLEEDING AND ADVISED TO ATTEND A&E. ADVISED IF NO ONE TO TAKE HER THEN SHE SHOULD CALL BACK NHS24. ANOTHER LARGE CLOT HAS COME AWAY.			
08:07:2017 20:54:11 TAMBURRINID.. AS D/W TL SHONA CUNNINGHAM. KW1 IWTH WORSENING STATEMENT. BLEEDING IS NOT AS BAD NOW...			
08:07:2017 21:12:27 SIMPSONA.. RETURN CALLER, PV BLEEDING, CHANGING PAD EVERY 15 MINS, CLOTS SIZE OF PALM, OTHERWISE WELL BUT LYING FLAT AT TIME OF CALL, ADVISED A&E ASAP, NO TRANSPORT, ADVISE 999..			
Outcome: 999 contacted - For information only			

Case Questions

Pocked Aremote Consult by:		Consult Start
Start Type	End Type	Consult End

Adastra Consult by		Consult Start
Start Type	End Type	Consult End

History**Examination****Diagnosis****Treatment****Clinical Code(s)****Prescriptions****Informational Outcome(s)**

Report Statistics:

Report produced by Adastra Version 3 - 09/07/2017 04:01:05

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NHS Confidential: Personal data about a patient

Lindsay Emma

CHI: 2608901301

Clinic Letter

Dr. PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Queen Elizabeth National Spinal Injury Unit
0141 201 2399

27/01/2023
CM/GK
27/01/2023
02/02/2023

Dear Dr. PA Dunlop,

Emma Lindsay; D.O.B: 26 Aug 1990; CHI: 2608901301
83 Keir Hardie Hill, Cumnock, Ayrshire, KA18 1PR

Attendance: Specialty - National Spinal Injuries Unit; Clinic - SGCMSI0-MR MATHIESON CERVICAL
SPINE FRI PM

Date and Time of Appointment - 27/01/2023 14:00

Procedures:

11/08/2021 UNSPECIFIED FIXATION OF FRACTURE OF SPINE

Follow Up: Discharged

Clinical Comments:

I reviewed Emma Lindsay at the Neurosurgical Spinal Clinic today. This lady is now around 18 months after suffering a T12 burst fracture requiring the need for a fixation. She had an incomplete neurological injury as a result of the fracture but has made moderate improvements since that time.

She complains of ongoing back pain. I note other issues with her health previous drug use on the Methadone programme.

X-rays taken today were entirely satisfactory with no increase in the amount of kyphosis noted. This is very satisfactory. There is no evidence of problems with the metalwork. All in all I am content with her progress. I do not see anything else that requires operative intervention there is nothing further I can do to improve her back pain surgically. As a result I am happy to discharge her from the clinic today.

Yours sincerely

Printed on 03/02/2023 14:20 by Teresa McCafferty

Page 1 of 2

NHS Confidential: Personal data about a patient

Lindsay Emma

CHI: 2608901301

OPCL 27/01/2023 v1

Mr C. Mathieson

Consultant Neurosurgeon

Queen Elizabeth National Spinal Injury Unit

Electronically Signed: Mr Calan Mathieson, Consultant

cc.

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Printed on 03/02/2023 14:20 by [REDACTED] McCafferty

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NHS Ayrshire & Arran General Hospital Division

LINDSAY,EMMA
18 CHURCH COURT
AYR

CHI No. 2608901301
Unit No.
DOB 26/08/1990
Sex F

Area Laboratory

Clinician: Dr Alisha Dosumu
Request Location: GP, Ayr: Bankfield Medical Practice

Clinical Biochemistry

KA8 QDB

This report to : Dr Alisha Dosumu, GP, Ayr: Bankfield Medical Practice

	Result	Units	Normal Range
Urine pregnancy test	Negative		

- ☒ STEVENSON
☐ DOSUMU
☐ FOCUM
☐ FILE
☐ NOTES TO
☐ APPT
☐ SCRIPT
☐ PHONE
☐ VISIT
☐ LETTER
☐ NURSE APP
☐ HIV APP
☐ OTHER

Lab No 096348264
Printed 22/10/09 14:49

Date Collected 21/10/09
Sample Type

Authorised By SYSTEM
Page 1 of 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsayrshireandarran.com



CLINICAL IN CONFIDENCE

Dr P A Dunlop
Tanyard Medical Practice
The Medical Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 13/09/2012
Date Dictated: 18/09/2012
Date Typed: 26/09/2012
Our Ref: NB/JRB
Enquiries to: Julie Ross-Binning
Tel No: 01563 546632
Fax No: 01563 574238

Dear Dr Dunlop

EMMA LINDSAY

4 SEARLE TERRACE, AUCHINLECK, CUMNOCK,
AYRSHIRE, KA18 2BW

CHI No: 2608901301

Ms Emma Lindsay failed to attend her appointment with myself at Cumnock Health Centre on 13 September 2012. She will be allocated a further appointment in due course.

Yours sincerely

Authorised on 10/3/2012 10:26:10 PM by Jeremy Stirling.

Dr N Bajaj
Consultant Psychiatrist (East Locality)

www.nhsayrshireandarran.com



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Mental Health Services

Medical Office

Dr A Dosumu
3 Alloway Place
AYR
KA7 2AA

Ailsa Hospital
Dalmellington Road
AYR
KA6 6AB

www.nhs-ayrshire.org

NHS
Ayrshire
& Arran

Date typed: 28/05/08
Date dictated: 23/05/08
Your Ref:
Our Ref: TJ/AM/61890

Enquiries to: Annie McDonnell
Extension: 13954
Direct Line 01292 513954
Email [REDACTED]

Dear Dr Dosumu

EMMA LINDSAY JELLYSTONE FARM BY AYR KA6 6ES
DOB 26/08/1990 CHI 2608901301

I reviewed Emma at my outpatient clinic at Ailsa Hospital on 2 April 2008.

Emma reports some improvement in her mood since starting on Quetiapine 100mg. She tells me she has been working in the Chinese takeaway two nights and has now got a job in Superdrug.

We discussed the implications of increasing her Quetiapine and the fact that it may make her sedated, Emma felt though that getting better was the priority so was happy to accept an increase in dose to 200mg in addition she will receive support from Through Care and I will see her again in two months time.

Yours sincerely

Dr T Johnston
Lead Consultant Psychiatrist

29 MAY 2008

- ☐ STEVENSON
- ☒ DOSUMU
- ☐ LOCTUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT..... ☐
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER..... ☐
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

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University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 83 KEIR HARDIE HILL , , CUMNOCK , AYRSHIRE , KA18 1PR DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Date of Admission: 28/06/2022
Mode of Admission: Emergency
Admission Reason: Hip and Knee Pain
Discharge Date: 30/06/2022
Ward: STATION 3-AYR
Consultant: MR ROBERT MUIR (Surgical)
Follow Up:

Diagnoses 1) Groin abscess
 - ()

Clinical Progress Dear Doctor,
 Ms Lindsay was admitted on 30/06 with left sided groin, leg, buttock pain for 4 days. she had a CT scan performed which demonstrated 15 x 17 x 26cm abscess in the left groin, deep to the left CFA/CFV with a sinus extending to the skin surface. Bloods revealed CRP 81, WCC 10.3
 The abscess is located near an old IV drug injection site, but denies any recent injection. On examination the skin site was shown to be discharging pus. The abscess was not amenable to drainage and so was managed with IV antibiotics. Antibiotics have been switched to oral - 7day course of doxycycline is to be completed at home
 Worsening advice has been given
 Many thanks for your ongoing care,

Pharmacy DR APARNA POTLURU (2022-06-30 12:54:37)
 attempted to call patients regular community pharmacy all day to inform of discharge. No answer so could not notify that methadone was given 30/6 and would not be for a further dose today.
 MR DAVID HANNAH (2022-06-30 16:31:08)

Allergy/intolerance	Reaction
PENICILLINS	Unknown

Allergy records are as recorded at time and date of printing.

Discharged by: DR APARNA POTLURU
Page: 1 of 3
Report generated on: 30/06/2022 20:00

NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 83 KEIR HARDIE HILL , , CUMNOCK , AYRSHIRE , KA18 1PR DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Drug	Dose	Route	Frequency	Note	GP		
					to	Days	Supply
AMITRIPTYLINE 25 mg Tablets	25 mg	Oral	ONCE daily at 10pm		Yes	Y	
CYCLIZINE 50 mg Tablets	50 mg	Oral	THREE times daily - 7am; 1pm; 10pm		No	N	7
DOXYCYCLINE 100 mg Capsules	100 mg	Oral	ONCE daily at 7am		No	N	7
METHADONE 1 mg in 1 mL Oral Sugar Free Solution	50 mg	Oral	ONCE daily at 7am		Yes	Y	
MORPHINE SULFATE 10 mg in 5mL Oral Solution	2.5 mg	Oral	PRN FOR PAIN supply 25mls		No	N	7
MOVICOL (Plain) Sachets	1 Sachet	Oral	TWICE daily at 7am and 10pm PRN		Yes	N	28
OMEPRAZOLE 20 mg Capsules	20 mg	Oral	ONCE daily at 7am		Yes	Y	
PARACETAMOL 500 mg Tablets	1000 mg	Oral	FOUR times daily -		Yes	N	28

Discharged by: DR APARNA POTLURU

Page: 2 of 3

Report generated on: 30/06/2022 20:00

NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 83 KEIR HARDIE HILL , , CUMNOCK , AYRSHIRE , KA18 1PR DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Drug	Dose	Route	Frequency	Note	GP to Days	
					contin	POD Supply
			7am; 1pm; 6pm; 10pm			
			PRN FOR PAIN			
QUETIAPINE 200 mg Tablets	400 mg	Oral	TWICE daily at 7am and 10pm		Yes	Y
SENNA (SENNOSIDES) 7.5 mg Tablets	15 mg	Oral	ONCE daily at 10pm		Yes	Y

Additional Medicines Information:

Medicines discontinued or modified during admission (Medicines that patient was recorded as admitted on only)	
Drug	Discontinued / Modified reason
METHADONE 1 mg in 1 mL Oral Solution	Discontinued due to conflict
LAXIDO Sachets	Discontinued due to conflict
*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.*** ****Information here may be incomplete and is for guidance only. ****	

Discharged by: DR APARNA POTLURU

Page: 3 of 3

Report generated on: 30/06/2022 20:00

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☐ DOSUMU
☐ LOCUM
☒ FILE
☐ NOTES TO
☐ APPT
☐ SCRIPT
☐ PHONE
☐ VISIT
☐ LETTER
☐ NURSE APPT
☐ HV APPT
☐ OTHER

25 MAR 2008

Heathfield Clinic
 Heathfield Road
 AYR KA8 9DZ
 Tel: 01292 610557 Ext.3504
 Fax: 01292 288021

NHS
 Ayrshire
 & Arran

DERMATOLOGY CLINIC

CMD/LH/717956/CHI-2608901301

Direct Line: 01292 614611

Clinic date: 05/03/08	Date dictated: 05/03/08	Date typed: 12/03/08
-----------------------	-------------------------	----------------------

Dr A. Dosumu
 Cornhill Surgery
 Kincaidston
 AYR

Dear Dr Dosumu

EMMA LINDSAY JELLYSTONE FARM AYR (26/08/1990)

Thank you for referring this 17 year old girl who attended today with her

She gives a nine month history of an itchy eruption affecting her trunk and limbs. She describes transitory red and white patches, plaques and lines "like somebody drawing on her skin". Lesions resolve within hours to leave normal skin. She does not describe angio-oedema. She has recently been taking Telfast 120. She previously took Telfast 180 with some benefit, with relief of itch but persistent rash and feels that the eruption is more active since she reduced to the lower dose. She previously had Hydroxyzine, but does not remember any other antihistamines. She does not suspect any foods.

She lives in a supported care environment on a farm, and comes into contact with cats, dogs and horses. She does not take any over the counter medication. She has previously taken a variety of recreational drugs, but has never injected and has been drug free for at least three months.

On examination she had quite marked dermographism and apparently a few spontaneous urticarial papules. There was evidence of psoriasis on her elbows. There were no obvious features of scabies.

She seems to have urticaria and dermographism. I note her previous drug use. I supplied her with an information leaflet on urticaria. I explained to her that very often no cause could be found, but I sent some screening bloods. I suggested a trial of Neoclarityn 5 mgs daily to take on a regular basis. If that is ineffective you may consider a trial of an alternative antihistamine such as Xyzal. I explained that there was usually a good outlook for spontaneous resolution of urticaria, but dermographism can sometimes be a very persistent problem. She does not find the psoriasis very troublesome, but I suggested a trial of Dovonex Cream, while continuing her previous Diprobase Cream.

/-

NHS Confidential: Personal data about a patient

EMMA LINDSAY JELLYSTONE FARM AYR (26/08/1990)

She has an appointment for review.

Yours sincerely



C.M. Dwyer
Consultant Dermatologist

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Call #39623 17-Jan-2010

Page 1 of 1

Dunlop, Tracey

From: Adastra system communications server account [REDACTED]
Sent: 18 January 2010 04:05
To: Clinical_Practice_BankfieldMedicalPractice_80842
Subject: Call #39623 17-Jan-2010

18 JAN 2010

Call #: 39623 Received NHS24: 17-Jan-2010 15:20
Full cover

Patient's Name: Emma Lindsay
Date of birth: 26-Aug-1990 (Age: 19 years Sex: Female) Received ADOC: 15:33
18 Church Court | Passed : 15:42
Avr KA8 0DB (NS: 342 220) | Advised : 15:47
[REDACTED] | Origin: NHS24 | Arrived :
Urgency: Within 2 Hours Type: Doctor Advice Departed :
Consulted by: Lindsay, John Own Doctor:

NHS24 Triage Begin 17-Jan-2010 15:24 NHS24 Triage End 17-Jan-2010 15:35
NHS24 Triaged by: Lindsay, John

Triage - Diagnosis
MANIC DEPRESSION. BIPOLAR. STATES STOPPED TAKING MEDS OVER PAST 2 WEEKS, STARTED ON THESE AGAIN YESTERDAY. HEROIN USER. ((Non-Clinical User) (Glasgow))

CPN (Dr) to phone patient within 1 Hr
Clinical summary created: 17-Jan-2010
divisor) (Edinburgh) [17/01/2010 15:34:50]
SUICIDAL FOR TODAY AND PT HAS SUICIDAL THOUGHTS. NO IMMEDIATE INTENT, TEARFULL AND ANXIOUS HAS SUPPORTIVE PARTNER PRESENT. OUTCOME : DR/CPN CALL BACK 1HR
Current Medication:
AS PER ECS
Allergies:
PENICILLIN
Previous Medical History:
BI-POLAR
BORDELIN PERSONALITY DISORDER
HEROIN SMOKER

Time ADOC Advised : 15:47 Advised by : Lindsay, John

Time of Visit/Base : Consulting Doctor :

Final Outcome - Diagnosis

Final Outcome - History
called back x 3 - eventually answered but line v poor - appears to be an issue re pms zopiclone - states some of this has been 'stolen' so she has no supply since yesterday - has resumed taking quetiapine 200mg with some effect - was to have assessment yesterday but was apparently too drowsy so assessment not carried out - phone went dead and attempts to call back went to voicemail. Expressed no suicidal intent during my conversation.
Would be suitable for cpn intervention should she contact service again

Prescribed Medications

Followups:
No Follow-Up Required:

18/01/2010

- ☐ STEVENSON
- ☒ DOSUMU
- ☐ LOCUM
- ☐ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT.....
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER.....
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr P A Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 05/08/2014
Date Dictated: 12/08/2014
Date Typed: 20/08/2014
Our Ref: KK/JRB
Enquiries to: Ann Broadhurst
Tel No: 01563 826180
Fax No: 01563 826184

Dear Dr Dunlop

EMMA LINDSAY

**72 GLENSHAMROCK DRIVE, AUCHINLECK,
CUMNOCK, AYRSHIRE, KA18 2EF**

CHI No: 2608901301

Ms Lindsay did not attend her Addictions out-patient clinic appointment at Cumnock Health Centre on 5 August 2014. She continues to remain on Methadone 40mg daily supervised. She has not been attending appointments with her Key Worker and there is an appointment planned for 20 August 2014. I will arrange for her to be re-appointed in the out-patient clinic in about eight weeks time.

Yours sincerely

Authorised on 31/08/2014 18:26:22 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Cc: Christopher Pendrill, Staff Nurse, East CAT, Bentinck Centre, East Netherton Street, Kilmarnock, KA1 4AX

www.nhsaaa.net



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**FOR SOCIAL SECURITY AND STATUTORY
SICK PAY PURPOSES ONLY**

NOTES TO PATIENT ABOUT USING THIS FORM

You can use this form either:

1. For Statutory Sick Pay (SSP) purposes - fill in Part A overleaf. Also fill in Part B if the doctor has given you a date to resume work. Give or send the completed form to your employer.
2. For Social Security purposes -
To continue a claim for State benefit fill in Parts A and C of the form overleaf. Also fill in Part B if the doctor has given you a date to resume work. Sign and date the form and give or send it to your local Jobcentre Plus or social security office **QUICKLY** to avoid losing benefit.

NOTE: To start your claim to State benefit, if you are self-employed, unemployed or non-employed contact your Jobcentre Plus or Social Security office. If you are employed contact your employer for a form SSP1.

Doctor's Statement

In confidence to
Mr/Ms/Miss/Ms

I examined you today/yesterday and advised you that

(a) You need not
refrain from
work

(b) you should refrain from work
for 1. 2 months

OR until

Diagnosis of your disorder
causing absence from work MH issues

Doctor's remarks

Diagnosis - issued 01/14/18
original

Doctor's
signature

Date of
signing

7/11/18

Dr D. J. Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
KA7 3PR A24937

Form Med 3

NOTE TO DOCTOR: See inside front cover for notes on completion

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10-July-2026
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MENTAL HEALTH SERVICES

South Ayrshire CMHT
'Seaford' Base
Doonfoot Road
AYR
KA7 4BW
www.nhs-ayrshire.org

NHS
Ayrshire
& Arran

05 FEB 2010

Clinical in Confidence

Dr D Stevenson
Bankfield Medical Practice
148 Dalmellington Road
AYR
KA7 3PR

- ☐ STEVENSON
☒ DOSUMU
☐ LOCUM
☒ FILE
☐ NOTES TO
☐ APPT
☐ SCRIPT
☐ PHONE
☐ VISIT
☐ LETTER
☐ NURSE APPT
☐ HV APPT

Date Typed: 28th January 2010
Date Dictated: 20th January 2010

Our Ref: RR/CG/051890

Enquiries to: Claire Gowans
Direct Line: 01292 [REDACTED]

Fax No: 01292 619711
Email: [REDACTED]

Dear Dr Stevenson,

RE: EMMA LINDSAY, 18 CHURCH COURT, AYR (26.08.90)
CHI: 2608901301

Clinical Diagnosis: F31 – Bipolar affective disorder
F11.2 – Opioid dependence syndrome
F60 – Personality Disorder

Current Medication: Quetiapine 200mg BD
Zopiclone 15mg ON

Changes of Medication: Increase Quetiapine to 200mg morning and 400mg nocte
Zopiclone 7.5mg ON (short course)
Weekly prescription at a time, supervised by her [REDACTED]

GP Action Required: Continue provision of medication as above and monitoring
of physical health

Other Management: Advised to reduce Heroin use
To arrange referral to dual diagnosis team and engage with
CPN, Jackie Flynn

Follow up: By Dual Diagnosis Team

Present Review

I reviewed Emma at North Ayr Health Centre on the 20th January 2010. She attended with
her CPN, Jackie Flynn.

She told me that she is living at her current address which is a one bedroom council flat, with
her [REDACTED] of over a year.

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MENTAL HEALTH SERVICES

South Ayrshire CMHT
 'Seafield' Base
 Doonfoot Road
 AYR
 KA7 4BW
 www.nhs-ayrshire.org

2/3

2

RE: EMMA LINDSAY, 18 CHURCH COURT, AYR (26.08.90)
 CHI: 2608901301

She is recipient of medium rate DLA, low rate mobility and employment support allowance. Reportedly she is consuming up to 4 bags of Heroin a day over the last few months. Initially she started with a bag of Heroin after her [REDACTED] death in September 2008 but gradually it progressed to the current level. Reportedly she smokes Heroin, denied intravenous use. She claims she has been checked out for blood bone disease a year ago and it was all clear. She denied any other illicit substance use.

Reportedly she is involved in sexual activity without any contraception and has plans to be pregnant, unaware of the risks. At this stage I discussed about safe sex practice and I explained the hazards of unplanned pregnancy in her situation.

Emma told me that she has been diagnosed by Dr Ladikos, Child Psychiatrist with Bipolar affective disorder when she was 15 years old.

Subjectively she reported feeling suspicious and experiencing rapid thoughts and claims she is spending £300 a day on unnecessary items. She complains of reduced need of sleep, poor appetite with reduced attention and concentration. She had no increased self esteem or symptoms associated with it.

Behavioural manifestation such as irritability and excitement were reported.

Emma complained of hearing two voices inside her head passing critical and derogatory comments. Denied command hallucinations or thought control override. She categorically denied suicidal ideations, intent or plan.

She was demanding an increased dose of Zopiclone and Quetiapine and claimed she has used it in the past without medical advice to control her mood. I agreed with your judgement of not to prescribe Venlafaxine due to her high mood.

On mental state examination I found her to be dressed immaculately. She was wearing makeup. She was of average build, height and weight. Her personal hygiene was good. A superficial rapport was established. She was irritable and evasive. She walked out of the interview room once when I stated weekly supervised medication supply. Her speech was spontaneous, coherent and relevant with no pressure of speech. She appeared with hypomanic features. She had no formal thought disorder. She had no ideas of harming herself or others. She denied any suicidal ideation. She had pseudo-hallucinations. She had limited insight into her illicit substance use.

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MENTAL HEALTH SERVICES

South Ayrshire CMHT
'Seafield' Base
Doonfoot Road
AYR
KA7 4BW
www.nhs-ayrshire.org

3/3

3

RE: EMMA LINDSAY, 18 CHURCH COURT, AYR (26.08.90)
CHI: 2608901301

Risk Assessment and Management

She will remain at risk due to chaotic compliance with medication and superimposed illicit substance use. (X)

At present in my opinion she did not fulfil the criteria for the mental health care and treatment act 2003. (X)

Yours sincerely

Dr Rizwan Rafiq
Locum Consultant Psychiatrist

C.c. Dr C Lind, Consultant Psychiatrist, Ailsa Hospital, Dalmellington Road, AYR
Darren Fullarton, Team Leader, Westmount, 79 Ayr Road, [REDACTED]

Additional document
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For office use only		Please circle as appropriate		ARR	ACH	AYR	BIG	RADIOLOGY REQUEST	
				XH	GIR	EA	HF		
Ref. con		Ward/Dept		Sur		LINDSAY, Emma L			
Referring G.P. (Name, Address, Tel)		Previous x-ray/US		D.O.		2608901301			
		Yes NO Year		Age		40 McClymont Court Cumnock KA18 1TH Dr Tona Fernandez 2 Tanyard, Cumnock			
				Occur		DATE			
IRMER - REQUESTS WILL BE RETURNED TO REFERRER IF CLINICAL INFORMATION IS INSUFFICIENT TO ALLOW JUSTIFICATION.								For Contrast Exams	
Relevant History and Findings								Any History of	
Presents "acute cystitis" - ongoing "pelvic pain" ? STATE OF ORGAN CISTS HAS CONSENTED TO TV US								Diabetes ☐ Yes ☐ No	
Requirements								On Metformin ☐ ☐	
Pelvic US								Asthma ☐ ☐	
Page No.								Allergy (specify) ☐ ☐	
Name								Previous Contrast Reaction ☐ ☐	
Grade GP								Radiologist Use	
Signature T. Fernandez								Not Pregnant ☐	
Date 06/05/15								Pregnant ☐	
Ambulance Required Yes / No								Trolley Portable	
Walking Chair									

ST2-0208

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Emma Lindsay 26/8/201

Q. What is your ethnic origin
Choose ONE section from A to E, then tick the appropriate box to indicate
your cultural background.

A. White

Scottish

☒
☐
☐

Other British

Irish

Any other White background Please specify _____

B. Mixed

Any mixed background. Please specify _____

C. Asian, Asian Scottish or Asian British

Indian

Pakistani

Bangladeshi

Chinese

☐
☐
☐
☐

Any other Asian Background. Please specify _____

D. Black, Black Scottish or Black British

Caribbean

African

☐
☐

Any other Black background Please specify _____
Please write in

E. Other Ethnic background

Please specify _____

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Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 12/09/2023
Date Dictated: 16/10/2023
Date Typed: 16/10/2023
Our Ref: KK/SC
Enquiries to
Tel No: 01563 574237
Fax No:

Dear Dr Dunlop

EMMA LINDSAY

**83 KEIR HARDIE HILL, CUMNOCK, AYRSHIRE, KA18
1PR**

CHI No: 2608901301

Emma did not attend her Outpatient appointment at Cumnock Health Centre on 12th September 2023. She is currently on Methadone 40 mis daily. I will reappoint her in due course.

Yours sincerely

Authorised on 16/10/2023 09:49:15 by Typist Sylvia Corbett, on behalf of Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

www.nhsaaa.net



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Website: www.jobcentreplus.gov.uk

02536

MISS E L LINDSAY
1 HOLMSTON ROAD
AYR
KA7 3BA

Your reference is JM352553B
Please tell us this number
if you get in touch with us

Kilmarnock BDC
Jobcentre Plus
Baird Street
Glasgow
G90 8BB

Phone 0845 6088632
TEXTPHONE for the deaf/hard of
hearing ONLY 0845 6088581

Date 9 December 2008

Dear Miss Lindsay

YOUR CLAIM FOR EMPLOYMENT AND SUPPORT ALLOWANCE

I am writing to tell you that the medical certificate that you sent us, which covers the period from 18 November 2008 to 24 November 2008 is about to run out.

Please send us another medical certificate by 25 November 2008 if you are still sick and cannot work.

If you cannot get a medical certificate, a letter from a GP or hospital may be acceptable.

If you do not send us a medical certificate a letter from a GP or hospital this will result in your payment being stopped or suspended.

You can use the envelope sent with this letter. The envelope does not need a stamp.

If you want more information please get in touch with us. Your reference number plus our address and phone number are at the top of this letter.

Yours sincerely

Jim Murdoch

Manager

3046/0806

Page 01 of 02

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10 MAR 2008

NHS
Ayrshire
& Arran

- ☐ STEVENSON
- ☐ DOOSUMU
- ☐ LOCUM
- ☐ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT..... ☐
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER..... ☐
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

AILSA HOSPITAL
DALMELLINGTON ROAD
AYR
KA6 6AS

10/3/08

please attach copy of letter to A

Dear Dr Duomo

AH 061890
LINDSAY EMMA
JELLYSTONE FARM
BY AYE
KA6 6ES
26/08/1990
WARD: CONS:
DATE: TIME:
CHI 2608901301

EMMA LINDSAY
26/2/90

Please prescribe:-

QUETIAPINE (SEROQUEL) 25mg b.d.

Then after 1 week increase to

QUETIAPINE (SEROQUEL) 50mg bd.

Thanks again

DR GEM JENNISON

2002

HEB OFFICE AILSA

10/03/2008 13:43 FAX 01292513044

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5145 Confidential: Personal data about a patient

Summary emailed 7/4/25

192

curaleaf clinic

Completion Date: 2025-03-28

Patient Information

Title:	Miss
First Name:	emma
Surname:	lindsay
Date of Birth:	1990-08-26
Phone Number:	
Email Address:	
Address:	46 Mayfield Avenue Hurlford Kilmarnock KA1 5EA Scotland

GP Information

GP Name:	Old Irvine road surgery
GP Email:	Not entered
GP Address:	4-6 Old Irvine road

Medical Information

Reason for Referral:	Chronic Pain
Medical Treatments:	I broke my back 3 to 4 years ago I am in pain constantly with it there is also arthritis present in my back
Pain Treatment:	I have done physio been on multiple pain killers and pills to try and treat the pain

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Declarations

Summary Of Care:	I would like Curaleaf Clinic to request my Summary Care Record and clinical letters related to my condition from my GP OR from the NHS National Care Record Service. Please note this may cause a slight delay to your assessment process in some cases. I have also requested my GP to add the National Data Opt-out to my record.
------------------	---

Patient

Signature: *emma lindsay*

Sapphire Medical Clinics Ltd (trading as
Curaleaf Clinic)
10 Harley St, Marylebone, London W1G 9PF

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Mental Health Services

Medical Office

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
AYR
KA7 3PR

Ailsa Hospital
Dalmellington Road
AYR
KA6 6AB



www.nhs-ayrshire.org

Date typed: 21.01.10.
Date dictated: 21.01.10.
Your Ref:
Our Ref: MH/RR/061890

Enquiries to: Margaret Honeyman
Extension: 13036
Direct Line 01292 513036
Email [REDACTED]

Dear Dr Dosumu

**EMMA LINDSAY, 18 CHURCH COURT, AYR, KA8 0DB. Dob 26.08.90.
CHI 2608901301.**

I have reviewed the above mentioned client at North Ayr Health Centre Outpatient Clinic on 20th January 2010. I would appreciate if you could make the following changes to the medication.

Quetiapine 400mg nocte and 200mg mane which can be increased up to 800mg daily depending on response and tolerability. Please give a weekly prescription at a time.

Thank you.

Yours sincerely

25 JAN 2010

R Rizwan Rafiq

DR RIZWAN RAFIQ
MBBS, DPM, DCP, DMH, MDCH MRC PSYCH, DIP.CBT
CONSULTANT PSYCHIATRIST (Locum)

- ☒ STEVENSON
- ☐ DOSUMU
- ☐ LOCUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☒ SCRIPT..... ☒
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER..... ☐
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 04/10/2016
Date Dictated: 04/10/2016
Date Typed: 11/10/2016
Our Ref: KK/KMcA
Enquiries to: Karen McAllister
Tel No: 01563 574237
Fax No: 01563 574238

Dear Dr Dunlop

EMMA LINDSAY

59 MAIN STREET, AUCHINLECK, CUMNOCK,
AYRSHIRE, KA18 2AR

CHI No: 2608901301

Miss Lindsay once again did not attend her outpatient appointment at Cumnock Health Centre on 4th October 2016.

She is currently on Methadone 35mis daily supervised. This is the fourth consecutive appointment she has not attended this year.

I will therefore reduce her Methadone to 25mis daily supervised and arrange to see her again in around eight to twelve weeks time.

Yours sincerely

Authorised on 13/10/2016 10:55:13 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Jim King
East Community Addiction Team
Rothesay House
1 Greenholm Road
Cumnock
KA18 1LH

www.nhsaaa.net



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NOT OUR PATIENT

72/8017

NHS
Ayrshire

Department of General Medicine & Arran
The Ayr Hospital
Dalmellington Road
AYR
KA6 6DX

GENERAL MEDICINE
DR J BLAIR

29 OCT 2010

Dr A Dosumu
Bankfield Practice 2
Dalmellington Road
AYR

Dear Dr Dosumu

CH 2608901301

Date Admitted: 21/08/10
Date Discharged: 23/08/10
Date Dictated: 17/09/10
Date Typed: 13/10/10
Our Ref: AB/CJG/100-
CHI:

Enquiries to: Mrs Claire Grace
Telephone: 01292 610555 Ext. 14017
Fax: 01292 610555

☒ STEVENSON
☐ DOSUMU
☐ LOCUM
☒ FILE
☐ NOTES TO
☐ APPT
☐ SCRIPT
☐ PHONE

RE: EMMA LINDSAY, 18 CHURCH COURT, AYR, (26/08/1990)

DIAGNOSIS: Mixed overdose
FOLLOW UP: Addiction services

This 19 year old lady was admitted to Ayr Hospital at the end of August with a mixed overdose of opiates, Diazepam and Quetiapine. She spent 48 hours in Medical High Care with a variable CCS requiring boluses of Narcan and aggressive IV fluids in view of a significantly elevated CK at 15000, possibly reflecting a degree of Methadone related rhabdomyolysis.

She was reviewed by Psychiatric Liaison Services who discussed the overdose and substance misuse agreeing that she was of low suicide risk denying any ongoing suicidal intent and discussing appropriate follow up with the Addiction Service in the near future. From a medical point of view she was deemed fit for discharge and her last CK was 7300, significantly improved from previous.

We have not arranged any routine follow up.

Yours sincerely

A Breckenridge

A Breckenridge
ST3 + in General Medicine

J Blair

Dr J Blair
Consultant Physician

☐ HV APPT
☐ OTHER

ST3/0000

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 20/01/2020
Date Dictated: 21/01/2020
Date Typed: 25/02/2020
Our Ref: KK/JRB
Enquiries to: Julie Ross-Binning
Tel No: 01563 546632
Fax No:

Dear Dr Dunlop

EMMA LINDSAY

39 LAMBAIR GARDENS, AUCHINLECK, CUMNOCK,
AYRSHIRE, KA18 2HY

CHI No: 2608901301

Diagnosis: F11.2 – Opioid Dependence Syndrome, currently on substitute treatment
F60.3 – History of Emotionally Unstable Personality Disorder, no disruptive or distressing symptoms for a number of years now

Psychiatric Medication: Prescribed by Addiction Services
Methadone 50mls daily

Prescribed by General Practitioner
Quetiapine 400mg nocte

Recommendations/Plan:

- 1) No changes to medication.
- 2) Out-patient review in three months time.
- 3) Key Worker review in the interim

I reviewed Emma in my out-patient clinic at Cumnock Health Centre on 20 January 2020. This was a joint appointment along with the Key Worker Yvonne Nimmo, Addictions CPN.

I was very sorry to hear that she lost her [REDACTED] a couple of months back following a road traffic accident. She is trying to hold it together as there is an upcoming court case regarding this. She stated that she has a suspicion about an individual who may have played a significant role in the car accident and that she is keen to hear all the evidence regarding the accident. She claimed that this was the reason why she has stayed away from drugs in that she has not used any illicit Benzodiazepines for approximately two and a half months now. She is keen to remain illicit drug free to enable her to process all the information regarding the accident and come to terms with the death of her [REDACTED]. She is on a DTTO and is going to start seeing a Bereavement Counsellor through the Justice Services. A drug screen was positive for Methadone only. She then admitted she used a half bag of Heroin last week but this was a one-off use. Mentally, she reports feeling stronger and denied any ongoing mood or significant anxiety symptoms. She has also been sleeping a bit better.

www.nhsaaa.net



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2

25 February 2020

Dr PA Dunlop, Re: EMMA LINDSAY

On examination, she was casually dressed and well kempt. She maintained good eye contact. Her affect was reactive. She was euthymic. She denied any suicidal or homicidal ideas. There was no evidence of psychosis.

Follow-up arrangement are as above.

Yours sincerely

Authorised on 27/02/2020 11:29:44 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Cc: Ms Jacqui Lang
East Community Addiction Team
Rothesay House
1 Greenholm Road
Cumnock
KA18 1LH

Yvonne Nimmo
Staff Nurse
Rothesay House
1 Greenholm Road
CUMNOCK
KA18 1LH

www.nhs.uk



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NOTE: Confidential. Personal data about a patient

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on
[REDACTED] quoting account number [REDACTED]

To Dr.: A (GP) DOSUMU
3 ALLOWAY PLACE
AYR
AYRSHIRE
KA7 2AA

EMMA LINDSAY DOB 26/08/90
4E WHITEFAULDS CRESCENT X
T
MAYBOLE;;KA198AY
CHI 2608901301

12 JUN 2008

Your patient attended the Ayr Hospital on 10/06/08
at 21:01.

Triage nurse described problem as:

intoxicated

Investigations ordered:

URINALYSIS: tox screen, b hcg negative

Procedures

NO PROCEDURE: intoxicated, took irregular discharge

Diagnosis

ALCOHOL &/OR SUBSTANCE USE PROBLEMS^ALC

Outcome of attendance was:

DISCHARGED NO F/U

Nursing remarks were:

intoxicated, tox screen negative, took irregular discharge

Additional remarks were:

iv access, iv fluids, patient took irregular discharge

Follow up plans were:

(None recorded)

Yours Sincerely,

A&E Department.

- ☒ STEVENSON
- ☐ DOSUMU
- ☐ LOCUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT..... ☐
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER..... ☐
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

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NHS Confidential: Personal data about a patient

University Hospital Crosshouse Kilmarnock Road Kilmarnock KA2 0BE Phone: 01563 521133		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 39 LAMFAIR GARDENS, AUCHINLECK, CUMNOCK, AYRSHIRE, KA18 2HY DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Date of Admission:	30/08/2021	Ward:	WARD 2B - XH
Mode of Admission:	Emergency	Consultant:	MR BRIAN SYME (Orthopaedics)
Admission Reason:	Burst T12 fracture	Follow Up:	Spinal OP 20/10/21
Discharge Date:	31/08/2021		

Diagnoses Burst T12 fracture
()

Secondary Diagnoses Bipolar
 Previous substance abuse - on Methadone
 NURSE ELAINE DICK (NIP) (2021-08-31 10:06:41)

Operation/Procedure Theatre 10/08/21 at GEUH: T12 - L2 posterior fixation
 NURSE ELAINE DICK (NIP) (2021-08-31 10:10:26)

Clinical Progress Emma was transferred to Crosshouse on 30/08/21:
 Sustained a T12 burst # after jumping out a 1st floor window on 02/06/21. She was operated on at the GEUH on the 10/08 and had a T12-L2 posterior fixation. She was transferred to Crosshouse awaiting housing issues being sorted.
 Nil concerns whilst patient has been in Crosshouse hospital.
 Advised from addiction services to administer 40ml Methadone today prior to discharge and the community team will continue to provide her Methadone from tomorrow.
 William Black and Housing have confirmed housing issues have been sorted and Emma is for discharge home today.
 Outpatient clinic at the GEUH spinal unit on 20/10/21.
 NURSE ELAINE DICK (NIP) (2021-08-31 10:16:21)

Social/Nursing/AHP
 NURSE ELAINE DICK (NIP) (2021-08-31 10:08:59)

GP follow-up

Discharged by: MR BRIAN SYME

Page: 1 of 4

Report generated on: 31/08/2021 20:00

NHS Confidential: Personal data about a patient

University Hospital Crosshouse Kilmarnock Road Kilmarnock KA2 0BE Phone: 01563 521133		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 39 LAMBEFAIR GARDENS, AUCHINLECK, CUMNOCK, AYRSHIRE, KA18 2HY DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

NURSE ELAINE DICK (NIP) (2021-08-31 10:08:50)

Hospital follow up Spinal outpatient clinic with Dr Purcell on 20/10/21 @ 11:40

NURSE ELAINE DICK (NIP) (2021-08-31 10:07:22)

Pharmacy Nursing staff took a phone call from addiction services who state they will continue to dispense Emmas Methadone in the community.

NURSE ELAINE DICK (NIP) (2021-08-31 10:08:50)

Further Patient / Drug Notes one weeks supply given previous note of weekly supply on ECS. Please see GP for prescriptions for further supply.
FOA GP practice team: Please assess whether weekly dispense required in community.

MSS EMMA NELSON (Drug Note)

Allergy/intolerance	Reaction
PENICILLINS	Unknown

Allergy records are as recorded at time and date of printing.

Drug	Dose	Route	Frequency	Note	GP to Days		
					contin	POD	Supply
AMITRIPTYLINE 25 mg Tablets	25 mg	Oral	ONCE daily at 10pm		Yes	N	7
DIAZEPAM 5 mg Tablets	5 mg	Oral	ONCE daily at 10pm		Yes	N	7
IBUPROFEN 400 mg Tablets	400 mg	Oral	THREE times daily at 7am, 12	21 tabs	No	N	7

Discharged by: MR BRIAN SYME

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NHS Confidential: Personal data about a patient

University Hospital Crosshouse Kilmarnock Road Kilmarnock KA2 0BE Phone: 01563 521133		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 39 LAMFAIR GARDENS, AUCHINLECK, CUMNOCK, AYRSHIRE, KA18 2HY DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Drug	Dose	Route	Frequency	Note	GP to Days		
					contin	POD	Supply
			noon, and 6pm PRN as required				
LIDOCAINE 5 % Medicated plaster (LIGNOCAINE)	1	Topical	ONCE daily at 10pm		Yes	N	28
	Dressing						
MOVICOL (Plain) Sachets	2	Oral	ONCE daily at 10am PRN PRN when constipated	20 sachets	No	N	7
	Sachet						
OMEPRAZOLE 20 mg Capsules	20 mg	Oral	ONCE daily at 7am		Yes	N	7
OXYCODONE (Oxypro) 5 mg Modified Release Tablets	5 mg	Oral	TWICE daily at 10am and 10pm		No	N	7
OXYCODONE (Shortec) 5 mg Capsules	5 mg	Oral	every 6 HOURS PRN FOR PAIN		No	N	7
PARACETAMOL 500 mg Tablets	1000 mg	Oral	FOUR times daily - 7am; 1pm; 6pm; 10pm PRN FOR PAIN	32 tabs	Yes	N	28
QUETIAPINE 200 mg Tablets	400 mg	Oral	ONCE daily at 10pm		Yes	N	7

Discharged by: MR BRIAN SYME

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Report generated on: 31/08/2021 20:00

NHS Confidential: Personal data about a patient

University Hospital Crosshouse Kilmarnock Road Kilmarnock KA2 0BE Phone: 01563 521133		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 39 LAMBEFAIR GARDENS, AUCHINLECK, CUMNOCK, AYRSHIRE, KA18 2HY DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Drug	Dose	Route	Frequency	Note	GP to Days		
					contin	POD	Supply
SENNA (SENNOSIDES) 7.5 mg Tablets	15 mg	Oral	ONCE daily at 10pm PRN when constipated	20 tabs	Yes	N	7

Additional Medicines Information:

Medicines discontinued or modified during admission (Medicines that patient was recorded as admitted on only)	
Drug	Discontinued / Modified reason
*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.*** ****Information here may be incomplete and is for guidance only.****	

Discharged by: MR BRIAN SYME

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10-July-2026
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NHS Confidential: Personal data about a patient

Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 20/09/2022
Date Dictated: 26/09/2022
Date Typed: 03/11/2022
Our Ref: KK/SC
Enquiries to: Sylvia Corbett
Tel No: 01563 574237
Fax No:

Dear Dr Dunlop

EMMA LINDSAY

83 KEIR HARDIE HILL, CUMNOCK, AYRSHIRE, KA18 1PR

CHI No: 2608901301

Diagnosis: F11.2 Opioid Dependence Syndrome, currently on substitute treatment
F60.3 Emotionally Unstable Personality Disorder, currently euthymic

Psychiatric Medication:

Prescribed by Addictions Services: Methadone 50mls daily
Prescribed by General Practitioner: Quetiapine 400mgs nocte

Recommendations/Plan:

- 1 No changes to medication
- 2 Out-patient review in 6 months' time
- 3 Key Worker contact in the interim

I spoke to Emma on 20th September 2022 for a telephone consultation.

Her current dose of Methadone seems to hold her and she is not experiencing any withdrawal symptoms. However, she advised me that she continues to suffer from back pain and has been tried on a few medications by her GP. She does not achieve any effect and therefore intermittently takes heroin to ease pain. I have advised her not to take heroin but we will offer to have her Key Worker to drug screen and relax her dispensing.

Follow-up arrangements are as above.

Yours sincerely

Authorised on 03/11/2022 10:55:22 by Typist Sylvia Corbett, on behalf of Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

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BIOCHEMISTRY DEPARTMENT, DUMFRIES & GALLOWAY ROYAL INFIRMARY

SURNAME: LINDSAY	FORENAME: EMMA
CHI No: REG No: 260890M	DOB: 26/08/1990 SEX: F
LOCATION: 99 George St	CONSULTANT/GP: Currie J (99G)

CLINICAL DETAILS: TATT
FASTING: U

Date Collected	21/11/06	01/07/06
Time Collected	11:14	u/k
Specimen Number	206390	114938

Test	Units	Ref. Range		
Sodium	mmol/L	(135 - 145)	141	144
Potassium	mmol/L	(3.5 - 5.0)	4.3	4.0
Chloride	mmol/L	(95 - 110)	106	109
Bicarbonate	mmol/L	(23 - 30)	26	22
Urea	mmol/L	(2.5 - 7.5)	3.3	2.2
Urate	mmol/L	(0.11 - 0.36)		
Creatinine	umol/L	(40 - 110)	57	52
Estimated GFR	mL/min (-)			
Bilirubin	umol/L	(0 - 21)	9	5
Alkaline Phosphatase	iu/L	(35 - 390)	89	81
Gamma GT	iu/L	(0 - 35)	13	11
AST	iu/L	(0 - 42)	18	20
ALT	iu/L	(0 - 50)	20	19
CK	iu/L	(0 - 195)		
Total Protein	g/L	(62 - 82)	70	76
Albumin	g/L	(35 - 53)	43	46
Corrected Calcium	mmol/L	(2.12 - 2.62)		
Phosphate	mmol/L	(0.7 - 1.4)		
Magnesium	mmol/L	(0.66 - 1.0)		
Plasma Glucose	mmol/L (-)		4.6	4.8
Blood HbA1c	%	(4.6 - 6.5)		
Amylase	iu/L	(0 - 100)		
C-Reactive Protein	mg/L	(0 - 10)	<3	
Cholesterol	mmol/L	(2.5 - 5.0)		
Triglyceride	mmol/L	(0.8 - 3.0)		
HDL Cholesterol	mmol/L	(0.9 - 1.8)		
Chol:HDL Chol		(0 - 5.0)		
Free T4	pmol/L	(12 - 27)	13	
TSH	mU/L	(0.3 - 5.0)	1.7	
T3	nmol/L	(1.3 - 3.1)		
Ferritin	ng/mL	(13 - 300)		
Iron	umol/L	(11 - 29)		
TIBC	umol/L	(45 - 80)		
TIBC Saturation	%	(20 - 50)		
Cardiac Troponin T	ug/L	(0 - 0.05)		

COMMENTS: 1) All tests are serum unless otherwise stated. 2) Results in bold are outside the reference range.

DATE RECEIVED: 21/11/2006 DATE PRINTED: 22 November 2006
TIME RECEIVED: 15:09 TIME PRINTED: 10:45:38 AM
AUTHORISED BY: Julia Anderson FILING AUTHORISED BY: FILED BY:

INDEX OF COMMENT CODES
SH - Specimen Haemolysed LIP - Lipaemic Specimen INS - Insufficient UNS - Unstable OS - Old Specimen NS - No Specimen

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Mental Health Services
NHS Addiction Services (East)
Bentinck Centre
East Netherton Street
KILMARNOCK, KA1 4AX
Tel: 01563 574237
Fax: 01563 574238



CLINICAL IN CONFIDENCE
Tanyard Medical Practice
The Health Centre
2 Tanyard
CUMNOCK
KA18 1BF

Date 30 April 2014
Our Ref DS/mp/202979
CHI

Dear Dr

EMMA LINDSAY, BENSTON FARM, NEW CUMNOCK, KA18 4QB
D.O.B. 26/08/1990, CHI: 2608901301

I am writing to inform you that your patient was immunised opportunistically with the following vaccine/s while attending our service in order that you can update their patient record.

Please see enclosed copy of the Flu Immunisation 2013/14 consent form.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Dalene Sinclair'.

Dalene Sinclair
Blood Borne Virus Team Leader- NHS Addiction Services (East)

www.nhsaaa.net



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NAME EMMA LINDSAY CHI: 2608901301

CIP in England ✓

NHS
For those
in Areas

Section 1
Flu Immunisation 2013 / 14

Name:	Emma Lindsay	Address:	Ben-shay farm, Cupparoc
DOB:	26/2/90	Contact Tel No.	
GP:	Dr. Russell		

I confirm that I understand the patient information leaflet and would like to be immunised today. I am in good health, do not have a febrile illness or acute infection and am not allergic to egg or chicken products, neomycin, formaldehyde or octoxinol 9 and have not previously had a reaction to immunisation ☒

I agree for my General Practitioner to be advised in writing that I have had flu immunisation today ☒

I have not already had this year's flu immunisation elsewhere ☒

Reason for Flu vaccination - Diabetes ☐ Respiratory problems ☐
 Cystic Fibrosis ☐ Chronic Renal problems ☐ MS ☐ Liver problems ☐
 Cardiac problems ☐ Chronic liver problems ☐ HIV ☐ Pregnancy ☐
 Over 65 years ☐

I do not wish to have this year's flu immunisation on ☐
 If you don't mind please tell us why.

Signature: *Emma Lindsay*
 Print Name: Emma Lindsay Date: *11/03/14*

It is recommended that you remain in the area for 15 minutes after immunisation

Section 2 (to be completed by vaccinator)

Batch Stocker or Make / Batch / Expiry Date	Route	IM
Date	Site	Left Arm
Signature	Time	15:10
Designation	Print Name	Dr. Sinclair
	Clinic Location	Cupparoc H.C.

Version 1 09/03/12

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University Hospital Crosshouse
Medical Imaging Department
Kilmarnock Road
Crosshouse
KA2 0BE



Diagnostic Imaging Report

CHI No. : 2608901301	Referrer Clinician: Belinda Chan (GP Old IrvineRd)
Patient Name : Lindsay, Emma	Speciality : General Practice
Patient Address : 46 MAYFIELD AVENUE HURLFORD Kilmarnock AYRSHIRE KA1 5EA	Address : The Surgery, Old Irvine Road (Kilmarnock) 4-6 Old Irvine Road Kilmarnock
DOB : 26/08/1990	Ward/Clinic : KA1 2BD GP
Gender : Female	Attendance No. : 51264244
Examination(s) : US Abdomen	Exam Date : 16 August 2025
Accession(s) : AA15126424401	Report Date : 16 August 2025

Authorised

Patient Name: Emma, Lindsay
Patient Address: 46 MAYFIELD AVENUE, KA1 5EA
DOB: 26/08/1990
Patient ID: 2608901301
Accession Number: AA15126424401
Referring Cons: Belinda Chan (GP Old IrvineRd)
Referring Dept: GP
Visit Type: GP
Site: University Hospital Crosshouse

51264244 16/08/2025 US Abdomen

Clinical Indications

34 yr old ex drug addict, prev CT had shown hepatosplenomegaly, low platelets. Active Hep C infection - will be ref to infectious disease. LFTs so far normal. Update liver scan pls worsening hepatosplenomegaly ?

Report

The liver is enlarged and demonstrates a diffusely bright echogenicity in keeping with fatty infiltration. No obvious focal mass lesion identified. Normal flow direction within the portal vein. The spleen is of normal size, today measuring 10.9 cm in length. No abdominal free fluid seen.

Impression: Hepatomegaly with a diffusely bright liver suggestive of fatty infiltration. The spleen measures within normal limits.

Street, Angela (Locum Sonographer, RA41729)

[END REPORT]

Reported by : Street, Angela (Locum Sonographer, RA41729)

Authorised by : Street, Angela (Locum Sonographer, RA41729)

Page 1 of 1

Yours sincerely

Dr's Name (IN BLOCK CAPITALS)

DR. FAREEHA KHAN

5126273

Distribution of copies, after completion by Pharmacy:
WHITE - General Practitioner YELLOW - Medical Record BLUE - Patient PINK - Pharmacy

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**Confidential - Clinical
Information**

Accident & Emergency Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE



01563 827731
www.nhsaaa.net

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Our Ref: CMcG/JKG
Hospital No:
Clinic Date: 07/04/2015
Date Dictated: 07/04/2015
Date Typed: 08/04/2015
Enquiries to: Joyce Gibson
Direct Line: 01563 827751
Ext. Number: 27751

Dear Dr Dunlop,

EMMA LINDSAY **DOB: 26/08/1990** **CHI No: 2608901301**
40 MCCLYMONT COURT, CUMNOCK, AYRSHIRE, KA18 1TH

DIAGNOSIS: BURN TO LEFT THUMB

This 24 year old lady failed to report for the trauma clinic today. No further review is proposed.

Yours sincerely

Authorised on 21/04/2015 08:30:16 by A C McGuffie.

Mr A C McGuffie MBChB, MRCP, FCEM
Consultant in Emergency Medicine
GMC: 3325960

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Covid19 Report	
Patient Details	
Surname	LINDSAY
Forename	EMMA
CHI	2608901301
Date of birth	26.08.1990
Sex	Female
Address	39 LAMBFAR GARDENS DALRYMPLE CUMNOCK AYRSHIRE KA18 2HY
Specimen Details	
Specimen Number	V.21.4367871.N
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	22.08.21 / 17:13
Date/Time Received	23.08.21 / 13:37
Requested By	Dr Margaret Purcell
GP Practice	80171
Date/Time Reported	23.08.21 / 19:47
Details	routine weekly test

Results

2019 NCov - Authorised on 23.08.21 at 19:43

2019 NCov Not detected

Comments:

The laboratory will discard negative SARS-CoV-2 PCR specimens after 48 hours.
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report

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Registration Details - Patient No: 17528

Personal details...		Address details...	
Sex	F	House Name Flat No	Stud Farm Cottage
Surname	Lindsay	No and Street	
Previous Surname		Village	Terregles
Forenames	Emma	Town	Dumfries
Calling Name	Emma	County	
Date of birth	26/08/1990	Post Code	DG2 9RT
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) British		

HAIHB Details...		Contact details...	
Trading partner	Dumfries & Galloway HB	Home Tel No	
Registered GP	DR Phyllis Halliday	Work Tel No	
Usual GP	DR Phyllis Halliday	Mobile Tel No	
NHS Number	313/80/294	E Mail Address	
Residential Inst		Next of Kin	
Branch Surgery			
CHI Number	2608601301		

Practice Information...		Distances	
Dispensing		Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Imported user defined fields		ECS (GP Summary) Consent	
Work		Patient Consent	Implied Consent (default)
Mobile			
Other			
Email 1			
Email 2			
Pager			

Medical Record

Problems

Active Problems		Authorised By	Code
Past Problems		Authorised By	Code
21/11/2006	Tired all the time	Dr Currie	E205-2
21/11/2006	Depot contraceptive given	Dr Currie	01B1
27/10/2006	Conjunctivitis	DR Locum	F4C0-2
01/07/2006	[X]Overdose - paracetamol	Mrs McCoskry	U200-1
11/04/2006	Contraception	DR Halliday	01
06/04/2006	New patient health check	DR Halliday	68R-1
31/03/2006	Flu like illness	DR Gabriel	H27z-1
19/07/2005	Discharged from inpatient care adolescent psychiatric unit - 6 weeks	DR Beaumont	8HE2
2005	Personality disorders inpatient spell adolescent unit 13/5 -19/7 2005	DR Beaumont	E21
2004	Psychiatric monitoring 2004-05 - initially felt bipolar mood disorder but final diagnosis NOT this	DR Beaumont	8A2

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2004	HiO: deliberate self harm	DR Beaumont	146B
2004	Overdose of drug	DR Beaumont	SL-5
2002	Emotional problem	DR Beaumont	1B13
2002	Referral To Child & Adolescent Psychiatrist	DR Beaumont	FUNDHRE19
1997	[V]Behavioural problems	DR Beaumont	ZV40-1
1993	Otitis media NOS admitted - URTI and 1994	DR Beaumont	F622
1990	Gastro-oesophageal reflux	DR Beaumont	J10Y4-2

Health Admin Problems	Authorised By	Code
-----------------------	---------------	------

Date	Last Entry	Normal Range Indicator	Normal Range
21/11/2006	Serum creatinine 57 umol/L		
02/06/2006	Cigarette smoker 10 Cigarettes/day		
02/06/2006	Body Mass index 24.36	1	20-25
02/06/2006	O/E - weight 75.925 Kg		
02/06/2006	O/E - height 176.53 cm	1	10-250
02/06/2006	Blood pressure reading 120/70 mm Hg		
04/04/2006	Urine protein test negative		
04/04/2006	Urine glucose test negative		
04/04/2006	Urine blood test = negative		
04/04/2006	Alcohol consumption 0 units/week		

Attachments	Authorised By	Code
24/11/2006 Letter encounter to patient Letter to patient Letter.to.patient.doc	Mrs McCoskry	9N35
22/11/2006 Result, lab. - general Results Biochemistry 07_00047688.XXX	Mr Install	EMISATTACHMENT
21/11/2006 Result, lab. - general Results Haematology 07_00047615.XXX	Mr Install	EMISATTACHMENT
21/07/2006 Letter from specialist Clinical Letter DGRI Accident & Emergency 07_00036347.XXX	Mr Install	EMISATTACHMENT
19/07/2006 Letter from specialist Clinical Letter Nthbank Community Child Health 07_00036146.XXX	Mr Install	EMISATTACHMENT
07/07/2006 Letter from specialist Clinical Letter DGRI Community Child Health 07_00036147.XXX	Mr Install	EMISATTACHMENT
01/07/2006 A&E report A&E letter DGRI Accident & Emergency 07_00029963.XXX	Mr Install	EMISATTACHMENT
23/05/2006 A&E report A&E letter DGRI Accident & Emergency 07_00036134.XXX	Mr Install	EMISATTACHMENT
28/04/2006 A&E report A&E letter DGRI Accident & Emergency 07_00022162.XXX	Mr Install	EMISATTACHMENT
11/04/2006 Letter from specialist Clinical Letter Out of Area Hospital Mental Health 07_00024539.XXX	Mr Install	EMISATTACHMENT
11/04/2006 Result, lab. - general Results Microbiology msu 07_00016181.XXX	Mr Install	EMISATTACHMENT
05/04/2006 Letter encounter Administration Letter Registration 07_00015172.XXX	Mr Install	EMISATTACHMENT

Due Diary Entries	Authorised By	Code
01/05/2007 Medication review	Miss Kirk	8B314

Overdue Diary Entries	Authorised By	Code
21/11/2006 Health clinic OVERDUE Depo Provera Due	Mrs Sherman	EGTON419
25/08/2005 Booster tetanus + polio vacc. OVERDUE	DR Halliday	65L4

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
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None

Family History	Authorised By	Code
04/04/2006 FH: ischaemic heart dis. <60	DR Halliday	12C2
04/04/2006 FH: Diabetes mellitus	DR Halliday	1252

Referrals	Authorised By	Code
None		

Immunisations	Authorised By	Code
None		

Health Status

02/06/2006	Tobacco consumption Cigarette smoker, 10 Cigarettes/day
02/06/2006	Blood pressure reading 120/70 mm Hg
02/06/2006	O/E - height 176.53 cm
02/06/2006	O/E - weight 75.925 Kg
04/04/2006	Alcohol consumption 0 units/week

Other Observations	Authorised By	Code
29/08/2006 Depot contraceptive given	Mrs Sherman	61B1
02/06/2006 Smoking cessation advice	Mrs Hughes	8CAL
02/06/2006 Depot contraceptive given	Mrs Hughes	61B1
17/05/2006 Notes summary on computer	DR Beaumont	9344
04/04/2006 Health ed. - smoking	DR Halliday	6791

Consultations

24/11/2006	Mrs Debbie McCoskry at Externally Entered
Additional	Letter encounter to patient Letter to patient
22/11/2006	Mr Doonan Install at Doonan
Additional	Result, lab. - general Results Biochemistry
21/11/2006	Mr Doonan Install at Doonan
Additional	Result, lab. - general Results Haematology
21/11/2006	Dr Joyce Currie at George Street Surgery
Problem (FIRST)	Depot contraceptive given
History	on time today for depot. no problems having Si uses condoms. spots at times like this normally. no periods or discharge
Examination	depot given L hip Depo Provera 150mg NE0961 expires 02/09 pharmacist next due 13/02/07
Problem (FIRST)	Tired all the time
History	for last few weeks feels tired sleeping ok though does not think depressed at moment feels cold too about to leave unit and go to live by self no date yet admits anxious. long history mood problems in past and overdose had contact with cars but did not find helpful. recurrent sore throat too
Comment	check physical first if no better then will RV re mood
Test Request	FBC, ESR, U and E, Glucose, LFTs, TFTs
27/10/2006	DR L. Locum at G.P. Surgery
Problem (FIRST)	Conjunctivitis
History	c/o purry discharge both eyes since 1-2/02, worse in the mornings, vision ok, offers no other complaints

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Examination	o/e both eyes - slight discharge at cornia, conjunctiva - sl red, no other systemic findings
Comment	treat as conjunctivitis - as 1-2/52 duration - ab eye drops, clean eye with sterile water, advised review if not better, cautioned symptoms to watch for
Medication	Chloramphenicol Eye drops 0.5 % 10 ml ONE DROP FOUR TIMES A DAY
29/08/2006	Mrs Kate Sherman at George Street Surgery
Comment	Advised needs to come in on time for injections, hasn't been sexually active past few days, Depo-provera inj 150 mgs IM right hip Pharmacia NB 0563 12/06 Depot contraceptive given
Follow up	Health clinic (21/11/2006) Depo Provera Due
21/07/2006	Mr Docman Install at Docman
Additional	Letter from specialist Clinical Letter DGRI Accident & Emergency
19/07/2006	Mr Docman Install at Docman
Additional	Letter from specialist Clinical Letter Nithbank Community Child Health
07/07/2006	Mr Docman Install at Docman
Additional	Letter from specialist Clinical Letter DGRI Community Child Health
01/07/2006	Mr Docman Install at Docman
Additional	A&E report A&E letter DGRI Accident & Emergency
20/06/2006	Mrs Deborah J Hughes at George Street Surgery
Comment	has period at moment ipt not required
02/06/2006	Mrs Deborah J Hughes at George Street Surgery
Examination	Blood pressure reading 120/70 mm Hg O/E - height, 178.53 cm O/E - weight, 75.925 Kg Body Mass Index, 24.36
Social	Cigarette smoker, 10 Cigarettes/day
Comment	has now finished her period yesterday today is day 6 discussed with dr park to do ipt today if negative can have depo and repeat pregnancy test in 2 weeks had morning after pill 2 weeks ago from youth clinic and has had period since not had intercourse since 2 weeks ago. pregnancy test in surgery negative. Depot contraceptive given depoprovera inj left hip ex 08/2006 mk0604 (diary entry deleted) (Not Known) Smoking cessation advice
Follow up	
Additional	
23/05/2006	Mr Docman Install at Docman
Additional	A&E report A&E letter DGRI Accident & Emergency
18/05/2006	DR David Taylor at George Street Surgery
History	Long discussion. Does not remember to take pill. Pointed out that she is still 15 (as is her current partner) and technically she is breaking the law. Medroxyprogesterone Acetate Prefilled syringe 150 mg/1 ml 1 pre-filled syringe(s) 1 EVERY 3 MONTHS
Medication	
18/05/2006	DR David Taylor at Telephone Consultation
History	Depot discussed. TOL Appt made.
15/05/2006	DR C Guy Beaumont at Not Seen
History	has req depot contraception - needs to spk to DR or nurse re this first? done so already, only 15 and given pill last month
28/04/2006	Mr Docman Install at Docman
Additional	A&E report A&E letter DGRI Accident & Emergency
11/04/2006	Mr Docman Install at Docman
Additional	Letter from specialist Clinical Letter Out of Area Hospital Mental Health
11/04/2006	Mr Docman Install at Docman
Additional	Result, lab - general Results Microbiology msu
11/04/2006	DR Phyllis Halliday at George Street Surgery

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Problem (FIRST) **Contraception**
 History no fh thrombophilia, got migraines on microgynon, break thro bleeding on loestrin 20
 Examination Blood pressure reading 110/80 mm Hg
 Medication Loestrin 30 Tablets 63 table(s) AS DIRECTED

06/04/2006 **Mr Doeman, Install at Doeman**
 Additional Letter encounter Administration Letter Registration

04/04/2006 **DR Phyllis Halliday at George Street Surgery**
 Problem (FIRST) **New patient health check**
 History moved from thornhill, says she was in hpt with bipolar affective disorder, was in hpt Gartnavel hpt Glasgow for 6 months, says she was discharged without medications doing ok, staying with carer, voluntary care.
 Cigarette smoker, 10 cigarettes/day
 Examination O/E - height, 177 cm
 O/E - weight, 79 Kg
 Body Mass Index, 25.22
 Family History FH: Diabetes mellitus
 FH: Ischaemic heart dis, <60
 Social Alcohol consumption, 0 units/week
 Result Urine blood test = negative
 Urine glucose test negative
 Urine protein test negative
 Additional Health ed. - smoking

31/03/2006 **DR Alan Gabriel at George Street Surgery**
 Problem (FIRST) **Flu like illness**
 History Generalised aches and pains, high temp, sore throat, chesty cough with sputum, off food and fluids, headaches, feeling generally ill.
 Examination Looks Ok. Slightly dehydrated, T 38.4. Chest - few creps b base. Throat - inflamed+++ pharynx. Cx nodes up.
 Comment Advised regular paracetamol and plenty fluids, RV if not getting better.
 Medication Amoxicillin Capsules 250 mg 21 capsule(s) 1 TDS

Medication

Current					
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type	
01/11/2006	Medroxyprogesterone Acetate Prefilled syringe 150 mg/1 ml 1 EVERY 3 MONTHS 1 pre-filled syringe(s)	01/11/2006P	DR David Taylor	REPEAT	

Past					
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type	
27/10/2006	Chloramphenicol Eye drops 0.5 % ONE DROP FOUR TIMES A DAY 10 ml	27/10/2006P	DR L Locum	ACUTE	
24/07/2006	Medroxyprogesterone Acetate Prefilled syringe 150 mg/1 ml 1 EVERY 3 MONTHS 1 pre-filled syringe(s)	24/07/2006P	DR David Taylor	ACUTE	
18/05/2006	Medroxyprogesterone Acetate Prefilled syringe 150 mg/1 ml 1 EVERY 3 MONTHS 1 pre-filled syringe(s)	18/05/2006P	DR David Taylor	ACUTE	
11/04/2006	Loestrin 30 Tablets AS DIRECTED 63 tablet(s)	11/04/2006P	DR Phyllis Halliday	ACUTE	
31/03/2006	Amoxicillin Capsules 250 mg 1 TDS 21 capsule(s)	31/03/2006P	DR Alan Gabriel	ACUTE	

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MENTAL HEALTH SERVICES
NHS Addiction Services (East)
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX

Clinical in Confidence

Dr Paul Dunlop
Tanyard Medical Practice
2 Tanyard
CUMNOCK
KA18 1BF

Date 27 June 2012
Our Ref JB/mp/202979
CHI
Enquiries to General Office
Direct line 01563 574237
Fax 01563 574238

Dear Dr Dunlop

EMMA LINDSAY, 4 SEARLE TERRACE, AUCHINLECK, KA18 2BW
D.O.B. 26/08/1990, CHI: 2608901301

I have been working with Emma for around one year on and off due to Emma moving accommodation within East Ayrshire. I am currently supporting Emma with her addiction issues and mental health.

Over the last few weeks I have observed a decline in Emma's mental health with Emma reporting more frequent episodes of visual and auditory hallucinations, low mood and fleeting thoughts of suicide and self harm.

Emma has had involvement with Mental Health Services since 2005 and has previously felt well enough to stop using her prescribed medication in the past with the same effect as now. Emma is currently self medicating to help mask her low mood and hallucinations.

I will discuss Emma further with Dr Bajaj, Consultant Psychiatrist – East Addictions and arrange an urgent appointment, however, I would appreciate if you would consider reviewing Emma's medication in the meantime.

Should you wish to discuss this further, please do not hesitate to contact me on the above number.

Yours sincerely



Jean Blackwood
Staff Nurse - NHS Addiction Services (East)



www.nhsayrshireandarran.com

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10-July-2026
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Ayr Hospital Emergency Department Tel: 01292 614578	Emergency Department Discharge Letter
To: K.J.WATT	Re: Emma Lindsay 39 LAMBFAIR GARDENS, AUCHINLECK, CUMNOCK, KA18 2HY DOB: 25/08/1990 ED Attendance No: AYR-21-017930-1 CHI No.: 2608901301

Attendance Details

Date of Attendance: 02/08/2021

Time of Attendance: 18:58:00

Presenting Complaint: back pain

Duty Consultant: Dr Sathiyaprakash Ranganath

Additional Information: No Attendances in Last 12 months: 1 Total Number of Attendances: 21

Diagnosis unstable #, Thoracic vertebra,

Treatment Assessed and referred

Investigations X-Ray,

Discharge Information: Admitted, Station 10

Additional Information emma jumped out at first floor window today. She has an unstable burst fracture of t12 that was discuss with neurosurgical. She has been admitted locally for mri and further discussion with neurosurgical/ spinal

Discharged by: Gwen Halbert, Specialty Doctor

If you have any queries about this patient, please contact one of the staff at the above number

page 1 of 1

Additional document
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Bankfield Medical Practice

Dr David Stevenson



Dr Alisha Dosumu

28 September 2009

MISS EMMA LINDSAY
JELLYSTONE FARM
AYR
KA6 6ES

28 September 2009

Dear Miss Lindsay

Missed Appointments

You have recently missed a number of appointments with this surgery.

This wastes the time of the surgery staff and ultimately the people who suffer are other patients who cannot get an appointment with the doctor or nurse.

If you know in advance that you cannot make an appointment, please let us know and we can use it for someone else. Also, some people have either a medical problem or a disability which makes it difficult to keep appointments, please let us know if this is the case, we may be able to make arrangements to help.

We appreciate that unexpected events can happen and sometimes people miss appointments through no fault of their own. This is why we will only write to you once you have missed a number of appointments.

If you miss any further appointments, or otherwise compromise our relationship, we may be forced to take action, which may involve asking you to find another doctor.

Please do not hesitate to contact us if you wish to discuss this, or if you think we may have made a mistake.

Yours

David Stevenson

Bankfield Medical Practice,
148 Dalmeilington Road,
Ayr, KA7 3PR
Tel: (01292) 264080
Fax: (01292) 269731

Alloway Village Hall,
Alloway KA7 6PY
Tel: (01292) 445533

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20742

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE
ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE



1. PERSONAL DETAILS

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

Yes ☐ No ☒

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

Yes ☒ No ☐

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

Male ☐ Female ☒

Date of birth *

26/8/90

Address *

46 Mayfield Av
hurlford
Kilnarno

Title *

MISS

Surname *

LINDSAY

Forenames *

EMMA LOUISE

Previous surname *

Postcode *

KA15EA

Telephone #

Email address #

the data supplied

Health Index (CHI), but will be held on the GP Practice's system.

The following information can be found on your current medical card:

Community Health Index (CHI) number *

NHS number *

The following information can be found on your birth certificate:

Town of birth *

Peterhead

Country of birth *

Scotland

Registered district of birth
(Scotland only)

Aberdeenshire

Mother's maiden name

noble

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP *

83 Kerr hardie hill
Cumnock

Name and address of previous GP Practice in UK *

Auchinleck Surgery Health Centre

Postcode *

KA18 2PR

Postcode *

If you are from abroad:

Date you first came to live in the UK *

If previously resident in the UK, date of leaving *

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date *

Are you a Reservist?

Yes ☐ No ☐

If yes provide your address before enlisting *

Leaving date *

Postcode *

Is this your first registration with a GP since leaving the armed forces?

Yes ☐ No ☐

1

GMSGPR001 V27 1 2021

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3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to www.organdonationscotland.org

4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHS Scotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "How the NHS handles your personal health information" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

5. PATIENT DECLARATION

- ☒ I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature



Date * 14/6/24

Representative's name (if applicable)

EMMA LIMOSAY

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number

GP name

Practice code

Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert ☐ Student ID card ☐ Driving licence ☐ Passport or ☐ Home Office ☐ Other / None ☐
HC2 cert ☐ app reg card ☐

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature

Date *

7. FOR OFFICIAL USE ONLY

Input by

Checked by

Date

Practice stamp

BMJ Confidential: Personal data about a patient

Old Irvine Road Surgery

New Patient Questionnaire

Name	Emma Lindsay
DOB	26 / 8 / 90
Address	46 mayfield Av herford KA5 5ea
Telephone	
Marital status	m & relationship
Occupation	Long term Sick
Next of Kin & contact details	
Are you a carer for someone?	NO

Medical problems

Please tick the boxes if relevant.

Epilepsy		High blood pressure	
Heart disease		Diabetes	
Asthma		Stroke	
Chronic bronchitis		Mental illness	✓
Kidney problems	✓	Surgical operations	✓

Medication

Allergies	
Medication	Dose & frequency
*TBC	It will bring repeats list.

NHS Confidential: Personal data about a patient

Old Irvine Road Surgery

Lifestyle details

Please complete the following boxes.

Smoker	Ex-smoker	Never smoked
If you are a smoker - <u>Yes</u>		
How many do you smoke per day? <u>15</u>	How many years have you smoked? <u>15</u>	

Alcohol (amount per week)	<u>N/A Rarely 1 glass of wine</u>
Drug use	<u>X Addict</u>

Female health issues

When was your last smear?	<u>1990</u>
Do you currently use or need contraception?	<u>NO</u>
How many pregnancies have you had?	<u>4</u>
How many children do you have?	<u>0</u>
Names and ages of children?	<u>0</u>

Ethnic origin

White Scottish	☒	Other white British group	
White Irish		Other white ethnic group	
Indian		Bangladeshi	
Chinese		Other Asian ethnic group	
Black African		Other black ethnicity	
Other ethnic, mixed origin		Ethnic group not recorded	

Please hand this form in to our reception desk at Old Irvine Road or at the North West Kilmarnock Centre.

Thank-you.

NHS Confidential: Personal data about a patient

Dr J. D. Curran
Dr E. M. McGregor
Dr G. T. Mulligan
Dr A. Mahmood
Dr B. M. Chan

Old Irvine Road Surgery
4 Old Irvine Road, Kilmarnock, KA1 2BD
Telephone No: 01563 522413
www.oldirvineroadsurgery.co.uk

**CONSENT TO CONTACT
Access to Medical Records**

Name <i>Emma Lindsay</i>	DOB <i>26/8/90</i>
Address <i>46 Mayfield Av Kilmarnock KA1 5EA</i>	
[Redacted] HS Number	

[Signature] give consent for staff at Old Irvine Road to contact my registered GP to access my health records.

Patient	
Print Name <i>EMMA LINDSAY</i>	Date <i>Fri 14 Jun</i>
Signed <i>[Signature]</i>	

Staff Member	
Print Name	Date
Signed	

Declaration

I consent to the practice contacting me by text message and/or email for the purposes of health promotion, practice news and for appointment reminders.

I acknowledge that appointment reminders by text are an additional service and that they may not be sent on all occasions but that the responsibility for attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time.

Text messages are generated using a secure facility but I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure, however the practice will not transmit any information which would enable an individual patient to be identified.

Patient Name: Emma Lindsay *

Date of Birth: 26-08-1940 *

Home Tel: *

Mobile No: _____

Email: [REDACTED]

About This Form

Please Note

If more than one person shares the use of the mobile phone number detailed below, we will need a consent form from each of those people.

By using this form, you will be sending information about yourself across the Internet. Whilst every effort is made to keep this information secure, you should be aware that we cannot offer any guarantees of absolute privacy. If this matter concerns you then you should use another method to notify us of your details.

Personal Information

Personal information retained on this system is stored in a secure data centre located in the UK and is treated as confidential.

Additional document

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NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofel Dr A Stevenson Dr A Krichell Dr S Learmonth Dr F Gibson

Dr. A DOSUMU
148 DALMELLINGTON ROAD
AYR
AYRSHIRE
KA7 3PR

Accident and Emergency

Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr TERESA HAND

Emma Lindsay

18 CHURCH COURT
AYR, KA8 0DB

DOB: 26/08/1990
A/E No: AYR-10-026495
CHI No: 2608901301

Date and Time of Attendance: 02 Aug 2010 00:16

Diagnosis Headache

Treatment Assessed and referred, I.V. canula

Drugs:

Investigations

Follow up: Admitted

Station 7 MAU

Additional Information: recurrence of previous severe headache, no meningism

- 05 AUG 2010
- ☒ STEVENSON
 - ☐ DOSUMU
 - ☐ LOCUM
 - ☒ FILE
 - ☐ NOTES TO.....
 - ☐ APPT
 - ☐ SCRIPT..... ☐
 - ☐ PHONE
 - ☐ VISIT
 - ☐ LETTER..... ☐
 - ☐ NURSE APP?
 - ☐ HV APP?
 - ☐ OTHER

Dr Alison Sandford
Staff Grade doctor

If you have any queries about this patient, please contact one of the staff at the above number.

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NHS Confidential: Personal data about a patient

Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 14/04/2015
Date Dictated: 14/04/2015
Date Typed: 16/04/2015
Our Ref: KK/KMcA
Enquiries to: Karen McAllister
Tel No: 01563 574237
Fax No: 01563 574238

Dear Dr Dunlop

EMMA LINDSAY

**40 MCCLYMONT COURT, CUMNOCK, AYRSHIRE,
KA18 1TH**

CHI No: 2608901301

Miss Lindsay did not attend her addictions outpatient clinic appointment at Cumnock Health Centre on 14th April 2015.

She has not attended her previous two outpatient appointments. She continues to be prescribed Methadone 40mls daily supervised.

I note that she has not been engaging with her Keyworker either. I will therefore discuss with her Keyworker, Chris Pendrill, at the next MDT. We may consider reducing her Methadone until she engages.

I will also arrange for her to be seen in the outpatient clinic in around eight weeks time.

Yours sincerely

Authorised on 19/04/2015 19:30:49 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Chris Pendrill
East CAT
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX

www.nhsaaa.net



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NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofel Dr A Stevenson Dr A Krichell

Dr. A Dosumu
148 DALMELLINGTON ROAD
AYR
AYRSHIRE
KA7 3PR

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr TERESA HAND

Emma Lindsay
18 CHURCH COURT
AYR, KA8 0DB

DOB: 26/08/1990
A/E No: AYR-10-002103
CHI No: 2608901301

Date and Time of Attendance: 19 Jan 2016 17:43

Diagnosis Suicide risk (Excludes Suicide attempt)

Treatment Assessed and referred

Drugs:

25 JAN 2016

Investigations

Follow up: Discharge, follow up arranged
Mental Health Service
Usual place of residence

Additional Information: Self Harm. Assessed by psychiatry. For follow up with crisis intervention.

- ☒ STEVENSON
- ☐ DOSUMU
- ☐ LOCUM
- ☒ FILE
- ☐ NOTES TO
- ☐ APPT
- ☐ SCRIPT
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

Dr Christopher Mansbridge
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

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NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofel Dr A Stevenson Dr A Krichell Dr S Learmonth Dr F Gibson

Dr. A DOSUMU
148 DALMELLINGTON ROAD
AYR
AYRSHIRE
KA7 3PR

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr Alastair Stevenson

Emma Lindsay
18 CHURCH COURT
AYR, KA8 0DB

DOB: 26/08/1990
A/E No: **AYR-10-028953**
CHI No: 2608901301

Date and Time of Attendance: 21 Aug 2010 12:05

Diagnosis OD of Opioid analgesic
Self poisoning with other medicines

Treatment Other treatment
Drugs:

Investigations X-Ray , Chest

Follow up: Admitted

Medical High Care

Additional Information: mixed OD- opiates (awoke with narkan from SAS) benzos, quetiapine,
TCA. admitted to physicians

- ☐ STEVENSON
- ☒ DOSUMU
- ☐ OFEL
- ☒ RICH
- ☐ NOTES FOLLOW UP
- ☐ APP
- ☐ SCRIP
- ☐ PHONE
- ☐ MRS
- ☐ CYPHER
- ☐ SENSE APP
- ☐ FAX APP
- ☐ FAX

Dr Alastair Stevenson
A&E Consultant

If you have any queries about this patient, please contact one of the staff at the above number.

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Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 07/11/2023
Date Dictated: 17/11/2023
Date Typed: 17/11/2023
Our Ref: KK/SC
Enquiries to
Tel No: 01563 574237
Fax No:

Dear Dr Dunlop

EMMA LINDSAY

83 KEIR HARDIE HILL, CUMNOCK, AYRSHIRE, KA18 1PR

CHI No: 2608901301

Emma did not attend her Outpatient appointment at Cumnock Health Centre on 7th November 2023. She is currently on Methadone 40 mls daily. I note from her records she is holidaying abroad returning on 8th November. I will reappoint her in due course.

Yours sincerely

Authorised on 17/11/2023 10:40:01 by Typist Sylvia Corbett, on behalf of Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

www.nhsaaa.net



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Ayrshire Doctors On Call



1 Patient Contacts for Tanyard Medical Practice

Page 1 of 2

Patient : Emma Lindsay

(Gender: Female) (DOB: 26/08/1990) (Age: 32 years) (CHI: 2608901301)

Case No 16945 **Case Date** 10/08/2023 18:31

Own Dr Fernandez-Ares, Tona

Emergency Care Summary viewed on case

Current Address

145 Keir Hardie Hill Cumnock

Home Address (If Different)

83 Keir Hardie Hill Cumnock

KA18 1PR

Current Phone

Home Phone (If Different)

Case Type Advice

Priority On Reception within 4 hours

NHS 24 Advice by

Ross Watters (Call Taker Si) ()

Triage Start 18:36

Clinical summary created by: Ross Watters (Call Taker Si) () [10/08/2023 18:53:53]

Triage End 18:53

Reason for call: NO FEELING FROM BASE OF CHEST DOWN TO TOES - 2 DAYSConfirmed

Symptom(s):

Clinical supervision

Risk Factor(s):

No travel outside Europe in last 21 days or to an affected country

Call Detail(s):

Clinical supervisor: Bruce Carey BRUCEC Cardonald

10:08:2023 18:32:51 WATTERSR.. NO FEELING FROM BOTTOM OF CHEST DOWN TO LEGS - RECENT SURGERY AFTER BREAKING BACK - STARTED AS TINGLES 1 WEEK AGO NOW UNABLE TO FEEL ANYTHING - GOT HELP FROM FRIEND YESTERDAY TO TAKE SELF OVER TO HER HOUSE.. DW SCN A DUFFY - ADVISED CLINICAL SUPERVISION KEYWORD.. ARM PAIN STARTED TODAY.. CAN FEEL FEET BUT NOT AS NORMALLY WOULD.. DW NP C BRUCE - MOBILE TO TOILET WITH FRIEND - PU - NO INCONTINENCE - NO SADDLE NUMBNESS - LOWER BACK PAIN - NOT RELIEVED WITH PARACETAMOL - STATES BACK BROKEN - PAIN 10/10 - SPEAK TO CLINICIAN 4..

Outcome: Speak to clinician within 4 Hrs

Case Questions

NHS 24 Feedback

Do you agree with the outcome determined by NHS 24? - Yes

CLINICAL PORTAL -

Did you perform a lookup on the A&A Clinical Portal? - No

Pocketed Aremote Consult by:

Start Type

End Type

Consult Start

Consult End

Adastra Consult by

Tilston, Simon

Consult Start 19:12

Start Type Advice

End Type Advice

Consult End 19:41

Report Statistics:

Report produced by Adastra Version 3 - 10/08/2023 19:57:49

NHS Confidential: Personal data about a patient

Page 2 of 2

Patient : Emma Lindsay**(Gender: Female) (DOB: 26/08/1990) (Age: 32 years) (CHI: 2608901301)****History**

See summary
Broke back 2 years ago-Glasgow -QEUH-spinal injuries
Mental health issues/Previous IVDA
Exacerbation of pain 7 days - lower -since yesterday
feels sensation altered below upper torso to feet
Bowels and bladder fine
no new injuries
Mobilising around house with crutches
rx paracetamol
ibuprofen -yesterday made sick yesterday

Examination**Diagnosis**

Chronic back pain

Treatment

Offered PCEC tonight declined -would rather wait until tomorrow and go to ED advised not appropriate
Worsening statement given -red flags discussed

Clinical Code(s)

N145. Backache, unspecified

Prescriptions**Informational Outcome(s)**

No Follow-Up Required -

Report Statistics:

Report produced by Adastra Version 3 - 10/08/2023 19:57:49

File name:
Extension:
Pages:

[illegible]

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NHS Confidential: Personal data about a patient

NHS FORTH VALLEY DISCHARGE AND PRESCRIPTION

PLEASE WRITE FIRMLY USING A BALL-POINT PEN.

Hospital

RECEIVED 06 AUG 2015

Dear Dr.

Your Patient: EMMA LINDSAY (26/8/90) Age: Hos. No. G.P. No.

Address

was in the care of Dr. SAVARD in Ward WMP CORNTON-WALK

He /She was ADMITTED on 28/5/15 and was DISCHARGED on 4/8/15

To his/her home/alternative address

Diagnosis, Treatment and Comments (including details of Appliances and Drug Sensitivities).

BIPOLAR DISORDER

Follow up arrangements

A Discharge letter will follow.

Medical Officer

The following medicine(s) is/are recommended:

 MEDICINE, FORM OF PREPARATION AND STRENGTH	DOSE	DIRECTIONS FOR ADMINISTRATION	QUANTITY SUPPLIED	RECOMMENDED DURATION OF TREATMENT
<u>QUETIAPINE</u>	<u>50mg</u>	<u>on / 400mg nocte</u>	<u>5/7</u>	
<u>METOPROLOL MIXTURE</u>	<u>1mg/1ml</u>	<u>50ml</u>	<u>DAILY</u>	
	<u>(FIRM)</u>			
<u>BUOPRONE</u>	<u>10mg</u>	<u>BD as req</u>	<u>5/7</u>	

Medical Officer

Pharmacist

Date Dispensed

Nurse check on discharge

DISTRIBUTION:

1st White - General Practitioner/Receiving Hospital
2nd Pink - Pharmacy
3rd Blue - District Nurse via Patient
4th Yellow - Patient's Case Notes

STH 045

Where prescriptions contain CONTROLLED DRUGS the original will be retained by the pharmacist

Additional document
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0000 Confidential Personal data about a patient

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on
01292-614522, quoting account number 08292-00109

To Dr.: A (GP) DOSUMU
3 ALLOWAY PLACE
AYR
AYRSHIRE
KA7 2AA

EMMA LINDSAY DOB 26/08/90
4E WHITEFAULDS CRESCENT X
T
MAYBOLE;;KA198AY
CHI 2608901301

Your patient attended the Ayr Hospital on 18/10/08
at 16:41.

Triage nurse described problem as: 22 OCT 2008

od.serequel/chlordiazepoxide

Investigations ordered:

ECG; HAEMATOLOGY; BIOCHEMISTRY; NEAR PATIENT TESTING; FULL BLOOD

Procedures

VASCULAR ACCESS: bloods/fluids; AWAITING PROCEDURE: admit st7

Diagnosis

ALCOHOL &/OR SUBSTANCE USE PROBLEMS*ACC

Outcome of attendance was:

ADMITTED

Nursing remarks were:

seen by Dr G Williams

Additional remarks were:

obs,bloods,ecg,IVI,admit st7 for further assess/treat.

Follow up plans were:

GP

Yours Sincerely,

A&E Department.

- ☒ STEVENSON
- ☐ DOSUMU
- ☐ LOCUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT.....
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER.....
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

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NHS Confidential: Personal data about a patient

CHILD HEALTH SERVICES

Child and Adolescent Mental Health Services
Ladyfield Offices, Glencaple Road
DUMFRIES
DG1 4TE
Telephone: (01387) 244000 Extn 4329
Direct Dial: (01387) 244329
Fax: (01387) 244337

19 July 2006

Dr Brown
Thornhill Health Centre
THORNHILL DG3 5AA

Dear Dr Brown

Emma Lindsay - Dob 26.08.90
Woodhead Farm, Penpont, Thornhill, DG3 4BN

This 15 year old girl was seen in Accident and Emergency Department of Dumfries and Galloway Royal Infirmary in the early hours of 1 July 2006 having taken an overdose of Paracetamol tablets whilst being under the influence of alcohol. It was thought to be an impulsive overdose without evidence of suicidal intent. She was discharged from Accident and Emergency. There was a delay in the referral to CAMHS but I did see her for a psychiatric assessment on 12 July 2006.

Emma has been living in a private residential care placement run by "Carevisions" for the last year. Prior to that she was an inpatient for three months at the Young Peoples Unit at Gartnavel Royal Hospital in Glasgow. She had been admitted there for an assessment, the conclusion of which was that Emma did not suffer from a psychiatric disorder. At the time of admission she had been given a number of labels following an assessment by a Locum Psychiatrist in Ayrshire and was being treated with a number of psychotropic medications including Risperidone, Carbamazepine and Zopiclone. She was discharged on no medication. It was clear that the relationship between Emma and her [redacted] and [redacted] was such that she could not be discharged home; indeed Emma refused to return home to her [redacted]. Behaviour problems noted during this inpatient admission included that Emma was often impulsive in her interactions with other and could be quick to anger but that she did respond well to boundaries being put in place and with support could reflect on the effect of her behaviour on others.

Emma last attended school 2½ years ago. She gave up school at the end of second year when she lived in Ayrshire because she "didn't like it". The plan is that she will start at course at [redacted] in September 2006 for 3½ days a week doing mechanics.

Currently her days are unstructured. She gets up in the middle of the day and goes out, returning late at night around 10.00 pm. She seeks out friends who she has met from the Oasis Centre and says that she drinks alcohol each day, the amount varies on how much money she has but is often a combination of Vodka, Buckfast and cans. She says that alcohol helps her not to worry. She also knows that being occupied helps her not to worry. There was an emergency review held on 10 July 2006 because of concerns about her absconding behaviour and alcohol intake and the possibility of referral to a secure unit was put to her unless she changed her behaviour.

05 SEP 2006

Confidential to addressee only

Not to be shown to other persons without reference to the writer

Dumfries & Galloway NHS Board is the common name of Dumfries & Galloway Health Board

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On the occasion of the overdose she had been drinking with friends. Around 11.00 pm she felt depressed. She went to Tesco and bought tablets and took them straight away. She had contacted her [REDACTED] by phone to let her know that she had taken an overdose. She then fell asleep in someone's garden and was removed by the Police to her Carevisions Residential Unit and from there she was taken to Accident and Emergency at DGRI. Her blood Paracetamol level was below that requiring any treatment so she was discharged without any medical treatment being required. The next day she just wanted to forget all about it and clearly wishes that she hadn't taken the overdose. Emma has a pattern of self-harm with three previous overdoses and cutting behaviour.

Emma presented as a tall, overweight young person who looked older than her 15 years. She paid attention to her make up and hair and clothing. Her mood was normal. She is not psychologically minded, i.e. able to reflect on her own contribution to her situation. She states that she had difficulty trusting other people and does not talk to Carevisions staff about her feelings. She sees alcohol as a "quick fix".

I have not arranged to see Emma again. Our service's responsibility to young people placed in private residential units from ourwith Dumfries and Galloway region is to provide emergency psychiatric assessment only. We do not provide ongoing therapy.

Emma may benefit from advice and information about alcohol misuse but at present she shows little motivation to change her behaviour.

Yours sincerely



DR ELIZABETH CUSWORTH
Consultant Child and Adolescent Psychiatrist

Cc Social Worker, Mairianne Herron, The Through Care Support Team, Holmston Centre, 1 Holmston Road, AYR, KA7 3BA

Confidential to addressee only
Not to be shown to other persons without reference to the writer

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A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on
01292-614522, quoting account number 09007-00449

To Dr.: A (GP) DOSUMU
3 ALLOWAY PLACE
AYR
AYRSHIRE
KA7 2AA

EMMA LINDSAY DOB 26/08/90
QUARRIERS HOME X
CHALMERS ROAD
AYR;;
CHI 2608901301

Your patient attended the Ayr Hospital on 07/01/09
at 22:28.

Triage nurse described problem as:

fall, abrasion rt. knee, been drinking

Investigations ordered:

NONE: left before dr assessment

Procedures

NO PROCEDURE: left before seen by dr

Diagnosis

TRAUMA/INJURY/POISONING/FALL/RGT KNEE I

Outcome of attendance was:

LEFT BEFORE ASSESSMENT

Nursing remarks were:

didnt wait to be seen

Additional remarks were:

-did not wait to be seen

Follow up plans were:

(None recorded)

Yours Sincerely,

A&E Department.

17 JAN 2009

- ☒ STEVENSON
- ☐ DOSUMU
- ☐ LOCUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT.....
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER.....
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

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MENTAL HEALTH SERVICES

South Kyle & Carrick CMHT
'Seafield' Base
Doonfoot Road
AYR
KA7 4BW
www.nhs-ayrshire.org



Personal in Confidence
Emma Lindsay
4E Whitefaulds Avenue
MAYBOLE
KA19 8AS

Date Typed: 16th October 2008

Our Ref: BL/CG/061890
CHI No: 2608901301

Enquiries to: Claire Gowans
Direct Line: 01292 [REDACTED]

Fax No: 01292 619711
Email: [REDACTED]

Dear Ms Lindsay,

You have been referred for an outpatient appointment by Karen Jamieson, Community Mental Health Nurse.

An appointment has been arranged for you on **Monday 20th October 2008 at 9.30am within Community Mental Health Team, Seafield Base, Doonfoot Road, Ayr (1st right after Arrol Park).**

Please report to Reception on arrival.

If this appointment is unsuitable please do not hesitate to contact me on the above number to rearrange this.

Yours sincerely

20 OCT 2008

Claire Gowans
Signed in Dr's absence

Dr Barbara Lambert
Staff Grade Psychiatrist

C.c. Dr A Dosumu, Surgery, 3 Alloway Place, AYR, KA7 2AA ✓

- ☒ STEVENSON
- ☐ PROSUME
- ☐ LOCUM
- ☒ FILE
- ☐ NOTES TO
- ☐ APPT
- ☐ SCRIPT..... ☐
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER..... ☐
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

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COPY

**FOR SOCIAL SECURITY AND STATUTORY
SICK PAY PURPOSES ONLY**

NOTES TO PATIENT ABOUT USING THIS FORM

You can use this form either:

1. For Statutory Sick Pay (SSP) purposes - fill in Part A overleaf. Also fill in Part B if the doctor has given you a date to resume work. Give or send the completed form to your employer.
2. For Social Security purpose -
To continue a claim for State benefit fill in Parts A and C of the form overleaf. Also fill in Part B if the doctor has given you a date to resume work. Sign and date the form and give or send it to your local Jobcentre Plus or social security office QUICKLY to avoid losing benefit.

NOTE: To start your claim to State benefit, if you are self-employed, unemployed or non-employed contact your Jobcentre Plus or Social Security office. If you are employed contact your employer for a form SSP1

Doctor's Statement

In confidence to *Emma Lindsay*
Mr/Mrs/Miss/Ms

I examined you today/yesterday and advised you that

(a) You need not refrain from work for *2 months*
OR
(b) you should refrain from work for *2 months*

Diagnosis of your disorder causing absence from work *Mental Health Issues*

Doctor's remarks *Jobcentre Plus - Med 3 - 2nd occasion continuing from 18/11/18*

Doctor's signature *[Signature]* Date of signing *15/12/18*

Dr A Dosumu Bankfield Medical Practice 148 Dalmellington Road Ayr KA7 3PR A20587	Form Med 3
---	-------------------

NOTE TO DOCTOR: See inside front cover for notes on completion

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TANYARD MEDICAL PRACTICE
Mental Health Care Plan

Patient Details

LINDSAY, Emma L	2608901301
Benston Farm	
Cumnock	
KA18 40B	Dr K Loury
2 Tanyard, Cumnock	
DATE	

Review Arrangements

Original CPA Date		Next CPA Review Date	
Copy Plan Issued to:			

Signed (All Attendees)

Patient	<i>[Signature]</i>
Practice Nurse	<i>[Signature]</i>
Carer	

Progress of Developments since Last Review

--

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Agreed Needs and Actions

Social Circumstances

Housing

Financial situation

Access to health and social services

Social vulnerability

Access to social contacts

Daytime activity

lives with [REDACTED]
 Night class at college disability living
 allowance / support allowance
 sees CPN weekly - Psychiatrist monthly.
 has contact no's.
 Reads, watches TV, attends evening
 class / walks

Physical Health

Physical health condition

Physical impairment or disability

Side effects of prescribed medication

good Physical health.
 feels very tired or needs / letting go.
 unable to get up before 9am/day.

Action Points

Other Actions/Comments

attending CPN regularly gets support, no issues at present.

EL

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Covid19 Report	
Patient Details	
Surname	LINDSAY
Forename	EMMA
CHI	2608901301
Date of birth	26.08.1990
Sex	Female
Address	39 LAMBFAR GARDENS DALRYMPLE CUMNOCK AYRSHIRE KA18 2HY
Specimen Details	
Specimen Number	V.21.2187447.S
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	10.08.21 / 16:58
Date/Time Received	11.08.21 / 08:42
Requested By	Dr Margaret Purcell
GP Practice	80171
Date/Time Reported	11.08.21 / 14:12
Details	routine screen

Results

2019 NCoV - Authorised on 11.08.21 at 14:10

2019 NCoV Not detected

Comments:

The laboratory will discard negative SARS-CoV-2 PCR specimens after one week.
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report

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jobcentreplus

Website: www.jobcentreplus.gov.uk

10812
Dr Stevenston
BANKFIELD MEDICAL PRACTICE
148 DALMELLINGTON ROAD
AYR
KA7 3PR

NO P
Your reference is JM352553B
Please tell us this number
if you get in touch with us

Kilmarnock Benefit Centre
Jobcentre Plus
Baird Street
Glasgow
G90 8BB

Phone: 0845 6088632
TEXTPHONE for the deaf/hard of
hearing ONLY 0845 6088551

Date 14 March 2013

Dear Doctor Stevenston

RECEIVED 20 MAR 2013

Work Capability Assessment Outcome Notification

Patients Name Miss E L Lindsay
Patients Address NFA

8017

CH 1
1301
Patients D.O.B : 26 August 1990

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 20 February 2009

Customers with potential capability for work enter the Work-Related Activity group, whilst those who have limited or no capability for work related activity enter the support group

This patient meets, or is treated as meeting the eligibility criteria for Employment and Support Allowance [Work related activity group/Support group].

You no longer need to issue an NHS medical certificates for this person's claim to benefit. However we may need to contact you for further information about this person's illness or disability in the future.

Proof of illness or disability may still be required for other interest groups or organisations such as employers or insurance companies. The provision of this information is not usually a NHS requirement.

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

2964/0571

565150057100200210

Page 01 of 02

NHS Confidential: Personal data about a patient

14 March 2013

Dr Stevenston

REF: JM352553B

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 the letter.

Yours sincerely

Jim Murdoch

Manager



2964/0571

565150057100100116

Page 02 of 02

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8/23/2016

Activity | Care Partner

Staff Copy Printed 23/08/2016 by [REDACTED] King

**Lindsay, Emma (Miss)**

Date of Birth 26-Aug-1990 (25y)

Gender Female

CHI Number 2608901301

Ayrshire Mental Health Risk Assessment Framework

Status Closed

Centre of Care NHS Addictions East

Location Clinic

Date of Activity 12th Jul 2016 at 14:00 by [REDACTED] King

Ayrshire Mental Health Risk Assessment FrameworkAssessment completed by
Individual clinician**Mental state**Mental state
Green**Note:** Emma's mood tends to be reasonable, and is so today even though she finds her situation not so easy

Emma continues to grieve the passing of her [REDACTED]

EngagementEngagement with services
Green**Note:** Emma generally engages and attends appointments.**Medication management**

Green

Note: 45mg methadone daily supervised**Risk of suicide/self-harm**Risk of self-harm
Green**Note:** Emma reports no risk of self-injury or suicideRisk of suicide
Green**Note:** Emma reports no risk of self-injury or suicide**Risk of harm to or from others**Risk of harm to others
Green**Note:** No historical note of risk from EmmaAbuse issues
Amber

Alert

Note: Emma had shared, around a year ago, that she was raped a few months prior to then- the writer acknowledges the disclosure - Emma states she has not yet advised her [REDACTED] of this traumatic incident. Emma has not raised the issue for discussion since then.http://face_cp_live.chd.nhs.uk/internal/serviceusers/81131/activities/7010290/print

1/2

8/23/2016

Activity | Care Partner

emma has not raised the issues for discussion since then

Risk from substance misuse**Substance misuse**

Amber

Alert

Note: Emma reports continued misuse of heroin and benzodiazepines of recent - this is evidenced in drug screen - Emma's goal at this time is to stop using drugs - Emma recognises that it can be more difficult for individuals in a relationship to address their substance misuse issues

Social and personal risks**Support network**

Green

Note: Emma receives support from her [REDACTED] and family, as well as Addictions service - she does not ask for additional support

Physical health

Amber

Alert

Note: recent reports of injecting heroin into her neck - writer has advised Emma of the intrinsic dangers associated with such practices.
Emma is pregnant

Occupation of time

Amber

Note: Emma lacks structure within her daily routine

Housing and finances

Green

Note: no issues reported with regard to housing or finances

Overall Impression of Risk

Amber

Immediate Risk Management Plan**Immediate Risk Management Plan**

- ongoing monitoring of Emma's substance misuse
- ongoing support and monitoring of Emma's emotional wellbeing
- motivational work provided -
- provision of naloxone kit and training provided
- harm minimisation advice - for example to not inject into neck

http://face_cp_live.chd.nhs.uk/internal/serviceusers/81131/activities/7010290/print

2/2

Additional document

10-July-2026

Additional:Additional document

Filename:

Extension:

Pages:

File Identification Page**Name:** LINDSAY, EMMA**CHI No:** 2608901301

THIRD PARTY COPY

Capture All Ltd - Scanning & Archiving

NHS Contributor: Patient data stored as patient

17528

SURNAME (BLOCK LETTERS) LYNDSAY		FEMALE	
TITLE LYNDSAY		OCCUPATION	
FORENAMES (BLOCK LETTERS) EMMA		PHONE NUMBER [REDACTED]	
DATE OF BIRTH	SINGLE	N.H.S. NUMBER	
26 08 90	MARRIED (DATE)	313/90/294	
	DIVORCED (DATE)	C.H.I. NUMBER	
	WIDOWED (DATE)	1301	
ALLERGIES		SPECIAL HAZARDS	
ADDRESS		D	M
WOODHEAD FARM 1. DUNFRIES DUNFRIES DG2 9RT		08	11
STUDD FARM COTTAGE 2. DUNFRIES DUNFRIES DG2 9RT			
83 KEIR HARDIE HILL 3. COMNOLL KA18 1PR			
4.			
5.			
Cause of Death		355—2090	
(1)		Form GP 111A (Rev. 5/87)	
(2)			
Printed for Astron B33656 12/03 (71412)			

DR S. P. HALLIDAY
 DR. FERNANDEZ AGES
 8017

14/106
 01 29
 18

ADDIT
 M2



* MR 014 BCEA *
 CHI No: 260890 - 1301
 NHS No: 313/90/294
 Name: LINDSAY EMMA

G.P.111.

C

DATE OF BIRTH

SERIAL No.

26/08/90

1301

57 DUMBEG PARK
EDINBURGH
EH14 3JA

DATE 24/09/96 S

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.

[illegible]

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

MEDICAL RECORD CARD

FORM G.P. 8A(COMP)

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

CS

DATE OF BIRTH

SERIAL No.

26/08/90

2103

313/90/294

20 CORTES CRES

FRASERBURGH

AB43 5NX

DR. M. J. DICK

DATE 09/03/94 N

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

[illegible]

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

MEDICAL RECORD CARD

FORM G.P.8A (COMP)

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

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FEMALE		SURNAME	CHRISTIAN NAMES
		Lindsay	Emma
ADDRESS		20 Cortes Cres FB	Date of Birth
			20/8/90
DATE	C F	CLINICAL NOTES	DIAGNOSIS
21/8/95	A	DSV 3 days	
		O/e 16-20-500 mm	
		hens	
		but not	
		not Delivered	
		1x Placenta 2-5-10-15	
		7-10-15	
		SOS	
		Next Stage - Parental	
8/6/95	A	Sac must 4/7	
		+ 5-10-15	
		O/e V. 10-15	
		must not be injured	

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

MEDICAL RECORD CARD

Form G.P. 8

(Scotland)

Code 355-2048

Printed in Scotland for HMSO Dd8373623 M200 3/94 25364

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DATE	C F	CLINICAL NOTES	DIAGNOSIS
15/6/95		DT K1231 Menenz 5122193 B110	
29/8/95	A	Swi numb o/p - tarsal tunnel Septu son of (Swi)	
6/11/95	A	Comp 21 inch to wound Numbness bluish Painful st. wound	
		X COMMISSION 12/1/95	
2/11/95		Chickenpox noted	
1/3/96	A	Swi numb eye bluish, pharynx	

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

B. 12/1/95 J. 12/1/95 X 12/1/95

NHS Confidential: Personal data about a patient

FEMALE		SURNAME	CHRISTIAN NAMES
		LINDSAY	EMMA
ADDRESS 20 CORRIE CREES FP			Date of Birth 26/8/90
DATE	C F	CLINICAL NOTES	DIAGNOSIS
		- Tamsulosin	
		✓ Mx - Klacid Penicillin	
		✓ 250mg 15mls.	
		pred. suspension	
		5mls QID. X	
		10 days only	
		-	
		q-q-q U.E.T.I. infection	
		✓ - D x 0 Klacid	
		250mg BD	
		② Paracetamol	
		240mg	

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

MEDICAL RECORD CARD

Form G.P. 8
(Scotland)

Code 355-2048

Printed in Scotland for HMSO Dd8373623 M200 3/94 25364

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

NHS Confidential: Personal data about a patient

DATE	C F	CLINICAL NOTES	DIAGNOSIS
29/3/94	A	V. high tw many (30470) 5012 5112	25
27.11.94		Spots on (L) leg arm + (L) side of trunk since yesterday Dx Warzone. Rx Phenazone elixir SHOULD HAVE COME TO SURGERY!	
3/1/95	A	UTI. Glaucoma, Pharyngitis. Rx Phorbol sru Bd from	

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

NHS Confidential: Personal data about a patient

FEMALE

SURNAME

CHRISTIAN NAMES

Lindsay

Emma

ADDRESS

20 Coates cres

Date of Birth

26 8 90

DATE	• C • F	CLINICAL NOTES	DIAGNOSIS
1/3/94	A	Polymen, Polydypsa low for weeks - worse last few days. Also central abdo. pain D. pain today only not keeping food down. (P/H not conducted x3 in hospital). Also v. heavy Nausea - + + + + today used Nalg. for glucose B/H STIX - 9 mmol/l onuse at evening D/w Poel. Neg. ADMT wd 4.	MSU

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

MEDICAL RECORD CARD

FORM GP8 (SCOT)
Code 355 2048

Dd 8435644 150 M 7/93 25364

NHS Confidential: Personal data about a patient

SURNAME (BLOCK LETTERS)		1/5		FEMALE	
TITLE		LINDSAY		OCCUPATION	
FORENAMES (BLOCK LETTERS)		EMMA		PHONE NUMBER	
DATE OF BIRTH	SINGLE	N.H.S. NUMBER			
26.08.90	MARRIED (DATE)	313/90/294			
	DIVORCED (DATE)	C.H.I. NUMBER			
	WIDOWED (DATE)	1301			
ALLERGIES		SPECIAL HAZARDS			
ADDRESS	D	M	DOCTOR'S NAME		CIPHER & DATE
1. 8A WITCHILL PLACE KILMARNOCK KA13 3JQ			DR TIMMONS		A 21.900
2. COMPAZE 3 ROSEMOIST EST. SOUTH MANKIN			K.L. COWTER		21/02/01

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SURNAME (BLOCK LETTERS)		FEMALE	
TITLE (MRS, Miss) <i>LINDSAY</i>		OCCUPATION	
FORENAMES (BLOCK LETTERS) <i>EMMA LOUISE MARGARET</i>		PHONE NUMBER <i>516174</i>	
DATE OF BIRTH	SINGLE ☒	N.H.S. NUMBER	
<i>26/08/1990</i>	MARRIED (DATE)	<i>313!90.294</i>	
	DIVORCED (DATE)		
	WIDOWED (DATE)		
ALLERGIES		SPECIAL HAZARDS	
ADDRESS	D	M	DOCTOR'S NAME
1. <i>20. Cortes Crescent Fraserburgh AB43 5NX</i>			<i>Dr M. J. W. DICK</i> <i>9/3/94</i>
2. <i>54 DUMBEG PARK EH143TA</i>			<i>DR P. A. WATSON</i> <i>709Y</i> <i>30/1/94</i> <i>(24/9/96)</i>
3.			
4.			
5.			
Cause of Death			
(1) _____			
(2) _____			

5 24.9.76

Form GP IIIA (Rev. 5/87)

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SURNAME (BLOCK LETTERS)		FEMALE	
TITLE <u>LINDSAY</u> 2 PTS. SAME NAME		OCCUPATION	
FORENAMES (BLOCK LETTERS) <u>EMMA</u>		PHONE NUMBER <u>444553</u>	
DATE OF BIRTH <u>26.08.90</u>		N.H.S. NUMBER <u>313/90/294</u>	
SINGLE		C.H.I. NUMBER <u>1301</u>	
MARRIED (DATE)			
DIVORCED (DATE)			
WIDOWED (DATE)			
ALLERGIES		SPECIAL HAZARDS	
ADDRESS		U	M
COITAGE 3 New 2002 1. ROSE MOUNT ESTATE SOUTH MONKTON KA9 2QZ 2. SNAW HILL FARM COTTAGE NR PRESTWICK KA9 2SR 3. TUNNOCK PARK FARM DALBYMIRE WOODHEAD FARM PENRONT THORNHILL DG3 4BN		DOCTOR'S NAME	CIPHER & DATE
		DR K. COULTER	FEB 2001
		I.M. BROWN	8/11/05

Y

1833

CAUTION
SIMILAR NAME

LINDSAY, Emma
2608901301

AYR
KA9 6BA Dr K Coulter
9 Alloway Pl, Ayr, KA7 2AQ
DATE 2.11.05

[illegible]

NHS Confidential: Personal data about a patient

		National Health Service Number		313-90-294
CLINICAL NOTES		Surname (Block Letters)		Forenames (Block Letters)
		LINDSAY		EMMA LOUISE MARGARET
		Address		Date of Birth
		44 UGIE ROAD PETERHEAD AB42 6NA		26.8.90

Date		
12.12.90	V	Seen at 9.15p.m. 24 hour history of pallor, lethargy fever.
	O	Temp 38.6 Fontanelle full No neck stiffness Only positive sign ROM
	E	Possible meningitis
	P	Admitted to Wd 6 RACH PD
16/1/91		① Still being sick Try 2 gaviscon sachet / feed instead of carobel. P. infacol JBL
		③ Chest - clear
		③ ↑ breast - bud ④ side - normal
12/12/90 PD JR Emma Lindsay 44 Ugie 26.8.90 Admitted to Wd 6 RACH ? meningitis		
1/5/91	V	Kash + rasping cough → amoxicil 125 Tds JBL
7/10/91		Chw ^{mm} re. poor immuniz ⁿ uptake → 2 ND DTP + polio To return for 3 RD DTP + polio + MMR in 1/2 JBL
4/3/92		Worms → prapser To return 2/52 for immuniz ⁿ Wt = 2 st.
16/3/92		DPT + MMR. JBL

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

FORM GP111F

NHS Confidential: Personal data about a patient

Date	
2-10-92	Child HS from sent over

6.2.93 Emma Lindsay 44 Ugie Rd 26.8.90 Visited 11p.m. 2 days of temp. and refusing medication OE ENT and chest clear abdomen NAD no meningism Impression viral illness To continue with symptomatic treatment and usual temp. control procedures. May obtain Calpol from Ugie Hospital. - DK

5/5/93	Letter sent re HIB appt 13/5/93
13/8/93	DNA HIB new appt sent 27/5/93
24/9/93	Letter sent re HIB appt 6/10/93

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

D6 8177601 750M 4/90 Ed(277792)

		National Health Service Number		
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)	
	LINDSAY		EMMA	
Address			Date of Birth	
57 DUMBEG PARK			26.08.90	

Date		Now Reg 24.9.96	
30.9.96	A	NPT = MAD - see sheet hines & him in partner (bitter) special school know	
23.10.96	A	Cough & temp $\frac{3}{7}$ re catarrh + ear coarse urine R. Anisomylis SIF 125mg/d $\frac{3}{7}$	URT
10.12.96	A	ST. re pharynx R. 125mg/d $\frac{3}{7}$ pcmat 25mg/d $\frac{3}{7}$	ST
20.12.96	A	Now V&D re abdo "ERT" R. paed. - Rado 250 ml.	st. viral
17.3.97	A	re melin condition + 20p concerned re violent behaviour [redacted] attacked 2 knives People / my head tell me this bad. S. Needs (w. end) [redacted] Biting partner too - used to be very violent.	re Kilbank = live.
12/5/97	A	V&D - diarrhoea CTP - 711 - see SIF Males abd - Primethan 11/11/97 12 gm bloody w/spot on face)	
17.5.97	SD	P.C.C. 18.55 Centexcentral	R/S
19/6/97	A	Unwell w/ ST/h/a V&D 24hr probably immunity now o/e Not no diarrhoea fever + red throat, cond glanca abd soft. ear VV man say no rash Pla Eummod 210 T11	Throat inf

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

provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

Date			
1/9/97	A	malathion sull app	Live
8/10/97	A	Furazolidone H infected cyen SHE MIND again - more than normal. MIND 11 v. red + tender neck gland NOT NOX. Erythema 250 TID 7h Aproo crea 100g	infected cyen
31.10.97	A	(R) embolus? early prod 4 Spidney green stool (bloody) notified L-pomal 250/sul 10ml qid + 35ml	mumps
4.2.98	A	under pharynx - more	
23.2.98	A	Malaise persists. Pharyngitis ++ See 1 letter. cough + S/T Violent behav. at school. 4 other glant do a shp wants. (Up & down the floor) hair been reported	
24.2.98	ph	to Mrs Wood (HL 19.442.3894) - message - agree to Ed. Pol. - may be his outcome	Ed Pol.
11.4.98	SD	PCC. Impetigo? Fungal. Head lice. R. Magnapen 250/Sul #2004. Luminate cream 30g #3. Deben M Lotion # 748	
21.0.00	A	Virus illness	
15.2.00	A	RTA 4.00pm - back seat stopped - chanted from behind d. by 10my He tender (C) St-m. area, full range calm. R. ibuprofen 200mg t.i.d. x 30 Diaz + Vmly 2-2 day ago now settled in still fever 2 sore throat - main again plm tender glan NO UTI off hydrocortisone OK qid, ref. but tender lure qid BS Plm glands Pen V 250 000 (8) See PRN/805	RTA some neck.
13.6.00		Another throat infection A pharyngitis + tonsillitis - nodes + r Ref. ENT Rx paracetamol 500mg 1 qid Pen V. 250 qid (20)	

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

FORM GP111M

355—2101

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		National Health Service Number	313/90/294
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)
	LINDSAY		EMMA
	Address		Date of Birth
SHAWHILL FARM COTTAGE NR PRESTWICH		COTTAGE 3 Newbold ROSEMOUNT ESTATE SOUTH MOWDON	26.08.90
Date			
EMMA LINDSAY 12.03.01 Viraemia, URTI, chest clear. Advised. SWH/HM			
EMMA LINDSAY 26.03.01 Ears settling, left TM normal, right TM minimal erythema in the attic area. Generally reassured (all excited about her impending Spanish holiday). Review prn. SWH/HM			
18-6-01	UK	LINDSAY (Cox) 7/1 Also Sore Throat %k) Mucopurulent Chest - few wheezes → Amoxycillin 250mg (15)	
25-6-01	UK	Cox Wors - Purulent Sputum & Coughing fit %k) Few coarse wheezes → SL Exp Wheezes → Ibuprofen 200mg prn → Dexamethasone 5mg (14)	
1-10-01		Breast in Bi Mums Partner (P) - Muc. Swabs (Cervix, Anal, Oropharynx) - 'Vaginal Discharge' Mum Just Ben Diarrhoea & Scurvy Post Child Psychiatric	
12-3-02		Disuria & Vulva Itch Not Sexual Abuse but U. Infection Mucous for Ac MSU - Trimethoprim 200mg (10) Crystin 62 bid (20)	

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

FORM GP111F
355 2095

doctors to enter A, V or C at their discretion

Guoan

Accolate 

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CLINICAL NOTES		National Health Service Number	
		Surname (Block Letters)	Forenames (Block Letters)
		LINDSAY EMMA	
Address		Date of Birth	
		WOODHEAD 26.8.90	
Date	*	Clinical Notes	Diagnosis
8/11/05		Acute bed period, key 11/12/05 Post 7/11 poor man - dysfunction anti - 250 white BP 130/80 Ref on Gail Ref	1/11 851
29/11/05	1	Ref sleep - over 11 only up for 2-3/4 p 1/12 bed 10 p - 1/12 vases cally am	1/12

Message received: Emma Lindsay (26.08.90) received: 21/12/05 20:45
SUFFERS FROM BIPOLAR, LIKE TO BE A DANGER TO HERSELF SEE A/V call #38252

NHS24 Consultation Begin 02-Dec-2005 20:45
NHS24 Consultation End 02-Dec-2005 20:45
NHS24 Consultation by : Kennedy, Gillian

NHS24 Clinical Summary:
Clinical summary created: 02-Dec-2005
SUFFERS BIPOLAR - LONG TERM MENTAL HEALTH ISSUES - RECENT DISCHARGE FROM GARTNAVAL ROYAL - CARERS CONCERNED AS PT BECOMING DANGER TO SELF. THROWING FURNITURE - EXTREMELY UPSET. IS AWARE SYMPTOMS WORSENING AND IS WILLING TO ACCEPT HELP FROM COHRS. UNCERTAIN IF KNOWN TO GLASGOW CPN'S ONLY. WORSENING STATEMENT GIVEN. AWAITS CONTACT FROM HEALTH PROFESSIONAL.

SPEAK TO DR - CPN APPROPRIATE.

NHS24 Outcome: Dr/CPN to phone patient ASAP within 1hr

Advised : 21:23

Advised by : Kennedy, Gillian

Time of Visit/Case 21:23

Consulting Doctor

FO Outcome:

behavioural problem according to Gartnavel adolescent psych nursing staff. increasingly disruptive behaviour over last few days, culminating in 'trashing' her room tonight. In voluntary residential placement for last 5 weeks after approx 3 months in Gartnavel adolescent psych unit. Phoned them - staff nurse states that diagnosis is non psych problem and as such non medical. Recommends SW support for present situation. Phoned SW who have agreed to contact home now and contact us if our input is required. NA
refer to emergency social work tonight - contacted by me and they will contact home.

Clinical Code(s)

Clinical code ZV6. ([V] Other Reasons For Encounter) (Dr Kennedy, Gillian)

Follow Up:

Free Text: refer to SWD

[illegible]

5/2000 204722

Printed for Astron B37659 9/04 (71412)

[illegible]

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BIOCHEMISTRY DEPARTMENT, DUMFRIES & GALLOWAY ROYAL INFIRMARY

SURNAME: LYND SAY		FORENAME: EMMA							
CHI No:	REG No:	DOB: 26/08/1990	SEX: F						
LOCATION: Thornhill HC		CONSULTANT/GP: Brown IM (TH)							
CLINICAL DETAILS: FH OF DM		24 MAR 2006							
FASTING: U									
Date Collected	21/03/06								
Time Collected	u/k								
Specimen Number	051677								
Test	Units Ref. Range								
Sodium	mmol/L (135 - 145)								
Potassium	mmol/L (3.5 - 5.0)								
Chloride	mmol/L (95 - 110)								
Bicarbonate	mmol/L (23 - 30)								
Urea	mmol/L (2.5 - 7.5)								
Urate	mmol/L (0.11 - 0.36)								
Creatinine	umol/L (40 - 110)								
Bilirubin	umol/L (0 - 21)								
Alkaline Phosphatase	iu/L (35 - 390)								
Gamma GT	iu/L (0 - 35)								
AST	iu/L (0 - 42)								
ALT	iu/L (0 - 50)								
CK	iu/L (0 - 195)								
Total Protein	g/L (62 - 82)								
Albumin	g/L (35 - 53)								
Calcium	mmol/L (2.12 - 2.62)								
Corrected Calcium	mmol/L (2.12 - 2.62)								
Phosphate	mmol/L (0.7 - 1.7)								
Magnesium	mmol/L (0.66 - 1.0)								
Plasma Glucose	mmol/L (- -)	5.3							
Blood HbA1c	% (4.6 - 6.5)								
Amylase	iu/L (0 - 100)								
C-Reactive Protein	mg/L (0 - 10)								
Cholesterol	mmol/L (2.5 - 5.0)								
Triglyceride	mmol/L (0.8 - 3.0)								
HDL Cholesterol	mmol/L (0.9 - 1.8)								
Chol:HDL Chol	(0 - 5.0)								
Free T4	pmol/L (12 - 27)								
TSH	mU/L (0.3 - 5.0)								
T3	nmol/L (1.3 - 3.1)								
Ferritin	ng/mL (13 - 300)								
Iron	umol/L (11 - 29)								
TIBC	umol/L (45 - 80)								
TIBC Saturation	% (20 - 50)								
Cardiac Troponin T	ug/L (0 - 0.03)								
COMMENTS: 1) All tests are serum unless otherwise stated. 2) Results in bold are outside the reference range.		<table border="1"> <tr> <td>IB</td> <td>☒</td> </tr> <tr> <td>RB</td> <td>☒</td> </tr> <tr> <td>RV</td> <td>☐</td> </tr> </table>		IB	☒	RB	☒	RV	☐
IB	☒								
RB	☒								
RV	☐								
DATE RECEIVED: 22/03/2006 TIME RECEIVED: 11:53 AUTHORISED BY: Ewan Bell		DATE PRINTED: 23 March 2006 TIME PRINTED: 9:38:11 AM SUMMARY FILED BY: PNT/TV							

INDEX OF COMMENT CODES

SH - Specimen Haemolysed LIP - Lipaemic Specimen INS - Insufficient UNS - Unsuitable OS - Old Specimen NS - No Specimen

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MOUNT SHEET X-RAY AND PATHOLOGY INVESTIGATIONS	National Health Service Number	
	Surname (Block Letters)	Forenames (Block Letters)
	<i>Lindsay Emma</i>	
	Address	Date of Birth
	<i>20 Lortie Crescent Haverburg</i>	<i>26-08-90</i>
		10
		9
		8
		7
		6
		5
		4
		3
		2
		1

↑
START HERE

FORM GP111L

2100

Dd 8435625 500M 1/93 Ed(208462)

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DEPARTMENT OF MEDICAL MICROBIOLOGY

ABERDEEN ROYAL INFIRMARY

NAME (SURNAME, FORENAME) & ADDRESS

LINDSAY, EMMA
20 CORTES CRESCENT
FRASERBURGH

UNIT No.

2150531

D.O.B.

26/09/90

REPORT DESTINATION

DICK M.J.W. (051)
BELLSLEA CLINIC,
46 SALTOUN PLACE,
FRASERBURGH AB4 5RYWARD
GP

----- URINE CULTURE -----

SPECIMEN DATE & TIME

01/03/94 0 1036

SPECIMEN No.

20237

SOURCE (BODY SITE)

URINE

PUS CELLS

-

EPITHELIAL CELLS

++

REPORTED RESULT

NO SIGNIFICANT GROWTH.

(END OF REPORT)

TELL PATIENT NORMAL

ASK PATIENT TO SEE DR.

ASK PATIENT TO MAKE APPT.

PRESCRIPTION TO BE SENT

ENTER TO

NO ACTION

FILE

PAGE

1

REPORT
DATE

03/03/94

MICROBIOLOGY Tel: 0224 631818 Ext 52451

NH5 Confidential: Personal data about a patient

SURNAME LINDSAY	FORENAME(S) EMMA	LAB. REF. No. 01107456	UNIT No. A0727254
ADDRESS 24 UGIE ROAD, PETERHEAD		DATE TAKEN 09:10:91	REPORT TO JBRU
D.O.B. 26:08:90	SPECIMEN TYPE Faeces	DATE REPORTED 16:10:91	DESTINATION Peterhead H. C.

LR

J.B. Robertson

Enzyme Immunoassays :ROTAVIRUS ELISA NEGATIVE.
ADENOVIRUS ELISA NEGATIVE.

Microscopy :Cryptosporidium cysts NOT SEEN.

Culture :No intestinal pathogens isolated

G	FILE	☒
P	TELL PT NORMAL	☐
S	RING ME	☐
W	TO MAKE APPT	☐
F	CONTACT PATIENT	☐
	FOR PRESCRIPTION	☐
	NOTES PLEASE	☐
	ENTER TO COMPUTER	☐

JR

REGIONAL LABORATORY, CITY HOSPITAL, ABERDEEN. TEL: 681818

NHS Confidential: Personal data about a patient

		National Health Service Number	313/90/294.
MOUNT SHEET X-RAY AND PATHOLOGY INVESTIGATIONS SHAWHILL FARM COTTAGE NR PRESTON	Surname (Block Letters)	Forenames (Block Letters)	
	LINDSAY	EMMA	
	Address	Date of Birth	
	COTTAGE 3 ROSEMOUNT ESTATE SEDA MCKEON	26.08.90.	
			10
			9
			8
			7
			6
			5
Ayrshire & Arran Acute Hospitals NHS Trust		Area Laboratory	Microbiology
			3
			2
			1

↑
START HERE

FORM GP111L

355—2100

Designed and Produced on behalf of The Scottish Executive
by Tactica Solutions B14777 7/00 (37907)

NHS Confidential: Personal data about a patient

LINDSAY	<i>Patient No.</i>	Z.02.106453	<i>Clinician</i>	Dr K Coulter
EMMA	<i>Unit No.</i>	2608901301	<i>Request Location</i>	9 Alloway Place
NEW LODGE SOUTH	<i>DOB</i>	26/08/1990	<i>Ayr</i>	18 MAR 2002
KA8 9PD	<i>Sex</i>	U		

This Report To **Dr K Coulter GP, Ayr: 9 Alloway Place**

Result
 White blood cells 0 / cubic mm.
 Culture yields : No growth

Date					
DL	SH	JU	DL	KC	JB
SATISFACTORY			✓		
BREAK DR					
TPT					

<i>Lab No</i>	M.02.218850.3	<i>Date/Time Coll</i>	12/03/2002	<i>Authorised By</i>	Carol Varney
<i>Printed</i>	15/03/2002 09:12	<i>Sample</i>	Mid stream urine	<i>Page</i>	1 OF 1
				<i>Date</i>	15/03/2002

If you have received this report in error. Please return to the Microbiology Laboratory

NHS Confidential: Personal data about a patient

IMMUNISATION AND SCREENING INVESTIGATIONS	Surname (Block Letters) LYNDSEY	Forenames (Block Letters) EMMA
	Address WOODHEAD FARM, DENPONT DG3 4BN	
	Date of Birth 26-08-90	

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
Date								08.12.03
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

	Influenza	Hep.B.	Typhoid	HIB	Men C	Cholera
Date					23-02-01	
Manufacturer & Batch No.					1st.	
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				

Form GP 111H 355-2097

[illegible][illegible][illegible][illegible][illegible]

Printed by Astron B28966 1/03 (71412)

NEW PATIENT INITIAL SCREENING

NAME Emma Lindsey..... DATE OF BIRTH 26.8.90...QUESTIONNAIRE COMPLETED YES/~~NO~~HEIGHT 5' 2 1/2" cmWEIGHT 8 st kgURINALYSIS:

SUGAR

PROTEIN

BLOOD to

BLOOD PRESSURE

IMMUNISATION STATUS:

LAST GIVEN

DUE DATE

IF GIVEN TODAY, TICK

POLIO

TETANUS

MMR

RUBELLA

OTHER

Healthy 10 year oldMen C givenFEMALES ONLY

LAST SMEAR DUE DATE APPOINTMENT GIVEN

CONTRACEPTION METHOD REVIEW DATE

ACTION

REFER TO HPC/MINOR SURGERY/WELL WOMAN CLINIC/NORMAL SURGERY

COMPLETE FORMS: NP EC102 IMMUN. CLAIM

ADD TO LIST FOR: OVER 75 SMEAR BP REVIEW AT HPC

TODAY'S DATE 23/2/01.....

2015 Confidential Personal data (H101) / patient

The Surgery
9 Alloway Place
Ayr
01292 611835

Dr Brian Lennex
Dr Jennifer Watson
Dr Stuart Hendry
Dr David Linden
Dr Karen Coulter

Patient Health Questionnaire

Welcome to our Practice. We would be grateful if you would try and answer the following questions about your health. This will give us the information that we require until your medical records are sent to us. When you have completed this form, we would like to offer you a 'New Patient Appointment,' when your height, weight and blood pressure will be measured and a sample of your urine will be tested.

Mr/Ms/Miss EMMA LINDSAY

Address NO 3 COTTAGE OLD ROSEMOUNT SOUTH
MONKTON N° RESERVE Post Code

Telephone no

Date of birth 26-8-90

Date questionnaire completed 23/02/01

What is your nationality and country of birth

BRITISH

Name & Address of previous doctor DR J. JONES

LONDON ROAD SURGEY LONDON RD

Page 138 of 563

Notification of Attendance

NHS
**Dumfries &
Galloway****Accident and Emergency
Department**

Dr I M Brown
Thornhill Health Centre
Thornhill
Dumfriesshire
DG3 5AA

Date: 03 December 2005
Your Ref:
Our Ref:

Enquiries to: Mr J W Burton
Extension:
Direct Line: 01387

Dear Dr Brown

Emma Lyndsay
Woodhead Farm
Penpont
Thornhill
DG3 4BN

CRN
CHI No.

Referred by Walk-in

This patient presented to Accident and Emergency on 03/12/2005 at 13:37

**Diagnosis: behaviour problems
personality disorder
tendency to violence**

**Treatment: attended with carers
D/W social work department re more suitable placement
discharged home with carers currently with social work to sort out**

Referral or Discharge was to GP

Yours sincerely

John W Burton FRCS
Consultant in Accident and Emergency
If further information is required, please telephone 01387 241041

CHI NO: 2608901301

NAME: LYNDSEY
ADDRESS: WOODHEAD FARM
PENPONT
THORNHILL
DG034BN

EMMA

INFORMATION REPORT AS AT 14/11/05

*movement in from (A)**Reg'd 9/11/05*

NHS DUMFRIES & GALLOWAY SCREENING SERVICES PAGE 1

TREATMENT CENTRE: 1833
PROPOSED SCHOOL: NONE
HEALTH VISITOR REF: 2331
GENERAL PRACTITIONER: DR I M BROWN
ADDRESS: DR I M BROWN & PARTNERS
THE HEALTH CENTRE
THORNHILL
DG35AA

DIAGNOSIS/CONCERNS IDENTIFIED: STILL RECORDED AS OPEN

STATUS

NO PROBLEMS HAVE BEEN RECORDED

HEALTH PLAN: OLD (PRE-HALL 4)

NATIONAL SPECIAL NEEDS SYSTEM: NOT ACTIVE

IMMUNISATION COURSE GIVEN GIVEN BY DATE GIVEN
RECEIVED: BCG AB000 08/12/03COURSE GIVEN GIVEN BY DATE GIVEN
1ST MENC A9007 23/02/01

BIRTH INFORMATION

MODE OF DELIVERY: NOT RECORDED
SCBU ADMISSIONS: 0 (DAYS)
VITAMIN K: NOT RECORDED

APGAR SCORE: /1 /5

BLOOD SPOT
PKU
TSH
CF

FEEDING

NO RESULTS RECORDED

PARENTAL CONCERNS

NO CONCERNS HAVE BEEN EXPRESSED

DEVELOPMENT

GROSS MOTOR

MANIPULATIVE
FINE MOTOR/VISIONCOMMUNICATION
AND HEARING

SOCIAL/BEHAVIOUR

KEY
DEVELOPMENT OBSERVATIONS

CHI NO: 2608901301

INFORMATION REPORT AS AT 14/11/05

NHS DUMFRIES & GALLOWAY
SCREENING SERVICES PAGE 2

DEVELOPMENT	GROSS MOTOR	MANIPULATIVE FINE MOTOR/VISION	COMMUNICATION AND HEARING	SOCIAL/BEHAVIOUR	KEY DEVELOPMENT OBSERVATIONS						
	RESULTS HAVE NOT BEEN RECORDED										
PHYSICAL	POSTURE	GAIT	MUSCLE TONE	HEART	FEM. PULSES	HIPS	TESTES/GENITALIA	HEARING	EYES	VIS. ACUITY	PHYSICAL EXAMINATION
					RT LT	RT LT	RT LT	RT LT	RT LT	RT LT	KEY
	RESULTS HAVE NOT BEEN RECORDED										
GROWTH (GESTATION = 00 WEEKS)	DATE	HEIGHT(CMS)	WEIGHT(KG/GMS)	OFC(CMS)	CENTILES						
BIRTH	26/08/90	0.0	0.00	0.0	HT	WT	OFC				

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THIRD PARTY COPY

1833

Dr Ian Brown
Dr Robert Brodie
Dr Fiona Vernon

Tel: (01848) 330208
Fax: (01848) 330223

HEALTH CENTRE
THORNHILL
DUMFRIESSHIRE
DG3 5AA

30th November 2005

Department of Child Psychiatry
Ladyfield
Glencaple Road
Dumfries
DG1 4TE

**RE: EMMA LINDSAY WOODHEAD FARM PENPONT DG3 4BN
D.O.B 26 08 90**

This young girl who joined our list here a few weeks ago, when she was put in to care at Penpont. She had previously been an inpatient at the Gartnavel Hospital Glasgow with a bipolar illness and self abuse. She also suffers from a degree of psoriasis treated with Diprobase and asthma which she uses occasionally Beclomethasone 250. Her asthma is troubling her less now that she has reduced her smoking.

Physically she is a fit young girl but she consulted me last night complaining about not sleeping and crying inconsolably. She tells me that she has only been to bed for 1 to 2 hours per day over the last week, bedtime is apparently around 10pm but she does not get to sleep until 5 or 6 in the morning and is up again at 7. She is hearing voices and has started cutting her arms once more.

This young lady is obviously needing expert help and I would be obliged if you could see her urgently with this in mind.

Her mobile number in which she can be contacted is [REDACTED]

Many thanks.

Yours sincerely

Dr I M Brown

P.S Her previous notes have just arrived, I have enclosed photocopies of the relevant information.

*faxed 20/11/05
posted internal
20/11/05
HC*

NHS Dumfries & Galloway

Smoking Matters Referral Form

Any patient who is motivated to stop smoking can be referred to Smoking Matters by Primary Care Staff		
Mr/Mrs/Miss/Ms	FULL NAME: EMMA LYNDASAY	
Address: WOODHEAD FARM HOUSE PENPONT DG3 4BN		
Tel: Home		D.o.B:
Tel Work		26.08.90

This Patient is suitable for NRT:YES/~~NO~~

Signature of Approved Prescriber: *ACM/Pr*
(GP or Extended Nurse Prescriber)

For Monitoring purposes please would you indicate IF your patient falls into any of the categories

- ☐ Pregnant
- ☐ In receipt of free prescriptions
- ☒ Smokers with one or more of the following diseases (please specify: Coronary Heart Disease, Respiratory disease, Diabetes, Cerebrovascular disease, Peripheral disease).

From:	IAN M. BROWN
Surgery:	Health Centre Thornhill DG3 5AA



Please return completed forms to
Jackie McClurg
Secretary
Smoking Matters Service
67 Queen Street
Castle Douglas
DG7 1EG

*✓ 9/11/05
mc*

NEW PATIENT EXAMINATION RECORD

General

Surname LYNDSEY Forenames Emma Sex FEMALE
 Address WOODHEND FARM
PENRONT
DA3 4BN Telephone Number [REDACTED]
 Date of Birth 26/08/90 Country of Origin SCOTLAND Marital Status SINGLE
 Children no. ☒ M ☐ F Occupation _____

Social Circumstances

Employment _____ Housing _____

Health

Smoker ☒ YES ☐ NO number per day 10
 Past smoker YES ☐ NO ☐ number per day _____ year stopped _____
 Alcohol units per week _____
 Diet mixed/vegetarian/vegan/other: _____
 Medications _____
in can

Medical History

past illnesses	year	operations	year	allergies
Diabetes				
Jaundice				
Epilepsy				
Rh Fever				
Migraine				
Asthma				
Eczema				
Other: <u>-</u>		<u>Bi Polar</u>		

NHS Confidential: Personal data about a patient

Family Medical History

	hereditary diseases	serious illnesses	year	cause of death	year
■■■■					
■■■■					
■■■■					
■■■■					
■■■■					
■■■■					

Females

cervical smear	year
breast screening/ examination	

Obstetric History

live births	year	year	year
miscarriages			
Rh + / -			

Immunisation

polio triple	year	tetanus	year	MMR	year	BCG	year
--------------	------	---------	------	-----	------	-----	------

New Patient Examination

Physical

height	weight
--------	--------

Cardiovascular

BP

Urinalysis

albumin	glucose
---------	---------

Notes / Other Information

Child and Adolescent Mental Health Services
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ

NHS
Ayrshire
& Arran

Liz Clelland
Senior Social Worker
Community Services
181 Whitelands Road
AYR
KA8 0GJ

Date: 29 September 2005
Your Ref:
Our Ref: KM/SS/10988
Enquiries to: Sandra Struthers
Direct line: 01292 262233
Fax: 01292 266940

Dear Liz

RE: EMMA LINDSAY, CLONCAIRD FARM, AYR - D.O.B. 26.8.90/1301

Further to your recent telephone conversation with [REDACTED] I write in order to seek your own agency's involvement in Emma's ongoing care. Emma has been known to CAMHS in Ayrshire since 2002 although she has had previous contact with Child Mental Health Services in Edinburgh.

Emma has presented with a range of behavioural and emotional problems over time and I enclose a copy of the letter sent by myself to Social Work in September 2003 following Emma's family's disengagement from Child Mental Health.

Emma was re-referred in 2004 and was initially seen by the Locum Child Psychiatrist following an episode of deliberate self-harm i.e. an overdose of 14 Paracetamol tablets. At this point in time she was given a diagnosis of Bipolar Mood Disorder and commenced on medication. Following a dip in her mood, a recurrence of self-harming behaviour and active suicidal ideation, Emma was admitted to Ward 1D at Crosshouse Hospital in May 2005. She spent 10 weeks there prior to being transferred to the Adolescent In Patient Unit at Gartnavel Royal Hospital in Glasgow.

During a period of in patient assessment at Gartnavel Adolescent Unit, Emma has not presented with symptoms indicative of a major psychiatric disorder and she appears to have responded to the containment and consistency offered by unit staff. She is currently off all prescribed medication and from a mental health perspective she is ready to work towards discharge. In fact a discharge date has been set for the 10 October 2005.

Unfortunately as the date of discharge draws near, increasing difficulties have been evident in the [REDACTED] relationship. Emma is currently adamant that she cannot return to the care of her [REDACTED] herself has mental health difficulties which will continue to have an impact on her ability to manage Emma as she moves through her adolescence. It seems likely that Emma's current communication about not wishing to return home may well represent a fear that her own mental health will again deteriorate should she be placed within the same situation.

It would be very helpful if Social Work could become involved prior to Emma's discharge in order to give consideration to the type of support Emma and her family will require once she returns to Ayrshire. Myself and Dr Diane Forsyth, Specialist Registrar, would be happy to meet up with the allocated worker and her Senior in order to discuss this case in more detail.

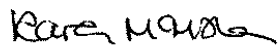
STA 4136

-2-

Emma Lindsay - D.O.B. 26.8.90

Thank you in anticipation of your involvement and joint working.

Yours sincerely



KAREN McMAHON
Nurse Therapist

CC Dr Diane Forsyth, Specialist Registrar, Adolescent Unit, Gartnavel Royal Hospital, 1055
Great Western Road, GLASGOW G12 0XH

■■■■■ CAMHS, Strathdoon House, AYR
/ Dr Hendry, The Surgery, 9 Alloway Place, AYR KA7 2AQ

THIRD PARTY COPY

Child and Adolescent Mental Health Services
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ



[Redacted]
Social Worker
CAMHS
Strathdoon House
AYR

Date: 19 September 2005

Your Ref:

Our Ref: KM/SS/10988

Enquiries to: • Sandra Struthers

Direct line: 01292 262233

Fax: 01292 266940
[Redacted]

Dear [Redacted]

RE: EMMA LINDSAY, CLONCAIRD FARM, AYR - D.O.B. 26.8.90/1301

Further to our recent discussion, I am writing in order to seek your involvement in Emma's ongoing care.

As you know, she is currently an in-patient in Gartnavel Adolescent Unit, her proposed date of discharge being the 14 October 2005. It is likely that Emma will require a co-ordinated package of social and psychological care to support her on her return home.

Thank you in anticipation of your involvement in this case.

Yours sincerely

Karen McMahon

KAREN McMAHON
Nurse Therapist

CC Dr Hendry, The Surgery, 9 Alloway Place, AYR KA7 2AQ ✓

STA 4138

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
G.P. COPY

CRN: 51399300L

P A T I E N T	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
	LINDSAY	EMMA	14	26/08/90	28/07/05	23:40	030500/05
	Address		Sex	Religion	Date of Inc	Time	
	CLONCAID FARM DALRYMPLE AYR		Female		28/07/05		
G P	PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival	
	KA6 6AS				OTHER	WALKING	
NEXT OF KIN	Name	Address			Referred by		
	Dr HENDRY	9 ALLOWAY PLACE AYR			OTHER		
		KA7 2AA 01292611835			Complaint		
	Address						
	CLONCAID FARM DALRYMPLE AYR KA6 6AS						

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time

Triage Category

Dear Doctor,

23:40

CAT. 4

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

Initial Complaint:

LIMB PROBLEMS UPPE

Diagnosis

STI - R) HAND

X-ray film/ECG shows

No #

Treatment given

Advice

Drugs _____ days supply of _____

has been given.

Status Prophylaxis has/has not been administered.

TT Course _____

TT Booster _____

HATI _____

(Please Tick)

Would you please arrange _____

DISCHARGE CODES: Please circle												
1. Admission	3. Refer to G.P.	5. Died	7. Irregular Discharge									
2. Discharge	4. Transfer to other hospital (see below)	6. Refer to O.P. Clinic (see below)	8. D.O.A.									
Ward No. (if admitted)		Transfer to Hospital				Consultant (if admitted)						
Follow-up	Not Arranged		Arranged		To be arranged							
Clinic Referred to	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT	Others (specify)
Medical Officer's Name (in BLOCK LETTERS)						Signature of Medical Officer						
BOYCE												
Cons	SpR	SHO3	SHO	JHO	Clin Assist	ENP	(please circle)					

Child and Adolescent Mental Health Services
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ

NHS**Ayrshire
& Arran**

Dr Karen Coulter
Surgery
9 Alloway Place
AYR

Date: 25th July 2005
Your Ref:
Our Ref: KPT/MK/ 061890

Enquiries to: Sandra Struthers
Direct line: 01292 262233
Fax: 01292 266940
E-mail: [REDACTED]

Dear Dr Coulter

RE: EMMA LINDSAY, CLONCIARD FARM, AYR – DOB/CHI 26.08.90/1301

Date of admission
13th May 2005.

Date of discharge
19th July 2005 (transferred to Adolescent Unit, Gartnavel Hospital under Dr Gardiner)

Diagnosis
Borderline personality disorder with depression.

She was admitted for low mood, suicidal ideation and wanted to die. She has been admitted in the past with overdoses and self-harming behaviour.

Management plan
She has been transferred to the Adolescent Unit and she may be there for a few months.

Yours sincerely


Dr K. P. TIRU
Locum Consultant Psychiatrist

c.c. South CAMHS, Strathdoon House, 50 Racecourse Road, Ayr

STA 4138

Child and Adolescent Mental Health Services
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ



Dr Hendry
The Surgery
9 Alloway Place
AYR
KA7 2AQ

Date: 25 July 2005
Your Ref:
Our Ref: KPT/SS/10988
Enquiries to: Sandra Struthers
Direct line: 01292 262233
Fax: 01292 266940
E-mail: [REDACTED]

Dear Dr Hendry

RE: EMMA LINDSAY, CLONCAIRD FARM, AYR - D.O.B. 26.8.90/1301

I would like to bring to your attention regarding Emma that she had an assessment at the Adolescent Unit, Gartnavel Royal Hospital, Glasgow, on the 28 June 2005 with Dr Heather Gardiner, Consultant Psychiatrist. Following that assessment she was offered an in-patient placement at the above hospital and subsequently she was admitted to the Unit on 19 July 2005.

I will let you know further information as the time progresses.

Thank you.

Yours sincerely

A handwritten signature in dark ink, appearing to be 'N' or 'T' followed by a flourish.

DR TIRU
Locum Consultant Psychiatrist

STA 4138

Child and Adolescent Mental Health Services
 Strathdoon House
 50 Racecourse Road
 AYR
 KA7 2UZ



Dr Christine Smith
 Consultant Psychiatrist
 Child Psychiatry
 19 Duddhope Terrace
 DUNDEE

Date: 1st June 2005
 Your Ref:
 Our Ref: CV/MK/CF 10988
 Enquiries to: Sandra Struthers
 Direct line: 01292 262233
 Fax: 01292 266940
 E-mail: [REDACTED]

Dear Dr Smith

RE: EMMA LINDSAY, CLONCAIRD FARM, AYR – DOB/CHI 26.08.90/1301

I would please like you to consider Emma for a possible long-term admission in your unit. I believe Karen McMahon, Nurse Therapist, has already discussed her with you. I did try to reach you on the telephone, but there was always something preventing contact!

She is currently in Crosshouse Hospital in an adult ward. I enclose:

- Referral form
- Reports from Dr Androula Ladikos and the last report before she was admitted.
- FBC, thyroid functions and liver function tests have been normal.
- Tegretol levels 33 u mol/l

Rx. She is currently on:

- Tegretol CR 400mg mane and 600mg nocte
- Prozac 10mg mane
- Atarax 10mg prn in the ward

Period in hospital

- She is still depressed.
- Has self-harmed once (cutting)
- Still maintains that she hears voices of self worthlessness
- Refuses to go to school activities but does participate in the ward's group activities

Thank you.

Yours sincerely

Dr Cornel van der Merwe
 Locum Consultant Psychiatrist

CC Dr Hendry, The Surgery, 9 Alloway Place, AYR KA7 2AQ ✓

STA4138

Child and Adolescent Mental Health Services
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ



Dr Hendry
The Surgery
9 Alloway Place
AYR
KA7 2AQ

Date: 9 May 2005
Your Ref:
Our Ref: CVD/SS/10988
Enquiries to: Sandra Struthers
Direct line: 01292 262233
Fax: 01292 266940
E-mail: [REDACTED]

Dear Dr Hendry

RE: EMMA LINDSAY, CLONCAIRD FARM, AYR - D.O.B. 26.8.90/1301

I met up again with Emma on 4 May at Strathdoon House. She was alone this time, not accompanied by her [REDACTED]

She said that everything was going fine, she has got no problems. She started to do her exams and she is doing well. She just recently came back from a two week holiday in Egypt and she thoroughly enjoyed it.

Mental State Examination

She is showing flat affect. Very little emotional flow. One doesn't really see a lot of herself coming through. She answers the questions sort of automatically so I wonder if the medication didn't just take the edge away from her emotional problems but she probably needs to do a lot of work to really find herself and to really become who she is intended to be.

She said that her [REDACTED] put her back on the same dosage as previously, in other words she is now taking Tegretol CR 200mgs twice a day and Risperidone syrup 0.5mls twice a day. She says that she feels it is working well for her and her [REDACTED] felt that it was the best. She says that she is much calmer, she fights less with her [REDACTED] and she can concentrate better. She feels that her mood swings are still there although the lows are not as severe and as negative as they have been before. She sleeps perfectly well, she has got no problem with that anymore. She feels that if she did gain a bit of weight she would just weigh herself to make sure if she did but she feels that her clothes are a bit more tighter than they were before. I have just recommended a normal healthy eating pattern so that she is aware that she can control her weight even if she is on the Risperidone.

She is still seeing Karen McMahon and it seems as if everything is really improving a lot in her life so I have recommended that I follow her up in two months time for the medication.

Yours sincerely

DR CORNEL van der MERWE
Locum Consultant Psychiatrist

CC Karen McMahon, Nurse Therapist, CAMHS, Strathdoon House, AYR

STA 4136

REGIONAL VIRUS LABORATORY
GARTNAVEL GENERAL HOSPITAL, P.O. BOX 16766, GLASGOW G12 0ZA

Tel: 0141-211 0080

Fax: 0141-211 0082

SURNAME LINDSAY	FORENAME EMMA	UNIT NO.	SEX DOB F 26.08.90
SOURCE Crosshouse, Microbio	CONSULTANT Dr R Hardie	GP DR COULTER, ALLOWAY	
SPECIMEN serum	LAB NO. V.05.0105459.Y	REPORT STATUS Final	YOUR REF NO 816647

Mumps IgM : Negative



No evidence of current mumps virus infection.
 If the specimen was taken less than 10 days after onset,
 please send a further specimen of clotted blood.

Clinical details:

VIROLOGY	DATE COLLECTED 25.04.05	DATE RECEIVED 27.04.05	DATE AUTHORISED 29.04.05	AUTHORISED BY Mr R Gunson
-----------------	----------------------------	---------------------------	-----------------------------	------------------------------

Copy for Crosshouse, Microbiology

Child and Adolescent Mental Health Services
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ



Ms Lindsay
Cloncaird Farm
AYR
KA6 6AS

Date: 22 April 2005
Your Ref:
Our Ref: KM/SS/10988

Enquiries to: Sandra Struthers
Direct line: 01292 262233
Fax: 01292 266940
E-mail: [REDACTED]

Dear Ms Lindsay

I was sorry not to see you for your appointment on 21 April for Emma.

I am not sure whether you did not attend because things have been better, because you forgot about the appointment, or there was another reason. If you would like another appointment to be arranged please do not hesitate to contact me at the above number within the next two weeks. If I do not hear from you before that time I will close the case for the present. If you change your mind at a future stage and wish another appointment, you could discuss this with your G.P.

I look forward to hearing from you.

Yours sincerely

pf *S Struthers (sent)*

KAREN McMAHON
Nurse Therapist

CC Dr Hendry, The Surgery, 9 Alloway Place, AYR KA7 2AQ ✓

STA 4138

Child and Adolescent Mental Health Services
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ



[Redacted]
Fort Street
AYR
KA7 1HX

Date: 13 April 2005
Your Ref:
Our Ref: KM/SS/10988
Enquiries to: Sandra Struthers
Direct line: 01292 262233
Fax: 01292 266940
E-mail: [Redacted]

Dear Head Teacher

RE: EMMA LINDSAY, CLONCAIRD FARM, AYR - D.O.B. 26.8.90/1301

As I am sure you are aware, Emma is currently attending Child & Adolescent Mental Health Services where she is being seen both by myself and the Psychiatrist.

Emma's presentation has been variable over time and I am writing in order to establish how she is currently coping within the school environment. I would be happy to liaise with another member of teaching or guidance staff around this issue if you think it would be more helpful.

I look forward to hearing from you in due course.

Yours sincerely

KAREN McMAHON
Nurse Therapist

CC Dr Hendry, The Surgery, 9 Alloway Place, AYR KA7 2AQ ✓

STA 4138

Child and Adolescent Mental Health Services
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ



Dr Hendry
The Surgery
9 Alloway Place
AYR
KA7 2AQ

Date: 14 March 2005
Your Ref:
Our Ref: CVDM/SS/10988

Enquiries to: Sandra Struthers
Direct line: 01292 262233
Fax: 01292 266940

Dear Dr Hendry

RE: EMMA LINDSAY, CLONCAIRD FARM, AYR - D.O.B. 26.8.90/1301

I met with Emma on the 11 March for a review appointment. Emma was accompanied by her [REDACTED]

Emma is 14 years old and in Year 3. Things are not going too well at school. She was suspended again last week because she was talking on her mobile phone. However there was a valid reason because [REDACTED] died and they expected this. [REDACTED] just phoned her to tell her that. The teacher reprimanded her for this and then she swore at the teacher, which was perhaps not the right thing to do. Eventually she had to stay off a week from school because they had to go to the funeral.

She still struggles with mood swings, although it is much better on the medication and then she gets really frustrated with herself and gets really angry. She says that she is more sleepy while taking the medication and I must say she looked a little bit subdued during the session, although [REDACTED] said she always looks like that.

There are a few positive points. Her mood is much more happy and she is definitely less depressed. She has got no feelings of self-harm and generally she reports her mood to be happy. She is eating, perhaps even too much, because, perhaps you know this, one of her defence mechanisms is to stop eating when she doesn't feel good. She says she is socialising much more and she has one good friend, [REDACTED] who is very supportive to her problem. Sometimes she still cuts up things when she doesn't feel good. This happened about two weeks back but even that, both of them report, is much less now. She becomes obsessed with her appearance and will comb her hair for an hour and this will happen about three times a day. She says the voices have completely stopped and she has no problem with that anymore.

Management Plan

I think it is important that she sees Karen McMahon on a regular basis, weekly if possible. I am going to increase the Tegretol CR to 200mgs in the morning and 400mgs at night. I am going to reduce the morning Risperidone because of the sedative effect it has and only give it at night. It would be appreciated if this could be prescribed by yourself.

I would like to follow her up in a month's time to see how she is doing on the increased medication.

Yours sincerely

DR CORNEL van der MERWE
Locum Consultant Child & Adolescent Psychiatrist

CC Karen McMahon, Nurse Therapist, CAMHS, Strathdoon House, AYR

STA 4138

Child and Adolescent Mental Health Services
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ



Dr Hendry
The Surgery
9 Alloway Place
AYR
KA7 2AQ

Date: 27 January 2005
Your Ref:
Our Ref: AL/SS/10988

Enquiries to: Sandra Struthers
Direct line: 01292 262233
Fax: 01292 266940

Dear Dr Hendry

RE: EMMA LINDSAY, CLONCAIRD FARM, AYR - D.O.B. 26.8.90/1301

I met with Emma and her [REDACTED] for a review appointment on 26 January 2005. I initially saw Emma on her own. She had made some effort with her appearance and really looked very good. She mentioned that school had not been sympathetic to her and that she had walked out of some of her classes. According to Emma, she mentioned that the teachers had made negative comments in front of her class, one being "you may as well not be in [REDACTED]". Should this be the case, I find this extremely sad.

Emma and Emma's [REDACTED] reported that she was sleeping well. Her voices and suicidal ideation have completely subsided. She does still fly off the handle more than what would be expected of just normal teenage behaviour. In view of her response to treatment I have recommended that she continue to take Tegretol 200mgs twice a day and that her Risperidone be prescribed at 0.5mls twice a day instead of 0.3mls in the morning and 0.5mls at night.

Emma will be put on the psychiatric review appointment list as soon as my successor is in post. I have discussed with Karen McMahon, who had seen Emma in the past, to take over her case management. I am also of the opinion that it would be helpful that a meeting with school be arranged from our department in order to discuss the educational needs and options available to Emma.

Yours sincerely

DR ANDROULA LADIKOS
Locum Consultant Child & Adolescent Psychiatrist

CC Karen McMahon, Nurse Therapist, CAMHS, Strathdoon House, AYR

STA 4138

Child and Adolescent Mental Health Services
 Strathdoon House
 50 Racecourse Road
 AYR
 KA7 2UZ



Dr Hendry
 The Surgery
 9 Alloway Place
 AYR
 KA7 2AQ

Date: 11 January 2005
 Your Ref:
 Our Ref: AL/SS/10988

Enquiries to: Sandra Struthers
 Direct line: 01292 262233
 Fax: 01292 266940

Dear Dr Hendry

RE: EMMA LINDSAY, CLONCAIRD FARM, AYR - D.O.B. 26.8.90/1301

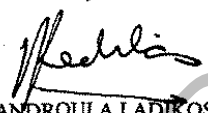
I met with Emma, her [REDACTED] and her [REDACTED] for a review appointment. Thank you for arranging the bloods and also for prescribing Carbamazepine to her at the dosage I recommended.

Emma is reportedly sleeping much better. The hearing of the voices has also subsided on the Carbamazepine. She still however reports "seeing shadows". Both [REDACTED] and [REDACTED] mentioned that her aggressive outbursts have not diminished and she is often aggressive even though not provoked. As you will recall from my first letter to your practice, Emma has a Bipolar Mood Disorder and would need the addition of low dose Risperidone namely 0.3 mls at night and 0.2 mls in the morning in the effort to also address her visual hallucinations and her aggressive outbursts. I have discussed the side effect profile and potential risk, albeit very small but serious, of a tardive dyskinesia. [REDACTED] and Emma were both in agreement for her to start treatment on this agent along with the Carbamazepine.

Emma has an appointment with me on the 13 January and I will update you after this appointment as to her mental status.

Please do not hesitate to contact me should you require any further clarification on Emma's condition and the treatment. I would also be happy to supply you with some literature on Bipolar Disorder in children and adolescents as well as the treatment that is advised.

Yours sincerely


 DR ANDROULA LADIKOS
 Locum Consultant Child & Adolescent Psychiatrist

STA 4138

Child and Adolescent Mental Health Services
 Strathdoon House
 50 Racecourse Road
 AYR
 KA7 2UZ

NHS
**Ayrshire
 & Arran**

Dr Hendry
 The Surgery
 9 Alloway Place
 AYR
 KA7 2AQ

Date: 18 January 2005
 Your Ref:
 Our Ref: AL/SS/10988
 Enquiries to: Sandra Struthers
 Direct line: 01292 262233
 Fax: 01292 266940

Dear Dr Hendry

RE: EMMA LINDSAY, CLONCAIRD FARM, AYR - D.O.B. 26.8.90/1301

I met with Lindsay and her [REDACTED] for a further appointment on 13 January.

Emma has been taking Risperidone 0.3 mls in the evening and 0.2 mls in the morning along with Tegretol. Emma had been back at school for the first time since her suspension from school prior to the Christmas break. She was rather negative about the reception she believes she received at school. She verbalized being very anxious about not being given another chance at school and was sensitive about what she feels remarks made by the teachers and felt that they were "out to prove that she should not be at school."

Her [REDACTED] mentioned that she [REDACTED] had been into school. The meeting was attended only by herself and her [REDACTED] the School Psychologist and the School Secretary. She was under the impression that there would be other members of the school represented. Emma's [REDACTED] was of the perception that school were not too bothered about Emma and were not hearing her concerns as a [REDACTED] with regards to the school related difficulties that Emma is experiencing. I detected quite a bit of stress between [REDACTED] and [REDACTED]. Emma is concerned that should she be excluded from school her [REDACTED] would be sending her away to a unit. On the other hand, Emma's [REDACTED] is very worried that [REDACTED] will not be giving Emma a chance and that this would have a rebound effect and would defeat the purpose that they are all working towards and that was to get Emma through her education.

Emma's temper outbursts are still pronounced, albeit better. She no longer hears voices and neither sees the shadows. Her medication will be adjusted to Risperidone 0.5 mls at night and 0.3 mls in the morning along with her Carbamazepine. I will be offering them another appointment on 26 January 2005 and after this appointment will again update you as to her progress.

I have discussed ways in which Emma and [REDACTED] could try and alleviate the stress between them and also gave Emma some guidelines as to how she could try and work together with the school and not lose her temper.

Yours sincerely



DR ANDROULA LADIKOS
 Locum Consultant Child & Adolescent Psychiatrist

CC Karen McMahon, Nurse Therapist, CAMHS, Strathdoon House, AYR

STA 4136

Child and Adolescent Mental Health Services
 Strathdoon House
 50 Racecourse Road
 AYR
 KA7 2UZ

NHS
**Ayrshire
 & Arran**

Mr Mathieson
 Head Teacher
 Ayr Academy
 Fort Street
 AYR
 KA7 1HX

Date: 6 January 2005
 Your Ref:
 Our Ref: AL/SS/10988

Enquiries to: Sandra Struthers
 Direct line: 01292 262233
 Fax: 01292 266940

Dear Mr Mathieson

RE: EMMA LINDSAY, CLONCAIRD FARM, AYR - D.O.B. 26.8.90

I saw Emma on 16 December as an urgent referral following an overdose on the previous Friday.

Taking a 'horizontal' history, there is evidence that Emma's difficult and challenging behaviour has been chronic and started at a young age. There is also, from the history, evidence clinically that Emma's behaviour in part can be explained by a Bipolar Mood Disorder, a condition only recently becoming a recognised clinical entity and which can co-present or be taken for an Attention Deficit Hyperactivity Disorder (ADHD).

In view of this, I have prescribed medication for Emma and as we are only in the initial process of this, some, but not all, of the effect of medication has become evident.

Regarding her scholastic skills, it would seem that some of Emma's "clowning" and disruptive behaviour could be her way of defending against learning difficulties, that need to be assessed by an Educational Psychologist. This will be the only way, in all fairness to Emma, to establish what would best suit her educational needs. I would respectfully request that your school's Psychologist be made aware of the difficulties experienced by Emma so that the needed assessments be put in place.

Please do not hesitate to call me should you need to.

Yours sincerely

DR ANDROULA LADIKOS
 Locum Consultant Child & Adolescent Psychiatrist

CC Dr Hendry, The Surgery, 9 Alloway Place, AYR KA7 2AQ
 Karen McMahon, Nurse Therapist, CAMHS, Strathdoon House, AYR
 Ms Lindsay, Cloncaird Farm, AYR KA6 6AS

574 4138

06/01 '05 THU 11:33 FAX 01292 266940

STRATHDOON HOUSE

001

Child and Adolescent Mental Health Services
 Strathdoon House
 50 Racecourse Road
 AYR
 KA7 2UZ



Date:
 Your Ref:
 Our Ref: AL/SS
 Enquiries to: Sandra Struthers
 Direct Line: 01292 262233
 Fax: 01292 266940

Dear Dr Emma Lindsay..... attended the Child & Adolescent Mental Health Services Department within Strathdoon House in Ayr today. I would be grateful if you could prescribe the following:

1. Risperidone Suspension: 0.3ml morning and 0.2ml night. This will be in addition to her Carbamazepine. I will be seeing her next week for a follow-up appointment and will be sending a formal typed letter shortly. Please do not hesitate to call me if you need to. I have explained the side-effect profile of the medication to both me and to Emma. They are in agreement that she has started on this.

Yours sincerely

Dr Androula Ladihos
 DR ANDROULA LADIKOS
 Locum Consultant Child & Adolescent Psychiatrist

GTA 4138

06/01 '05 11:38

TX/RX NO. 7243

P01

Child and Adolescent Mental Health Services
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ



Dr Hendry
The Surgery
9 Alloway Place
AYR
KA7 2AQ

Date: 23 December 2004
Your Ref:
Our Ref: AL/SS/10988

Enquiries to: Sandra Struthers
Direct line: 01292 262233
Fax: 01292 266940

Dear Dr Hendry

RE: EMMA LINDSAY, CLONCAIRD FARM, AYR – D.O.B. 26.8.90

I saw Emma for a review appointment today, 23 December 2004. She is now on ½ a Tegretol at night and will be starting on 1 tablet at night (200mgs) as from this evening.

Though prematurely at this stage, [REDACTED] reported her aggression better – her mood is mainly still “high”. No specific side effects have been reported at this point. I will be seeing her shortly again for a further appointment. I believe her bloods were taken.

I would appreciate the results of these being forwarded for our file notes.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Androula'.

DR ANDROULA LADIKOS
Locum Consultant Child and Adolescent Psychiatrist

STA 4136

Child and Adolescent Mental Health Services
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ



Dr Hendry
The Surgery
9 Alloway Place
AYR
KA7 2AQ

Date: 22 December 2004

Your Ref:

Our Ref: AL/SS/10988

Enquiries to: Sandra Struthers

Direct line: 01292 262233

Fax: 01292 266940

Dear Dr Hendry

RE: EMMA LINDSAY, CLONCAIRD FARM, AYR - D.O.B. 26.8.90/1301

I met with Emma, her [REDACTED] and [REDACTED] on 16 December 2004. Emma was seen as an urgent referral following an overdose on Friday 10 December 2004. She had been on our waiting list since January apparently waiting for an appointment.

Emma overdosed on 14 Paracetamol which she took at school. This was an impulsive act. She had been disruptive in the Maths class and was put out of the class. Emma had had numerous classroom disruptions and her [REDACTED] had decided that if she was to be sent out again she would not be allowed to go to the school dance. She was therefore frightened that this was going to be implemented and then took the overdose. A friend of hers came down into the bathroom and confronted her with this and it was reported to the School Nurse.

As it was my first interview with Emma I took time getting a detailed history. Her [REDACTED] mentioned that there have always been serious concerns about her behaviour at school. This mainly takes the form of disruptive behaviour, verbal abuse to peers and teachers and a refusal to do homework. She is reportedly mildly dyslexic. Her [REDACTED] feels she is not able to cope in the mainstream situation. She attended [REDACTED] until four months ago. She was in a special needs class and had a substantial amount of one on one help with her school work. Once she was put into the main classroom her problems started to escalate. Her behaviour has always been described by [REDACTED] as erratic, angry and threatening. There were also difficulties reported in her primary school years. [REDACTED] says as far back as she can remember, at least since the age of 4, she has always had problematic behaviour. There are no concerns with regard to her eating pattern. With regards to her sleep [REDACTED] mentioned that she often battles to go to sleep. She is very scared to go to sleep as she hears voices and sees shadows. She will not sleep with the light off. Emma herself said these voices tell her that she is stupid and she will never do well at [REDACTED]. On perusal of the file notes I noticed that the hearing of voices has often been reported as one of the presenting concerns in previous presentations.

Specific questioning about Emma's mood revealed that she was mostly low. [REDACTED] says she can however switch into, what she calls, her hyperactive mode and then right down back to a very down and depressed state within a short period. Once she gets down she will just sit and do nothing. Once again looking at the file notes this has been a persistent pattern. [REDACTED] mentioned Emma cannot take instructions. She will often leave out two or three of the instructions she is supposed to do. "It is like she has got two personalities". She has also lately been extremely irritable and flies off the handle very easily. [REDACTED] says she would "just snap at you". They have at times at home noticed that she talks loudly to herself.

STA 4138

-2-

Emma Lindsay - D.O.B. 26.8.90Medical and Developmental History

Emma was born after a term pregnancy. There was however repeated episodes of a threatened miscarriage and haemorrhaging ante-natally. This was treated conservatively with bed rest. [REDACTED] had pre-eclampsia towards the last three months of the pregnancy. Emma was born naturally weighing 5lbs 6ozs. There appears to have been no immediate post-natal problems. At the age of 6 weeks gastro-oesophageal reflux was diagnosed. This was diagnosed after she had an apnoeic attack. Once again this was only treated conservatively. Due to this she had repeated chest infections when she was really young.

The milestone development was within the norm. There were no speech delays reported and no milestone delays. [REDACTED] mentioned that since the age of 4 they had noticed extremes in her mood. At the age of 10 months she had fallen down a flight of stairs in her [REDACTED]. She did not fracture her skull but was kept in for observation. There were no injuries sustained. She had one febrile convulsion which was investigated as the [REDACTED] has epilepsy. No seizures were diagnosed. She has not had any allergies to date. She does often complain of headaches. They attribute this to the fact that she does not wear her glasses when she reads. She does tend to [REDACTED] quite a lot.

Family History

[REDACTED] is in a gay relationship. [REDACTED] is close to Emma and Emma looks upon her as another figure. Emma also stated that she would rather speak to [REDACTED] when she was in any difficulties. Emma's [REDACTED] were divorced a year before her [REDACTED] suddenly passed away due to a myocardial infarction. He was [REDACTED] Emma, [REDACTED] and [REDACTED]. The [REDACTED] apparently had a good post-divorce relationship. He accepted [REDACTED] homosexuality. Towards the last six months he and Emma did not get on very well. He had started putting a bit of pressure on Emma due to her behaviour difficulties and this caused them to often be in conflict. Prior to this he had always believed that Emma was very good and there was nothing wrong "with his princess" as [REDACTED] says.

[REDACTED] was diagnosed as having schizophrenia and is currently on medication. She is on Risperidone and Amitriptyline for the past ten years. She has been doing well and holds a full time job as a shop manager. One of Mrs Lindsay's [REDACTED] also has a diagnosis of schizophrenia.

In my individual interview with Emma, she mentioned that she was sad most of the time. "Nothing is going right, I just want to be on my own and then I suddenly get hyper. That's when I misbehave". With regards to the overdose, Emma said that she did want to kill herself. She was extremely upset that she knew she was not going to be allowed to go to the dance. She said that she felt she never could do anything right. She however today regrets having done this. There was an episode of self-harm approximately 8/12 months ago where she used to cut herself. This was the first time she had ever taken an overdose. The self-harming in terms of her cutting herself has stopped.

I questioned Emma herself with regards to her sleep pattern. She only sleeps 2-3 hours a night. This is generally enough sleep for her to get by the next day. She mentions that she is very scared to go to sleep because "she sees stuff". She also is extremely anxious about the way she looks and in the mornings will do her hair about 3-4 times, her make up 3-4 times and will change quite a few times before leaving the home. There was an element of paranoia present. She says she is sure her friends speak about her behind her back. She has at times gotten into fights, particularly when she was at [REDACTED] because she thought they were talking about her.

Mental State Examination

Emma is a lovely young girl who was appropriately dressed. She was honest about how she was feeling. She has good insight into her mental status and can give a good account of how she feels. Her mood during the interview was pensive if not somewhat depressed.

-3-

Emma Lindsay - D.O.B. 26.8.90

Dr Hendry, looking at the presentation, the long standing nature of Emma's presentation and complaints, the very clear mood fluctuations against a backdrop of a family history of mental illness, I have made a working diagnosis of a Bipolar Affective Disorder, possibly a Bipolar 2 Disorder (recurrent major depressive episodes with hyper-manic episodes). In view of this, I have recommended starting her on a mood stabiliser. My choice would have been just to put her on Epilim but due to the fact that this can cause polycystic ovarian disease and Emma's [REDACTED] and Emma informed me that she already has cysts of the ovary diagnosed last year, I have resorted to try her on Carbamazepine 200mgs at night for a week to be increased to 200mgs twice a day thereafter. I will be reviewing her within the next week. At some point I would possibly look at adding an anti-depressant to this. However, this will depend on her response to the Carbamazepine. I have not resorted to using Olanzapine which would possibly be in order due to the excessive weight gain that this drug causes. In a young woman I felt that this would not be fair to her. We might have to look at anti-psychotic medication should her psychotic or manic behaviour become uncontrollable.

I think this is a young woman who needs to be monitored extremely carefully and will need consistent psychiatric review.

Yours sincerely



DR ANDROULA LADIKOS
Locum Consultant Child & Adolescent Psychiatrist

CC Karen McMahon, Nurse Therapist, CAMHS, Strathdoon House, AYR

General Hospitals Division

The Ayr Hospital
Dalmellington Road
AYR KA6 6DX
Telephone: 01292 610555
Fax: 01292 614646
www.show.scot.nhs.uk/aaht



JL/VAL/100-717956

If telephoning please ask for
Ext 4341

PLEASE QUOTE REFERENCE NUMBER IN ALL COMMUNICATIONS

SEAFIELD PAEDIATRIC UNIT

Admitted: 11 12 04 Discharged: 11 12 04 Typed: 17 12 04

Dr S W Hendry
The Surgery
9 Alloway Place
AYR

Dear Dr Hendry

EMMA LINDSAY DOB 26 08 1990
SHAWHILL FARM COTTAGE, NR [REDACTED]

DIAGNOSIS: Paracetamol overdose

This 14 year old girl was admitted to Seafeld Wing having deliberately ingested around 14-16 Paracetamol tablets at school. She vocalised suicidal intention and I note that she has been depressed for the past year. Her [REDACTED] died suddenly around this time last year and her [REDACTED] has been unwell recently. She was apparently referred to the CAMHS approximately one year ago but has not yet been seen.

Examination was unremarkable and she was observed on our ward overnight. Her bloods were normal and paracetamol levels were below the treatment level.

Prior to discharge she was reviewed by the On-Call Psychiatrist who has arranged CAMHS team follow up.

Yours sincerely

JENNIFER LYLE
SHO - Paediatrics

STA 4139

COMMUNITY HEALTH DIVISION
Elderly Medical Services

Ailsa Hospital
Dalmellington Road
AYR
KA6 6AB

www.nhs-ayrshire.org

CLINICAL AND CONFIDENTIAL

Consultant Paediatrician
Ayr Hospital
Station 12
Dalmellington Road
AYR
KA6 6DX

Date 16 December 2004
Dictated: 16-12-04
Your Ref
Our Ref CM/KK/061890
Enquiries to Karen Kordakis
Extension 3981
Direct Line
Email

Dear Colleague,

EMMA LINDSAY, CLONCAIRD FARM, AYR, KA6 6AS
DATE OF BIRTH 26-08-90 CHI: 1301

I reviewed this pleasant 14-year-old, girl on Station 12 of Ayr Hospital on 11 December 2004. She was referred to our service after taking an overdose of 14 Paracetamol on 10th December.

HISTORY OF PRESENTING COMPLAINT:

Emma stated that she has felt down and sad for approximately the past year and this is particularly related to her behaviour at school. She has previously played truant from her school although this has improved of late but she still misbehaves and refuses to do work. She states this is mainly because she gets bad marks whether or not she works and therefore does not see the point. On 10th December she had a sore stomach in the morning and hence at taken some Paracetamol from her home. She informed the school that she was feeling unwell but due to her misbehaviour they did not believe her and after speaking to her [REDACTED] decided that she had to stay at school. Emma felt that she had enough and wanted to die and therefore took 14 Paracetamol tablets in the form of an overdose. It was her impression that this would be enough to kill her. However there was no pre-planning of the act and it was impulsive. She did not leave a note or arrange any final acts.

Her friend at school had realised that something was wrong and therefore forced Emma to tell her that she had taken an overdose. This was approximately 30 minutes after she had taken the Paracetamol. The school was informed and she was transferred to Ayr Hospital. She stated to me that she did not feel any desire to do it again but if her life did not change then she would do so. As stated above Emma has felt down and miserable for about the past year although is unable to give any specific underlying reason as to why this may be the case other than her dislike of school.

It is worthy of note though that her [REDACTED] died approximately one year ago but Emma states that she was not close to him and in no way mourned his death.

Her sleep pattern is disrupted. She stated that she goes to bed at the normal time but reads and therefore does not fall asleep until 1 or 2 in the morning, sleeping for a couple of hours and then rising at 5 or 6 in the early hours. Her appetite is unaffected and she has not lost weight.

Continued



2
16 December 2004
RE: Emma Lindsay

Socially, Emma stated that she feels isolated because her [REDACTED] moves around a lot and therefore she has to settle in at new schools. She has been at this new school for approximately one year but has been repeatedly grounded by her [REDACTED] and therefore finds it difficult to socialise. She reads regularly and watches television feeling that her concentration is unaffected. There are no delusional or psychotic thoughts were elicited. Emma stated that she feels she occasionally hears voices in her head telling her that she is a bad person. She was unsure as to whether she felt this was definitely the voice of another person talking to her or her own thoughts. This is certainly not a regular occurrence, happening only once or twice every year.

PAST PSYCHIATRIC HISTORY:

She has seen a psychologist approximately one year ago but no follow up was advised. Emma stated that she has no other contact with psychiatry however her [REDACTED] thought that she was seen by a psychiatrist when she was 8-years-old for behavioural difficulties. She has no previous history of overdose. According to her [REDACTED] she has been on the waiting list for a CAMHS assessment for approximately one year.

BACKGROUND:

She was born in Peterhead but has repeatedly moved as a result of her [REDACTED] wishes. She moved to Edinburgh at age 4, Kilmarnock aged 10 and Ayr in the past year. Her [REDACTED] is a Schizophrenic who at present is well controlled and known to Dr. Johnston. Emma stated that she felt because she has moved repeatedly that she has never been able to settle in any one place and this has affected her behaviour. She has a [REDACTED] [REDACTED] aged 21 and at present lives in Australia but she has never really got on with him. Her [REDACTED] died of a heart attack at aged 45, last year as stated. They had a poor relationship. She currently [REDACTED] a farmhouse with her [REDACTED] and her female [REDACTED]. Socially she has one or two close friends at school but feels she does not see them often because she is repeatedly grounded.

PAST MEDICAL HISTORY:

Dyslexia. Nil else.

CURRENT MEDICATIONS: Nil

ALCHOL AND SUBSTANCES:

She denies any alcohol use. She smokes 1-2 cigarettes per week. There is no narcotic or other drug use. No forensic history.

Continued



3
16 December 2004
RE: Emma Lindsay

MENTAL STATE EXAMINATION:

Appearance: Well dressed.
Behaviour: Good eye contact and appropriate.
Speech: Normal rate, tone and volume. Answers appropriately to questions.
Mood: Subjectively and objectively low.
Affect: Reactive.
Thought: Normal with no signs of formal thought disorder.
Perception: Some suggestion of first person auditory hallucinations of a persecutory nature

IMPRESSION:

Low mood ? abnormal Bereavement Reaction.

PLAN:

1. Emma had fallen below the treatment line and was medically fit for discharge.
2. I discussed Miss Lindsay with Dr. Haghighat, Consultant Psychiatrist On-Call, who felt that she could go home with a CAMHS referral.
3. I discussed this with Emma, her [REDACTED] and her [REDACTED] and although initially unsure, mainly because of the previous wait for a CAMHS referral. Once they were reassured that they would be seen relatively quickly they were happy with this.

Yours sincerely

Dr. C. Morrow
SHO in Psychiatry of Old Age

✓ cc: Dr. K. Coulter, 9 Alloway Place, Ayr, KA7 2AA
CAMHS, Strathdoon House, Racecourse Road, Ayr, KA7 2UZ

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Friday 10th December 2004

Dr. SW HENDRY,
9 ALLOWAY PLACE
AYR
KA7 2AA

EMMA LINDSAY
CLONCAIRD FARM X
AYR
DoB: 26/08/90
CHI: 2608901301

Dear Dr. Hendry,

The above patient attended the Accident & Emergency Department of The Ayr Hospital at 12:42 on 10/12/04. The following information was noted:

Triage Nurse notes	OD PARACETAMOL(14)
Diagnosis	OVERDOSE
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	ADMIT
Nursing remarks	(NONE RECORDED)
Additional remarks	ADMIT ST 12
Follow up plans	(NONE RECORDED)

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number 04345-00245.

Yours Sincerely,

A&E Department.

10000

TX/RX NO. 7127

11/12 04:19:30

21/03 2014 03:22 FAX

Hospital: ~~AYR~~ / ~~BIGGART~~ (delete as appropriate)

USE BLACK INK AND PRINT ALL DETAILS

119892

DATE OF ADISSION 11/12/04.....

DATE OF DISCHARGE 11/12/04

CONSULTANT Kimmond

WARD/STATION SFW

PATIENT DETAILS

HOSP NO A100-717956

LINDSAY
SHAWHILL FARM COTTAGE

NAME SNOWHILL FARM COTTAGE
NR PRESTON

NR PRESTWICK 26/08/1990

ADDRESS ... HENDRY, SW (GP)

9 ALLOWAY PLACE
AYR

OP F/S

Use addressograph label, if available, on all Four copies, except for Controlled
Drugs - hand write details.

DIAGNOSIS AT DISCHARGE: 1) Paracetamol ingestion

OPERATION/PROCEDURE: 1)

THERAPY ON DISCHARGE:

[illegible]

OUT-PATIENT REVIEW ARRANGED: YES / NO

REVIEW PERIOD CAMHS - TBA

OTHER COMMENTS

Yours sincerely

Dr's Name (IN BLOCK CAPITALS) CRAIG MORRAN

A 2101

10024

Distribution of copies, after completion by Pharmacy:

WHITE - General Practitioner YELLOW - Medical Record BLUE - Patient PINK - Pharmacy

21/03 2014 03:22 FAX

Primary Care NHS Trust

Child and Adolescent Mental Health Services
 Strathdoon House
 50 Racecourse Road
 AYR
 KA7 2UZ

Tel: (01292) 262233
 Fax: (01292) 266940
 Email: [REDACTED]

NHS**Ayrshire
& Arran**

SS/10988

14 April 2004

Dr H Hunter
 The Surgery
 9 Alloway Place
 AYR
 KA7 2AQ

Dear Dr Hunter

RE: EMMA LINDSAY, COTTAGE NO 1, SHAWHILL FARM, MONKTON - D.O.B. 26.8.90

Thank you for referring this child to our service.

As you may be aware, at the present time our team is not at full complement. It has therefore been necessary to introduce a waiting list.

We discussed your referral at our team meeting, and have concluded that it would be appropriate to place your referral on our waiting list.

Should circumstances change, please let us know, and we would be happy to reconsider prioritisation.

Yours sincerely

S Struthers (sect)

On behalf of the South Ayrshire Child and Adolescent Mental Health Team



Awarded for excellence
 Buthwaite House
 Community Paediatric Services
 Mental Health Services

Head Office
 Eglinton House, Ailsa Hospital
 Dalmellington Road, Ayr KA6 6AB

Chairman Sandra R. Hood, O.B.E.
 Chief Executive Allan Cunning

PCT 0001

Primary Care NHS Trust

PLEASE READ CAREFULLY

Lead Clinician: Dr. Brian Donaldson

Community Health Department
Ayrshire Central Hospital
IRVINE, KA12 8SS
(01294) 323428 North
(01294) 323426 South
(01294) 323427 East



To Parents/Guardian

Immunisation Record of Skin Test (Heaf Test) and Bacillus Calmette-Guérin Vaccine (B.C.G)
(Tuberculosis) Protection for Adolescents

- Please answer all questions
- Please sign when you have made your decision to have your child immunised and return this form to school
- Please return this form (do not sign) to school with a letter stating that you do not wish your child to be immunised and the reason why

CONSENT FORM

Name of Child	Date of Birth	Address	School/Class
EMMA LINDSAY	26-8-90 ✓ 1301	SHAWHILL FARM COTTAGE MONKTON Prestwick	2B3 PA

Does your child have a medical condition? **YES/NO** If yes, Please describeDoes your child have an allergy? **YES/NO** If yes, Please describeIs your child on any medication? **YES/NO** If yes, Please specifyIs there a case of Tuberculosis in the family? **YES/NO**Has your child been given a B.C.G since birth? **YES/NO**

I have read the information received and give consent for the School Health Service to Skin Test (Heaf Test) my child and carry out the B.C.G Immunisation if required.

Signature of Parent/Guardian *Alma Lindsay* Date 23/10Name and Address of family GP DR. COULTER Alloway Place Ayr

For Office Use Only

Agreed criteria met?	Heaf Test				B.C.G.			
	Yes/No		Yes/No		Yes/No		Yes/No	
Site used	Left	Right	Left	Right	Left	Right	Left	Right
Dose	Not Specified		Not Specified		0.1 ml		0.1 ml	
Product Used	P.P.D. 100,000/ ml		P.P.D. 100,000/ ml		Intradermal BCG		Intradermal BCG	
Batch No	764222				102047A			
Expiry Date	31/05				6/2004			
Reason for Postponement								
Result of Heaf Test	N/A		N/A		0			
School Nurse Signature	<i>58m12</i>							
Doctor Signature					<i>BCnclw</i>			
Date	1.12.03				8/12/03			

1st Copy - GP2nd Copy - Community Child Health

The Surgery
9 Alloway Place
AYR
KA7 2AQ



Dr Brian Lennox
Dr Stuart W Hendry
Dr David Linden
Dr Karen Coulter
Dr Helen Hunter

Tel: (01292) 611835
Fax: (01292) [REDACTED]

HH/KC

17th March 2004

Consultant Psychiatrist
Child and Adolescent Psychiatry
Strathdoon house
Racecourse Road
AYR

Dear Colleague,

Re: Emma Lindsay, Shawhill Cottage, Prestwick, KA9 2SR DOB: 26/08/90

Thank you for seeing this 13 year old girl who lives [REDACTED] home with her [REDACTED] and her [REDACTED] female [REDACTED]. Her [REDACTED] who she saw about once or twice a month recently died suddenly of a heart attack. She has a history, over the last couple of years, of behavioural problems at school and at home, but particularly at school. She has been seen by a psychologist but this proved to be of no benefit of her and has not improved the situation. At present she is waiting for an educational psychology referral.

Her [REDACTED] brought her in again today to say that she feels that she is worse, that her sleep pattern is poor and that she is frightened to go to sleep in her own bedroom at home now. When I spoke to Emma she is a tall, well-grown healthy looking girl who had good eye contact throughout our chat. She feels frightened but is unable to put her finger on why and she feels that her [REDACTED] spirit is in her bedroom and she can get feelings about him from this. She denies any actual visual or auditory hallucinations and says that she would like to feel less frightened in the future. I feel that the problems are probably slightly deeper than just a bereavement reaction and I would be very grateful for any psychiatric help you could offer this girl. Thank you for seeing her.

Yours sincerely

[REDACTED]



ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Thursday 12th February 2004

Dr. SW HENDRY,
9 ALLOWAY PLACE
AYR
KA7 2AA

EMMA LINDSAY
SHAWHILL FARM COTTAGE X
NR PRESTWICK
DoB: 26/08/90
CHI: 2608901301

Dear Dr. Hendry,

The above patient attended the Accident & Emergency Department of The Ayr Hospital at 11:44 on 12/02/04. The following information was noted:

Triage Nurse notes	INJURY LT GREAT TOE
Diagnosis	(NONE RECORDED)
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	HOME
Nursing remarks	INJURY LT TOE
Additional remarks	TOE SPICA ANALGESIA
Follow up plans	(NONE RECORDED)

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number 04043-00200.

Yours Sincerely,

A&E Department.

The Surgery
9 Alloway Place
AYR
KA7 2AQ



Dr Brian Lennox
Dr Stuart W Hendry
Dr David Linden
Dr Karen Coulter
Dr Helen Hunter

Tel: (01292) 611835
Fax: (01292) [REDACTED]

KC/DD

6 November 2003

Mr Reilly
Guidance Teacher
[REDACTED]

Dear Mr Reilly

Re: EMMA LINDSAY, SHAWHILL FARM COTTAGE, NEAR PRESTWICK, KA9 2SR,
DOB: 26/08/90

This girl was brought in by her [REDACTED] and [REDACTED] to the surgery complaining of problems with concentration and disruptive behaviour both at school and at home. She has been referred, via the surgery, to a Clinical Psychologist in the past, which appears not to have helped.

I wondered whether an Educational Psychologist may be more appropriate as most of the problems seem to be at school.

I would be grateful for your opinion regarding this and the best way of organising it.

Yours sincerely

DR KAREN COULTER



Primary Care NHS Trust

Child and Adolescent Mental Health Services
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ

Tel: (01292) 262233
Fax: (01292) 266940

NHS

**Ayrshire
& Arran**

KM/SS/10988

25 September 2003

Dr K Coulter
The Surgery
9 Alloway Place
AYR
KA7 2AQ

HH/01/10/03

Date				
BL	SH	HH	DL	KC
FILE				
SUMMARY				
NURSE				
NOTES TO DR				

Dear Dr Coulter

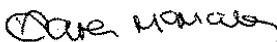
RE: EMMA LINDSAY, COTTAGE NO 1, SHAWHILL FARM, MONKTON - D.O.B. 26.8.90

Further to my letter dated 4 June 2003, I write in order to let you know that despite a number of letters to the family I have received no response. As such, they have not had any further contact with ourselves here at CAMHS.

As planned, I have written to the Social Work Department making them aware of our involvement with this family and areas of ongoing concern. It may be that if Emma presents with difficulties within the school environment that a JAT meeting will once again be called. Hopefully at this point the information provided from CAMHS will be of help to Social Work in consideration of Emma's situation.

At the moment I am discharging Emma back to your care.

Yours sincerely



KAREN McMAHON
Nurse Therapist



Awarded for excellence
Rushcliffe Trust
Community Paediatric Services
Mental Health Services

Head Office
Eglinton House, Ailsa Hospital
Dalmellington Road, Ayr KA6 6AB

Chairman Sandra R. Hood, O.B.E.
Chief Executive Allan Gunning

PCT 0001

Acute Hospitals NHS Trust

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: 01563 521133
Fax:
www.show.scot.nhs.uk/aaaht



EMW/MN/0000489113

GYNAECOLOGY UNIT

09/09/2003

Mr C Wilson
Consultant Surgeon
The Ayr Hospital
AYR

Dear Mr Wilson

Re: EMMA LINDSAY, COTTAGE 3, ROSEMOUNT ESTATE,, 26/08/1990

Thanks for referring this 13 year old girl. I note she was in The Ayr Hospital last week with right iliac fossa pain but her symptoms settled and there was no evidence of appendicitis. She has since been discharged home. The ultrasound scan performed in Ayr showed a 5cm simple looking cyst in the left adnexal area. The left ovary apparently looked normal. It is possible this is a fimbrial cyst.

On examination she has got no discomfort now.

I have discussed things with Emma and her [REDACTED] I suspect the scan finding could be an incidental one. The 'cyst' that they have seen is on the left and her discomfort was always on the right. I have arranged a repeat scan in Ayr in 6 months' time and I told Emma's [REDACTED] I would write her with the result. In the event of this cyst having disappeared then we probably need take no further action. If it was enlarging in size then we might need to see her again.

Yours sincerely

EWEN M WALKER
CONSULTANT GYNAECOLOGIST

cc Dr S W Hendry, The Surgery, 9 Alloway Place, Ayr.



Awarded for excellence

Chairman Professor [REDACTED] M Wilson
Chief Executive Jim Currie

STA 0340

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Tuesday 26th August 2003

Dr. SW HENDRY,
9 ALLOWAY PLACE
AYR
KA7 2AA

EMMA LINDSAY
SHAWHILL FARM COTTAGE X
NR PRESTWICK
DoB: 26/08/90
CHI:

HH/27/08/03

Dear Dr. Hendry,

The above patient attended the Accident & Emergency Department of The Ayr Hospital at 19:32 on 25/08/03. The following information was noted:

Triage Nurse notes	RIF PAIN
Diagnosis	RIF PAIN, APPENDICITIS, UTI?
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	ADMIT
Nursing remarks	(NONE RECORDED)
Additional remarks	MORPHINE, MAXALON, URIN ANALYSIS, ADMIT TO ST12
Follow up plans	(NONE RECORDED)

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number 03237-00534.

Yours Sincerely,

A&E Department.

IN	PP	HH	DL	KC
SUMMARY				
DATE				
NOTES TO G				

Acute Hospitals NHS Trust

The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: 01292 610555
Fax:
www.show.scot.nhs.uk/aaaht

NHS

**Ayrshire
& Arran**

CW/CG/A100717956

MR C WILSON
Consultant Surgeon

Date Admitted: 25/08/2003 **Date Dictated:** 29/08/2003
Date Discharged: 28/08/2003 **Date Typed:** 01/09/2003

✓ Dr S W Hendry
The Surgery
9 Alloway Place
AYR

filed LL605/09/03

Dear Dr Hendry *Stuart*

EMMA LINDSAY, SHAWHILL FARM COTTAGE, NR PRESTWICK
DATE OF BIRTH: 26/08/1990

DIAGNOSIS: Right iliac fossa pain. ? ovarian cyst on ultrasound scan.

OPERATION: Nil

FOLLOW-UP: Gynaecology SOPD (Dr Walker)

Emma was admitted as an emergency with a forty eight hour history of right iliac fossa pain, which had gradually increased and had been associated with vomiting. She had no bowel or urinary tract symptoms although passing urine seemed to increase her pain.

On examination she was mildly pyrexial at 38 C but looked otherwise well. Her abdomen was soft with minimal tenderness in the right iliac fossa. Routine blood tests were all within normal limits.

She was investigated by a pelvic ultrasound scan, which confirmed a 5cm rounded fluid filled structure in the left adnexal region. This seemed to be distinct from the left ovary which itself appeared normal. The right ovary and uterus appeared normal and no abnormality was seen in either kidney or bladder.

Continued/....



Awarded for excellence

Chairman Professor Gordon M Wilson
Chief Executive Jim Currie

57A 2035

- 2 -

Emma Lindsay

Accordingly this pelvic cyst wasn't clear but her case was discussed with gynaecology registrar on call who advised that Emma be seen at Dr Walker's gynaecology clinic next week at Crosshouse Hospital. No other surgical follow up is necessary.

Yours sincerely

COLIN WILSON
Consultant Surgeon

c.c. ~~Dr Walker, Consultant Gynaecologist,~~
~~Gynaecology Clinic, Crosshouse Hospital~~

Filed NM13/06/03

Primary Care NHS Trust

Child and Adolescent Mental Health Services
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ

Tel: (01292) 262233
Fax: (01292) 266940



KM/SS/10988

4 June 2003

Dr K Coulter
The Surgery
9 Alloway Place
AYR
KA7 2AQ

Dear Dr Coulter

RE: EMMA LINDSAY, COTTAGE NO 1, SHAWHILL FARM, MONKTON - D.O.B. 26.8.90

It has just come to my attention that you have received no communication regarding your referral of Emma Lindsay to Rainbow House. Please accept my apologies for this oversight.

The referral was in fact passed to the South CAMHS team here at Strathdoon House and Dr Butler initially met up with the family i.e. [REDACTED] and Emma at a team screening appointment in January 2002. The plan from this session was to continue the assessment by meeting up with Emma and her [REDACTED]. However, there were a number of cancelled appointments which resulted in the family not attending the clinic again until after Dr Butler's departure.

My initial contact with the family took place in July 2002, once again in a multi-disciplinary team screening. At this point in time Emma was about to make the transition from primary to secondary education and there was a hope from all three i.e. [REDACTED] and Emma, that they were forming a cohesive family unit and leaving difficulty behind.

However, a number of areas of concern remained apparent. Ms Lindsay described her own ongoing mental health difficulties and associated alcohol related problems as having had a significant impact on her relationship with Emma. Emma described a number of situations where she had been extremely worried about her [REDACTED] health and well-being but had been afraid to voice these worries for fear of making the situation worse.

The plan at this point in time was to undertake a piece of work with [REDACTED] and Emma focused on exploring areas of difficulty in their relationship and looking at how Emma's worries could be both heard and addressed. This work was attempted over the following months.

In the course of this contact I became increasingly concerned by Ms Lindsay's very rigid parenting style. She frequently described an expectation that Emma must keep her bedroom tidy and complete household chores to a certain standard in order to be allowed to speak to her friends on the telephone. Outwith school hours Emma seemed to be unable to enjoy contact with her peers since Ms Lindsay would not allow friends to come to the house nor would she regularly permit Emma to go out socially. During the contact Emma was grounded for a considerable period of the time in response to a letter she had written to a boy at school. Emma and her [REDACTED] refused to discuss the content of this letter.



Awarded for excellence
Rainbow House
Community Paediatric Services
Mental Health Services

Head Office
1a Hunters Avenue Ayr KA8 9DW
Chairman Sandra R. Hood, O.B.E.
Chief Executive Allan Gunning

PCT 001

-2-

Emma Lindsay - D.O.B. 26.8.90

Over a number of sessions I attempted to discuss with [REDACTED] the impact that this style of parenting would likely to be having on Emma's psychological well-being. In sessions Emma frequently presented as tearful and upset, however, [REDACTED] denied that Emma was upset like this at other times and viewed Emma as trying to "control" the sessions. It proved very difficult for [REDACTED] to tolerate a different point of view and it became increasingly clear that little progress was being made.

In order to involve other team members in giving consideration to potentially more helpful ways to discuss these concerning issues with [REDACTED], a multi-disciplinary team screening was organised. Unfortunately the family failed to attend this appointment.

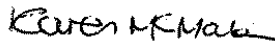
In discussion with the school it is apparent that Emma has shown signs of distress in the school environment and this resulted in a Joint Assessment Team meeting being convened. At the moment there are no plans for this process to continue although Emma's Guidance Teacher is actively monitoring the situation.

In summary, there are a number of areas of outstanding concern in this case regarding [REDACTED] mental health and associated difficulties. The challenges this presents to the task of parenting with an over rigid style being adopted will undoubtedly have an impact on Emma's psychological and emotional well-being.

The team hope to have the opportunity to discuss these concerns further with [REDACTED] and her [REDACTED]. However, should [REDACTED] and her [REDACTED] choose not to organise a further appointment then the plan would be to highlight concerns regarding Emma's emotional well being to the local Social Work Department.

I shall keep you informed in due course.

Yours sincerely



KAREN McMAHON
Nurse Therapist

The Surgery
9 Alloway Place
AYR
KA7 2AQ



Dr Brian Lennox
Dr Jennifer M Watson
Dr Stuart W Hendry
Dr David Linden
Dr Karen Coulter

Tel: (01292) 611835

Fax: (01292) [REDACTED]

KC/HD

8 October 2001

Clinical Child Psychology
Rainbow House
Ayrshire Central Hospital
IRVINE

Dear Colleague

RE: EMMA LINDSAY, NEW LODGE, ROSEMOUNT ESTATE, SOUTH MONKTON, KA9 2QZ -
(TEL: 474553)

I would be grateful if you could see this eleven year-old girl who presents with low mood, angry outbursts and unmanageable behaviour, which includes her trashing the house if reprimanded at home for any reason.

She has rather an odd family set-up. Her [REDACTED] apparently has recently been diagnosed as being schizophrenic and is on medication with high input from the Mental Health Services. Her [REDACTED] (female) lives in the house with [REDACTED]

Emma has been in contact with Child Psychiatry services from the age of seven years, and is also known to have some mild learning difficulty. Her behaviour is causing major problems at home, and I would be grateful for any input you can offer.

I have enclosed some previous letters about her contact with the services for your information.

Yours sincerely

KAREN COULTER

encs

The Surgery
9 Alloway Place
AYR
KA7 2AQ



Dr Brian Lennox
Dr Jennifer M Watson
Dr Stuart W Hendry
Dr David Linden
Dr Karen Coulter

Tel: (01292) 611835
Fax: (01292) [REDACTED]

KC/HD

8 October 2001

Clinical Child Psychology
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Yours sincerely

KAREN COULTER
encs

Lindsay, Emi
DoB: 26/08/1990

Report Valid On 13/04/01 14:35

London Road Medical Practice

Page number 3

Clinical / User Markers:

Patient reg. form sent to HB - -

FH: Family history - [REDACTED] - high blood pressure

FH: Ischaemic heart disease - [REDACTED] -

FH: Asthma - - [REDACTED]

Referrals:**Acute Prescriptions:****Repeat Prescriptions:****Disease Protocol Sessions:**

=====

=====

Appointments List**Active Care Management**

Type	Name	Last Review	Recall	Next Review	Num Sessions
------	------	-------------	--------	-------------	--------------

Acute/Inactive Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions
------	------	-------------	--------	-------------	--------------

NHS Confidential: Personal data about a patient

Lindsay, Emi
DoB: 26/08/1990

Report Valid On 13/04/01 14:35

London Road Medical Practice
Page number 2

Inactive Repeat Drugs
Drug/Preparation

Quantity/Dose/Frequency

Start

Last

Intervals
Pres. Cons.**Last Encounter**

Date: Oct 6 2000 10:06AM

Screening:**Clinical / User Markers:**

Attended new patient screen - -

GP/RF - new reg. check to HB - -

Referrals:**Acute Prescriptions:****Repeat Prescriptions:****Disease Protocol Sessions:**

Date: Sep 21 2000 4:34PM

Screening:

Height\$\$ - O/E - height - No Action Required

Weight\$\$ - O/E - weight - No Action Required

Clinical / User Markers:**Referrals:****Acute Prescriptions:****Repeat Prescriptions:****Disease Protocol Sessions:**

Date: Sep 20 2000 10:05AM

Automatically generated by transaction

Screening:

Summary Sheet: Data Protection

Printed at 13/04/01 14:36:12

Lindsay, Emi
DoB: 26/08/1990

Report Valid On 13/04/01 14:35

London Road Medical Practice
Page number 1

Registration

Miss Emma Lindsay
8a Witchhill Place
Kilmarnock

Service Code: Permanent

DoB: 26/08/1990

Age: 10

Telephone:

Contact: ?

KA1 3JQ

CHI Number: 2608901301

NHS Number: 313/90/294

Patient ID:

Dispensing: No

Road: 0 Water: 0 FootPath: 0

Occupation:

Marital Status: Single

Registered GP: Dr M J Timmons

Seen By GP: Dr M J Timmons

Repeat Consultation: ?

Acute Consultation: ?

Registered: 20/09/2000

Confirmed: 21/09/2000

Records Received: 01/12/2000

BMI: 19.6

Height: 1.58 m

Weight: 49 kg

BP: 0/0

Parity: 0

Gravida: 0

Priority Clinical / User Marker

21/09/2000 High FH: Asthma

21/09/2000 High FH: Family history
high blood pressure

21/09/2000 High FH: Ischaemic heart disease

Repeat Medication

Drug/Preparation

Quantity/Dose/Frequency

Start

Last

Interval

Pres. Cons.

Adverse Reactions

Read Code Description

Clinical / User Marker

20/09/2000 Medium Patient reg. form sent to HB

08/10/2000 Low GP/RF - new reg. check to HB

15/09/2000 Low Attended new patient screen

Screening

21/09/00 Height\$

O/E - height

No Action Required

Do not send recall letter

Do not send result letter

21/09/00 Weight\$

O/E - weight

No Action Required

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

Acute Prescriptions

Drug/Preparation

Quantity/Dose/Frequency

Date

Summary Sheet: Data Protection

Printed at 13/04/01 14:36:12

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555
A&E Fax: 01292 288105

Monday 29th January 2001

Dr. MJ TIMMONS,
12 LONDON ROAD
KILMARNOCK
AYRSHIRE

EMMA LINDSAY
COTTAGE 3
MONKTON
DoB: 26/08/90
CHI: Checked

Dear Dr. Timmons,

This is a note of a review in the A&E Department; if you require further information, please phone A&E directly on 01292 614522 and quote account number **01023-00229**. The above patient was first seen with this complaint on 23/01/01. This visit was 26/01/01.

Checked by:

Gibson ☒ Hand ☐ Kerr ☐ Gardner ☐ Khan ☐ Madden ☐ Ofei ☐ Pieper ☐ Schulz ☐ Sword ☐

Copied for filing ☒

Dictated 26.1.01

Emma, who was seen here on 23.1.01 with a sprained right thumb and put in a spica, attended the Department today for review. She had banged it again yesterday against the door and the pain had returned.

She had essentially a normal clinical examination and except for painful movements, I could not detect anything.

I have reapplied the spica and we will see her again on Wednesday.

Dr E Ofei

NAD	APPT	RX
		R
31 JAN 2001		
PATIENT ADVISED		

NEW PATIENT / HEALTH PROMOTION INFORMATION

Name: Emma Lindsay Date of Birth: 26/8/90
 Address: 2, A. Hutchill Pl Current Occupation: EC
 Telephone No.: _____ Previous Occupation: _____
 Marital Status: Single
 Height: 5ft 2 Weight: 5ft 2 7st 10lb

YOUR MEDICAL HISTORY

Please give details of any previous illnesses, operations or hospital admissions: Severe leg injury - Pilonidal cyst infection
Anaesthesia of Adenoids & Tonsils
 Please list any medication you take together with strength and frequency: No

Do you smoke? No How many? _____ Date given up? _____
 Do you drink alcohol? No How much per week? _____

FAMILY HISTORY - is there any family history of:-

Heart Disease No Diabetes No
 High blood pressure No Asthma No Congenital problems _____
 Stroke No

FOR FEMALE PATIENTS

Date of last smear _____ Result _____
 Where done? - Hospital _____ Surgery _____ Family Planning _____
 If last smear was more than 3 years ago please arrange with Surgery to have one done.
 Are you using the oral contraceptive pill or "coil"? _____ If so please ask Receptionist to arrange a repeat prescription and check-up for you.
 Have you had a hysterectomy? _____ If so when? _____ and for what reason? _____

FOR CHILDREN UNDER 6 YEARS

Please indicate which of the following immunisations your child has received and when and where (e.g. another surgery or Community Health Clinic).

	Date	Date	Date
Diphtheria/ Tetanus/ Polio	1st dose _____	2nd dose _____	3rd dose _____
Whooping Cough	1st dose _____	2nd dose _____	3rd dose _____
Hib (Single.....)	1st dose _____	2nd dose _____	3rd dose _____
Measles/ Mumps/ Rubella (MMR)	Date _____		
D/ T/ P Pre-school booster	Date _____		

FOR DOCTOR'S USE ONLY

Blood Pressure: N/A Urinalysis: NAD
 Health Education given: Diet Healthy Exercise Active
 Smoking _____ Alcohol _____

The Lothian University Hospitals NHS Trust



Royal Hospital for Sick Children, Sciennes Road, Edinburgh EH9 1LF
Tel. 0131.536.0000 Fax 0131.536.0001

EAR, NOSE AND THROAT DEPARTMENT

Dr M Cowell
Wester Hailes Health Centre
7 Murrayburn Gate
Edinburgh
EH14 2SS

DLC/EA/332760
13 July 2000
Mrs Anderson
Clinic: 06.07.00
Dictated: 06.07.00

Dear Dr Cowell

RE: Emma LINDSAY dob 26.08.90
57 Dumbeg Park, Edinburgh EH14 3JA

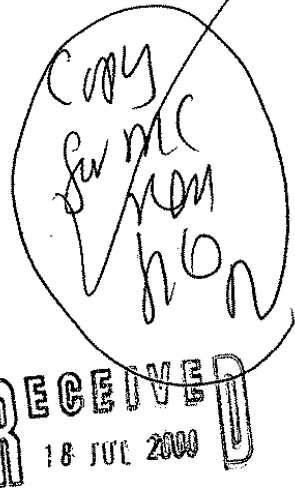
Thank you for asking me to see this girl. It was a little difficult to sort out the history between chest infections and upper respiratory tract infections. But her [redacted] was adamant today that she is definitely getting tonsillitis with a high temperature and that she feels these start first, and the chest infections follow. She is certainly ill every 6-7 weeks and when I examined her I was impressed by the size of her neck glands, and the unhealthy-looking state of her tonsils. Her ear drums were normal.

I think therefore on balance, she would indeed benefit from having her tonsils and adenoids removed; and I have put her name down to have this done.

Yours sincerely


Dr D L Cowan
Consultant ENT Surgeon

Dictated by Dr Cowan and signed in his absence


RECEIVED
18 JUL 2000

The Lothian University Hospitals NHS Trust provides a comprehensive range of first class acute adult and paediatric care to the people of Edinburgh, Lothian and beyond from the following locations: Chalmers Hospital, City Hospital, Liberton Hospital, Princess Alexandra Eye Pavilion, Princess Margaret Rose Orthopaedic Hospital, Royal Hospital for Sick Children, Royal Infirmary of Edinburgh, Royal Victoria Hospital, Simpson Memorial Maternity Pavilion, Western General Hospital.

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

Ambulance transport required ?

Yes ☐ No ☒Sitting ☐ Stretcher ☐**GP REFERRAL LETTER**

MEDICAL IN CONFIDENCE

REFERRAL TO

Consultant	Any Doctor	Hospital Address	9 Sciennes Road Edinburgh
Speciality Clinic	Ear, Nose & Throat (ENT)		
Hospital	Royal Hospital for Sick Children		
E-Mail No.	Edinburgh	Postcode	EH9 1LF
Urgency of Referral	Routine		

PATIENT DETAILS

Surname	LINDSAY	Patient's Address	57 DUMBEG PARK EDINBURGH LOTHIAN
Forename(s)	EMMA		
Previous Surname			
Title	Ms	Postcode	EH14 3JA
Date of Birth	26/08/1990	Sex	Female
CHI No.	2608901301		
Phone No.	453 4433		

REGISTERED GP DETAILS

Name	Dr M Cowell	Practice Address	Wester Hailes Health Centre 7 Murrayburn Gate EDINBURGH EDINBURGH
Practice Code	70978		
GP Identifier	S43567		
Phone No.	■■■■	Postcode	EH14 2SS
Fax No.	■■■■		
E-Mail No.			

REFERRING DETAILS

Name of agency referring		Address of agency as above referring
Name of referring practitioner	Dr M Cowell	
Phone No.		
Fax No.		Postcode

LINDSAY, EMMA

Ear, Nose & Throat (ENT)

2608901301

70978

2

CLINICAL INFORMATION**History of presenting complaint/examination findings/investigation results**

This lass gets frequent sore throats and is associated largely with the lymph nodes but interestingly seems to be suffering from a stuffy nose much of the time as well. Her tonsils, although fairly large were not infected at the last appointment and I wondering whether her adenoids might be contributing to her throat problems as she does seem to be something of a mouth breather. I would be grateful for your assessment as to whether surgery might be indicated in view of the fact that she is losing time at school or going to the school very much under the weather.

Reason for Referral (including expectation of referral outcome)**Past medical history (computer generated from problem lists, where possible)**

Gastro-Oesophageal reflux as a [REDACTED] and a couple of admissions with an upper respiratory tract infection as a [REDACTED]

Current and recent medication (computer generated and free text)**Clinical Warnings e.g. allergies, blood-borne viruses****Smoking Status****Alcohol Consumption**

No. per day

Units per week

Additional relevant information (including patient's issues, social circumstances, and special needs)

19 June 2000

Signature of referring doctor

Date

NHS Confidential: Personal data about a patient

Adastra/Remote 1.10.2: Lothian Doctors' Call Handling Services, Ltd
SOUTH WEST LOCALITY DOCTORS' CO-OPERATIVE LIMITED

Call #: 83643

Date & Time of Receipt at CCH: 18-Jul-1999 15:16

Patient: Emma Lindsay

Age: 26-Aug-1990 (Age: 8 years) - Sex: Female

Current Location:

57 Dumbeg Park
Edinburgh Wester Hailes

Patient Address:

57 Dumbeg Park
Edinburgh Wester Hailes

Phone: 0131 453 4433

Origin: WALK - IN PATIENT.

Phone: [REDACTED]

Own Doctor: Watson, P.A. S4856-9

Surgery: Westerhailes H.C. (Dr McKee & Partners)

Other Surgery:

Message received:

rash

Type of call: ☐ Telephone Advice ☒ To be seen at PCC ☐ Home Visit

History or Telephone Consultation:

* Back From Holiday Today → Rash Perioral / Between knees. Started 2 1/2 wks ago like cold sore *

Becoming worse 3-4 days. no headache, no vomiting, no cough, no S.T.

no bowel symptoms. no urinary symptoms.

Never had it before. Itchy ++.

Capparently has been staying a Father this week and he has a similar Rash.

* Drugs - nil

* Ant H → Col.

* Allergies → none

Time: 18/7/99. 15:28.

Signature: [Signature] Print Name: McCornick

Home Visit or PCC:

PERIORAL "Yellow Crusty" Rash. Also few spots on legs.
Temp = 37°. P = 80. 24.5. no (M). NO meningism. chest clear.
Abd - NAD. NO Intraoral lesions

Re Explanation. Reassurance
Mucosage 250/250 Oral #2000
Trinavate Cream. 30g #3.
Peridac M lozin #1.

Time Start: 15:30 Time End: 15:41 Signature: [Signature] Print Name: McCornick

☐ Refer to: ☐ Trauma
☐ 999 ☒ Physical
☐ Social ☐ Lifting Patients Audit
☐ Alcohol Abuse ☐ Substance Abuse
☐ Psychiatric or Psychological

SYNOPSIS:

Impetigo. ± ? Fungal
Head lice

☒ Patient to Contact Surgery☐ Surgery to Contact Patient

15:16

Greg McMillan
Area Principal Psychologist
Psychological Services
Easter Drylaw Drive
EDINBURGH
EH4 2RY

AO'H/MM
14.9.98
Dr O'Hare
20474

Dear Mr McMillan

Emma LINDSAY (26.8.90)
57 Dumbeg Park, Edinburgh, EH14 3JA
Hailesland Primary School
RC332760R

I met with Emma in the clinic when she was aged 8 years and accompanied by her 2 [REDACTED] her [REDACTED] [REDACTED] and her [REDACTED]. Thank you for your full background information about Emma who is a child with high-average ability intellectually but who is under-achieving in reading and spelling. She has a significant family history of dyslexia but does not have the normally associated signs of that disorder.

You also noted some medical difficulties in her early life and thus had proposed to her [REDACTED] that she have a paediatric assessment.

Emma was born at term after a pregnancy complicated by pre-eclampsia and ante partum bleeding. However, she was of normal birth weight at 6 pounds 5 ounces. She had no problems with the development of her speech and no ENT surgery. She was born in Peterhead and then at the age of 5-6 weeks she was admitted as an emergency because of an episode of apnea associated with gastrointestinal reflux. On admission to hospital she had largely recovered and therefore did not require ventilation, but was kept in for observation and was discharged home with an apnoea monitor. She required no further admissions for apnoea, although she did have a number of these which were managed at home.

Emma is described as picking up viral infections very readily and once she has a temperature she tends to be quite unwell with associated vomiting and dehydration. Sometimes this is associated with a sore throat. She has been seen by her General Practitioner on some of these occasions, but generally her family manage them at home. They lead to a fortnight off school every 4-5 months and the frequency is not really changing.

Emma also gets headaches when she is excited and they can also be provoked by sunshine. Their frequency is less than once a week and when Emma has them she is pale, she looks unwell and she wants to go and lie down. She does not usually take anything for the headaches because she tends to be sick with Paracetamol. After a sleep she generally recovers. These are not increasing in frequency.

Emma has been living in Edinburgh for 2 years and had her first year in school [REDACTED]. She did not attend nursery school through parental choice. In primary 1 in [REDACTED] Emma's teachers had the previous experience of her older [REDACTED] who has quite marked difficulties with dyslexia and they were therefore aware of potential problems for Emma. Emma's family subsequently worried when she moved to Edinburgh into [REDACTED] but report that they were reassured. Emma has now been receiving learning support since the end of primary 3 in a group with other children.

Emma's concentration and behaviour span can be very erratic and she can be fluctuant in her mood.

In the family history, Miss Lindsay is a manager for the British Heart Foundation. She has a [REDACTED] and she, herself, suffers from migraine which sounded classical in its symptomatology. Her [REDACTED] is an Assistant Manager for a textile company. Emma has a 16-year old [REDACTED] who is severely dyslexic and, although he has passed State exams, he still finds it very difficult to read. Up until 3 months ago he was away at [REDACTED] and now he attends [REDACTED]. He is described as supportive to Emma, having empathy with a difficulty in reading and offering to help her.

I similarly found Emma able to concentrate and co-operate well in the assessment situation, but to be quiet and serious. On a Quick Neurological Screening Test she achieved quite well overall but had some

immaturities in her figure copying skills and in her ability to copy sound patterns with a motor and oral presentation. However, sequencing of finger/thumb apposition was normal and notably this is frequently difficult for children with dyslexia. Emma showed no difficulties with her attention during the assessment.

I looked a little further at some of Emma's phonological awareness and was pleased to see that on a Spoonerism test and a non-word reading test she achieved at 94 and 98 respectively, which showed, in keeping with your own findings, a good level of phonological awareness. However, on an auditory analysis test (Jerome Rosner) in which Emma was repeating complete words and then repeating them again with phonemes omitted, she made a range of errors.

Emma's visual discrimination for matching nonsense letter strings was reduced for her age and she made errors, both reversing the letters and also reversing their position in the nonsense word. This was an intramodal assessment, ie, matching both items visually. In a naming speed test from the PhAB, she achieved with a standard score of 89 for naming drawings and 84 for naming digits. Both of results are significantly down in comparison to Emma's overall ability.

Visual sequential memory was also down with a standard score of 85 (Morrison Gardner test of visual perceptual skills non-motor).

I therefore conclude that in keeping with your own assessments, Emma shows pretty satisfactory phonological awareness, but that she has difficulties with some more complex auditory analysis tests and that she has difficulties with rapid sequencing and visual sequencing. I did not feel that these were secondary to an attentional difficulty and did feel that Emma was quite well poised to capitalise on her phonological awareness skills to help her overcome these other areas of difficulty that are feeding into her slow literacy development. Obviously Emma has a *strong family history of dyslexia* and some of these findings are dyslexic-type difficulties, but I would be cautiously optimistic that Emma would benefit from her learning support in overcoming some of her problems.

I hope it is not too presumptuous of me to suggest that she may benefit from something very structured such as the Toe by Toe programme, address appended, and I know that some of the Neighbourhood Support Officers have bought this programme and it does allow parents to have quite an input into reading recovery. I thought in view of Emma's headaches and her visual sequencing difficulties, it would also be worthwhile trying her with coloured overlays to see if this made the print

more restful and less confusing and I presume that this could be looked at through school also, as a number of the Learning Support Neighbourhood Officers have these materials.

Emma's [REDACTED] are anticipating that you will take things forward for them at school. I have not arranged to see Emma again in the clinic, but would be happy to participate if requested in a [REDACTED] meeting or follow-up.

Yours sincerely

Dr Anne O'Hare

Dr Anne O'Hare
Consultant Paediatrician

c.c. Miss Lindsay (2)
Dr Watson, GP
Dr Harrison, Staff Grade Paediatrician
RHSC

NHS Confidential: Personal data about a patient

Edinburgh Sick Children's NHS Trust
promoting child health

Graeme Millar • Chairman
Malcolm Wright • Chief Executive

with compliments Dr O'Hare

Community Child Health Services • 10 Chalmers Crescent • Edinburgh • EH9 1TS • Tel 0131-536 0000 • Fax 0131-536 0570

ESC 71

Mr & Mrs Lindsay
57 Dumbeg Park
EDINBURGH
EH14 3JA

AO'H/MM
8.7.98
Dr O'Hare
20474

Dear [REDACTED]

re Emma (26.8.90)

Emma has been referred to me by Greg McMillan, Area Principal Psychologist. I am a doctor with a particular interest in childrens' development and learning and I may be able to help understand the nature of Emma's difficulties and discuss how they might be helped. I would therefore like to offer you an appointment in the out-patient department at the Royal Hospital for Sick Children as stated in the accompanying card. The assessment lasts about an hour and I would hope to have enough time available to give you my preliminary opinion. If we feel it is appropriate, I will be able to discuss the issues more widely, for example, with Emma's teachers.

I look forward to meeting you. If, however, this appointment is inconvenient or you wish to discuss things further beforehand, please contact me on the above extension.

Yours sincerely

Dr Anne O'Hare
Consultant Paediatrician

c.c. RHSC
Greg McMillan, Area Principal Psychologist
Dr Watson, GP
Dr S Mckenzie, Staff Grade Paediatrician

AO'H
hble

Dr Watson

Edinburgh Sick Children's NHS Trust

promoting child health

Dr F Forbes • North Edinburgh Team
Dr P Hoare • East/Midlothian Team
Mrs B Renz • Head of Psychology

Graeme Millar • Chairman
Malcolm Wright • Chief Executive

Dr B Norton • South Edinburgh Team
Dr S Valentine • Liaison Team

Dr Watson
Wester Hailes Health Centre
7 Murrayburn Gate
Edinburgh
EH14 2SS

06 August 1997

PLEASE REPLY DIRECT TO:

Child and Family Mental Health Service
3 Rillbank Terrace
EDINBURGH EH9 1LL

TEL: 0131 536 0539
FAX: 0131 536 0545

Dear Dr. Watson,

Re: Emma Lindsay (26.8.90)

Thank you for your letter of 15 July 1997 about this young girl who was seen by my colleague, Dr. Warwick and about whom I had lengthy discussions with him. I think he found this family quite difficult to engage with, particularly Ms. Lindsay, and although her [REDACTED] Emma, seemed to get on better with young Emma. I think Dr. Warwick had some reserve about the relationship between [REDACTED] and her [REDACTED].

We spent some time talking about the report of Emma hearing voices. These really did not sound as though they were psychotic although [REDACTED] said they were a little similar to experiences that she had had. In the meantime, I had heard Dr. Keith Brown talking about childhood migraine producing some visual distortions and other unusual experiences. I am also always on the look out for temporal lobe epilepsy, although I did suggest to Dr. Warwick that he discuss this with Emma and her family when they next attended, going into the history in more detail. Unfortunately they failed their final appointment on 9 June and were therefore discharged.

As I discussed with you, we do not think these require referral or investigation at the moment, but if they do present as a problem in the future, it might be worthwhile thinking about these differential diagnoses.

Yours sincerely,

Beverley Norton

Dr. Beverley Norton
Consultant Child Psychiatrist

*Dr. Warwick
v. confrontational
consultant. PW
file*

JK

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Edinburgh Sick Children's NHS Trust

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Dr S Valentine • Liaison Team

Dr Watson
Wester Hailes Health Centre
7 Murrayburn Gate
EDINBURGH
EH14 2SS

MW/CA/34566

01 July 1997

file

PLEASE REPLY DIRECT TO:

Child and Family Mental Health Service
3 Rillbank Terrace
EDINBURGH EH9 1LL

TEL: 0131 536 0539
FAX: 0131 536 0545

Dear Dr Watson

EMMA LINDSAY (26.8.90) 57 Dumbeg Park Edinburgh EH14 3JB

Emma Lindsay's family failed to attend their appointment with me in this Department on 9 June 1997. They have also failed to respond to subsequent letter contact and have, therefore, been discharged.

After seeing Emma on 12 May 1997, I discussed the case with Dr Norton (Consultant Child Child Psychiatrist). She wondered if there could be an organic cause for the voices which Emma describes hearing intermittently, such as temporal lobe epilepsy or childhood migraine. The family's description of the episodes had not led me to wonder if they might be describing something epileptiform but, had they attended, I would have asked for a fuller description of events surrounding periods during which Emma has heard voices in order to try to clarify the diagnosis. If the problem persists you might like to consider re-referring her in the future.

With kind regards

Yours sincerely

Michael Warwick

Dr Michael Warwick
Senior House Officer to Dr Norton

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Edinburgh Sick Children's NHS Trust

promoting child health

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Dr P Hoare • East/Midlothian Team
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Graeme Millar • Chairman
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Dr J Norton • South Edinburgh Team
Dr S Valentine • Liaison Team

Dr. Watson
Wester Hailes Health Centre,
7 Murrayburn Gate,
EDINBURGH
EH14 2SS

MW/AB/34566
20 May 1997

P/C → CB for interest ✓

PLEASE REPLY DIRECT TO:

Dept Child Psychiatry and Psychology
3 Rillbank Terrace
EDINBURGH EH9 1LL

TEL: 0131 536 0537
FAX: 0131 536 0545

Dear Dr. Watson,

EMMA LINDSAY (26.8.90) 57 Dumbeg Park, Edinburgh, EH14 2JB

I reviewed Emma Lindsay in this department on 12.5.97 in the company of her [redacted]. Prior to seeing them I called Hailesland Primary School and spoke to [redacted] (Emma's class teacher). She was able to tell me that there have been no problems with Emma at school, she has friends and is performing well academically. She also responds to "old ^{school} ~~school~~ teaching techniques and has no difficulty accepting discipline. [redacted] said that a reward system is in place for the children at school and Emma is delighted with the small rewards which can be achieved which take the form of bronze, silver and gold stickers.

When I saw Emma and family [redacted] produced the diary which I had asked her to keep. The book which I had given her was absolutely full and spilling over into another smaller notebook. They reported that there have been some very good times with Emma over the past month and it has been "a good month overall" although there have been episodes of bad behaviour. Over the weekends Emma had tidied her room but there had been "a crisis" in the middle where she became frustrated and believed that someone else had been tidying her room and moved something. She needed a lot of convincing and reassurance from [redacted] that this was not the case. They also said that Emma had complained of hearing voices inside her head three or four times since she had last seen me. Apparently, she becomes absolutely terrified when this happens and does not like to talk about it ^{in case} ~~unless~~ they come back. I asked Emma about this and she could not tell me whether they were male or female but confirmed that they are inside her head and not outside. She agreed that they could be her own thoughts and it seems that they happen when she is upset and frustrated. She said that they threaten her when she does something that her [redacted] has asked her to do, saying things such as "I'll get you for that" but they also sometimes say good things such as [redacted] good". Emma appeared quite happy at the beginning of the interview but was a bit low and tearful when telling me about the voices. After this she became very bright and animated telling me what

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activities she would be engaged in when I asked her what a video would record if a happy time with her family was filmed.

I then saw [REDACTED] alone. She said that she has attended a counsellor for more than a year due to her own problems and she had "a bad spell" about two years ago when she shouted a lot in the house but she has controlled herself since then. She said that she has never discussed the fact that she hears voices herself when she is stressed in front of Emma and considers it very unlikely that she could have overheard such a conversation. I mentioned to [REDACTED] that [REDACTED] had wondered about whether a current storyline in Eastenders could have contributed to the complaints and she used quite expletive language to tell me that she considered this to be false as Emma no longer watches Eastenders because of this. I asked [REDACTED] what has been done differently to lead to small improvements in Emma's behaviour and she said that she is taking a lot of time to talk her through things and guides her. It seems that everything I suggest to [REDACTED] has been tried before, e.g. she has kept a diary of her own to look at ways to try to modify Emma's behaviour since before she came here. She also said that the reward system at school was only put in place when she, herself, had suggested it. I said that [REDACTED] and I had wondered if some of the rewards being offered at home were rather too much, e.g. Emma getting to decide what the whole family do for weekends but Ms. Lindsay said that if I knew Emma better I would realise that she is quite mature enough to cope with this. She said that the main reason things had changed is that due to her own past experiences with social workers she is determined that Emma should never meet one and I mentioned at our last meeting that I am a member of a multi-disciplinary team. I congratulated [REDACTED] on working out how to tackle the problem herself and said that I hoped things continued to improve with the changes she is making.

I am a little unsure of what to make of Emma's experience of hearing voices. It seems that this only occurs at home when she is upset or frustrated and that other times she can be very happy. It is nice that she is doing so well at school. I intend to see them again on 9.6.97 and I will be discussing Emma's case with Dr. Norton (Consultant Child Psychiatrist). I will keep you informed.

With kind regards.

Yours sincerely,



Dr. Michael Warwick
SHO to Dr. Norton

NHS Confidential: Personal data about a patient

Adastra/Remote 1.4.1: Lothian Doctors' Call Handling Services, Ltd

Call #: 12151

Received: 17-May-1997 18:59

Passed: ---

Patient: Emma Lindsay

Age: 26-Aug-1990 (Age: 6 years)

Sex: Female

Current Location:

57 Dumbeg Park
Edinburgh Wester Hailes

Patient Address:

57 Dumbeg Park
Edinburgh Wester Hailes

Map ref:

Phone: 0131 453 4433

Own Doctor: Watson, P A S4856-9

Surgery: Westerhailes H.C

Message received:

was at dr on monday due to blotches and sickness, still the same and medication is not working.

*- to be seen at HC*Type of call: ☐ Telephone Advice☒ To be seen at PCC☐ Home VisitAdvice Doctor: CD (initials)Time of advice: 26/8/90☐ Urgent? ☒

History:

*- not her self. over week - Dizziness
(intention) : fluid intake*

Examination:

*rash - abdo soft. evidence of
meningitis PERC - Fundi OK*

Diagnosis/Problem:

*Imp viral Crashe enteritis - continue fluid
- stool sample next week if severe*

Synopsis to be faxed:

Management:

Crashe enteritis

Signature:

Time consultation start: 1915

PRINT NAME:

Time consultation end: 1924

- ☐ Refer to: _____
☐ 999
☐ Death (unexpected)
☐ Death (expected)

- ☐ Trauma
☒ Physical
☐ Psychological
☐ Social

- ☐ Patient to contact surgery
☐ Surgery to contact patient

1925

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Dr P Hoare • East/Midlothian Team
Mrs B Renz • Head of Psychology

Graeme Millar • Chairman
Malcolm Wright • Chief Executive

Dr B Norton • South Edinburgh Team
Dr S Valentine • Liaison Team

Dr Penny Watson
Wester Hailes Health Centre
7 Murrayburn Gate
EDINBURGH
EH14 2SS

MW/CA/34566

14 April 1997

PLEASE REPLY DIRECT TO:

Dept Child Psychiatry and Psychology
3 Rillbank Terrace
EDINBURGH EH9 1LL

TEL: 0131 536 0539
FAX: 0131 536 0545

Dear Dr Watson

EMMA LINDSAY (26.8.90) 57 DUMBEG PARK EDINBURGH EH14 2JB

I saw this 6 year old girl following your recent referral in this Department on 8 April 1997 in the company of her [REDACTED] and her [REDACTED]. They all live together at the above address although [REDACTED] is only home during holidays and weekends from the special needs boarding school which he attends in [REDACTED] due to his dyslexia. Ms Lindsay does not work due to back problems and Emma senior is an Assistant Manager in a Sports shop.

Ms Lindsay said that Emma has had longstanding behavioural difficulties but these have worsened recently. She said that Emma has "no control" over her emotions or what she does. This causes life at home to be difficult and due to some of her behaviour, her [REDACTED] does not want to come back from boarding school. She can throw temper tantrums for no apparent reason and be violent, particularly towards [REDACTED] e.g. a few months ago she threatened to cut his throat with scissors. If he does not want to play a game with her she threatens to wreck his bedroom. She hides scissors in her bedroom and cuts up dolls clothes, paper and plastic. She recently drew on new decorated bathroom walls and has taken belongings of Emma senior's e.g. make up and sweets, using them or destroying them. Apparently she does this with property of other members of the family too. Ms Lindsay said that Emma had a poor attention span even for things she enjoys such as cartoons. She can sit and draw very nicely for half an hour or so, but then gets bored and often rips up the picture. When I asked Emma herself what makes her behave badly she said that she sometimes gets upset if others will not play with her at school [REDACTED]. In fact her [REDACTED] says that she has plenty of friends at school, but gets upset if they do not do exactly what she wants to do in play. Ms Lindsay that if she does not find out what is wrong with Emma soon she may "belt her one". Apparently Emma has not referred again to hearing voices in her head since the isolated incident where she claimed that she did prior to being taken to see yourself. I asked Ms Lindsay if Emma could have learned this from anybody else and she said (in front of

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Emma) that she only discusses her symptoms with Emma senior in private, although it is possible that the children could have overheard.

I asked the family what they do to try to modify Emma's behaviour and they told me that they have kept a behaviour chart where she is rewarded for doing simple tasks. They are disappointed that she has never achieved the maximum 10 points and have noticed that at times she will be very helpful towards other members of the family, but not do simple things for herself, thus failing to gain points. [REDACTED] told me that Emma "gets everything she wants", but she has to work for it. She described them as a strict family who have rules and discuss matters and is disappointed if Emma's behaviour has failed to respond to her efforts. She does sometimes send Emma to her room if she has been bad, but cannot leave her there for longer than 15 minutes without her doing something destructive. I gently commented that Emma appears to have a great deal of control in the family and although [REDACTED] immediately denied this, Emma senior agreed and said "she controls the whole family".

I tried to ask about the background history, but perhaps due to the presence of the children [REDACTED] appeared somewhat defensive and unwilling to talk in detail about this. I did gather that the children's [REDACTED] was employed in the air force and was moved around the country a great deal although [REDACTED] refused to go with him. They separated when [REDACTED] was 2 and have since divorced. He now works in Kilmarnock as a telecommunications officer for the Police Force and they describe a good relationship with him. Ms Lindsay lived in Peterhead with her [REDACTED] for some years after the separation and lived in Grampian until September of last year when they moved to Edinburgh. She met [REDACTED] in 1989 and they started their relationship in 1990. [REDACTED] has been involved in the upbringing of Emma junior throughout her whole life.

During her pregnancy with Emma, [REDACTED] had some hospital admissions with PV bleeding but Emma was born by "easy" spontaneous vaginal delivery at full term weighing 6 lbs 5 ½ ozs. Apparently the first 6 weeks of her life were very uncomplicated and then she started vomiting. She suffered from severe reflux and her [REDACTED] said that this caused her to stop breathing fairly regularly and she had to be placed on a monitor and have her feet slapped if this happened. She was hospitalised for 3 - 4 days twice in her first year due to this problem. [REDACTED] said that Emma was "a normal baby" and very loving. She walked at 1 year and started to speak at 8 months. There was no evidence of any developmental delay and at 1 ½ years [REDACTED] describes her as suddenly no sleeping well and becoming more active with temper tantrums "as if the devil got into her". She went to nursery at the age of 3 ½ years and had no problems and there have been no difficulties with primary school. She seems to be quite bright. [REDACTED] said that she still considers Emma to be very active. She sleeps for 9 to 11 hours per night. Other past medical history has included about 4 admissions to Aberdeen Royal Children's hospital with viral infections approximately yearly over the first 4 years of her life and on one occasion she had a lumbar puncture. She fell down the stairs in her baby walker aged 4 months old and was observed for a head injury. As mentioned, her [REDACTED] suffers from dyslexia and Ms Lindsay describes herself as having "behavioural difficulties" for which she attends counselling once per week. She is known to the psychiatric services in Grampian and had her first contact with them when she was at school and placed in care. She said that her diagnosis is now "biological depression" for which she takes Lustral, but she has no current contact with psychiatrists. She says that she has been managing to control her anger at home better over the past 1 ½ years. An [REDACTED] of Ms Lindsay's suffers

from schizophrenia and her [REDACTED] is an alcoholic. Apparently her [REDACTED] also had alcohol problems in the past.

On interview, Emma seemed quite a large girl for her age although not over-weight and was very attractively turned out. She appeared quite happy, listened attentively to what was being said and appeared quite bright. She drew a very good age appropriate picture and entertained herself with other toys in the room without evidence of attention deficit. Her [REDACTED] was also pleasant and co-operative and appeared slightly upset whilst his [REDACTED] was telling me about the family history. [REDACTED] herself talked quite loudly in an Aberdonian accent with quite a forthright manner. At one point she appeared a little angry when recalling for me her anger the night before when she had discovered that Emma had bitten her arm in two places causing bruising, claiming she was "bored with nothing else to do".

It seems that Emma does have behavioural difficulties within the home although the family are able to say that this does not occur in other settings. The complaints of voices in her head have not recurred and it seems likely that this was due to having overheard something her [REDACTED] said. I have asked them to keep a diary of episodes of good behaviour as well as bad in order that we can try to see if there are any patterns to this that we can employ to help improve matters. I will also phone the school prior to seeing them again on 12.5.97 and I will keep you informed.

With kind regards

Yours sincerely

Seamus Norton

for
Dr Michael Warwick
Senior House Officer to Dr Norton

*file
mw*

NHS Confidential: Personal data about a patient

Dr IAN MCKEE MB ChB DRCOG OFFP
 Dr PENNY A WATSON MB ChB MRCGP DRCOG MFFP
 Dr DAN J N DREWITT BSc PhD MB ChB
 Dr COLIN J COOPER MB ChB FFARCS
 Dr MARTE COWELL MB ChB MRCGP

Primary Care Services Manager
 KEVIN LAWRIE Cert. Mgmt. BA DPSCHN RNMH
 Practice No: 70978

WESTER HAILES HEALTH CENTRE
 7 Murrayburn Gate Edinburgh EH14 2SS
 Tel: 0131 537 7300 (Administration)
 Tel: 0131 537 7070 (Appointments)
 Fax: 0131 537 7337

Also consulting at:
SIGHTHILL HEALTH CENTRE
 380 Calder Road Edinburgh EH11 4AU

PW/IS

20 March 1997

Child & Family Psychiatry
 3 Rillbank Terrace
 EDINBURGH
 EH9 1LL

COPY

Dear Doctor

Emma Lindsay DOB 26.08.90
57 Dumbeg Park EDINBURGH EH14 3JA

I would be grateful if you would see this child who was brought up today by her natural [REDACTED] and her lesbian [REDACTED] also known as Emma.

The situation here is that until 2 or 3 years ago she lived in Aberdeen, her [REDACTED] left at her age of 2. She has an older [REDACTED] who is 14 and attends a special school in [REDACTED]

[REDACTED] has consulted us on many occasions with a back complaint which appears to be causing more disability than to be expected from the physical signs. She has been seen by specialists and is now seeing our Counsellor to discuss her own anxieties.

She is now describing Emma's behaviour as very violent, she often cuts things up with knives or scissors and her [REDACTED] who only comes home at weekends, is saying that he has had enough and does not wish to come home. [REDACTED] describes a pattern since at least the age of 2 of Emma spoiling everything which she attempts to do with this child. [REDACTED] and her [REDACTED] both appear to view Emma Jnr's behaviour as being quite abnormal. The child herself appears to be very alert and joining in the discussion when [REDACTED] describes rewards she has attempted for enforcing good behaviour. She is apparently getting on well at school. When her [REDACTED] asks her (it would appear in an exceedingly anxious and angry manner) as to why she behaves as she does, Emma refers to people in her head telling her that her [REDACTED] is bad (or words to that effect).

Emma sees her natural [REDACTED] reasonably regularly, often at weekends, and she sometimes goes across there, however, her [REDACTED] and [REDACTED] sometimes go fishing and she is left in the house I gather. Apparently natural [REDACTED] and [REDACTED] have a good relationship.

[REDACTED] is voicing in front of the child concerns that her [REDACTED] is going to turn out just like her, very violent and also previously referring to people in her head telling her what to do.

2

20 March 1997

Child and Family Psychiatry - Emma Lindsay DOB 26.08.90

I get the impression that this is a hysterical symptom rather than psychoses but I am most concerned by the psychological well-being of this child and would be most grateful if you could assess Emma with her [REDACTED] and [REDACTED] who both insist that Emma is a much loved child.

When discussing the people in her head, Emma became most anxious and tearful.

I do not know the family well as they have only been registered with us for 6 months. From the history it would appear that Emma has had admissions as a child for gastrointestinal reflux and for head injury observation in 1991 and for right otitis media in 1993.

Many thanks.

Yours sincerely

Dr Penny Watson

PS - [REDACTED] herself is extremely adverse to the suggestion that she may be seeing [REDACTED] as she describes unfavourable experiences in the past herself, however, she is earnest and anxious in her request to discuss Emma and their collective problems with Psychiatrist or Psychologist.

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NEW PATIENT MEDICAL

Mr / Mrs / Miss / Ms ☒ Female

Date of Registration 24.09.96

Name EMMA LINDSAY

Date of NRM 30.9.96

Address 57 DUMBEG PARK

Married / Single / Divorced S

Other Cohabitees Father & Emma & Mum & Ailie

Post Code EH14 3JA

Tel

Date of Birth 26.08.90

Name and address of previous GP

Dr. D. C. B.

Employment:

Past

Fraserborough

Present H.C. - 14 P2

PMH — Surgical reflux & monitor at baby

— Medical prone to high temps & VET

— Psychiatric

Medication

Allergies

all from garden hedge

Last Polio Booster

age 5

Last Tetanus Booster

age 5

Other Immunisations

Parity

Contraception

GP102

Last Cervical Smear

Next Due

Family History: IHD onset under 60

IHD onset over 60

Stroke CVA

Diabetes

Epilepsy

Hypertension

Other

2 diet. Gals sent - at special

BP Pressure 110 / 70

Hypertension

CHD

Stroke / CVA

Weight 26 kg Height 127 cm

BMI (Calculated by computer)

Exercise: NONE / LIGHT / MODERATE / HEAVY

Smoking YES / NO

Amount per day

Stopped Smoking YES / NO

Alcohol Units per day

Ex-Drinker: YES / NO

Units per day

Health Promotion Offered:

Smoking

Alcohol

Exercise

Diet

Asthma:

YES / NO

1. On prophylactic medicine

2. Peak Flow Rate in last year

3. Hospital admission in last year

Urinalysis

Protein

Sugar

Signature

R. Watson

NHS Confidential: Personal data about a patient

Printed on. 16/07/1995

Miss Emma Lindsay

20 Cortes Cres
FRASERBURGH, AB43 5NXD.O.B. 26/08/1990 CHI. 2103
N.H.S. Number 313/90/294

Status. Single

Reg. with Dr M J W DICK

Miles. 0

BASIC HEALTH

Height ? cm. Weight ? kg. B.M.I. ?
 Blood Pressure : ?/? (/ /)
 Parity : 0 Gravida : 0

PROBLEMS

1 01/03/1994 Vomiting (Hosp. Admitted)	4 12/12/1990 Specific viral infection NOS (Hosp. Admitted)
2 08/02/1993 Vomiting (Hosp. Admitted)	5 06/10/1990 Reflux oesophagitis (Severe)
3 21/04/1991 A/P in home NOS (Hosp. Admitted)	6 02/10/1990 Perinatal cyanotic attacks NOS (Hosp. Admitted)

PROCEDURES

1 15/06/1995 Booster DT(double)+polio vacc. (GP Care)	5 16/03/1992 [V]Measles/mumps/rubella vaccin (Unknown Location)
2 18/03/1994 [V]Child 2.5 year exam.	6 07/10/1991 Second triple vaccination-DTP (Unknown Location)
3 06/10/1993 Single Hib vaccination	7 21/11/1990 First triple vaccination - DTP (Unknown Location)
4 16/03/1992 Third triple vaccination - DTP (Unknown Location)	

CONSULTATION DATES

Last Acute Consultation date : 08/06/1995
 Last Repeat Consultation date : / /

REPEAT SCRIPTS Interval 0 days Consult Interval 0 Weeks

NO DATA STORED

ACUTE SCRIPTS

NO DATA STORED

SCREENING

1 1st Primary Immunis. 21/11/1990 First triple vaccination - DTP	
Repeat after 4 Week(s) (Review : 13/12/1990) No Letter(s) Sent	Location : Unknown Location
2 2nd Primary Immunis. 07/10/1991 Second triple vaccination-DTP	
Repeat after 4 Week(s) (Review : 04/11/1991) No Letter(s) Sent	Location : Unknown Location
3 3rd Primary Immunis. 16/03/1992 Third triple vaccination - DTP	
Repeat after 4 Week(s) (Review : 13/04/1992) No Letter(s) Sent	Location : Unknown Location
4 Mmr Immunis. 16/03/1992 [V]Measles/mumps/rubella vaccin	
No Action Required (Review : / /) No Letter(s) Sent	Location : Unknown Location
5 Preschool Immunis. 15/06/1995 Booster DT(double)+polio vacc.	
No Action Required (Review : / /) No Letter(s) Sent	Location : GP Care
6 Child Development 18/03/1994 [V]Child 2.5 year exam.	
No Action Required (Review : / /) No Letter(s) Sent	
7 Hib Imm(over 13 Mth) 06/10/1993 Single Hib vaccination	
No Action Required (Review : / /) No Letter(s) Sent	

NHS Confidential: Personal data about a patient

Printed on: 16/07/1995

Miss Emma Lindsay

SCREENING

ADMINISTRATION

1 20/04/1994 Patient MRE received from HB

2 02/03/1994 Patient registration

USER MARKERS

1 02/03/1994 REGISTERED FOR CHS

REFERRALS

08/03/1994	Paediatric (Medical)	ROYAL ABERDEEN CHILDREN'S HOSPITAL
In Patient	N.H.S.	Dr M J W DICK

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Printed on: 16/07/1995

Miss Emma Lindsay

LAST ENCOUNTER INFORMATION

Doctor : Dr M J W DICK Encounter Date : 08/06/1995 Time : 17:30

NO SCREENINGS

ACTIONS :-

Unspecified viraemia [D]

NO REFERRALS

NO ACUTE DRUGS

NO REPEAT DRUGS

THIRD PARTY COPY



Aberdeen Royal Hospitals

NHS TRUST

Royal Aberdeen Children's Hospital
 Cornhill Road, Aberdeen AB9 2ZG
 Tel: (0224) 681818 Ext: 53037 Fax: 840707

AEW/KAR/925635

Discharge Letter

Dr Dick
 Bellslea Clinic
 46 Saltoun Place
 FRASERBURGH

Dictated: 8 March 1994
 Typed: 15 March 1994

Dear Dr Dick

Emma Lindsay (DOB: 26/8/90) 20 Cortes Crescent Fraserburgh

Consultant: Dr W M Bisset

Paed Med
 Admitted: 1/3/94

Discharged: 3/3/94

Diagnosis: URTI

This 3½ year old child was admitted to Ward 4 with a history of increased lethargy for 3 weeks, polydipsia, polyuria and in the last couple of days vomiting, abdominal pain and some loose stools.

On admission she was afebrile and had serous rhinorrhoea. Her abdomen was soft and urinalysis showed 16 mmol of ketones and a trace of protein, but nil else. A random blood glucose on admission was 4 and Us and Es, creatinine and a full blood count were within normal limits. Her input/output was monitored in the Ward and although output assessment was inaccurate, her input was not excessive. An early morning urine sample showed a urine osmolality of 804 which indicates normal concentration. A urine culture showed no growth.

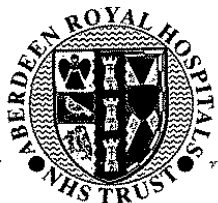
No arrangements have been made for follow-up.

Yours sincerely

Alan E Webb
 ALAN E WEBB
 Supervisory SHO

Copy to: CCH, Queen's Gate, Aberdeen

TELL PATIENT NORMAL	
ASK PATIENT TO SEE DR.	
ASK PATIENT TO MAKE APPT.	
PRESCRIPTION COLLECT	
ENTER TO COM	☒
NO ACTION	
FILE	☒



Aberdeen Royal Hospitals

NHS TRUST

BUDGET

1 MAR 1993

Royal Aberdeen Children's Hospital
Cornhill Road, Aberdeen AB9 2ZG

Tel: (0224) 681818 Ext: 53033 Fax: 840707

IAA/AI/0925635

DISCHARGE LETTER

Dictated 16th February 1993
Typed 24 February 1993

Dr J Robertson
Health Centre
Forrest Road
Peterhead

Dear Dr Robertson

EMMA LINDSAY 26.8.90 44 UGIE ROAD PETERHEAD

Admitted: 8.2.93

Discharged: 12.2.93

Emma was admitted as an emergency to ward 4 of the Children's Hospital with a 5 day history of fever, nasal discharge, cough and on the day of admission vomiting all fluids. Past medical and family histories were non-contributory.

On admission temperature was 39.5, heart rate 140, respiratory rate 35/min with inflamed throat and initially right otitis media with left drum dull. Initial investigation showed her to be mildly hyponatraemic with a sodium of 128 mmol/l but with normal blood count. Blood cultures were subsequently sterile as was urine culture. She initially was reluctant to drink and required IV fluid replacement and her otitis media was covered with Augmentin. Temperature subsequently settled rapidly and she gradually improved.

Final diagnosis;

1. Upper respiratory tract infection
2. Right otitis media

Treatment on discharge;

Augmentin 125/31 5 mls 8 hourly for a further 5 days

Follow up;

Nil

Yours sincerely

I A Auchterlonie
Consultant Paediatrician

cc OCH 2-4 Queen's Gate Aberdeen

G	FILE	
P	TELL PT NORMAL	
S	RING ME	
W	TO MAKE APPT	
F	CONTACT PATIENT	
	FOR PRESCRIPTION	
	NOTES PLEASE	
	ENTER TO COMPUTER	

NHS Confidential: Personal data about a patient

BUDGET
- 4 JUN 1991

ROYAL ABERDEEN CHILDREN'S HOSPITAL

Telephone 681818
Ext.Cornhill Road,
Aberdeen, AB9 2ZG.

Ref CS/JMM/925635

Dr J Robertson
Health Centre
Forrest Road
PETERHEAD

27 May 1991

Dear Dr Robertson

Emma Lindsay DOB 26/08/90 44 Ugie Road PETERHEADAdmitted : 21/04/91
Discharged : 22/04/91

Your patient was admitted on 21/04/91 via Casualty having fallen downstairs in a baby walker. Though distressed by the incident she did not lose consciousness but was slightly drowsy for a short period thereafter. She was admitted for observations and basically was completely well throughout such that she was able to go home the following morning. No follow-up is proposed.

Yours sincerely


COLIN SMART
Surgical Registrar

cc Mr S S Miller

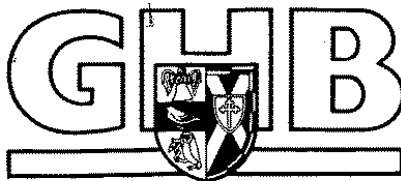
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	FOR PRESCRIPTION	
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28 1991



GRAMPIAN HEALTH BOARD

MATERNITY AND CHILD HEALTH SERVICES UNIT
NEONATAL PAEDIATRICSNeonatal Unit, Aberdeen Maternity Hospital
Cornhill Road, Aberdeen, AB9 2ZG.
Telephone 681818 Ext. 52660

PD/KM/925635

Dr Robertson
Health Centre
Forrest Road
PETERHEAD

Dictated 16th of April, 1991

Typed 24th of April, 1991

Dear Dr Robertson

Re: Emma Lindsay (26.8.90) 44 Ugie Road PETERHEAD

I saw Emma for review in my SIDS Clinic this afternoon when I was pleased to hear that she had remained well with no problems since her discharge from Ward 6 at the end of last year. [REDACTED] is generally happy with her progress.

The Carobel apparently was not particularly successful and I understand that she was subsequently changed to Gaviscon with good effect although [REDACTED] has also discontinued the Gaviscon recently without any recurrence of the vomiting. Emma is now mainly on to mixed adult diet and one would, therefore, not expect her to be having much vomiting at this stage.

The monitoring equipment has functioned well with no problems. However, Emma has recently learned that by pulling this off herself, the monitor will alarm and [REDACTED] therefore, has discontinued monitoring and returned it too me in the Clinic this afternoon.

On examination, her height of 69.8 cms and her weight of 8.21 kgs were both between the 50th and 75th centile for her age. Physical examination was unremarkable and developmentally she appeared to be functioning appropriately for her age.

I have not made any arrangements to see Emma again in this Clinic.

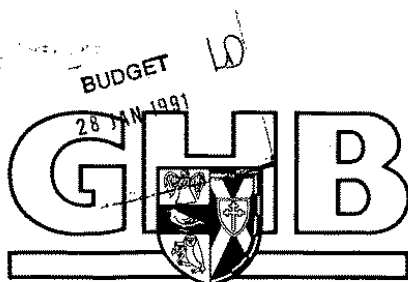
Yours sincerely


PAUL DUFFTY
Consultant Paediatrician



G	FILE
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	FOR PRESCRIPTION
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AMH113

**GRAMPIAN HEALTH BOARD****MATERNITY AND CHILD HEALTH SERVICES UNIT
NEONATAL PAEDIATRICS**

Neonatal Unit, Aberdeen Maternity Hospital
Cornhill Road, Aberdeen, AB9 2ZG.
Telephone 681818 Ext. 52660

PD/KM/925635

Mr and Mrs Lindsay
44 Ugie Road
PETERHEAD

23rd of January, 1991

26/8/90

Dear Mr and Mrs Lindsay

I was disappointed not to see Emma at my Clinic this afternoon (15.1.91). In view of her being on the home monitoring equipment and also having marked gastro-oesophageal reflux, I think that it would be nice if I could review her progress intermittently.

I, therefore, enclose an appointment for Emma at my next Clinic and I look forward to seeing her on that occasion. If this appointment is not convenient, perhaps you could contact my secretary who will be able to make alternative arrangements. Her telephone number is Aberdeen 681818 Ext 52660.

Yours sincerely

Paul Duffty
PAUL DUFFTY
Consultant Paediatrician

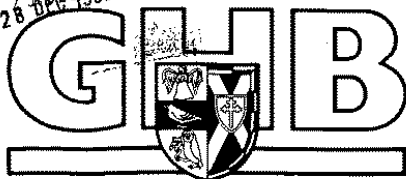
cc Dr Robertson, Health Centre, PETERHEAD. ✓

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AMH113

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LR
BUDGET
28 DEC 1990



GRAMPIAN HEALTH BOARD

MATERNITY AND CHILD HEALTH SERVICES UNIT
NEONATAL PAEDIATRICS

Neonatal Unit, Aberdeen Maternity Hospital
Cornhill Road, Aberdeen, AB9 2ZG.
Telephone 681818 Ext. 52660

PD/KM/925635

Dr Robertson
Health Centre
Forrest Road
PETERHEAD

21st of December, 1990

Dear Dr Robertson

Re: Emma Lindsay (26.8.90) 44 Ugie Road PETERHEAD

Emma was initially admitted to Ward 6 of the Royal Aberdeen Children's Hospital on the 2nd of October, 1990 under Dr Auchterlonie's care following what sounded to be a choking episode. Investigation at that time revealed gross gastro-oesophageal reflux to the hypopharynx and Emma was, therefore, started on Carobel. However, because a [redacted] of Emma's [redacted] who had Down's Syndrome had apparently died at 14 months of age from a Sudden Infant Death Syndrome, I was asked to see Emma to consider the possibility of providing home monitoring for her. I was very happy to provide home monitoring equipment for Emma and [redacted] was, therefore, readmitted for a period of 24 hours in order to be shown how to use the equipment. Emma was discharged home on the 6th of October and was meant to be followed up at my SIDS Clinic but for some reason did not come through for this to be organised prior to her second admission.

Emma was readmitted to Ward 6 of the Royal Aberdeen Children's Hospital on the 12th of December because of lethargy, pyrexia and a poor [redacted]. On admission her temperature was 38.4 °C and she had evidence of a generalised infection probably of viral origin. A full bacteriological screen, including lumbar puncture and a full viral screen were both negative. She was, therefore, observed on the Ward until the 15th of December during which time her temperature gradually settled and her condition improved consistent with a flu-like viral illness. She had been afebrile for 24 hours and was clinically well and feeding well by the time of her discharge home on the 15th of December.

Follow up arrangements have been for my SIDS Clinic for January. In the meantime she should continue on her Carobel and also with the home monitoring equipment.

Yours sincerely


PAUL DUFFTY
Consultant Paediatrician

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AMH113

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Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 23/04/2024
Date Dictated: 16/05/2024
Date Typed: 16/05/2024
Our Ref: KK/SC
Enquiries to
Tel No: 01563 574237
Fax No:

Dear Dr Dunlop

EMMA LINDSAY

**83 KEIR HARDIE HILL, CUMNOCK, AYRSHIRE, KA18
1PR**

CHI No: 2608901301

Emma cancelled her outpatient appointment at Cumnock Health centre on 23rd April 2024.
She is currently on Espranor 16 mgs daily prescribed by Addictions Services.

I will reappoint her in due course.

Yours sincerely

Authorised on 16/05/2024 11:26:33 by Typist Sylvia Corbett, on behalf of Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

www.nhsaaa.net



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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr P Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 22/04/2014
Date Dictated: 22/04/2014
Date Typed: 23/04/2014
Our Ref: KK/IS
Enquiries to Julie Ross-Binning/Angela Whiteford
Tel No: 01563 546632

Dear Dr Dunlop

EMMA LINDSAY
CHI No: 2608901301

BENSTON FARM, NEW CUMNOCK KA18 4QB

Diagnosis:
F11.2 – Opiate Dependence Syndrome, currently on substitute treatment
F60.3 – Emotionally Unstable Personality Disorder

Medication prescribed by Addictions: Methadone 40mls daily

Medication prescribed by GP: Quetiapine 225mg daily (in divided doses)

Recommendations/Plan:

- 1 I will request Key Worker to carry out a drug screen. If this is negative for Benzodiazepine then we may consider increasing her Methadone.
- 2 We briefly discussed her sleep hygiene and I advised her to maintain a sleep routine.

If the above 2 steps do not have an impact on her sleep, then we could consider a one week course of Zopiclone 7.5mg nocte and not to be on repeat prescription.

- 3 We discussed the diagnosis of Emotionally Unstable Personality Disorder and I used the Royal College leaflet for this. I have advised her that the current use of Quetiapine is unlicensed and that there are long-term metabolic side effects. She was keen to continue Quetiapine unchanged.
- 4 Outpatient review in around 4 month's time.

I saw Ms Lindsay in my Addictions Outpatient Clinic at Cumnock Health Centre on 22 April 2014. She tolerates the current dose of Methadone and then admitted to using heroin intermittently. She denied any recent illicit Valium use. She has Hepatitis C, which was diagnosed 2 months ago and is hopeful of getting on to the treatment quite quickly.

www.nhsaaa.net



2

23 April 2014

Dr P Dunlop re: Emma Lindsay 2608901301

In terms of mood symptoms, she stated that she has been having mainly bad days in the last 3 weeks. Before this, there would be good and bad days and she described what appeared to be emotional lability; her symptoms were quite changeable within a few hours. Within the last week, she has been having only bad days. She related this to her [REDACTED] moving away from Cumnock to nearer Kilmarnock. She feels abandoned and stated "she has moved away to stay nearer my [REDACTED] "they are more like a family and I am on my own". She has regular contact with her over the phone but does not want to speak about her feelings in case this would upset her [REDACTED]. She is planning to visit her shortly, once her [REDACTED] decorates the house. On bad days she doesn't look after herself, with low appetite, drinks cans of energy juice and finds it difficult to sleep.

In terms of Quetiapine, she is currently taking this as 25mg in the morning and 200mg nocte. She doesn't think this is working and went on to say that she has a fear of coming off it completely. She then advised me that she stopped taking it for a week and did not notice any change in her symptoms. She sometimes takes higher doses for 3-4 days and none for the rest of the week. She did not describe Parkinsonian type side effects. She stated that she always has mild tremors, which pre-dates any psychotropic use.

She has a history of overdose and the last overdose was approximately 3 years ago. She was pleased to tell me that she has not been self-harming for nearly 2 years but 2 weeks ago cut her arms once. She tells me that it makes her feel better for approximately 10 minutes and then feels worse for causing more scarring to her body. She clearly stated that these are attempts to make her feel better and denied any suicidal intent.

On examination, she was casually dressed and well-kempt. Her affect was reactive. She was alert and oriented. She was euthymic. There was no evidence of psychosis. She denied suicidal or homicidal ideas. She feels abandoned and reported recent thoughts of self-harm and once acted on it 2 weeks ago. She denied ongoing thoughts of self-harm.

In terms of sleep, she sits up until 2am or 3am watching television. She tries to fall asleep on the couch. She does not want to go to her bed as she does not want to disturb her [REDACTED] sleep.

She has pending community services and pending charges for causing fear.

Follow up arrangements are as above.

Yours sincerely

Authorised on 25/04/2014 10:41:50 by Karthik Kessavalou.

Dr K Kessavalou
Locum Consultant Psychiatrist in Addictions

www.nhsaaa.net



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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 05/02/2019
Date Dictated: 12/02/2019
Date Typed: 20/02/2019
Our Ref: KK/KMcA
Enquiries to: Karen McAllister
Tel No: 01563 574237
Fax No: 01563 574238

Dear Dr Dunlop

EMMA LINDSAY

**167 BLAIR AVENUE, HURLFORD, KILMARNOCK,
AYRSHIRE, KA1 5AX**

CHI No: 2608901301

Emma did not attend her outpatient appointment at Cumnock Health Centre on 5th February 2019. This was a joint appointment with her Keyworker, [REDACTED]

Due to recurrent non attendance, I cannot continue her Methadone at the current dose without adequately reviewing her. I will therefore reduce her Methadone from 55mls to 45mls daily from the March prescription run.

I will arrange to see her again in the outpatient clinic in the next six to eight weeks time.

Yours sincerely

Authorised on 13/03/2019 12:54:03 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

[REDACTED]
Rothesay House
1 Greenholm Road
CUMNOCK
KA18 1LH

www.nhsaaa.net



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Mental Health Services

**NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 26/02/2016
Date Dictated: 04/03/2016
Date Typed: 06/04/2016
Our Ref: KK/JRB
Enquiries to: Julie Ross-Binning
Tel No: 01563 546632
Fax No:

Dear Dr Dunlop

EMMA LINDSAY

**40 MCCLYMONT COURT, CUMNOCK, AYRSHIRE,
KA18 1TH**

CHI No: 2608901301

Ms Lindsay did not attend her Addictions out-patient clinic appointment at Cumnock Health Centre on 26 February 2016. She is currently on Methadone 50mls daily supervised.

I will arrange for her to be seen in the out-patient clinic in about eight weeks time.

Yours sincerely

Authorised on 19/04/2016 10:28:05 by Karthik Kessavalou.

**Dr K Kessavalou
Consultant Psychiatrist in Addictions**

Co: Jim King, Charge Nurse, East Community Addiction Team, Bentinck Centre,
East Netherton Street, Kilmarnock, KA1 4AX

www.nhsaaa.net



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NHS Confidential Personal data should be protected

Heathfield Clinic
Heathfield Road
Ayr KA8 9DZ
Tel: 01292 610557 Ext 3504
Fax: 01292 288021
www.show.scot.nhs.uk

NHS
Ayrshire
& Arran

DERMATOLOGY CLINIC - DR C.M.DWYER

CMD/BG/100-717956/CHI-2608901301 Direct Line: 01292 614611

Clinic date: 25/06/2008	Date dictated: 25/06/2008	Date typed: 07/07/2008
-------------------------	---------------------------	------------------------

Dr Dosumu
3 Alloway Place
AYR KA7 2AA

Dear Dr Dosumu

EMMA LINDSAY JELLYSTONE FARM AYR (26/08/1990)

Your patient failed to attend for a review appointment at the skin clinic and did not contact the Appointments Office.

I have not arranged a further appointment.

Yours sincerely


Colin M. Dwyer
Consultant Dermatologist

1 AUG 2008

- ☒ STEVENSON
- ☐ DOSUMU
- ☐ LOCUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT..... ☐
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER..... ☐
- ☐ NURSE APPT
- ☐ HV APPT
- ☒ OTHER

not to patient

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UNIVERSITY HOSPITAL AYR
Medical Imaging Department
Dalmellington Road
AYR

NHS
Ayrshire
& Arran

Dr. T. Fernandez
Tanyard Medical Practise
2 Tanyard

Cumnock
KA18 1BF

Date July 28, 2016
Your Ref
Our Ref 2608901301

Enquiries to
Direct line 01292 610555
Fax
E-mail

Emma Lindsay, 40 McClymont Court, Cumnock, Ayrshire, KA18 1TH,
2608901301

Dear GP Requestor

The above named patient failed to attend the X-ray Department for the undernoted examination:

US Pelvis

The patient has now been removed from our waiting list and no further appointment has been issued.

We will be happy to accept a new referral for this patient should you consider this necessary.

Yours sincerely

X-ray Appointments
Medical Imaging Department

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

17 AUG 2009

**Mental Health Services
Addiction Services
Home Detox Team
Westmount
KA9 1TF
Tel: 01292 473250
Fax: 01292 473258
www.nhs-ayrshire.org**

PERSONAL IN CONFIDENCE

Ms Emma Lindsay
18 Church Court
AYR
KA8 0DB

Date: 13 August 2009
Our Ref: 202979-228995/JM/DD
CHI No: 2608901301

Dear Ms Lindsay

Following your initial letter from our service, I can see you on **Wednesday 19 August 2009 at 11.00am at the North Ayr Health Centre, Glenmuir Place, Whitfletts, Ayr** for assessment. If this is unsuitable please contact the above telephone number.

Should you be suitable for a Home Detox Programme – **PLEASE NOTE** – it is **NOT** routine for the medication part of your detox programme to commence at this appointment, however, the detailed planning of it will be discussed.

If you cannot attend this appointment, it is important you contact the office to inform us, in order the appointment may be re-allocated. Should you fail to attend this appointment, and therefore there is no communication from you within 7 days from the appointment date, then we will assume you no longer wish to use our service.

Yours sincerely

Jamie McCaughie
Charge Nurse
Home Detox Team

CC Dr David Stevenson, Bankfield Practice, 148 Dalmellington Road, Ayr, KA7 3YS
CC [REDACTED] Community Drug Worker, Community Health Addiction Team,
Bentinck Centre, East Netherton Street, Kilmarnock



Awarded for excellence

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MSK DISCHARGE REPORT



Patient Name:	Emma Lindsay
Address:	46 Mayfield Avenue, Hurlford, Kilmarnock, Ayrshire, KA1 5EA
CHI:	2608901301
GP:	Dr B Mohamad Chan
Consultant:	
Referrer Source:	GP
Referral Date:	01/08/2025
Start Date:	18/08/2025
Discharge Date:	14/10/2025
No. of treatments:	1
Discharge Reason:	DNA
Treatment Outcome:	Advice only
Therapist:	■■■■
Location:	NEWMILNS PHYSIOTHERAPY

Dear Dr

Diagnosis: Emma presented to MSK Physio with mechanical low back pain and was given advice and exercises. Emma has since failed to attend for review twice and will be discharged.

Actions for GP/Follow up recommendations: N/A

Referred on to _____ (if applicable)

Yours sincerely,
Authorised on 14/10/2025 15:16:14 by ■■■■
■■■■
14/10/2025

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NHS Confidential: Personal data about a patient

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on
01292-614522, quoting account number 08162-00700

To Dr.: A (GP) DOSUMU
3 ALLOWAY PLACE
AYR
AYRSHIRE
KA7 2AA

EMMA LINDSAY DOB 26/08/90
4E WHITEFAULDS CRESCENT X
T
MAYBOLE;;KA198AY
CHI 2608901301

Your patient attended the Ayr Hospital on 10/06/08
at 21:01.

Triage nurse described problem as:

OD paracetamol

Investigations ordered:

ECG: S/B Dr Williams, paracetamol and salicylate levels; BIOCHEMIS

Procedures

(None Recorded)

Diagnosis

NOTHING ABNORMAL DETECTED

Outcome of attendance was:

OTHER

Nursing remarks were:

S/B Dr Williams, nil to find on exam.

Additional remarks were:

bloods taken, ECG, IV fluids given, discharged home with CPN follow up

Follow up plans were:

MENTAL HEALTH SERVICE

Yours Sincerely,

A&E Department.

☒ STEVENSON
☐ DOSUMU
☐ LOCUM
☒ FILE
☐ NOTES TO.....
☐ APPT
☐ SCRIPT.....☐
☐ PHONE
☐ VISIT
☐ LETTER.....☐
☐ NURSE APPT
☐ HV APPT
☐ OTHER

12 JUN 2008

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NHS Confidential: Personal data about a patient

Notification of Attendance

NHS
**Dumfries &
Galloway**

Accident and Emergency Department

Dr I M Brown
Thornhill Health Centre
Thornhill
Dumfriesshire
DG3 5AA

Date: 02 May 2006
Your Ref:
Our Ref:

Enquiries to: Mr J W Burton
Extension:
Direct Line: 01387

- 2 MAY 2006

Dear Dr Brown

Emma Lyndsay
Woodhead Farm
Penpont
Thornhill
DG3 4BN

CRN 260890M
CHI No. 2608901301

Referred by Walk-in

This patient presented to Accident and Emergency on 28/04/2006 at 14:24

Diagnosis: soft tissue injury left ring finger

Treatment: xrayed-no bony injury
analgesics
review with gp

Referral or Discharge was to GP

Yours sincerely

John W Burton FRCS
Consultant in Accident and Emergency
If further information is required, please telephone 01387 241041

IB		
RD		
FP		
FE		
GPF		
PUS		
ACTON		
EX		
SUMMARY		
PW/MV		

26 MAY 2006

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10-July-2026
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NHS Confidential: Personal data about a patient

Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 12/12/2017
Date Dictated: 14/12/2017
Date Typed: 29/12/2017
Our Ref: KK/KMcA
Enquiries to: Karen McAllister
Tel No: 01563 574237
Fax No: 01563 574238

Dear Dr Dunlop

EMMA LINDSAY

59 MAIN STREET, AUCHINLECK, CUMNOCK,
AYRSHIRE, KA18 2AR

CHI No: 2608901301

Diagnosis:

1. F11.2 Opioid Dependence Syndrome, currently on substitute treatment
2. F60.3 History of Emotionally Unstable Personality Disorder

Psychiatric Medication:

Prescribed by Addiction Services
Methadone 25mls daily supervised

Prescribed by General Practitioner (as per patient)
Quetiapine 200mgs nocte

Recommendations/Plan:

1. I have requested her to attend appointments with her Keyworker regularly and we may look at titrating her dose up if she engages well.
2. Outpatient review in four months time.
3. Keyworker review in the interim.

I reviewed Emma in my outpatient clinic at Cumnock Health Centre on 12th December 2017.

She started off telling me that she stopped injecting Heroin approximately six months back and currently reported smoking Heroin occasionally. She however stated that she uses Benzodiazepines whenever she has money and that she has not used any Benzodiazepines for approximately fifteen days now. She reported not being stable on the current dose of Methadone and complained of withdrawal symptoms.

Continued...

www.nhsaaa.net



NHS Confidential: Personal data about a patient

Page 2

29th December 2017

Dr Dunlop, Re: Emma Lindsay

She was querying about recent reductions in Methadone and it appears that this is related to her not attending her appointments with her Keyworker. I have once again encouraged her to attend all appointments with her Keyworker and the outpatient clinic to help us optimise her treatment. She was keen for an increase in Methadone which I agreed to provide if she gives drug screens which does not show evidence of any Polysubstance abuse.

She continues to take Quetiapine at night time and finds this beneficial. She is keen to continue this.

On examination, she was casually dressed and well kempt. She maintained good eye contact. Her affect was reactive. She was euthymic. She denied any suicidal or homicidal ideas. There was no evidence of psychosis.

Follow up arrangements are as above.

Yours sincerely

Authorised on 16/01/2018 11:18:34 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Peter Wood
NHS Addiction Services
Rothsay House
1 Greenholm Road
CUMNOCK
KA18 1LH

www.nhs.uk



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NHS Confidential: Personal data ■■■ a patient

11 6 SEP 2009

Mental Health Services
Addiction Services
Home Detox Team
Westmount
79 Ayr Road
PRESTWICK, KA9 1TF
Tel: 01292 473250
Fax: ■■■■■■

www.nhs-ayrshire.org

NHS
Ayrshire
& Arran

CLINICAL IN CONFIDENCE

Dr David Stevenson
Bankfield Practice
148 Dalmellington Road
AYR
KA7 3YS

Date: 9 September 2009
Dictated: 26 August 2009
Our Ref:202979/228995/JMcC/LR

Dear Dr Stevenson

EMMA LINDSAY, 18 CHURCH COURT, AYR KA8 0DB
(D.O.B. 26.08.1990) (CHI NO. 2608901301)

Ms Lindsay did not attend her assessment appointment. In view of no communication from her to arrange another appointment I assume she no longer wishes our intervention and have therefore discharged her from our service.

Yours sincerely

J McCaughie
Jamie McCaughie
Charge Nurse
Home Detox Team

Cc ■■■■■■ Community Health Addictions Team, Bentinck Centre,
KILMARNOCK

- ☐ STEVENSON
- ☒ DOSUMU
- ☐ LOCUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT..... ☐
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER ☐
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER



Awarded for excellence

Additional document
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Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Emma Lindsay
46 Mayfield Avenue
Hurlford
Kilmarnock
Ayrshire
KA1 5EA

Clinic Date: 24/01/2025
Date Dictated: 27/01/2025
Date Typed: 27/01/2025
Our Ref: RO'R/SC
Enquiries to
Tel No: 01563 574237
Fax No:

Dear Emma Lindsay

EMMA LINDSAY

**46 MAYFIELD AVENUE, HURLFORD, KILMARNOCK,
AYRSHIRE, KA1 5EA**

CHI No: 2608901301

I am sorry not to have seen you at your recent NHS Addiction Services outpatient clinic appointment on 24th January 2025.

As you are prescribed medication by Addiction Services it is important that I have the opportunity to review you regularly in order to ensure that your prescription arrangements and doses remain safe. Importantly, your attendance at appointments also gives you the chance to discuss your views and take an active part in planning your care and recovery. You will be sent another appointment for the clinic in the near future.

It is very important that you attend your next appointment. Please note that we may have to make changes to your current prescription if you continue to not attend medical outpatient appointments as I cannot safely continue to prescribe at the current dose without seeing you

I look forward to seeing you at your next appointment.

Yours sincerely

Authorised on 01/02/2025 17:35:30 by Rian O'Regan (East).

Dr Rian O'Regan
Consultant in Addictions Psychiatry

Dr G Mulligan
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

www.nhsaaa.net



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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 17/04/2018
Date Dictated: 17/04/2018
Date Typed: 11/05/2018
Our Ref: SO/KMcA
Enquiries to: Karen McAllister
Tel No: 01563 574237
Fax No: 01563 574238

Dear Dr Dunlop

EMMA LINDSAY

59 MAIN STREET, AUCHINLECK, CUMNOCK,
AYRSHIRE, KA18 2AR

CHI No: 2608901301

Diagnosis:

1. F11.2 Opioid Dependence Syndrome, currently on substitute treatment
2. F60.3 History of Emotionally Unstable Personality Disorder

Psychiatric Medication:

Prescribed by Addiction Services
Methadone 25mls daily supervised

Prescribed by General Practitioner (as per patient)
Quetiapine 200mgs nocte

Recommendations/Plan:

1. Emma will attend an appointment with her key worker and undergo a urine drug test. She agreed to see our Blood Borne Virus Nurse for discussion regarding Hepatitis C treatment.
2. OPC 4 months

I met Emma for the first time in the outpatient clinic at Cumnock Health Centre on 17th April 2018 for a review appointment. Dr Kessavalou, Consultant Psychiatrist in Addictions was also present during this consultation.

Emma reported finding her current Methadone dose too low and described withdrawal symptoms including sweating and stomach cramps, particularly at night time. She admitted occasionally taking intravenous Heroin to reduce the withdrawal symptoms. She gets clean needles from a pharmacy. It was discussed with her that her Methadone had been reduced following poor engagement with her Keyworker and also due to recent drug screens showing polysubstance abuse (benzodiazepines, methadone and opiates). She reported being Hepatitis C positive and it was discussed with Emma that she should attend our Blood Borne

www.nhsaaa.net



NHS Confidential: Personal data about a patient

Virus Nurse for a discussion on up to date treatments for which she agreed. In addition to taking Heroin she also admitted smoking a joint of Cannabis occasionally. She denied the use of any alcohol. Emma was encouraged to attend all her appointments to help optimise her treatment. Emma reported stopping illicit Diazepam over one month ago and reported a long term plan to remain abstinent from this. She has noticed an improvement in mood and anxiety symptoms following stopping Diazepam.

On examination, she was casually dressed and well kempt. There was appropriate eye contact and rapport. Her affect was reactive. She had normal, volume, rate and tone of speech. There were no symptoms of psychosis. No formal thought disorder. There were no self harm thoughts. Insight appeared intact.

She reported finding her Quetiapine beneficial. No changes were made to her medication today. She will be reviewed again in around four month's time. In the meantime she has been encouraged to attend appointments with her key worker and provide further urine drug screen samples.

Follow up arrangements are as above.

Yours sincerely

Authorised on 22/05/2018 11:31:11 by Karthik Kessavalou.

Dr Shona Osborne
CT 1 in Psychiatry

Kotnesay House
1 Greenholm Road
CUMNOCK
KA18 1LH

www.nhs.uk



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Mental Health Services
NHS Addiction Services
Westmount
79 Ayr Road
Prestwick
KA9 1TF

www.nhs-ayrshire.org

NHS
Ayrshire
& Arran

Clinical in Confidence

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
AYR KA7 3PR

Date	23 March 2010
Date Dict	19 March 2010
Your Ref	
Our Ref	CARL/VW/061890
Enquiries To	Vivien Williams
Tel	01292 473261
Fax	01292 473258

Dear Dr Dosumu

EMMA LINDSAY, 18 CHURCH COURT, AYR KA8 0DB
D.O.B. 26/08/90 CHI: 2608901301

I saw Emma again in my clinic on 19 March 2010. She is still continuing to use a half bag of Heroin at night to allow her to sleep. I gather there has been some confusion about the prescription of Zopiclone and whether this is appropriate or not. This is a prescription that derives from her contact with the general psychiatric services and she was last seen by Dr Rafiq, as described in his letter of 20 January 2010. In this letter he seems to be validating the Zopiclone prescription at 7.5mg at night and I wonder if it would be possible for you to continue this for the time being. She is saying that one of the reasons for her continued use of a small amount of Heroin is because she is unable to get to sleep and I think this might be useful. In the meantime I have increased her Methadone by a small amount.

She has now agreed to come into Loudoun House but I think it is important her drug use is stabilised before this happens so I will review her again in my clinic in two weeks before making the referral.

Yours sincerely

CARLIND
C A R L I N D
Consultant Psychiatrist



Awarded for excellence

29 MAR 2010

- ☒ STEVENSON
- ☐ DOSUMU
- ☐ LINDSAY
- ☒ FILE
- ☐ NOTES TO
- ☐ APPT
- ☐ SCRIPT
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- ☐ HV APPT
- ☐ OTHER

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**Confidential - Clinical
Information**

Gastroenterology and Hepatology
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE



www.nhsaaa.net

Dr G Mulligan
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Our Ref: IW/CG/
Hospital No:
Ref Date: 11/02/2026
Date Dictated: 11/02/2026
Date Typed: 18/02/2026
Enquiries to: Carole Grant
Direct Line: 01563 825779
Ext. Number: 25779

Dear Dr Mulligan,

EMMA LINDSAY **DOB: 26/08/1990** **CHI No: 2608901301**
46 MAYFIELD AVENUE, HURLFORD, KILMARNOCK, AYRSHIRE, KA1 5EA

This patient had an abdominal ultrasound which showed normal liver with no hepatic lesion and no free fluid which is reassuring.

The patient will be seen in the clinic in due course.

Yours sincerely

Authorised on 20/02/2026 13:21:57 by Iwona Wartelecka.

Iwona Wartelecka
Specialty Doctor in Gastroenterology
GMC: 7026653

Emma Lindsay
46 Mayfield Avenue
Hurlford
Kilmarnock
Ayrshire
KA1 5EA

www.nhsaaa.net



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MENTAL HEALTH SERVICES

NHS Addiction Services
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE



CLINICAL IN CONFIDENCE

Dr P A Dunlop
Tanyard Medical Practice
The Medical Centre
2 Tanyard
CUMNOCK
KA18 1BF

Date Typed: 18.10.2011
Date Dict: 12.10.2011 Time: 12 Noon
Your Ref:
Our Ref: **NB/HM/061890**
Chi. No.

Enquiries to: Ann Broadhurst
Tel. No. 01563 826180
Fax No. 01563 826184

Dear Dr Dunlop

~~EMMA LINDSAY; BENSTON FARM; NEW CUMNOCK; KA18 4QB~~
DOB: 26/08/1990 CHI: 2608901301

The above client failed to attend their appointment with me at my outpatient clinic in the Bentinck Centre on 12th October 2011. A further appointment will be arranged for the client to see me in due course.

Yours sincerely

A handwritten signature in black ink, appearing to read 'N Bajaj'.

Dr N Bajaj
Consultant Psychiatrist
(East)

cc East Ayrshire Community Addiction Team (CAT), Bentinck Centre, East
Netherton Street, Kilmarnock KA1 4AX.

www.nhsayrshireandarran.com



STA 9009

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NHS Confidential: Personal data about a patient

Sci Gateway - Lindsay, Emma, DoB: 26-Aug-1990

Page 1 of 11

12 NOV 2009

Please complete and return this report template electronically by clicking the Reply button at the top of the page.
See Section 7 of the SCI Gateway Sending & Receiving Messages User Guide.

DWP

Department For
Work and Pensions

Disability and Carers Service

Website: www.dwp.gov.uk

Doctor David Stevenson
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

☐ STEVENSON

☒ DUNN

☐ FULFORD

☐ FULFORD

☒ NOTES FOR

☐ APP1

☐ SCRIPT

☐ PHONE

☐ VISIT

☐ LETTER

☐ NURSE APP1

Dear Doctor David Stevenson

☐ HW APP1

☐ OTHER

Factual Report for Disability Living Allowance

I am writing to you about Miss Emma Lindsay, Date of Birth 26/08/1990

Note. If the person has died or recently moved to another area please still complete the report if you can.

Your patient (or person appointed to handle their affairs) has made a claim for Disability Living Allowance. This is a benefit for people with severe disability. Entitlement is based on the amount of personal care or supervision needed or difficulty with getting around as a result of this disability. In order to decide this claim we need further information about their medical condition(s).

We hold your patient's (or a person appointed to handle their affairs) written consent to allow us to approach you for this information.

We would be grateful if you would answer the questions on this factual report based on your knowledge of the patient and their records. A special examination is not required. It would be very helpful in assessing your patient's benefit claim if you could reply within 10 working days. You may make a claim for a fee of £33.50 with your report.

The person making the claim may, at any stage, request a copy of this report to be sent to them. If there is any information you think would be harmful to their health, for example an adverse diagnosis or prognosis unknown to them, please provide details on the appropriate section of the report, marked "Harmful Information".

Please include in your report any relevant information contained in letters or reports from hospitals or consultants. If you think it is essential to send us originals or any copies of any letters from consultants, please obtain the author's consent for the correspondence to be used in connection with your patient's claim.

To ensure compliance with 'Rehabilitation of Offenders Act 1974', your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to the customer's condition or disability. This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to read it before it is returned.

<https://www.scigw.scot.nhs.uk/web.message/letter.aspx>

12/11/2009

NHS Confidential: Personal data about a patient

Sci Gateway - Lindsay, Emma, DoB: 26-Aug-1990

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The Disability Living Allowance and Attendance Allowance Helpline is set up to answer enquiries. Please get in touch with them if you want to ask about anything in this letter. To make sure you receive a good standard of service from the Disability Living Allowance and Attendance Allowance Helpline, our Managers may monitor or record telephone calls without warning.

Thank you for your help.

Yours sincerely

Scott Lees

On behalf of the Department for Work and Pensions

THIRD PARTY COPY

<https://www.scigw.scot.nhs.uk/web/message/letter.aspx>

12/11/2009

NHS Confidential: Personal data about a patient

Sci Gateway - Lindsay, Emma, DoB: 26-Aug-1990

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Customer's Details**Full Name** Miss Emma Lindsay**Date of Birth** 26/08/1990**Address** 18 Church Court
Ayr
KA8 0DB**Information from your patient's claim shows that they have the following medical condition/disabilities.**

1. Asthma
2. Bipolar Disorder
3. Panic Attacks

For the attention of the General Practitioner**In the section headed YOUR REPORT please consider and comment in your response on the following:**

Please comment on the severity of the asthma and its response to treatment including use of oral steroids, hospital admissions and peak flow

Please describe your patient's present mental state including details, where relevant, of confusion, memory loss, impaired judgement, self neglect, history of self harm and dangerous behaviour. Please include details of any fluctuations or relapses of the condition.

<https://www.scigw.scot.nhs.uk/web/message/letter.aspx>

12/11/2009

NHS Confidential: Personal data about a patient

Sci Gateway - Lindsay, Emma, DoB: 26-Aug-1990

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Your Report

Please complete and return this report template electronically by clicking the Reply button at the top of the page.
See Section 7 of the SCI Gateway Sending & Receiving Messages User Guide.

Date when patient last seen: 21/10/09

1. Diagnosis of the disabling conditions (do not include minor transient conditions)

* Bipolar disorder
 * Personality disorder
 * Asthma - well controlled at present

2. Please give brief details of the condition(s) stating whether they are mild, moderate, or severe, in your answer. Include details of any relevant special investigations

Severe - Requires constant input from Community Health Team

3. Day to day variation in the condition(s) (if any) including frequency and duration of exacerbations

unable to predict if exacerbation

<https://www.scigw.scot.nhs.uk/web/message/letter.aspx>

12/11/2009

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Sci Gateway - Lindsay, Emma, DoB: 26-Aug-1990

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Sci Gateway - Lindsay, Emma, DoB: 26-Aug-1990

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4. Relevant clinical findings - for example, visual acuities, hearing, auscultatory finding, peak flow, range of joint movement, muscle wasting, SLR, reflexes, extent of breathlessness

5. Treatment - Current treatment including medication and dosage, response to treatment including control of condition and prognosis

Fluticasone 400mg daily
Salmeterol } inhalers
Clenil Modulite

6. Please give details, IF KNOWN, of the effects of the disabling condition(s) on day to day life
- a. Self care - for example, washing, dressing, feeding, using the toilet, continence, and ability to rise from the chair

- b. Insight and awareness of danger

- c. Ability to get around including pain, gait, balance, breathlessness and visual loss

<https://www.scigw.scot.nhs.uk/web/message/letter.aspx>

12/11/2009

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Sci Gateway - Lindsay, Emma, DoB: 26-Aug-1990

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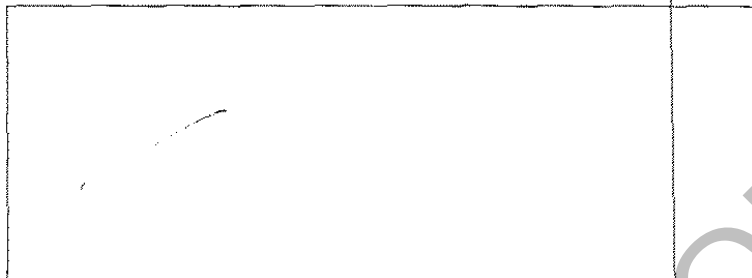
12/11/2009

NHS Confidential: Personal data about a patient

Sci Gateway - Lindsay, Emma, DoB: 26-Aug-1990

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7. Please add any further details you think would be helpful to the Department when deciding on this claim



Thank You

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

Is this patient known to you?

☒ YES

Do you attest to the accuracy of this report?

☒ YES

Name:

ALISHA DUSUMU

Date sent:

24/11/09

<https://www.scigw.scot.nhs.uk/web/message/letter.aspx>

12/11/2009

NHS Confidential: Personal data about a patient

Sci Gateway - Lindsay, Emma, DoB: 26-Aug-1990

Page 9 of 11

Harmful Information – do not copy

We may have to send a copy of the report to your patient. Certain information may be withheld if it appears to the Decision Maker or Appeal Tribunal that its disclosure would be **harmful to your patient's health**. An example of what may be harmful information is a diagnosis or prognosis that is **not** known to your patient, such as malignancy, progressive neurological conditions or **major** mental illness.

Please note that we cannot withhold information on any other grounds. For example, information relating to comments or remarks likely to cause embarrassment to the customer, carer, the author or a professional colleague.

Please only write about harmful information on this page.

<https://www.scigw.scot.nhs.uk/web/message/letter.aspx>

12/11/2009

NHS Confidential: Personal data about a patient

Sci Gateway - Lindsay, Emma, DoB: 26-Aug-1990

Page 10 of 11

Claim for a Medical Report Fee**A About the person with the illness or disability**

Name

Miss Emma Lindsay

National Insurance Number

JM352553B

Date of Birth

26/08/1990

B Declaration**B1 Is this your first claim?****B2 Payee Reference Number****B3 GMC Number****B4 Are you claiming a fee for this report?****Are you registered for VAT?**

VAT Number

B5 Your Name**B6 Contact Name**

Phone Number

B7 Do you want to change your existing payment details?**C Telling us about your details****C1 Notification/Changes to your Remittance Advice address****C2 Notification/Changes to your payment details**

Name of bank/building society

Branch name

Account name

Bank Sort Code number

Account number

Roll number

D FOR OFFICIAL DWP USE ONLY**D1 Authorisation of fees** (complete all unshaded boxes)

The claim has been examined. Payment of £33.50 is approved.

D2 Charge to: BU C/C 118251 A/C code **D3 Signature** **Date** / /

Authorisation Stamp

Office address stamp/"examined" stamp

<https://www.scigw.scot.nhs.uk/web-message/letter.aspx>

2/11/2009

NHS Confidential: Personal data about a patient

Sci Gateway - Lindsay, Emma, DoB: 26-Aug-1990

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Dr David Taylor
Dr Joe Reid
Dr Susan Taylor
Dr Robin Park
Dr Guy Beaumont
Dr Rob Walter
Dr Phyllis Halliday

17528
DR BROWN
THORNHILL PRACTICE
THORNHILL.

99 George Street
Dumfries
Scotland
DG1 1DS

Tel: 01387 253333
Fax: 01387 253301

CONFIDENTIAL HEALTH QUESTIONNAIRE FOR NEW PATIENTS

Date and Time of Appointment:

Name <u>Emma LINDSAY</u>	Telephone Contacts
Address <u>Stud farm cottage - Terregles</u> <u>Dumfries</u>	Home
Postcode <u>DG2 9RT</u>	
Date of Birth <u>26.8.90</u>	Ethnic Origin
Occupation <u>Student</u>	<u>White UK</u>
Marital Status: <u>Single</u> /Married/Cohabiting/Separated/Divorced/Widowed	Are you a carer? Yes/ <u>No</u>
Medical History	
Please detail any Serious or Chronic illnesses, operations or disabilities (including dates as appropriate)	
<u>N/A</u>	
Do you have any illnesses at the moment?	
<u>N/A</u>	
Are you awaiting/undergoing any hospital treatment?	
Please indicate where and for what condition	
Please list any tablets, capsules or other medications you take:	
<u>The pill</u> <u>Inhalers</u> <u>Diplobas</u>	
Are you allergic to anything?	
Please indicate reaction. <u>N/A</u>	

CONFIDENTIAL HEALTH QUESTIONNAIRE FOR NEW PATIENTS

Page 1

Please turn over

NHS Confidential: Personal data about a patient

DR BROWN, THORNHILL

Family Medical History	
Have any of your close relatives (parents, brothers, sisters) suffered from any significant medical Condition?	
Please detail	heart disease diabetes cancer asthma
e.g. heart disease, stroke, diabetes, asthma, chronic airways disease, cancer	
Lifestyle	
Do you smoke?	☒ N
Have you ever smoked?	☒ N
Do you drink alcohol?	☒ N
Do you take exercise?	☒ N
Do you take any other drugs?	☒ Y
What do you weigh?	How tall are you?
	20 — occasionally Type and frequency Type 5'10
Vaccinations	
Have all your routine childhood immunisations been completed?	
Have you had a full course of tetanus vaccinations?	
When was your last booster?	
Have you been immunised against anything else?	
NO	
Women Only	
Have you ever been pregnant?	
How many pregnancies have you had?	
Have any ended in miscarriage, stillbirth, difficult delivery or Caesarean section?	
Are you taking the oral contraceptive pill or using the "depo" Injection at present?	
Which one?	
Loestrin	
When and where did you last have a cervical smear?	
Not had one	
Was this normal/abnormal?	
Have you ever had a mammogram?	
When?	
Have you had a hysterectomy?	
Are you taking HRT (hormone replacement)?	
Which one?	
It is important that this form is brought with you when you come for your registration appointment.	
Please cancel your appointment as soon as possible if it is unsuitable.	

Page 2

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NHS Confidential: Personal data about a patient

Dr D Chung Dr J Gordon Dr M Draegebo Dr J Mulligan
Dr J Mardon Mr J Stevenson Dr C McGuffie Dr Y Moulds Dr L Black

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577757/8
Fax: 01563 572009

Dr. KJ LOWRY
TANYARD MEDICAL PRACTICE
THE HEALTH CENTRE
2 TANYARD
CUMNOCK
KA18 1BF

Emma Lindsay

40 MCCLYMONT COURT
CUMNOCK, KA18 1TH

DOB: 26/08/1990
A/E No: XH-15-018736
CHI No: 2608901301

Date and Time of Attendance: 03 Apr 2015 00:09
Total A&E Attendances = 16, attendances in last year = 0

Diagnosis Burn + Blister, Thumb, Left

Treatment Burn Dressing

Drugs:

Investigations

Follow up: Discharge, follow up arranged
Private Agency / Organisation
Usual place of residence

Additional Information: Patient with self inflicted burn to thumb, dressed and follow up arranged

David Chung
ED Consultant

If you have any queries about this patient, please contact one of the staff at the above number.

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NHS Confidential: Personal data about a patient

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Registration Details - Patient No: 21937

Personal details...		Address details...	
Sex	F	House Name Flat No	
Surname	Lindsay	No and Street	14e Witchhill Place
Previous Surname		Village	
Forenames	Emma L	Town	Kilmarnock
Calling Name	Emma	County	Ayrshire
Date of birth	26/08/1990	Post Code	KA3 1JQ
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		
HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Home Tel No	
Registered GP	Dr Karen Lowry	Work Tel No	
Usual GP	Dr Karen Lowry	Mobile Tel No	
NHS Number		E Mail Address	
Residential Inst			
Branch Surgery	Tanyard Medical Practice (17305)		
CHI Number	2608901301		
Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	
Further information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	20/02/2012		
AMS/CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
CMS Status	Not Registered		
Pharmacy Details			
Compliance Check	Yes		

Medical Record

Problems

Active Problems		Authorised By	Code
26/08/1996	Gastro-oesophageal reflux	Ms Mitchell	J10y4-2
10/10/2000	Personality disorders Personality development disorder.	Ms Mitchell	E21
10/10/2000	[X]Attention deficit hyperactivity disorder	Ms Mitchell	Eu900-1
30/06/2007	Amphetamine or psychostimulant dependence, unspecified	Ms Mitchell	E2440
30/06/2007	[X]Paranoia	Ms Mitchell	Eu220-5
30/06/2007	Anxiety states	Ms Mitchell	E200
15/08/2007	Nondependent alcohol abuse	Ms Mitchell	E250
15/09/2007	Ecstasy type drug dependence	Ms Mitchell	E24A
15/09/2007	Heroin dependence	Ms Mitchell	E24D-1
05/03/2008	Psoriasis and similar disorders	Ms Mitchell	M16
10/06/2008	[X]Depressive episode	Ms Mitchell	Eu32
16/10/2008	Benzodiazepine dependence	Ms Mitchell	E241-3
Past Problems		Authorised By	Code

Medical Record Printout - Patient No: 21937

05/03/2012

NHS Confidential: Personal data about a patient

Page 2 of 5

20/05/1993	Otitis media NOS	Ms Mitchell	F52z
06/06/1997	[V]Behavioural problems	Ms Mitchell	ZV40-1
28/04/2006	Superficial of injury finger(s) Soft tissue injury to left ring finger.	Ms Mitchell	SD5
01/07/2006	Overdose of drug Overdose of Paracetamol.	Ms Mitchell	SL-5
30/06/2007	Visual hallucinations	Ms Mitchell	F481K
10/06/2008	Overdose of drug Paracetamol.	Ms Mitchell	SL-5
10/06/2008	Intoxication - alcohol	Ms Mitchell	E25D-4
18/10/2008	Overdose of drug Seroquel and Chlordiazepoxide.	Ms Mitchell	SL-5
23/02/2009	[X]Bipolar affective disorder, unspecified	Ms Waddell	Eu31z
03/01/2010	Urinary tract infection, site not specified	Ms Mitchell	K19D
10/01/2010	Suicidal	Ms Mitchell	1B19
14/07/2010	[D]Pyrexia of unknown origin	Ms Mitchell	R006
15/07/2010	Headache	Ms Mitchell	1B1G
21/08/2010	Overdose of drug Overdose of opiates, Diazepam and Quetiapine.	Ms Mitchell	SL-5
31/08/2010	Lump in breast (Left)	Ms Mitchell	K3171
11/02/2011	[X]Bipolar affective disorder, unspecified	Ms Waddell	Eu31z

Health Admin Problems	Authorised By	Code
21/07/2006 Plain X-ray hand (Right)	Ms Mitchell	529
15/07/2010 ECG	Ms Mitchell	32-2
15/07/2010 Standard chest X-ray	Ms Mitchell	536
15/07/2010 Diagnostic lumbar puncture	Ms Mitchell	7047-1
15/07/2010 CAT scan - brain	Ms Mitchell	5675

Values	Last Entry	Normal Range Indicator	Normal Range
11/02/2011	Free T4 level 12.9 pmol/l	.....	13-30
11/02/2011	Serum TSH level 0.58 mU/l	.....	
11/02/2011	Full blood count - FBC	.....	
11/02/2011	Blood urea 3.8 mmol/l	.....	
11/02/2011	Serum creatinine 59 umol/L	.....	
11/02/2011	Serum sodium 140 mmol/l	.....	135-146
11/02/2011	Serum potassium 4.2 mmol/l	.....	3.5-5
11/02/2011	Serum chloride 105 mmol/l	.....	100-106
11/02/2011	Liver function test	.....	
11/02/2011	Serum total bilirubin level 9 umol/l	.....	
11/02/2011	Serum alkaline phosphatase 88 U/l	.....	
11/02/2011	AST serum level 24 IU/L	.....	
11/02/2011	ALT/SGPT serum level 39 U/l	.....	5-40
11/02/2011	Serum total protein 74 g/L	.....	
11/02/2011	Serum albumin 44 g/L	.....	34-48
11/02/2011	Serum globulin 30 g/L	.....	
11/02/2011	Serum bicarbonate 26 mmol/l	.....	22-30
11/02/2011	Blood pressure reading 120/75 mm Hg	.....	
11/02/2011	O/E - height 175 cm	.....	10-250
11/02/2011	O/E - weight 70 Kg	.....	
11/02/2011	Body Mass Index 22.89	.....	20-25
08/10/2010	O/E - blood pressure reading	.....	
15/07/2010	Standard chest X-ray	.....	
15/07/2010	CAT scan - brain	.....	
21/07/2006	Plain X-ray hand	.....	

Due Diary Entries	Authorised By	Code
20/06/2005 Influenza vaccination	Dr Lowry	65E..

Overdue Diary Entries	Authorised By	Code
01/10/2011 Primary care mental health review OVERDUE	Ms Hume	EMISQPR7
08/10/2011 O/E - blood pressure reading OVERDUE	Ms Waddell	246
08/10/2011 Health ed. - smoking OVERDUE	Ms Waddell	6791.
04/11/2011 Medication review OVERDUE	Dr Church	BB314

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code

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05/03/2012

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None

Family History	Authorised By	Code
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None

Referrals	Authorised By	Code
21/10/2009	Child and adolescent psychiatry referral Seafeld Base	Ms Mitchell EMISSPR711

Immunisations	Authorised By	Code
None		

Health Status

11/02/2011	Height 178 cm
11/02/2011	Weight 70 Kg
11/02/2011	Body Mass Index 22.09 kg/m ²
11/02/2011	Blood pressure reading 120/78 mm Hg
08/10/2010	Blood pressure reading O/E - blood pressure reading
08/10/2010	Smoking Status Current smoker

Other Observations	Authorised By	Code
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23/09/2008	Death of [REDACTED]	Ms Mitchell 13M8
18/10/2008	Death of [REDACTED]	Ms Mitchell 13M7
07/11/2008	MED3 issued to patient	Ms Mitchell 9D11
01/12/2008	MED3 issued to patient Mental health issues - two months.	Ms Mitchell 9D11
19/01/2009	MED3 issued to patient Mental health issues - six months.	Ms Mitchell 9D11
20/07/2009	MED3 issued to patient Mental health issues - indefinite.	Ms Mitchell 9D11
02/10/2010	Primary care mental health review	Ms Hume EMISQPR7
07/10/2010	Scottish - ethnic category 2001 census	Ms Mitchell 9D21
08/10/2010	Lifestyle counselling	Ms Waddell 67H
08/10/2010	Health ed. - smoking	Ms Waddell 6791
08/10/2010	Smoking cessation advice	Ms Waddell 8CAL
08/10/2010	Current smoker	Ms Waddell 137R
14/10/2010	[X]Bipolar affective disorder, unspecified (REVIEW)	Dr Geddes Eu31z
25/10/2010	MH monitoring first letter \\\B0171\PCSNetworkShare\B0171\letters\MH9 INVITE_25102010104856180.doc	Ms Malone 9C00
04/11/2010	Medication review done	Dr Church BR3V
20/12/2010	MH monitoring second letter \\\B0171\PCSNetworkShare\B0171\letters\MH9 INVITE_20122010094945989.doc	Ms Hume 9C01
20/12/2010	MH monitoring second letter \\\B0171\PCSNetworkShare\B0171\letters\MH9 INVITE_20122010094945989.doc	Ms Hume 9C01
30/12/2010	Notes summary on computer	Ms Mitchell 9344
18/01/2011	MH monitoring third letter \\\B0171\PCSNetworkShare\B0171\letters\MH9 INVITE_18012011085533185.doc	Ms Hume 9C02
22/01/2011	Total notes on computer	Ms Mitchell 9346
22/01/2011	Notes summary on computer	Ms Mitchell 9344
11/02/2011	White British - ethnic category 2001 census	Ms Waddell 9000
11/02/2011	Psychiatry care plan	Ms Waddell BCM2
11/02/2011	Mental health personal health plan	Ms Waddell BCR7
11/02/2011	Mental health review	Ms Waddell 6A6
08/06/2011	[X]Bipolar affective disorder, unspecified (REVIEW)	Dr Dunlop Eu31z
17/06/2011	[X]Bipolar affective disorder, unspecified (REVIEW)	Dr Dunlop Eu31z
26/06/2011	Cervical smear defaulter Exclusion From SCRS Until 26/09/2013. Reason: Defaulter	Ms Mitchell 9C0S
21/07/2011	Heroin dependence (REVIEW)	Dr Quinn E240-1

Consultations

08/10/2010 11:06	Ms Linda Waddell at Tanyard Medical Practice
History	NPM came from ayr now living with [REDACTED] recovering drug addict states suffers from bi polar disorder also on methadone 70ml per day from turning point and states on quetiapine 600mg daily. zimovane 5mg note though has no repeat or boxes states will hand in boxes to be added also being seen by psychiatrist at present
11/10/2010 12:01	Ms L Waddell at Tanyard Medical Practice
History	requiring meds has handed in box taking 2 tabs at night and 1 tab in am d/w dr lowry who advised acute script till med records received
Problem (FIRST)	[X]Bipolar affective disorder, unspecified
Medication	Quetiapine Fumarate Tablets 200 mg 42 tablet TAKE ONE TABLET EVERY MORNING AND 2 TABLETS AT NIGHT

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14/10/2010 08:40	Ms L Waddell at Tanyard Medical Practice
History	request script other meds advised requires gp appt re test d/w dr lowry has no meds left
14/10/2010 10:27	Dr Jacqueline Geddes at Tanyard Medical Practice
Problem (REVIEW)	[X]Bipolar affective disorder, unspecified
History	Transferred from Ayr (Bankfield Medical Practice). Phoned Fiona Haggro practice manager to check meds and dose. As below. Was on a daily dispense due to previous OD but back at home now, family support and Mum will dispense meds.
Medication	Zopiclone Tablets 7.5 mg 28 TABLET ONE TABLET DAILY Quetiapine Fumarate Tablets 200 mg 112 TABLET 1 TAB AFTERNOON 1 TAB AT NIGHT
25/10/2010	Ms Jane Malone at Tanyard Medical Practice (17305)
Additional	MH monitoring first letter V80171PCSWNetworkShare\80171\Letters\MH9 INVITE_25102010104658180.doc
20/12/2010	Ms Becky Hume at Tanyard Medical Practice (17305)
Additional	MH monitoring second letter V80171PCSWNetworkShare\80171\Letters\MH9 INVITE_20122010094945989.doc
20/12/2010	Ms Becky Hume at Tanyard Medical Practice (17305)
Additional	MH monitoring second letter V80171PCSWNetworkShare\80171\Letters\MH9 INVITE_20122010094945989.doc
18/01/2011	Ms Becky Hume at Tanyard Medical Practice (17305)
Additional	MH monitoring third letter V80171PCSWNetworkShare\80171\Letters\MH9 INVITE_18012011085533195.doc
11/02/2011 12:06	Ms Linda Waddell at Tanyard Medical Practice
Problem (NEW)	[X]Bipolar affective disorder, unspecified
Comment	mental health rev bloods obtained care plan documented
06/06/2011 12:09	Dr Paul Dunlop at Tanyard Medical Practice
Problem (REVIEW)	[X]Bipolar affective disorder, unspecified
History	potential for jury seflection, needs "soul and conscience" letter- given mental health and drug use seems reasonable. Will collect later this week.
06/06/2011 19:04	Dr Paul Dunlop at Data Entry
History	"soul and conscience" letter being done.
17/06/2011 10:54	Dr Paul Dunlop at Telephone Consultation
Problem (REVIEW)	[X]Bipolar affective disorder, unspecified
History	meds altered as per Psyche letter. Chemist informed.
Medication	Quetiapine Fumarate Tablets 25 mg 120 tablet TWO TABS IN THE MORNING
21/07/2011	Dr Christopher Quinn at Tanyard Medical Practice
Problem (REVIEW)	Heroin dependence
History	looking for increas ein sleeping tablet as less sleep when coming down on methadone. explained dependance issues and substitution and previous dependance problems. I would prefer her to get off sleepers so will issue 3.75 tabs x 28 but to last the month however she uses them.
Medication	Zopiclone Tablets 3.75 mg 28 tablet ONE OR TWO TABLET DAILY
18/08/2011 10:58	Ms Kirsty Harrison at Tanyard Medical Practice
Comment	patient wishes her med's changed from weekly to monthly dispense as going to uni. discussed with on call gp (PC) who has declined this request for now. on methadone prescription so will still need to attend chemist for this. even if staying away if able to collect monthly script could collect & take to local pharmacy or re-register near where she will be living.
20/08/2011 19:33	Ms Marie Chalmers at Tanyard Medical Practice
Comment	tried several times phone just cuts off
29/09/2011 13:46	Ms Marie Chalmers at Tanyard Medical Practice
Comment	presented at the desk stating that she has to get app within 2 days was at x-house they advised to see gp to be ref gynae . repeated ly being kick in abdo ? attempted rape
29/09/2011 13:50	Ms Marie Chalmers at Tanyard Medical Practice
Comment	at present still bleeding but when asked about the attempted rape she is already getting counselling etc she just need app with gp re wants ref
14/02/2012 15:09	Ms L Waddell at Telephone Consultation
History	spoke to [REDACTED] on phone states no longer lives in area has been living in witchhill pl . kilmarnock since last sept apparently back on drugs . been in trouble with police re drug addiction and intent to sell

Medication

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Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
17/08/2011	Quetiapine Fumarate Tablets 25 mg TWO TABS IN THE MORNING 120 tablet	27/09/2011P	Dr Paul Dunlop	REPEAT
14/10/2010	Zopiclone Tablets 7.5 mg ONE TABLET DAILY 28 TABLET	27/09/2011P	Dr Paul Dunlop	REPEAT
14/10/2010	Quetiapine Fumarate Tablets 200 mg 1 TAB AFTERNOON 1 TAB AT NIGHT 112 TABLET	27/09/2011P	Dr Paul Dunlop	REPEAT

Past				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
21/07/2011	Zopiclone Tablets 3.75 mg ONE OR TWO TABLET DAILY 28 tablet	21/07/2011P	Dr Christopher Quinn	ACUTE
11/10/2010	Quetiapine Fumarate Tablets 200 mg TAKE ONE TABLET EVERY MORNING AND 2 TABLETS AT NIGHT 42 tablet	11/10/2010P	Dr Karen Lowry	ACUTE
16/05/2011	Quetiapine Fumarate Tablets 150 mg ONE TO BE TAKEN EACH MORNING 28 tablet	07/06/2011P	Dr Rosalind Lockens	REPEAT

Medical Record Printout - Patient No: 21937

05/03/2012

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr PA Dunlop
 Tanyard Medical Practice
 The Health Centre
 2 Tanyard
 Cumnock
 KA18 1BF

Clinic Date: 25/04/2017
 Date Dictated: 26/06/2017
 Date Typed: 26/06/2017
 Our Ref: KK/JRB
 Enquiries to: Julie Ross-Binning
 Tel No: 01563 546632
 Fax No:

Dear Dr Dunlop

EMMA LINDSAY

59 MAIN STREET, AUCHINLECK, CUMNOCK,
AYRSHIRE, KA18 2AR

CHI No: 2608901301

Diagnosis: **F11.2 – Opioid Dependence Syndrome, initiated on Substitute Treatment**
F60.3 – Emotionally Unstable Personality Disorder

Psychiatric Medication: **Prescribed by Addiction Services**
Initiated on Methadone 30mls daily supervised on 25 April 2017

Prescribed by General Practitioner (as per patient)
Quetiapine 200mg nocte
Buspirone 10mg three times daily (she says she stopped taking Buspirone approximately two months back) – GP to kindly stop this.

Recommendations/Plan:

- 1) **Methadone initiation as above.**
- 2) **Out-patient review in three months time.**
- 3) **Key Worker review in the interim for titration purposes.**

I saw Emma in my out-patient clinic at Ailsa Hospital on 25 April 2017. Please accept my apologies for the delay in sending this letter to you.

As you are probably aware, she has a long history of Opioid Dependence and was previously on Methadone substitute treatment. This was discontinued in December 2016 due to non-engagement. She said to me today that she relapsed into using Heroin during reductions in her Methadone last year. Since then she referred herself back to the service and has been engaging well with her Key Worker. She said that she has not used Valium for a few months now. She has been buying illicit Methadone and was taking up to 15mls/20mls of Methadone and was using Heroin on top of it up to a half gram a day. If she takes more Methadone, she then does not need to use any Heroin. She continues to fulfil the criteria for the diagnosis of Opioid Dependence. She is keen to stabilise on Methadone again and wants to access Hepatitis C treatment.

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26 June 2017

Dr PA Dunlop, Re: EMMA LINDSAY

She continues to take Quetiapine as prescribed and I asked for her understanding of why she is taking Quetiapine. She stated that her mental health problems started when she was around fifteen years old and initially claimed she was diagnosed with Bipolar Disorder. I then advised her that on looking through her notes she has previously been explained that her working diagnosis is more of an Emotionally Unstable Personality Disorder and she was able to recollect the discussion. She is fully aware that the use of Quetiapine for personality disorder is unlicensed use but is keen to continue this unchanged. She has once again been made aware of metabolic side effects and the requirement for Blood Glucose, Cholesterol and BM monitoring on a yearly basis.

She currently lives on her own, has a [REDACTED] who is in prison. Her [REDACTED] is due to be out of prison in four weeks time and she is keen to stabilise on Methadone prior to this.

On mental state examination, she was casually dressed and well kempt. She maintained good eye contact. Her affect was reactive. She was euthymic. She denied any suicidal or homicidal ideas. There was no evidence of psychosis.

I discussed the treatment options available in Ayrshire for Opioid dependence and she was keen to go back on Methadone substitute treatment at this stage. She is currently not driving and does not have a driving licence.

She will be seen weekly by her Key Worker for titration purposes. Other follow-up arrangements are as above.

Yours sincerely

Authorised on 30/06/2017 17:56:03 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Cc: Peter Wood
NHS Addiction Services
Rothesay House
1 Greenholm Road
CUMNOCK
KA18 1LH

www.nhs.uk



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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr PA Dunlop
 Tanyard Medical Practice
 The Health Centre
 2 Tanyard
 Cumnock
 KA18 1BF

Clinic Date: 29/08/2017
 Date Dictated: 05/09/2017
 Date Typed: 13/09/2017
 Our Ref: KK/KMcA
 Enquiries to: Karen McAllister
 Tel No: 01563 574237
 Fax No: 01563 574238

Dear Dr Dunlop

EMMA LINDSAY

59 MAIN STREET, AUCHINLECK, CUMNOCK,
AYRSHIRE, KA18 2AR

CHI No: [REDACTED]

Diagnosis:

1. F11.2 Opioid Dependence Syndrome, currently on substitute treatment
2. F60.3 History of Emotionally Unstable Personality Disorder

Psychiatric Medication:

Prescribed by Addiction Services
 Methadone 30mls daily

Prescribed by General Practitioner (as per patient)
 Quetiapine 200mgs nocte

Recommendations/Plan:

1. I will request her Keyworker to drug screen her and if required we will increase her Methadone to 40mls daily.
2. Outpatient review in three months time.
3. Keyworker review in the interim.

I reviewed Emma in my outpatient clinic at Cumnock Health Centre on 29th August 2017.

She was apologetic for previous non attendance and advised me that it has been a challenging few months for her. Her partner is in prison and is remanded until trial. There is an ongoing court case regarding charges for assault and robbery. She is on high court bail and due to appear back in court on 13th September 2017. She unfortunately miscarried (eight weeks gestation) approximately a month back. She has also been struggling with reductions in Methadone and has been using Heroin for approximately six weeks now.

Continued...

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13th September 2017

Dr Dunlop, Re: Emma Lindsay

She was keen for an increase in Methadone which I agreed to provide if her drug screens do not show evidence of any other illicit drug use.

She continues to take Quetiapine at night time which helps her sleep and calms her down. She then stated that since she went on Quetiapine she has not harmed herself as frequently as she used to do and the severity of self harm is far less. She has been on Quetiapine for nine years and does not recall any significant self harm during this period. She also stated that she has not had any more suicidal thoughts.

On examination, she was casually dressed and well kempt. She maintained good eye contact. Her affect was reactive. She was euthymic. She denied any suicidal or homicidal ideas. There was no evidence of psychosis.

Follow up arrangements are as above.

Yours sincerely

Authorised on 19/09/2017 11:53:57 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Peter Wood
NHS Addiction Services
Rothsay House
1 Greenholm Road
CUMNOCK
KA18 1LH

www.nhs.uk



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Ayrshire & Arran Acute Hospitals NHS Trust

Area Laboratory

Microbiology

LINDSAY,EMMA
4E WHITEFAULDS CRESCENT

CHI No: 2608901301
Unit No:

Clinician: Unknown Clinician
Request Location: Ayr Hosp A&E Dept./Observation Ward

MAYBOLE

DOB: 26/08/1990
Sex: F

KA19 8AY

This report to Unknown Clinician Ayr Hosp A&E Dept./Observation Ward

A/E 9/12

Microscopy

White blood cells
Red blood cells
Epithelial cells

11 /uL (normal range 0-41)
830 /uL (normal range 0-45)
7 /uL (normal range 0-55)

Comment

Automated urine analysis for white cells and bacteria indicates no evidence of urinary tract infection.
This sample has not been cultured.

Dr Dosumu
Kuncaidston

copy to GP
12/12/08

LabNo 08M200832
Printed 10/12/08 18:01

Date coll 09/12/08
Sample: Urine

Authorised by Dr Gordon Downie
Page 1 of 1

If you have received this report in error, please return to the Microbiology Laboratory

14 DEC 2008

18 DEC 2008

- ☐ STEVENSON
- ☒ DOSUMU
- ☐ LOCUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT..... ☐
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER..... ☐
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

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05/11/2008 11:20 +44292263322

3 ALLOWAY PLACE SURG

PAGE 01/01

MENTAL HEALTH SERVICES

South Kyle & Carrick CMHT
'Seafield' Base
Doonfoot Road
AYR
KA7 4BW
www.nhs-ayrshire.org

NHS
Ayrshire
& Arran

0 0 11 2008

Clinical In Confidence

Dr A Dosumu
Surgery
3 Alloway Place
AYR
KA7 2AQ

Date Typed: 30th October 2008
Date Dictated: 29th October 2008

Our Ref: T/J/CG/081370

Enquiries to: Claire Gowans
Direct Line: 01292 614982

Fax No: 01292 619711
Email: [REDACTED]

Dear Dr Dosumu,

RE: EMMA LINDSAY, 4E WHITEFAULDS AVENUE, MAYBOLE (26.08.99)
CHI: 2608901301

I reviewed Emma at outpatient clinic on the 29th October 2008.

Her review followed her [REDACTED] death from advanced breast cancer. Emma is finding this difficult to deal with as her [REDACTED] death has made her aware of her terminal condition. In response to her grief Emma has been using alcohol and illicit substances including cocaine to dull her pain.

Emma is returning to stay with her [REDACTED] for several weeks and hopes that this extra support will be beneficial. She is considering bereavement Counselling and after discussing with her about her alcohol intake she has agreed to take Acamprosate for cravings. I will also given her Zimovane 7.5mg to assist her sleep.

On mental state assessment she was quiet, her mood was reactive and tearful appropriately on discussing her [REDACTED] death. She did not have suicidal intent and told me that her religious views will not allow her to kill herself because she would not be with her [REDACTED]

I have arranged to see her again in 2 weeks time.

Yours sincerely

Dr T Johnston
Lead Consultant Psychiatrist

- ☐ STEVENSON
☐ DOSUMU
☐ LOCUM
☒ FILE
☐ NOTES TO:
☐ APPT
☐ SCRIPT ☐
☐ PHONE
☐ VISIT
☐ LETTER ☐
☐ NURSE APPT
☐ RV APPT
☐ OTHER

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX



www.nhsayrshireandarran.com

CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Medical Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 29/08/2013
Date Dictated: 30/08/2013
Date Typed: 05/09/2013
Our Ref: KMS/AW
Enquiries to: Angela Whiteford
Tel No: 01563 546632
Fax No: 01563 574238

Dear Dr Dunlop

EMMA LINDSAY

76 GLENSHAMROCK DRIVE, AUCHINLECK, KA18
2EF

CHI No: 2608901301

Diagnosis:

F11.2 – Opioid Dependence (stable on Methadone)
F31 – Bipolar Affective Disorder (per reported history?)
F60.3 – Emotionally Unstable Personality Disorder

Psychiatric Medication:

Methadone 40mls daily supervised
Quetiapine 225mgs mane and 325mgs nocte

Recommendations/Plan:

I would be grateful if you commence Procyclidine 5mgs daily in the first instance due to her complaints about intermittent tremors.

I reviewed this lady for the first time in my outpatient clinic at Cumnock Health Centre on 29 August 2013. She missed her previous appointments with me on 15 August 2013, 23 May 2013 and 28 February 2013. This could have been due to an error regarding her home address, however prior to that she had also missed appointments with my predecessor, Dr Bajaj on 13 September 2012, 12 April 2012 and 18 October 2011.

Her psychiatric background has been well documented, hence I will avoid reiterating. Briefly, as I see in her file she has been given a different diagnosis including Bipolar Affective Disorder, Personality Disorder and ADHD dating back from the time she was approximately 15 years old. She has also a diagnosis of Dyslexia which was given during her childhood. I note that she also has a history of auditory and intermittent visual hallucinations from the time she was an adolescent although unclear whether her hallucinations have been substance induced.

/..

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EMMA LINDSAY**76 GLENSHAMROCK DRIVE, AUCHINLECK, KA18
2EF****CHI No: 2608901301**

Currently she reports stability on her current psychiatric medications. She feels stable on Quetiapine and does not want to change it due to improvement of her mood and auditory hallucinations on this medication. She denies any active suicidal thoughts.

She denies any alcohol abuse or any abusive of Opioids. However she admits that she is still buying street Diazepam up to "10 blue tablets sometimes daily". She understands that Cannabis can make her more paranoid and sometimes cause more hallucinations and she tries to avoid using Cannabis regularly but she admits that she is still smoking Cannabis "up to 3 or 4 joints may be fortnightly". She reports residual but questionable auditory hallucinations which are not comment hallucinations in nature but she states that they are derogatory in nature. However, as noted above she is happy that in general she has been much better on Quetiapine. She states that she is in a fairly good relationship with her [REDACTED] who is also on Methadone Maintenance Treatment but he is stable and he is planning to be detoxed.

Regarding her family history she states that she was close to her [REDACTED] who had a diagnosis of "Schizophrenia" and she passed away a few years ago.

MENTAL STATE EXAMINATION

She was pleasant and co-operative during the interview with a goal orientated thought process and unremarkable speech. She was orientated in time, place and person. Her mood was euthymic and her affect was mood congruent and appropriate. She had a fair insight and fair judgement throughout the interview.

In conclusion, she is considering a change of her Methadone to Sugar Free Methadone in the future and she is going to discuss it later after her final decision with her Addiction Keyworker, hence I haven't changed it to Sugar Free Methadone today. I also discussed with her some of the side effects of Quetiapine. However she is keen to focus on the next few months on the reduction of her Methadone and she is adamant that she wants to stay on her current dose of Quetiapine. She reports intermittent tremors although it maybe also related to caffeinated energy drinks that she has been taking and I have advised her against using too much caffeinated drinks. I will make arrangements to review her in approximately 6 months. In the interim I am grateful for the support which is being provided by her Addiction Keyworker.

Yours sincerely

Authorised on 05/09/2013 14:13:00 by Mehrdad Khorsand-Sahbaie.

Dr M Khorsand-Sahbaie
Locum Consultant Psychiatrist
East Locality

Angela Glass, Addiction Services, Bentinck Centre, Kilmarnock, KA1 4AX

www.nhs.uk/shireandarran.com



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MENTAL HEALTH SERVICES

NHS Addiction Services

35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE



CLINICAL IN CONFIDENCE

Dr Paul Dunlop
The Medical Centre
2 Tanyard
CUMNOCK
KA18 1BF

Date Typed. 16.5.11
Date Dict. 13.5.11 Time: 11.30
Your Ref:
Our Ref:
Chi. No.

Enquiries to: Ann Broadhurst
Tel. No. 01563 826180
Fax No. 01563 826184
E-mail:

Dear Dr Dunlop

NAME: EMMA LINDSAY, BENSTON FARM, NEW CUMNOCK, CUMNOCK KA18
4QB

DOB: 26.08.90

CHI: 2608901301

The above patient cancelled her appointment in the outpatient clinic at the Bentinck Centre on the 13th April 2011. She will be sent a further appointment in due course.

Yours sincerely

Dr A Kale
Locum Consultant Psychiatrist
(East)

www.nhsayrshireandarran.com



STA 3009

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NHS Confidential: Personal data about a patient



Microbiology Report

Lab Report ID: 0021MS79685

Patient Name: Emma Lindsay

DOB: 26/08/1990

CHI Number: 2608901301

Sex: F

Practice Details: Tanyard Medical Practice (80171)

Specimen: Throat and Nose Swab

Investigation:	Test:	Result:
COVID-19	Covid-19	NOT Detected by PCR

Sample Collected: 03/08/2021 09:44

Received by Lab: 03/08/2021 09:44

Requestor: Adams, Dr Jamie

Requestor Organisation: (AYACC) Ayr Hosp A&E Dept

Report Run Time: 04/8/2021 06:01:47

File name:
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Pages:

NHS Confidential: Personal data about a patient

**Mental Health Services
NHS Addiction Services
Westmount
79 Ayr Road
Prestwick
KA9 1TF**

www.nhs-ayrshire.org

Clinical in Confidence

Clinical Confidence
Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
AYR KA7 3PR

Date	12 May 2010
Date Dict.	7 May 2010
Your Ref	
Our Ref	CARL/VW/061890

Enquiries To Vivien Williams
Tel 01292 473261
Fax 01292 473258
Email 

Dear Dr Dosumu

EMMA LINDSAY, 18 CHURCH COURT, AYR KA8 0DB
D.O.B. 26/08/90 CHI: 2608901301

I had arranged to see Emma in my clinic on 7 May 2010. She did not attend this appointment. I will discuss the matter further with her worker.

Yours sincerely

CARLIND
Consultant Psychiatrist

14 MAY 2010



Awarded for excellence

Additional document
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Confidential - Clinical Information

Department of Trauma and
Orthopaedics
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555

www.nhsaaa.net



Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Our Ref: TT/JH
Hospital No:
Date Dictated: 18/08/2021
Date Typed: 18/08/2021
Enquiries to Mrs J Hulme
Direct Line 01292 614349
Ext. Number 14349

Dear Dr Dunlop,

EMMA LINDSAY **DOB: 26/08/1990** **CHI No: 2608901301**
39 LAMBFAIR GARDENS, AUCHINLECK, CUMNOCK, AYRSHIRE, KA18 2HY

Emma's initial discharge summary was reviewed it was accurate to the best of my knowledge.
Please refer to it if you require further information.

Of note the patient was actually transferred to Neuro Institute in Glasgow for fixation of the
T12 vertebral fracture.

Kinds regards

Yours sincerely

Authorised on 19/08/2021 09:52:22 by Mr P Young's Assistant.

Mr T Tan
ST8 Trauma & Orthopaedics
GMC: 7138813

www.nhsaaa.net



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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsayrshireandarran.com



CLINICAL IN CONFIDENCE

Emma Lindsay
56 Heathfield Road
Auchinleck
Cumnock
Ayrshire
KA18 2JD

Clinic Date: 23/05/2013
Date Dictated: 23/05/2013
Date Typed: 28/05/2013
Our Ref: MKS/KMcA/2608901301
Enquiries to: Karen McAllister
Tel No: 01563 546632
Fax No: 01563 574238

Dear Ms Lindsay

I am sorry not to have seen you at your recent NHS Addiction Services Outpatient Clinic appointment.

As you are prescribed medication by the Addiction Service it is very important that I have the opportunity to review you regularly in order to ensure that your prescription arrangements and doses remain safe. Importantly, your attendance at appointments also gives you the chance to discuss your views and take an active part in planning your care and recovery. You will be sent another outpatient appointment for the clinic in the near future.

It is very important that you attend this appointment. Please note that your current prescription is likely to be reduced if you do not attend as I cannot safely continue to prescribe at the current dose without seeing you.

I look forward to seeing you at your next appointment.

Yours sincerely

Authorised on 28/05/2013 12:30:00 by Mehrdad Khorsand-Sahbaie.

Dr M Khorsand-Sahbaie
Locum Consultant Psychiatrist
East Locality

- cc Dr PA Dunlop, Tanyard Medical Practice, The Medical Centre, 2 Tanyard,
Cumnock, KA18 1BF
cc Angela Glass, Addiction Services, Bentinck Centre, Kilmarnock, KA1 4AX

www.nhsayrshireandarran.com



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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 17/11/2015
Date Dictated: 17/11/2015
Date Typed: 17/11/2015
Our Ref: KK/KMcA
Enquiries to: Karen McAllister
Tel No: 01563 574237
Fax No: 01563 574238

Dear Dr Dunlop

EMMA LINDSAY

40 MCCLYMONT COURT, CUMNOCK, AYRSHIRE,
KA18 1TH

CHI No: 2608901301

Miss Lindsay did not attend her addictions outpatient clinic appointment at Cumnock Health Centre on 17th November 2015.

This is her fourth outpatient appointment she has not attended. She previously did not attend in August 2014, November 2014 and April 2015.

She is currently on Methadone 50mls daily supervised.

As she is not attending outpatient appointments, I will arrange for her Methadone to be reduced by 5mls every two weeks until she is seen in the outpatient clinic. She will continue to receive input from her [REDACTED] in the interim.

Yours sincerely

Authorised on 18/11/2015 17:00:40 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

[REDACTED]
East Community Addiction Team
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX

www.nhsaaa.net



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MENTAL HEALTH SERVICES

Addiction Services
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE

CLINICAL IN CONFIDENCE

Dr. P DUNLOP
THE MEDICAL CENTRE,
2 TANYARD,
CUMNOCK,
AYRSHIRE
KA18 1BF

Date Typed. 09/05/11.
Date Dict. 09/05/11.
Your Ref.
Our Ref. AK/AB/0
Chl. No.

Enquiries to: Ann Broadhurst
Extension 26190
Tel. No. 01563 826180
Fax No. 01563 826184
E-mail: [REDACTED]

Dear Dr

Your patient Emma Lindsay was seen in the outpatient clinic on 4/5/11

The following changes have been made to his clinical management:

1. Please reduce morning dose of Quetiapine to
150mg, making total daily dose to
be 550mg.

The clinic attendance correspondence will follow in the post.

Yours sincerely


Dr A Kale
Locum Consultant Psychiatrist
(East)

A-H061890
LINDSAY EMMA
BENSTON FARM,
NEW CUMNOCK,
KA18 4QB 26/08/1990



www.nhsayrshireandarran.com

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NHS Confidential: Personal data about a patient

NHS AYRSHIRE AND ARRAN

Medical Office

Dr A Dosumu
3 Alloway Place
AYR
KA7 2AA

Ailsa Hospital
Dalmellington Road
AYR
KA6 6AB

www.nhs-ayrshire.org



Date typed: 19/09/07
Date dictated:
Your Ref:
Our Ref: TJ/AM/61890

Enquiries to: Annie McDonnell
Extension: 3954
Direct Line 01292 513954
Email [REDACTED]

Dear Dr Dosumu

EMMA LINDSAY JELLYSTONE FARM BY AYR KA6 6ES
DOB 26/08/1990 CHI 2608901301

Emma was due to attend today at North Ayr Health Centre on 5 September 2007 unfortunately she attended Ailsa Hospital by mistake. She will be given one further appointment.

Yours sincerely


Dr T Johnston
Lead Consultant Psychiatrist

- ☐ STEVENSON 25 SEP 2007
☒ DOSUMU
☐ LOCUM
☒ FILE
☐ NOTES TO.....
☐ APPT
☐ SCRIPT..... ☐
☐ PHONE
☐ VISIT
☐ LETTER..... ☐
☐ NURSE APPT
☐ HV APPT
☐ OTHER

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NHS Confidential: Personal data about a patient

Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 19/03/2024
Date Dictated: 08/04/2024
Date Typed: 08/04/2024
Our Ref: KK/SC
Enquiries to
Tel No: 01563 574237
Fax No:

Dear Dr Dunlop

EMMA LINDSAY

83 KEIR HARDIE HILL, CUMNOCK, AYRSHIRE, KA18 1PR

CHI No: 2608901301

Emma did not attend her outpatient appointment at Cumnock Health centre on 19th March 2024.

She is currently on Methadone 35 mls daily prescribed by Addictions Services.

I will reappoint her in due course.

Yours sincerely

Authorised on 08/04/2024 11:26:05 by Typist Sylvia Corbett, on behalf of Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

www.nhsaaa.net



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NHS Confidential: Personal data about a patient

Child and Adolescent Mental Health Services
43 Lister Street
Crosshouse Hospital
CROSSHOUSE
Kilmarnock
KA2 0BE

NHS
Ayrshire
& Arran

Telephone/Fax Number: (01563) 577525

11 April 2006

Dr Hendry
The Surgery
9 Alloway Place
AYR

Dear Dr Hendry

**EMMA LINDSAY, HOME ADDRESS: TUNNOCK PARK FARM, DALRYMPLE
DOB/CHI 26.08.90/1301**

As you are aware, East Ayrshire CAMHS has been holding Emma's file open with the view that she might return to live within our catchment area at some point in the future. She has previously been seen by my colleague in South Ayrshire CAMHS, [REDACTED]

I have spoken with [REDACTED] who advised me that Emma is currently placed in a residential unit outside of Ayrshire but that she could be returning to South Ayrshire in the near future. She has advised Andrew Craig, Review Coordinator for South Ayrshire Social Services that [REDACTED] from Throughcare might be best placed to work with Emma should she do so.

I have agreed with [REDACTED] that CAMHS will close Emma's case for the time being. If you believe that Emma would benefit from our service in the future, please do not hesitate to re-refer her.

Yours sincerely

[Signature]

SOCIAL WORKER
East Ayrshire Child and Adolescent Mental Health Services

Copy to:

[REDACTED] Review Coordinator, Holmston House, 3 Holmston Road, Ayr. KA7 3BA

13 APR 2006

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APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE



1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☐ Female* ☒ Is this your first registration with a GP Practice in the UK? Yes ☐ No ☐ Will you be in the area for more than 3 months? Yes ☐ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth* 26-08-1990 Address* 59 MAIN STREET AUCHINLECK
Title* MISS
Surname* LINDSAY
Forenames* EMMA
Previous Surname*
Postcode* KA18 2AF
Telephone #
email address #
Mobile #

The following information can be found on your current medical card:

Community Health Index (CHI) Number* NHS Number*

The following information can be found on your birth certificate:

Town of Birth* PETERHEAD Country of Birth*

Registered district of birth (Scotland only) Mother's maiden name

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*

Name and address of previous GP Practice in UK*

59 MAIN STREET AUCHINLECK
CUMNOCK PRACTICE
TANMARD MEDICAL PRACTICE
2 TANMARD
CUMNOCK

Postcode* KA18 2AF Postcode* KA18 1BF

If you are from abroad:

Date you first came to live in the UK* DD-YY If previously resident in the UK, date of leaving* DD-YY

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date* DD-YY

If yes, please provide your address before enlisting*

Are you a Reservist? Yes ☐ No ☐

Leaving date* DD-YY

Is this your first registration with a GP since leaving the Armed Forces? Yes ☐ No ☐

Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk

Any of my organs and tissue ☐ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Patient signature Date DD-YY

GMSGPR001 v1 (05-2013)

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4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHS Scotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhs.uk. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality - it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature



Date 06/07/17

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number

GP name

Practice code

Mileage (No.)

Road

Water

Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert.

☐

Student ID Card

☐

Driving Licence

☐

Passport or HC2 Cert.

☐

Home Office App Reg Card

☐

Other/None - specify

☐
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I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature



Date 06/07/17

7. OFFICIAL USE ONLY

Input by

Practice Stamp

Checked by

Date

DD/MM/YYYY

GMSGPR001 v1 (05-2013)

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Mental Health Services
NHS Addiction Services
Westmount
79 Ayr Road
Prestwick
KA9 1TF
Tel: 01292 473261
Fax: 01292 473258

NHS
Ayrshire
& Arran

www.nhs-ayrshire.org

Clinical in Confidence

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
AYR KA7 3PR

Date 16 March 2010
Date Dict. 12 March 2010
Your Ref
Our Ref CARL/VW/061890

Enquiries To Vivien Williams
Tel 01292 473261
Fax 01292 473258

Dear Dr Dosumu

EMMA LINDSAY, 18 CHURCH COURT, AYR KA8 0DB
D.O.B. 26/08/90 CHI: 2608901301

I saw Emma again in my clinic on 12 March 2010 to evaluate the success or not of her Methadone prescription. 40mg had turned out to be insufficient and she was still taking an extra two bags of Heroin per day by insufflation. She has not injected since I last saw her. I have increased her Methadone by 20mg and will review her again next week with a view to seeing if this sufficient.

Yours sincerely


C A R LIND
Consultant Psychiatrist

18 MAR 2010

- ☒ STEVENSON
- ☐ DOSUMU
- ☐ LUCIAN
- ☒ FILE
- ☐ NOTES TO
- ☐ APPT
- ☐ SCRIPT
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER



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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 13/05/2016
Date Dictated: 13/05/2016
Date Typed: 19/05/2016
Our Ref: KK/KMcA
Enquiries to: Karen McAllister
Tel No: 01563 574237
Fax No: 01563 574238

Dear Dr Dunlop

EMMA LINDSAY

**40 MCCLYMONT COURT, CUMNOCK, AYRSHIRE,
KA18 1TH**

CHI No: 2608901301

Miss Lindsay did not attend her addictions outpatient clinic appointment at Cumnock Health Centre on 13th May 2016.

She is currently on Methadone 50mls daily supervised. This is the second consecutive outpatient appointment she has not attended. During recent contact with her Keyworker, she has reported occasional use of Benzodiazepines. Her last drug screen was in December 2015 which was positive for Methadone and Benzodiazepines.

I will reduce her Methadone by 5mls to see whether this will promote her attendance in the outpatient clinic.

I will arrange to see her again in around six weeks time.

Yours sincerely

Authorised on 26/05/2016 15:11:07 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Jim King
East Community Addiction Team
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX

www.nhsaaa.net



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Ayrshire & Arran Acute Hospitals NHS Trust

Area Laboratory Haematology

LINDSAY,EMMA
Benston Farm,
New Cumnock,
CUMNOCK,
KA18 4QB

CHI No. 2608901301
Unit No.
DOB 26/08/1990
Sex F

Clinician: Dr Karen Lowry
Request Location: GP, Cumnock Health Centre

This report to : Dr Karen Lowry , GP, Cumnock Health Centre

	Result	Units	Normal Range
Haemoglobin	14.7	g/dL	11.8 - 14.8
White Cell Count	5.4	10 ⁹ /L	3.9 - 11.1
Platelets	154	10 ⁹ /L	150 - 400
RBC	4.74	10 ¹² /L	3.88 - 4.99
Haematocrit	0.41	%	0.36 - 0.44
MCV	86	fL	82 - 98
MCH	31.0	pg	27.3 - 32.6
MCHC	High 36.0	g/dL	31.6 - 34.9
Neutrophils	2.4	10 ⁹ /L	1.8 - 7.4
Lymphocytes	2.3	10 ⁹ /L	1.1 - 5.0
Monocytes	0.4	10 ⁹ /L	0.2 - 0.9
Eosinophils	0.2	10 ⁹ /L	0.1 - 0.7
Basophils	0.0	10 ⁹ /L	0.0 - 0.1

ENTERED 14 FEB 2011

Lab No 11B068519
Printed 12/02/11 06:43

Date Collected 11/02/11
Sample Type Blood

Authorised By SYSTEM
Page 1 of 1

If you have received this report in error, please return to the Haematology Laboratory

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MENTAL HEALTH SERVICES

South Ayrshire CMHT
'Seaford' Base
Doonfoot Road
AYR
KA7 4BW
www.nhs-ayrshire.org



Personal in Confidence
Emma Lindsay
18 Church Court
AYR
KA8 0DB

Date Typed: 18th November 2009

Our Ref: RR/CG/061890
CHI No: 2608901301

Enquiries to: Appointments
Direct Line: 01292 614984

Fax No: 01292 619711
Email: [REDACTED]

Dear Ms Lindsay,

You have been referred for an outpatient appointment by Dr Stevenson.

An appointment has been arranged for you on **Wednesday 20th January 2010 at 4.15pm**
within **North Ayr Health Centre, Glenmuir Place, Whitletts, Ayr.**

Please report to Reception on arrival.

If this appointment is unsuitable please do not hesitate to contact the above number to arrange this.

Yours sincerely

Chaire Fawcett
Signed in Dr's absence

23 NOV 2009

Dr R Rafiq
Locum Consultant Psychiatrist

C.c. Dr D Stevenson, Bankfield Medical Practice, 148 Dalmellington Road, AYR, KA7 3PR

- ☒ STEVENSON
- ☐ DOSHMU
- ☐ LOCUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPI
- ☐ SCRIPT.....
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER.....
- ☐ NURSE APP?
- ☐ HV APP?
- ☐ OTHER

Additional document
10-July-2026
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Filename:
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NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 18 ARRAN DRIVE , AUCHINLECK , CUMNOCK , AYRSHIRE , KA18 2BP DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Date of Admission: 13/10/2019 **Ward:** STATION 8-AYR
Mode of Admission: Emergency **Consultant:** DR ANUR GUHAN (Respiratory)
Admission Reason: SOB and fever **Follow Up:**
Discharge Date: 18/10/2019

Secondary Diagnoses Emotionally Unstable Personality Disorder
 Multisubstance misuse
 Hep C positive
 IVDU
 DVT left leg - on edoxaban.

DR MICHELLE LATTEY (17-OCT-2019 16:15)

Clinical Progress Admitted on 13/10/2019 with SOB and fever. Recently discharged on 09/10/2019 with LRTI which was treated with a 4 day course of doxycycline. Has had ongoing SOB since discharge and was feverish at home. Vomited 1x, malaise and fatigue. Pleuritic chest pain.
 On examination, temp 38, HR 105, RR 18, SpO2 96% on 3L, BP 115/55, HS I+II +0, crackles in right base, abdo SNT.
 ECG showed sinus tachycardia. CT chest and abdomen showed hepatosplenomegaly, but no definitive evidence of source of infection.
 Ms Lindsay was discharged with three days worth of methadone, as per addictions services, to tide her through the weekend, as well as a course of oral doxycycline to complete.

DR MICHELLE LATTEY (18-OCT-2019 14:14)

Allergy/intolerance	Reaction
PENICILLINS	Unknown

Allergy records are as recorded at time and date of printing.

Discharged by: DR MICHELLE LATTEY

Page: 1 of 2

Report generated on: 18/10/2019 20:00

NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 18 ARRAN DRIVE , AUCHINLECK , CUMNOCK , Ayrshire , KA18 2BP DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Drug	Dose	Route	Frequency	Note	GP to contin	Days POD Supply
DOXYCYCLINE 100 mg Capsules	100 mg	Oral	ONCE daily at 7am		No	N 7
EDOXABAN 60 mg Tablets	60 mg	Oral	ONCE daily at 7am		Yes	N 28
METHADONE 1 mg in 1 mL Oral Solution	20 mg	Oral	ONCE daily at 7am		Yes	N 2
PARACETAMOL 500 mg Tablets	1000 mg	Oral	FOUR times daily - 7am; 1pm; 6pm; 10pm PRN FOR PAIN	32 supplied	Yes	N 28
QUETIAPINE 200 mg Tablets	200 mg	Oral	TWICE daily at 7am and 10pm	Weekly dispense as per pre-admission	Yes	N 7

Additional Medicines Information:

Medicines discontinued or modified during admission (Medicines that patient was recorded as admitted on only)	
Drug	Discontinued / Modified reason
*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.*** ****Information here may be incomplete and is for guidance only. ****	

Discharged by: DR MICHELLE LATTER

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Report generated on: 18/10/2019 20:00

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Tanyard Muirkirk Medical Group
APPLICATION FOR SUBJECT ACCESS TO MEDICAL RECORDS
Under Data Protection Legislation

Details of the Record to be Accessed:

Patient Surname	Lindsay
Forename(s)	Emma
Date of Birth	26/8/90

Details of the Person who wishes to access the records, if different to above:

Surname	Lindsay
Forename(s)	Emma
Address	39 Lampair garden
Telephone Number	
Relationship to Patient	Patient

Declaration: I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the Data Protection Legislation

Tick which ever of the following statements apply:

☒ I am the patient.

- ☐ I have been asked to act by the patient and attach the patient's written authorisation.
- ☐ I am acting in Loco Parentis and the patient is under age sixteen, and is incapable of understanding the request / has consented to me making this request.
 (*delete as appropriate).
- ☐ I am the deceased patient's Personal Representative/Next of Kin and attach confirmation of this.
- ☐ I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that....(please supply your reasons below).

YOUR SIGNATURE

DATE.....

Please complete section overleaf if required.

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Notes:

Under the Data Protection Legislation you do not have to give a reason for applying for access to your health records.

Optional - Please use this space below to inform us of certain periods and parts of your health record you may require, or provide more information as requested above.

This may include specific dates, consultant name and location, and parts of the records you require e.g. Written diagnosis and reports.

The Practice will respond to your request within 30 days.

Records received

Signature

Date

Lindsey
Turner

28/06/19

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19/07/2010 10:01 FAX 01292614670

ST TWELVE AYR

CORNHILL

001/001

**Immediate Discharge Letter
&
Prescription**

NHS
Ayrshire
& Arran

Ayr Hospital,
Dalmellington Road, Ayr,
KA6 6C4
Phone: 01292 610 555

Date: 18-Jul-2010

Re: EMMA LINDSAY
18 CHURCH COURT, AYR KA6 0DB 19 JUL 2010

DOB: 26/08/1990
Hosp. No.: 1007179-6
CHI No.:

To: DOSUMU, I
3 ALLOWAY
AYR,
AYRSHIRE,
KA7 2AA

LINDSAY
4E WHITEFAULDS CRESC
2608901301
MAYBOLE
KA198AY
26/08/1990
DOSUMU, A (GP)
3 ALLOWAY PLACE
AYR
AYRSHIRE

F/S

Date of Admission: 15/07/2010
Mode of Admission: Emergency Admission
Admission Reason: HEADACHE AND COLLAPSE
Discharge Date: 18/07/2010

Ward: STATION 1 - AYR
Consultant: DR JOHN GEMMILL (General Medicine)

Follow-up:

Primary Diagnosis: LIKELY VIRAL ILLNESS

Investigations: CT HEAD - NAD
LP - NAD, NO EVIDENCE XANTHOCHROMIA
BLOODS - NORMAL EXCEPT SLIGHTLY LOW PLATELETS
CXR - NIL FOCAL
ECG - NORMAL

Clinical Progress: ADMITTED WITH SEVERE HEADACHE AND EPISODE COLLAPSE. HAD RECENTLY INJECTED HEROIN. NIL FOCAL ON EXAMINATION BUT DID HAVE LOW GRADE PYREXIA. CT AND LP WERE BOTH NORMAL AND HER HEADACHE SLOWLY BECAME TO SETTLE.

ALMOST BACK TO NORMAL NOW.

Further patient/drug notes:

Allergy/Intolerance	Reaction
PENICILLINS	Other (see medical notes)

Allergy records are as recorded on the Ayr Hospital HERMA system at time and date of printing (see above).

Drug	Dose	Route	Frequency	Days Supply	GP to continue
*** No TIA medications have been prescribed ***					

Additional Medicines Information:

Drug	Date	Discontinued by	Discontinue reason
QUETIAPINE 200 mg Tablets	16/07/2010	DR SHEONAGH LAW	Dose Change

*** Warning - accuracy of information in this section is dependent on details entered by users of the HERMA system. ***
****Information here may be incomplete and is for guidance only. ****

Discharged by: DR EVE MCCANN
Grade: Senior House Officer

Dispensed by:
Date:

Checked by:

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Notification of Attendance

NHS
**Dumfries &
Galloway**

Accident and Emergency Department

Dr I M Brown
Thornhill Health Centre
Thornhill
Dumfriesshire
DG3 5AA

Date: 22 July 2006
Your Ref:
Our Ref:

Enquiries to: Mr J W Burton
Extension:
Direct Line: 01387

Dear Dr Brown

Emma Lyndsay
Stud Farm Cottage
Terregles
Dumfries
DG2 9RT

CRN 260890M
CHI No. 2608901301

Referred by Walk-in

This patient presented to Accident and Emergency on 21/07/2006 at 23:29

**Diagnosis: Soft tissue injury to right hand,
x ray no bony deficits.**

**Treatment: Analgesia,
Neighbour finger strapping.**

Referral or Discharge was to GP

Yours sincerely

John W Burton FRCS
Consultant in Accident and Emergency
If further information is required, please telephone 01387 241041

05 SEP 2006

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Lindsay Emma

CHI: 2608901301

Clinic Letter

Dr. PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Main
Switchboard:
Department: Queen Elizabeth National Spinal Injuries Unit
Contact Tel: 0141 201 2536
Enquiries to:
Letter Date: 20/04/2022
Reference: KMcC/TM
Dictated: 20/04/2022
Date: 22/04/2022
Transcribed:
Date:

NHS
Greater Glasgow
and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dear Dr. PA Dunlop,

Emma Lindsay; D.O.B: 26 Aug 1990; CHI: 2608901301
83 Keir Hardie Hill, Cumnock, Ayrshire, KA18 1PR

Attendance: Specialty - National Spinal Injuries Unit; Clinic - SGMP515-DR PURCELL SPINAL
ANNUAL REV WEEKLY WED AM
Date and Time of Appointment - 20/04/2022 09:00

Follow Up: DNA no further appointment

Clinical Comments: Diagnosis

T12 incomplete paraplegia

Date of injury

August 2021

Emma has failed to attend 5 appointments at the Spinal Injuries Outpatient Clinic to see Dr Purcell, Consultant in Spinal Cord Injury. Dr Purcell has advised that no further appointment be sent. However, we would be happy to see her on the patient's or her GP's request.

Yours sincerely,

Karen McCarron

Senior Charge Nurse

Printed on 27/04/2022 13:12 by Teresa McCafferty

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Lindsay Emma

CHI: 2608901301

OPCL 20/04/2022 v1

Spinal Outpatients

Queen Elizabeth National Spinal Injuries Unit

Electronically Signed: Nurse Karen McCarron, Nurse Practitioner

cc.

THIRD PARTY COPY

Printed on 27/04/2022 13:12 by Teresa McCafferty

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20 OCT 2008

NHS
Ayrshire
& Arran

**Mental Health Services
Medical Office**

**Ailsa Hospital
Dalmellington Road
AYR
KA6 6AB**

Dr Dunston
The Surgery
3 Alloway Place
AYR
KA7 2AA

- ☐ STEVENSON
☐ DONUMI
☐ LOCUM
☒ FILE
☐ NOTES TO
☐ APPT
☐ SCRIPT
☐ PHONE
☐ VISIT
☐ LETTER
☐ NURSE APPT
☐ HV APPT
☐ OTHER

Date typed: 17/10/08
Date dictated: 16/10/08
Your ref:
Our Ref: BW/KMcA/061890
Enquiries to: Karen McAllister
Extension: 13961
Direct Line: 01292 513961

Dear Dr Dunston

EMMA LINDSAY, C/O KILDONAN HOTEL, QUEEN'S TERRACE, AYR, KA7 1DX
DOB: 26/08/90 CHI 2608901301

Date of Assessment 16 October 2008
Time of Assessment 17:15

As you are aware, I assessed this lady urgently in my capacity as on-call psychiatrist this afternoon. She presented accompanied by her Throughcare CPN, having been referred by

You will be aware of her background, and that she is currently being followed up by Dr Johnston, Consultant Psychiatrist at Ailsa Hospital. She has been given various diagnoses in the past, including ADHD, bipolar disorder, developmental personality disorder, and polysubstance misuse. She had a several day admission to Ailsa Hospital (Kyle ward) earlier this year, and also a prolonged psychiatric admission when she was 15 (she describes for one year). As you will be aware she has had a difficult childhood, being raised in care. She described a close relationship with her however. I will not go into full details of her background here as these have been documented in previous correspondences. She has been prescribed Quetiapine 200mg since her discharge from Ailsa earlier this year and states she is prescribed no other regular medication.

Today there were concerns with a 4-week history of worsening low mood and tearfulness following the death of Emma's from breast cancer. This appeared to have been a great shock to Emma, and she was particularly upset that her had know that the illness was at a terminal stage yet had not told her. Poor sleep (early insomnia and EMW) and variable appetite were reported.

Continued...

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Page 2

Dr Dunston

Re Emma Lindsay

Emma described a subjective experience of hearing voices (long-term pattern, increasing at times of stress), but was not willing to describe them in detail for fear that this would increase their intensity). The description she was able to give suggested these were more of a dissociative than frankly psychotic nature, and there were no commands reported. She appeared ambivalent regarding going on with life, but denied recent clear thoughts of self-harm / suicide and stated she could never kill herself.

Other recent stressful events include the fact that she was thrown out of her accommodation over the weekend (although her CPN confirmed this was due to the behaviour of others and not Emma) (she is now living in a homeless hostel) and her purse was stolen this week (containing letters from her [REDACTED]). She is also on a suspended sentence for assault and breach of the peace. (Past forensic history also includes fraud and multiple Breaches Of The Peace). She is currently unemployed, receives Job Seekers Allowance and denies worrying about money. She describes having supportive friends and a supportive [REDACTED] nearby, although she states she has little energy or motivation for her romantic relationship. She has been avoiding contact with her [REDACTED] and her [REDACTED] as she feels they too are grieving.

Over recent weeks she admits that she has been attempting to self-medicate her low mood, block negative thoughts, and 'voices' in the following ways:

- 1) Erratic use of prescribed Quetiapine, tending to take several days doses at once then having to go without for periods. Daily doses up to 1400 mg / day, also admits being given these by friends.
- 2) Buying fake 'blue' diazepam tablets on most days – up to 10 x 10mg /24-hrs.
- 3) Drinking heavily on most days – up to 1L vodka / day. Denies cravings, withdrawals or other features of dependence.

At interview she presented as low but reactive and reasonably well kempt. Eye contact and rapport were poor initially but improved by the end of the interview. She was pleasant and appropriate throughout but was intermittently tearful. There was no objective evidence of psychosis.

We considered the possibility of a period in hospital for further assessment and in order to help to gain some respite and stability but Emma strongly declined this. She was particularly resistant to the idea of admission to Crosshouse (the only available bed in Ayrshire today) as her [REDACTED] had died there. She was not detainable under the Mental Health Act. She plans to meet friends later today and plans to attend Alton Towers for a 2-day trip with her Quarrier's Support Workers next week.

Continued...

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Dr Dunston

Re Emma Lindsay

We have therefore today agreed the following plan:

- 1) [REDACTED] plans to maintain daily contact with Emma over the next week or so.
- 2) Over the weekend [REDACTED] plans to request ICSS contact.
- 3) OPC appointment – [REDACTED] attempting to re-arrange for next week with Dr Lambert (Staff Grade Psychiatrist, Seafield CMHT), date to be confirmed by [REDACTED] (currently Monday but patient unable to attend then due to Alton Towers trip)
- 4) [REDACTED] has arranged for Emma's support time with Quarrier's to be increased temporarily from it's current level of 10-hours/week
- 5) I understand you have now changed the Quetiapine to weekly pick-up
- 6) I have agreed to issue a 7-day prescription of daily pick-up
 - Quetiapine 200mg (supplementary to the current 200mg dose)
 - Chlordiazepoxide 10mg tds

These are on the understanding that Emma takes her Quetiapine as prescribed and does not top this up. Also that she gradually reduces her diazepam and alcohol intake (she is aware of the dangers of suddenly discontinuing these and has agreed to try to do this although I would question her motivation levels for reducing Benzodiazepine/ alcohol use). I stressed to her the dangerousness of her current system of self-medication.

I would be grateful if you could continue her Quetiapine prescription at 400mg daily thereafter (unless advised otherwise by Dr Lambert), and if you could take advice from Dr Lambert on the appropriateness of further Chlordiazepoxide prescribing once she has seen Emma.

Yours sincerely



Dr B Wilson,
FTSTA ST3 in Psychiatry

(Letter as faxed 17/10/08)

cc Dr Lambert, Staff Grade Psychiatrist, Ailsa Hospital, Ayr, KA6 6AB
cc [REDACTED] Seafield Community Mental Health Team, Doonfoot Road,
Ayr, KA7 4BW
cc [REDACTED] Throughcare, 1 Holmston Road, Ayr, KA7 3BA

Additional document

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Mental Health Services
NHS Addiction Services
East Ayrshire
Crosshouse Hospital
KILMARNOCK, KA2 0BE
Tel: [REDACTED]
Fax: [REDACTED]



CLINICAL IN CONFIDENCE
Tanyard Medical Practice
2 Tanyard
CUMNOCK
KA18 1BF

Date: 05 October 2015
Dictated: 19 August 2015
Our Ref: JK/RB

Dear Dr Dunlop

EMMA LINDSAY 40 MCLYMONT COURT CUMNOCK KA18 1TH
CHI 2608901301

Please see attached assessment letter for the above named patient. If you require any further information please do not hesitate to contact me on the above telephone number.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jim King'.

Jim King
Staff Nurse
NHS Addiction Services - East Ayrshire

www.nhsayrshireandarran.com



NHS Confidential: Personal data about a patient

NAME: EMMA LINDSAY

CHI NO: 2608901301

Addiction Service Assessment V2		Confidential
Title	Miss	
Name:	Emma Lindsay	
Address line 1:	40 McLymont Court	
Address line 2:		
Address line 3:		
Address line 4:	KA18 1TH	
Town:	Cumnock	
Postcode:		
CHI number	2608901301	
Date of birth:	26/08/1990	
Care co-ordinator:		
Completed by:		
Profession:	Community Psychiatric Nurse	
Location:	Patient's Home	
Date:	19/08/2015	
Referral		
New referral to service:	No	
Reason for referral		
Reason for referral:	Physical health/BBV	
Patient's reason for attending		
Prison release assessment		
Summary of strengths, goals and aspirations		
Emma is aware of the negative impact of her chronic substance misuse, and wishes to address this and a number of associated issues		
Previous involvement with services:	Addictions service	

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NAME: EMMA LINDSAY

CHI NO: 2608901301

Risks	
History of risk:	Yes
UNRESOLVED BEREAVEMENTS/MENTAL HEALTH / RISK Emma is aware that she has not resolved the losses of her [REDACTED]. Her [REDACTED] passed away aged 49 years with issues associated with alcoholism December 2005, her [REDACTED] of breast cancer August 2008 aged 43 years. Additionally Emma's [REDACTED] who had been a great source of support after the deaths of her [REDACTED] passed away June 2013. Emma reports that she had been diagnosed with Bi-polar disorder in her early teens (this is not indicated currently on systems) and personality disorder (which is diagnosed.) Emma is agreeable to exploring this personality disorder in her therapeutic plan - the writer advises this will explore how this disorder manifests itself, and how to use strategies to minimise it's impact - Emma expresses she has no understanding of the diagnosis. Emma does report previous psychotic-type breakdowns, for example in her mid-teens she had been regularly misusing amphetamine, and had spent a time in a psychiatric unit suffering from visual and auditory hallucinations. Emma states that on four occasions she has overdosed with the intention of suicide - two of these very serious suicide attempts. The first occasion she overdosed deliberately was when Emma was 14 years old, the most recent being around one year ago. Emma describes becoming enveloped in a depression for a period prior to these suicide attempts, and states she is aware of when this is occurring - she is agreeable to exploring this issue and risk within therapeutic work in coming months. On one occasion a deliberate overdose led to Emma being in a coma for a week. Emma also shares that she has self-injured many times since aged 13 years - this had started with cutting of arms, then her legs in later years. Most recently, around six months ago, Emma wrapped a top around her left hand and lit the fabric - this led to requiring treatment of a burn which has left scarring. When asked about factors associated with such self-injury, Emma simply describes feeling better after the episode - she is again agreeable to exploring these and associated issues with goal of minimising risk of future self-injury. Emma reports mood as 4/10, and not in any way being at risk at this time of self-injurious behaviour or suicide risk. FORENSIC/RISK Emma has been charged on numerous occasion with theft and assaults and drug charges - all drug-related. As previously stated she served her first prison sentence only recently liberated. Emma seems very pleasant throughout today's appointment and did not evidence any risk to staff wishing to visit her at home. Emma does however indicate that her behaviour cannot be guaranteed when she is intoxicated with benzodiazepines - should she present apparently intoxicated then staff may wish to offer another appointment, and to review medications accordingly.	

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NAME: EMMA LINDSAY

CHI NO: 2608901301

Risk to self:	Low apparent risk ++ [!]
UNRESOLVED BEREAVEMENTS/MENTAL HEALTH / RISK Emma is aware that she has not resolved the losses of her [REDACTED]. Her [REDACTED] passed away aged 49 years with issues associated with alcoholism December 2005, her [REDACTED] of breast cancer August 2008 aged 43 years. Additionally Emma's [REDACTED], who had been a great source of support after the deaths of her [REDACTED] passed away June 2013. Emma reports that she had been diagnosed with Bi-polar disorder in her early teens (this is not indicated currently on systems) and personality disorder (which is diagnosed.) Emma is agreeable to exploring this personality disorder in her therapeutic plan - the writer advises this will explore how this disorder manifests itself, and how to use strategies to minimise it's impact - Emma expresses she has no understanding of the diagnosis. Emma does report previous psychotic-type breakdowns, for example in her mid-teens she had been regularly misusing amphetamine, and had spent a time in a psychiatric unit suffering from visual and auditory hallucinations. Emma states that on four occasions she has overdosed with the intention of suicide - two of these very serious suicide attempts. The first occasion she overdosed deliberately was when Emma was 14 years old, the most recent being around one year ago. Emma describes becoming enveloped in a depression for a period prior to these suicide attempts, and states she is aware of when this is occurring - she is agreeable to exploring this issue and risk within therapeutic work in coming months. On one occasion a deliberate overdose led to Emma being in a coma for a week. Emma also shares that she has self-injured many times since aged 13 years - this had started with cutting of arms, then her legs in later years. Most recently, around six months ago, Emma wrapped a top around her left hand and lit the fabric - this led to requiring treatment of a burn which has left scarring. When asked about factors associated with such self-injury, Emma simply describes feeling better after the episode - she is again agreeable to exploring these and associated issues with goal of minimising risk of future self-injury. Emma reports mood as 4/10, and not in any way being at risk at this time of self-injurious behaviour or suicide risk.	
Risk to others:	Low apparent risk
FORENSIC/RISK Emma has been charged on numerous occasion with theft and assaults and drug charges - all drug-related. As previously stated she served her first prison sentence only recently liberated. Emma seems very pleasant throughout today's appointment and did not evidence any risk to staff wishing to visit her at home. Emma does however indicate that her behaviour cannot be guaranteed when she is intoxicated with benzodiazepines - should she present apparently intoxicated then staff may wish to offer another appointment, and to review medications accordingly.	

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NAME: EMMA LINDSAY

CHI NO: 2608901301

Gender based violence:	
Was routine gender based violence enquiry carried out?:	Yes, subsequent contact
Why was gender based violence enquiry not possible?:	Not relevant as already carried out
Substance career	
Teens	
SUBSTANCE MISUSE Emma kindly provides a sample of urine which indicates positive methadone, opiates and benzodiazepines. Emma shares that she had been experimenting with all types of drugs from 12 and 13 years old. Introduced to heroin smoking aged 13 years, she quickly developed a dependence on the substance and was intravenously injecting within a year. Emma has shared injecting equipment, aware this has most probably been associated with contraction of hepatitis c. Emma's comments about occasional ingestion of benzodiazepines, but not being dependent on them is challenged by the writer - Emma accepts the challenges, and suggestion that her relationship with benzodiazepines is poor, as she has propensity for ending up with Police charges and a recent prison sentence after consuming diazepam. Emma expresses acceptance of the risks associated with polysubstance misuse, and agrees that no person who overdosed and died believed this would happen to them. Emma states she is in possession of a naloxone kit, and aware of how to use this. The writer suggests that an option to aim for would be abstinence from illicit drugs and a referral for treatment in Kyle Addiction Unit - Emma states her intention to further consider this.	
20's	
SUBSTANCE MISUSE Emma kindly provides a sample of urine which indicates positive methadone, opiates and benzodiazepines. Emma shares that she had been experimenting with all types of drugs from 12 and 13 years old. Introduced to heroin smoking aged 13 years, she quickly developed a dependence on the substance and was intravenously injecting within a year. Emma has shared injecting equipment, aware this has most probably been associated with contraction of hepatitis c. Emma's comments about occasional ingestion of benzodiazepines, but not being dependent on them is challenged by the writer - Emma accepts the challenges, and suggestion that her relationship with benzodiazepines is poor, as she has propensity for ending up with Police charges and a recent prison sentence after consuming diazepam. Emma expresses acceptance of the risks associated with polysubstance misuse, and agrees	

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NAME: EMMA LINDSAY

CHI NO: 2608901301

that no person who overdosed and died believed this would happen to them.

Emma states she is in possession of a naloxone kit, and aware of how to use this.

The writer suggests that an option to aim for would be abstinence from illicit drugs and a referral for treatment in Kyle Addiction Unit - Emma states her intention to further consider this. ++ [!]

30's

-

40's

-

50's

-

60's

-

History

History of presenting complaint

Significant family history:

Yes

Emma describes how her family would often move locations due to her [REDACTED] employment. He was initially employed by the RAF (Peterhead), and then the Police Force in Ayrshire. Her [REDACTED] had his own problems with alcohol dependence, Emma explains that she had "hated him for this," but after he dies she had experienced her own problems with addiction and could then understand his plight and no longer hated him. Emma has one older [REDACTED]. Her [REDACTED] separated, and her [REDACTED] formed a new relationship with a woman - [REDACTED] maintains regular contact with her [REDACTED] - she appreciates the relationship her [REDACTED] had with her.

Emma shares that her [REDACTED], due to her own problems including childhood traumas and diagnosed schizophrenia, was over-protective of Emma in her early years. Emma rebelled against this aged 13years, became disruptive and using drugs - this led to mental health behavioural problems leading to periods in child and adolescent psychiatric units and statutory service residential homes.

Significant social history:

Yes

[REDACTED]

NHS Confidential: Personal data about a patient

NAME: EMMA LINDSAY

CHI NO: 2608901301

Physical health**Physical health****PHYSICAL**

Emma reports no historical or current physical issues (other than bbv - as stated below), nor any known allergies. However she shows the writer her hands which are constantly tremulous, a now chronic condition which apparently has not been diagnosed, and for which she is prescribed buspirone despite this proving apparently ineffective.

Emma received a BBV test a few months ago, this indicated hepatitis c positive, and she receives ongoing support BBV CN [REDACTED] with the plan being to be referred for treatment when the time is right. This leads to discussion about treatment being offered only to persons who are abstinent of illicit drugs.

Seizure activities:

As per note

Emma reports no history of seizures

Current medication**PRESCRIPTION MEDICATIONS**

methadone 50mg daily supervised from Townhead chemist Cumnock. Quetiapine 50mg in the morning plus 400mg at night.

Psychiatric history:

As per note ++

UNRESOLVED BEREAVEMENTS/MENTAL HEALTH / RISK

Emma is aware that she has not resolved the losses of her [REDACTED] Her [REDACTED] passed away aged 49 years with issues associated with alcoholism December 2005, her [REDACTED] of breast cancer August 2008 aged 43 years. Additionally Emma's [REDACTED] who had been a great source of support after the deaths of her [REDACTED] passed away June 2013.

Emma reports that she had been diagnosed with Bi-polar disorder in her early teens (this is not indicated currently on systems) and personality disorder (which is diagnosed.) Emma is agreeable to exploring this personality disorder in her therapeutic plan - the writer advises this will explore how this disorder manifests itself, and how to use strategies to minimise its impact - Emma expresses she has no understanding of the diagnosis.

Emma does report previous psychotic-type breakdowns, for example in her mid-teens she had been regularly misusing amphetamine, and had spent a time in a psychiatric unit suffering from visual and auditory hallucinations.

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NAME: EMMA LINDSAY

CHI NO: 2608901301

Emma states that on four occasions she has overdosed with the intention of suicide - two of these very serious suicide attempts. The first occasion she overdosed deliberately was when Emma was 14 years old, the most recent being around one year ago. Emma describes becoming enveloped in a depression for a period prior to these suicide attempts, and states she is aware of when this is occurring - she is agreeable to exploring this issue and risk within therapeutic work in coming months.

On one occasion a deliberate overdose led to Emma being in a coma for a week.

Emma also shares that she has self-injured many times since aged 13 years - this had started with cutting of arms, then her legs in later years. Most recently, around six months ago, Emma wrapped a top around her left hand and lit the fabric - this led to requiring treatment of a burn which has left scarring.

When asked about factors associated with such self-injury, Emma simply describes feeling better after the episode - she is again agreeable to exploring these and associated issues with goal of minimising risk of future self-injury.

Emma reports mood as 4/10, and not in any way being at risk at this time of self-injurious behaviour or suicide risk.

Current mental state:	As per note
-----------------------	-------------

Emma reports mood as 4/10, and not in any way being at risk at this time of self-injurious behaviour or suicide risk.

Forensic history:	As per note +
-------------------	---------------

FORENSIC/RISK

Emma has been charged on numerous occasion with theft and assaults and drug charges - all drug-related. As previously stated she served her first prison sentence only recently liberated.

Emma seems very pleasant throughout today's appointment and did not evidence any risk to staff wishing to visit her at home. Emma does however indicate that her behaviour cannot be guaranteed when she is intoxicated with benzodiazepines - should she present apparently intoxicated then staff may wish to offer another appointment, and to review medications accordingly.

Assessment

Current substance use

-

Summary of Assessment

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The writer visits Emma 11.10am. Her [REDACTED] of 4 years (also a patient of EACAT) kindly leaves the flat so as to provide Emma privacy.

Emma appears to be a very pleasant individual, she is articulate in describing her individual

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NAME: EMMA LINDSAY

CHI NO: 2608901301

experiences and feelings. On occasions as she describes emotionally charged issues Emma can become somewhat upset, however she expresses the importance of this within therapeutic work. It is notable also that she readily accepts challenges from the writer regarding, for example rationalisations and justifications associated with drug misuse.

Emma explains she had served her first term of a 3 1/2 month imprisonment (liberated 4/8/15) in HMP Corntonvale, after breaching a probation order by assaulting an individual whilst intoxicated with benzodiazepines. This leads to discussion about Emma's relationship with benzodiazepines, she kindly accepts the writer's challenges to her apparent justifications for occasional misuse of the substances (diazepam and nitrazepam) as she is not dependent on them, "not got a habit."

CHILDREN

Emma does not have children

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is aware of when this is occurring - she is agreeable to exploring this issue and risk within therapeutic work in coming months.

On one occasion a deliberate overdose led to Emma being in a coma for a week.

Emma also shares that she has self-injured many times since aged 13years - this had started with cutting of arms, then her legs in later years. Most recently, around six months ago, Emma wrapped a top around her left hand and lit the fabric - this led to requiring treatment of a burn which has left scarring.

When asked about factors associated with such self-injury, Emma simply describes feeling better after the episode - she is again agreeable to exploring these and associated issues with goal of minimising risk of future self-injury.

Emma reports mood as 4/10, and not in any way being at risk at this time of self-injurious behaviour or suicide risk.

FORENSIC/RISK

Emma has been charged on numerous occasion with theft and assaults and drug charges - all drug-related. As previously stated she served her first prison sentence only recently liberated.

Emma seems very pleasant throughout today's appointment and did not evidence any risk to staff wishing to visit her at home. Emma does however indicate that her behaviour cannot be guaranteed when she is intoxicated with benzodiazepines - should she present apparently intoxicated then staff may wish to offer another appointment, and to review medications accordingly.

PRESCRIPTION MEDICATIONS

methadone 50mg daily supervised from Townhead chemist Cumnock. Quetiapine 50mg in the morning plus 400mg at night.

SUBSTANCE MISUSE

Emma kindly provides a sample of urine which indicates positive methadone, opiates and benzodiazepines.

Emma shares that she had been experimenting with all types of drugs from 12 and 13 years old. Introduced to heroin smoking aged 13 years, she quickly developed a dependence on the substance and was intravenously injecting within a year. Emma has shared injecting equipment, aware this has most probably been associated with contraction of hepatitis c.

Emma's comments about occasional ingestion of benzodiazepines, but not being dependent on them is challenged by the writer - Emma accepts the challenges, and suggestion that her relationship with benzodiazepines is poor, as she has propensity for ending up with Police charges and a recent prison sentence after consuming diazepam.

Emma expresses acceptance of the risks associated with polysubstance misuse, and agrees that no person who overdosed and died believed this would happen to them.

Emma states she is in possession of a naloxone kit, and aware of how to use this.

The writer suggests that an option to aim for would be abstinence from illicit drugs and a referral for treatment in Kyle Addiction Unit - Emma states her intention to further consider this.

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PHYSICAL

Emma reports no historical or current physical issues (other than bbv - as stated below), nor any known allergies. However she shows the writer her hands which are constantly tremulous, a now chronic condition which apparently has not been diagnosed, and for which she is prescribed buspirone despite this proving apparently ineffective.

Emma received a BBV test a few months ago, this indicated hepatitis c positive, and she receives ongoing support BBV CN [REDACTED] with the plan being to be referred for treatment when the time is right. This leads to discussion about treatment being offered only to persons who are abstinent of illicit drugs.

PLAN

- explore strategies to effectively deal with issues associated with personality disorder diagnosis
- explore factors associated with chronic substance misuse, harm minimisation, recovery goal
- explore unresolved bereavement issues with goal of working toward resolution
- minimise risk of self-injury and suicide, by exploring patterns in mood and thoughts associated with previous suicide attempts and self-harming, exploring coping strategies to employ

Agreement next home visit Wednesday 2/9/15 at 11am

Action plan**PLAN**

- explore strategies to effectively deal with issues associated with personality disorder diagnosis
- explore factors associated with chronic substance misuse, harm minimisation, recovery goal
- explore unresolved bereavement issues with goal of working toward resolution
- minimise risk of self-injury and suicide, by exploring patterns in mood and thoughts associated with previous suicide attempts and self-harming, exploring coping strategies to employ

Agreement next home visit Wednesday 2/9/15 at 11am

Whilst in receipt of substitute medication (patients name), with the assistance of his/her named worker, will actively engage in their recovery journey to achieve their goals and aspirations. Their identified goals/aspirations are (Blank) and they wish to achieve this within (timescales).

Emma has agreed that:

1. Emma along with keyworker will jointly commit to NHS Ayrshire and Arran's recovery agreement
2. Emma would engage fully with their keyworker to achieve a therapeutic relationship where he/she will have the opportunity to ventilate any thoughts, feelings and concerns via regular review appointments.
3. Part of this therapeutic relationship will involve an onus on Emma to have regular urine

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NAME: EMMA LINDSAY

CHI NO: 2608901301

screens and health measurements including blood pressure and pulse measurements.	
4. It has been agreed that Emma will have access to the doctor if and when required with the support of his key worker. Or for regular review as standard practice - minimum 1 year	
5. Emma will identify specific problems relating to his/her alcohol/substance use.	
6. Emma will identify cues/triggers/risk factors which could lead to a possible lapse/relapse.	
7. Name will discuss with the keyworker, and consider, alternative coping skills/behaviour changes to deal with the identified problems/risk factors.	
8 Throughout Emma's recovery journey any information relevant to their care and any identified risks will be communicated to other professionals involved in their care	
9. Emma will be encouraged to participate in twice-monthly review and agreed next stage of recovery journey will documented in notes.	
10. Individual section.....	
.....	
.....	
.....	
In this report key item status is indicated as follows: + = Nominated, ++ = Prioritised, - = Resolved, * = Strength	
In this report alerted item status is indicated as follows: [!] = Alert Attached, [-] = Alert Removed	
Printed by:	■■■■
Signature:	
Date printed:	05/10/2015

Additional document
10-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Confidential Information Included

Registration Details

Personal details...		Address details...	
Sex	F	House name / Flat no	
Surname	Lindsay	Street	83 Keir Hardie Hill
Previous Surname		Village	
Fornames	Emma L	Town	Cumnock
Calling Name	Emma	County	Ayrshire
DOB	26/08/1990	Postcode	KA18 1PR
Title	Miss		
Birth Surname	Single (White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Work Tel No	
Registered GP	Dr Tona Fernandez	Mobile Tel No	
Usual GP	Dr Tona Fernandez	E Mail Address	
NHS Number	313/90/294	Next of Kin	
Residential Inst		KeySafe	
Branch Surgery	Tanyard Medical Practice		
CHI Number	2608901301		

Practice information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further information		Upload Consent	
	26/04/2022	SCI-DC Consent	implied Consent (default)

AMS/MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
	Lloydspharmacy-Cumnock Health Centre, 2 Tanyard, Cumnock, EAST AYRSHIRE, (KA18 1BF) (Org Id - 5187) Cumnock Health Centre, 2 Tanyard, Cumnock, EAST AYRSHIRE, (KA18 1BF) (Org Id - 5187) Cumnock Health Centre, 2 Tanyard, Cumnock, EAST AYRSHIRE, (KA18 1B		
Pharmacy Details			
Item Collected Check	No		
MCR Suitability Status	-1		
MCR Registration Status	2		

Problems

Active Problems	Authorised By	Code
10/08/2021 Osteoarthritis of lumbar spine L3-L4 & L4-L5	Ms Hope	N11D2
10/08/2021 Spinal cord compression	Ms Hope	F29y4-1
13/10/2019 Hepatosplenomegaly	PracAdmin Fleming	J61y2
05/10/2019 Chronic viral hepatitis C	Ms Mitchell	A7072
05/10/2019 Standard chest X-ray	Ms Mitchell	535
25/04/2017 Drug addictn therap-methadone	Ms Mitchell	8B23-1
26/05/2016 Personality disorders	Dr Fernandez	E21
19/02/2014 [X]Emotionally unstable personality disorder	PracAdmin Fleming	Eu603
15/07/2010 Headache	Ms Mitchell	1B1G
16/10/2008 Benzodiazepine dependence	Ms Mitchell	E241-3
05/03/2008 Psoriasis and similar disorders	Ms Mitchell	M16
15/09/2007 Nondependent alcohol abuse	Ms Mitchell	E250
15/09/2007 Ecstasy type drug dependence	Ms Mitchell	E24A
15/09/2007 Heroin dependence	Ms Mitchell	E240-1
30/06/2007 Amphetamine or psychostimulant dependence, unspecified	Ms Mitchell	E2440
30/06/2007 Anxiety states	Ms Mitchell	E200
10/10/2000 [X]Attention deficit hyperactivity disorder	Ms Mitchell	Eu900-1
26/08/1996 Gastro-oesophageal reflux	Ms Mitchell	J10y4-2

Past Problems	Authorised By	Code
15/08/2023 Falls	Ms Atkinson	16D
27/08/2022 Abscess NOS -Left Groin	PracAdmin Fleming	M03z1
10/08/2021 Atelectasis	Ms Hope	H580-1
10/08/2021 Illicit drug use on ward	Ms Hope	1V64
10/08/2021 Successful trial without catheter	Ms Hope	66K90
10/08/2021 Fixation of fracture of spine T12-L2	Ms Hope	7J43
03/08/2021 Closed fracture thoracic vertebra, burst T12	Ms Hope	S1020
28/05/2021 Failed encounter	Dr Fernandez	9N4
17/02/2020 Skin lesion	Mrs Allan	M2yz-1
13/10/2019 Lower resp tract infection	PracAdmin Fleming	H06z1
05/10/2019 Acute lower respiratory tract infection	Ms Mitchell	H062
17/05/2019 Deep vein thrombosis (Left)	PracAdmin Hume	G801-1
24/10/2018 Viral upper respiratory tract infection NOS	Mrs Allan	H05z-2
08/09/2016 Faint symptom	Dr Paulina	1B6-1
12/08/2016 Allergic reaction	Ms Waddell	SN530
07/06/2016 Gastroenteritis	Dr Emedo	J43-1
26/05/2016 Dysfunctional uterine bleeding	Dr Fernandez	K59yx-1
25/02/2016 Sore throat symptom	Ms Waddell	1C9
30/12/2015 Failed encounter	Dr Fernandez	9N4
06/05/2015 Other face injuries	Dr Lockens	SK10x
21/04/2015 Thumb pain (Left)	Dr Watt	N2450-1
18/09/2014 Oral thrush	Dr Dunlop	AB200-1
16/08/2013 Suspected UTI	Dr Paulina	1J4
24/07/2012 Postcoital bleeding	Dr Dunlop	K597
24/07/2012 Lower resp tract infection	Dr Dunlop	H06z1
31/08/2010 Lump in breast (Left)	Ms Mitchell	K3171
21/08/2010 Overdose of drug Overdose of opiates, Diazepam and Quetiapine.	Ms Mitchell	SL-5
14/07/2010 [D]Pyrexia of unknown origin	Ms Mitchell	R006
19/01/2010 Suicidal	Ms Mitchell	1B19
03/01/2010 Urinary tract infection, site not specified	Ms Mitchell	K190
23/02/2009 [X]Bipolar affective disorder, unspecified	Ms Waddell	Eu31z
18/10/2008 Overdose of drug Seroquel and Chlordiazepoxide.	Ms Mitchell	SL-5
10/06/2008 Overdose of drug Paracetamol.	Ms Mitchell	SL-5
10/06/2008 Intoxication - alcohol	Ms Mitchell	E250-4
30/06/2007 Visual hallucinations	Ms Mitchell	F481K
01/07/2008 Overdose of drug Overdose of Paracetamol.	Ms Mitchell	SL-5

28/04/2006	Superficial of injury finger(s) Soft tissue injury to left ring finger.	Ms Mitchell	SD5
10/10/2000	Personality disorders Personality development disorder.	Ms Mitchell	E21
06/06/1997	[V]Behavioural problems	Ms Mitchell	ZV40-1
20/05/1993	Otitis media NOS	Ms Mitchell	F52z

Health Admin Problems		Authorised By	Code
15/08/2023	CAT scan - brain	Ms Atkinson	5675
15/08/2023	Computerised tomograph scan Lumbar, cervical and thoracic spine.	Ms Atkinson	567-3
15/08/2023	Magnetic resonance imaging of spine Thoracic, lumbar/sacral spine.	Ms Atkinson	7P024
15/08/2023	Emergency hospital admission	Ms Atkinson	8H2
28/06/2022	CAT scan - pelvis - 15x 17 x28cms abscess in the L groin deep to the L CFA/CFV with a sinus extending to the skin surface	PracAdmin Fleming	567A
27/06/2022	Point of care D-dimer assay positive -diagnosed infected groin abscess	PracAdmin Fleming	42g3
27/06/2022	US doppler scan of vein of lower limb (Left)	PracAdmin Fleming	EMISNOUS25
27/06/2022	Emergency hospital admission	PracAdmin Fleming	8H2
10/08/2021	Computerised tomograph scan spine	Ms Hope	567-3
10/08/2021	Magnetic resonance imaging of spine associated retropulsion of fracture fragment into spinal canal compressing distal spinal cord	Ms Hope	7P024
10/08/2021	Non-urgent hospital admission	Ms Hope	8H3
03/08/2021	Computerised tomograph scan spine	Ms Hope	567-3
03/08/2021	Plain X-ray thoracic spine	Ms Hope	5255
03/08/2021	Emergency hospital admission	Ms Hope	8H2
13/10/2019	CT (computed tomography) of chest and abdomen	PracAdmin Fleming	56780
13/10/2019	ECG	PracAdmin Fleming	32-2
13/10/2019	Emergency hospital admission	PracAdmin Fleming	8H2
05/10/2019	Emergency hospital admission	Ms Mitchell	8H2
17/05/2019	Ultrasound scan of lower leg (Left)	PracAdmin Hume	58DF
17/05/2019	Computed tomography of pulmonary arteries	PracAdmin Hume	7P0J8-1
17/05/2019	Emergency hospital admission	PracAdmin Hume	8H2
15/07/2010	ECG	Ms Mitchell	32-2
15/07/2010	Standard chest X-ray	Ms Mitchell	535
15/07/2010	Diagnostic lumbar puncture	Ms Mitchell	7047-1
15/07/2010	CAT scan - brain	Ms Mitchell	5675
21/07/2006	Plain X-ray hand (Right)	Ms Mitchell	529

Investigations

Investigations	Authorised By	Code
09/06/2015 Cervical Cytology (Source: Manually filed) - Routine Recall -		4K22.

Values

Values			
Date	Last Entry	Normal Range Indicator	Normal Range
15/08/2023	CATscan - brain		
15/08/2023	Computerised tomograph scan Lumbar, cervical and thoracic spine.		
28/06/2022	CATscan - pelvis - 15x 17 x26cms abscess in the L groin deep to the L CFA/CFV with a sinus extending to the skin surface		
27/06/2022	Point of care D-dimer assay positive -diagnosed infected groin abscess		
27/06/2022	US doppler scan of vein of lower limb		
03/08/2021	Plain X-ray thoracic spine		
13/10/2019	CT (computed tomography) of chest and abdomen		
05/10/2019	Standard chest X-ray		
17/05/2019	Ultrasound scan of lower leg		
	O/E - BP reading - methadone= 35 mls daily supervised-key worker- sees every 2 months- on DTTO- still has 18 months to go- - says this is helpful for keeping her on straight and narrow- quite slow- you do wonder if there is anything else on board- wants another note fro DTTO- difficult to figure out if she has a headache or trying to get out of DTTO??		
03/08/2018	Blood pressure reading 120/70 mm Hg		
07/06/2016	O/E - pulse rate 98 beats/minute		
25/02/2016	Alcohol consumption 0 units/week		
25/02/2016	Body Mass Index 31.33	.....|	20-25
25/02/2016	O/E - weight 100.4 Kg	.....|	
25/02/2016	O/E - height 179 cm	.....|	10-250
09/06/2015	Cervical smear: negative Routine Recall -		
11/02/2011	Free T4 level 12.9 pmol/l	|.....	13-30
11/02/2011	Serum TSH level 0.58 mu/l		
11/02/2011	Full blood count - FBC		
11/02/2011	Blood urea 3.8 mmol/l		
11/02/2011	Serum creatinine 59 umol/L		
11/02/2011	Serum sodium 140 mmol/l	....|....	135-146
11/02/2011	Serum potassium 4.2 mmol/l	....|....	3.5-5
11/02/2011	Serum chloride 105 mmol/l	....|..	100-108
11/02/2011	Liver function test		
11/02/2011	Serum total bilirubin level 9 umol/l		
11/02/2011	Serum alkaline phosphatase 88 U/l		
11/02/2011	AST serum level 24 IU/L		
11/02/2011	ALTSGPT serum level 39 U/l	.....|	5-40
11/02/2011	Serum total protein 74 g/L		
11/02/2011	Serum albumin 44 g/l	....|...	34-48
11/02/2011	Serum globulin 30 g/L		
11/02/2011	Serum bicarbonate 26 mmol/l	....|....	22-30
21/07/2006	Plain X-ray hand		

Attachments

Attachments			Authorised By	Code
22/03/2024	Letter sent to patient 12m reg med Quetiapine blood appt invite	Document1.doc	PracAdmin Hill	9NC3
01/07/2022	Letter sent to patient IDD letter sent/Unable to contact on the phone	Document1.doc	PracAdmin Alexander	9NC3
31/05/2022	DNA surgery appointment - 2nd letter DNA 2 - emergency appt	Document1.doc (CONFIDENTIALITY POLICY HAS BEEN OVERRIDDEN)	PracAdmin Dunlop	EMISNQDN8
18/01/2022	Attachment DNA letter	DNA letter.doc	PracAdmin Fleming	EMISATTACHMENT
02/09/2021	Letter sent to patient IDD letter sent to patient	Document1.doc	PracAdmin Brown	9NC3
18/09/2020	Influenza vaccination invitation letter sent Under 65 At Risk Flu Invitation	Flu invite 18-64 with at risk condition.doc	Ms Mitchell	9OX6
22/10/2019	Letter sent to patient IDD letter to contact reception	Document1.doc	PracAdmin Torrance	9NC3
24/06/2019	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: asked to do sick line- I have no idea why; Duration: 21/06/2019 - 22/06/2019)	FitNote_574d9bb3-cad6-4afa-bfed-507cedeb3952.pdf	Dr Fernandez	9D15
21/05/2019	Letter sent to patient idd letter	Document1.doc	Hca Campbell	9NC3
25/04/2019	Mental health monitoring first letter	MH Annual Review.doc	PracAdmin Hume	9OI0
08/05/2018	Mental health monitoring first letter	MH Annual Review.doc	PracAdmin Hume	9OI0
10/07/2017	Letter sent to patient medication stopped	Document1.doc (CONFIDENTIALITY POLICY HAS BEEN OVERRIDDEN)	PracAdmin Dunlop	9NC3
12/12/2016	DNA surgery appointment - 1st letter Document1	Document1.doc	PracAdmin Brown	EMISNQDN7
26/07/2016	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Gastroenteritis; Duration: 23/07/2016 - 30/07/2016)	FitNote_e784ac26-863b-40cc-8de9-287b8fe0fee7.pdf	Dr Watt	9D15
07/06/2016	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Headache; Duration: 06/06/2016 - 07/06/2016)	FitNote_34480ebd-2562-4b92-b1bb-47ce937e21b4.pdf	Dr Emedo	9D15
18/02/2016	Letter sent to patient GP appointment reminder	GP appointment reminder.doc	PracAdmin Fleming	9NC3
10/12/2015	Appointment letter sent to patient contact reception/GP appt	Document1.doc	PracAdmin Johnston	9NC8
12/11/2015	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Mental health; Duration: 12/11/2015 - 12/05/2016)	FitNote_9e71bfb7-be2f-42fe-b7b9-38e7bf07c93c.pdf	Dr Paulina	9D15
05/10/2015	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X] Depressive episode; Duration: 14/09/2015 - 16/11/2015)	FitNote_6cb0756d-bb2f-46d7-9304-2fa51f7f55c0.pdf	Dr Amin	9D15
06/08/2015	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X] Depressive episode, and anxiety states; Duration: 04/08/2015 - 14/09/2015)	FitNote_8e8ff326-ca30-4d1a-b7c6-30627084fd14.pdf	Dr Amin	9D15
07/07/2015	Mental health monitoring administration	MH Annual Review.doc	PracAdmin Hume	9OI
15/06/2015	Mental health monitoring administration	MH Annual Review.doc	PracAdmin Hume	9OI
21/04/2015	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X] Depressive episode; Duration: 01/04/2015 - 03/06/2015)	FitNote_e77181e3-04ba-4d36-87fa-0fd117ca82fd.pdf	Dr Watt	9D15
04/03/2015	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X] Depressive episode; anxiety; personality disorder; drug abuse; Duration: 25/02/2015 - 01/04/2015)	FitNote_17a827bc-ede0-4261-9836-c524848cde96.pdf	Dr Mitchell	9D15
05/12/2014	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X] Depressive episode; anxiety; personality disorder; drug abuse; Duration: 03/12/2014 - 25/02/2015)	FitNote_56256ae0-3e42-4872-9373-08a3deb6a77.pdf	Dr Mitchell	9D15
31/10/2014	Letter sent to patient DNA1	Document1.doc	Miss Bell	9NC3

15/09/2014	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X] Depressive episode; anxiety, personality disorder; drug abuse; Duration: 10/09/2014 - 03/12/2014)	FitNote_bcf84e1f-36cc-4e9c-ad38-84471326a9a6.pdf	Dr Mitchell	9D15
19/08/2014	Mental health monitoring administration	MH Annual Review.doc	PracAdmin Hume	9OI
11/07/2014	Mental health monitoring administration	MH Annual Review.doc	PracAdmin Hume	9OI
05/06/2014	Mental health monitoring administration	MH Annual Review.doc	PracAdmin Hume	9OI
28/01/2014	Letter sent to patient mental health invite	Document1.doc	PracAdmin Hume	9NC3
27/08/2013	Mental health monitoring administration mental health	MH Annual Review.doc	PracAdmin Hume	9OI
05/08/2013	Mental health monitoring administration mental health	MH Annual Review.doc	PracAdmin Hume	9OI
05/02/2013	Appointment letter sent to patient mental health	MH Annual Review.doc	PracAdmin Hume	9NCB
09/01/2013	Mental health monitoring administration mental health	MH Annual Review.doc	PracAdmin Hume	9OI
28/11/2012	Mental health monitoring administration mental health review	MH Annual Review.doc	PracAdmin Hume	9OI
06/08/2012	Mental health monitoring administration mental health review	MH Annual Review.doc	PracAdmin Hume	9OI
03/07/2012	Mental health monitoring administration mental health review	MH Annual Review.doc	PracAdmin Hume	9OI
22/05/2012	Appointment letter sent to patient Mental Health Review	MH Annual Review.doc	PracAdmin Hume	9NCS
29/11/2011	Appointment letter sent to patient mental health review	MH Annual Review.doc	PracAdmin Hume	9NCB
11/10/2011	Appointment letter sent to patient Mental Health review	MH Annual Review.doc	PracAdmin Hume	9NCB

Due Diary Entries

Due Diary Entries		Authorised By	Code
26/08/2055	Influenza vaccination	Dr Fernandez	65E..
22/03/2025	High risk drug monitoring annual review	PracAdmin Hill	8BS3

Overdue Diary Entries

Overdue Diary Entries		Authorised By	Code
27/05/2022	Medication review OVERDUE	Dr Dunlop	8B314
24/04/2020	Primary care mental health review OVERDUE	PracAdmin Hume	EMISQPR7
25/02/2017	O/E - blood pressure reading OVERDUE	Ms Waddell	246
24/02/2017	Health ed. - smoking OVERDUE	Ms Waddell	6791.

Drug Allergies

Drug Allergies		Authorised By	Code
12/08/2016	Allergic reaction	Ms Waddell	SN530

Referrals

Referrals		Authorised By	Code
22/08/2023	No follow-up arranged No Follow Up Necessary	Pham Tech Cunningham	8HA
18/08/2023	Discharged from hospital	Pham Tech Cunningham	8HE
15/08/2023	Admission to hospital	Pham Tech Cunningham	8Hd
15/08/2023	Emergency hospital admission	Ms Atkinson	8H2
01/07/2022	Discharged from hospital	Anp Kimmelt	8HE
27/06/2022	Emergency hospital admission	PracAdmin Fleming	8H2
01/09/2021	Discharged from hospital	Ms Woodburn	8HE
10/08/2021	Non-urgent hospital admission	Ms Hope	8H3
03/08/2021	Emergency hospital admission	Ms Hope	8H2
21/10/2019	Discharged from hospital	Anp Kimmelt	8HE
13/10/2019	Emergency hospital admission	PracAdmin Fleming	8H2
10/10/2019	Discharged from hospital	Anp Kimmelt	8HE
05/10/2019	Emergency hospital admission	Ms Mitchell	8H2
20/05/2019	Discharged from hospital	Mrs Allan	8HE
17/05/2019	Emergency hospital admission	PracAdmin Hume	8H2
21/10/2009	Child and adolescent psychiatry referral Seafeld Base	Ms Mitchell	EMISSPR711

Immunisations

Immunisations	Authorised By	Code
12/05/2022	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Pfizer (NHS Ayrshire & Arran Mobile Vaccination Clinic) FN4817/ PF/IM/Right Arm/C-19 Pfizer (NHS Ayrshire & Arran Mobile Vaccination Clinic)	*ESCT1348323
11/02/2014	Seasonal influenza vaccin given by other healthcare provider	PracAdmin Hume 65E20

Health Status

Health Status	
09/06/2015	Cervical smear result Cervical smear: negative
25/02/2016	Height 179 cm
25/02/2016	Weight 100.4 Kg
25/02/2016	Body Mass Index 31.33 kg/m2
03/08/2018	Blood pressure reading O/E - BP reading
03/08/2018	Blood pressure reading 120/70 mm Hg
25/02/2016	Smoking Status Current smoker

Miscellaneous

Other Observations	Authorised By	Code
21/04/2024 SMS text message sent to patient [REDACTED] Appointment reminder On: 22/04/2024 14:30 With: Anp McInroy Please note the cancellation service will cancel the last appointment booked. If you have more than 1 appointment you must call the practice to ensure the correct appointment is cancelled. Text CANCEL to 07860035293 or contact your branch on 421157 or 661286.	PracAdmin [REDACTED]	9N3G
16/04/2024 Failed encounter	PN Speirs	9N4
16/04/2024 Failed encounter	Hca [REDACTED]	9N4
15/04/2024 SMS text message sent to patient [REDACTED] Appointment reminder On: 16/04/2024 15:40 With: PN Speirs Please note the cancellation service will cancel the last appointment booked. If you have more than 1 appointment you must call the practice to ensure the correct appointment is cancelled. Text CANCEL to 07860035293 or contact your branch on 421157 or 661286.	PracAdmin [REDACTED]	9N3G
15/04/2024 SMS text message sent to patient [REDACTED] Appointment reminder On: 16/04/2024 15:30 With: Hca Campbell Please note the cancellation service will cancel the last appointment booked. If you have more than 1 appointment you must call the practice to ensure the correct appointment is cancelled. Text CANCEL to 07860035293 or contact your branch on 421157 or 661286.	PracAdmin [REDACTED]	9N3G
13/02/2024 Outpatient letter (Addictions) - Methadone reduced from 40ml to 35ml with a view to changing over to Buprenorphine or Eszopiclone.	Pharm Tech Bothwell	9bK1
19/01/2024 SMS text message sent to patient [REDACTED] NHS Ayrshire & Arran are hosting a cervical screening clinic at Connaught Hospital on Saturday 3rd of February. To book at this clinic please phone [REDACTED] and leave your details. You can also book with the practice nurse at the GP Practice by calling your branch on 421157 or 661286. Kind Regards Tanyard Muirkirk Medical Group	PracAdmin Fleming	9N3G
05/12/2023 SMS text message sent to patient [REDACTED] TMMG patients and carers, on Monday 11th of December a new telephone system will be in operation. We invested in this new system following patient feedback in the hope of improving services and we ask for your patience during this transition. Kind Regards -Tanyard Muirkirk Medical Group	PracAdmin Fleming	9N3G
17/10/2023 Suspected UTI (REVIEW)	PN Speirs	1J4
22/08/2023 Medication reconciliation	Pharm Tech Cunningham	8B318
22/08/2023 Medication commenced Trimethoprim 200mg BD for 3 days	Pharm Tech Cunningham	8B313
25/03/2023 Cervical smear defaulter Exclusion From SCCRS Until 25/06/2027. Reason: Defaulter	PracAdmin Hume	9O8S
01/07/2022 Abscess NOS (REVIEW)	Anp Kimmet	M03z1
01/07/2022 New medication commenced morphine, doxycycline, cyclizine	Anp Kimmet	8B3A3
31/05/2022 Failed encounter	Anp Stewart	9N4
06/04/2022 Osteoarthritis of lumbar spine (REVIEW)	Dr Paulina	N11D2
18/01/2022 Failed encounter (REVIEW)	Dr Church	9N4
08/12/2021 Failed encounter	Dr Mitchell	9N4
06/12/2021 SMS text message sent to patient [REDACTED] Appointment reminder On: 08/12/2021 15:20 With: Dr Mitchell Text CANCEL to [REDACTED] or contact the surgery to cancel this appointment. Please attend alone if possible, and don't attend too early or too late for your appointment. Please cancel if you have Covid symptoms or have been told to isolate. Social distancing and face mask measures must be adhered to. Please be mindful your appointment with the clinician is for 10 minutes. You may be asked to rebook if you have multiple issues.	Dr Messenger	9N3G
22/11/2021 Failed encounter	Hca Campbell	9N4
20/11/2021 SMS text message sent to patient [REDACTED] Appointment reminder On: 22/11/2021 14:10 With: Mr Campbell Text CANCEL to [REDACTED] or contact the surgery to cancel this appointment. Please attend alone if possible, and don't attend too early or too late for your appointment. Please cancel if you have Covid symptoms or have been told to isolate. Social distancing and face mask measures must be adhered to. Please be mindful your appointment with the clinician is for 10 minutes. You may be asked to rebook if you have multiple issues.	Dr Messenger	9N3G
17/11/2021 Osteoarthritis of lumbar spine (REVIEW)	Mrs Allan	N11D2
15/11/2021 SMS text message sent to patient [REDACTED] Appointment reminder On: 17/11/2021 09:00 With: Mrs Allan Text CANCEL to [REDACTED] or contact the surgery to cancel this appointment. Please attend alone if possible, and don't attend too early or too late for your appointment. Please cancel if you have Covid symptoms or have been told to isolate. Social distancing and face mask measures must be adhered to. Please be mindful your appointment with the clinician is for 10 minutes. You may be asked to rebook if you have multiple issues.	Dr Messenger	9N3G
06/10/2021 Closed fracture thoracic vertebra, burst (REVIEW)	Anp McInroy	S1020

03/09/2021	Closed fracture thoracic vertebra, burst (REVIEW)	Dr Fernandez	S1020
	SMS text message sent to patient [REDACTED] Appointment reminder On: 03/09/2021 16:10 With: Dr Fernandez Text CANCEL to 07860035293 or contact the surgery to cancel this appointment. Please attend alone if possible, and don't attend too early or too late for your appointment. Please cancel if you have Covid symptoms or have been told to isolate. Social distancing and face mask measures must be adhered to. Please be mindful your appointment with the clinician is for 10 minutes. You may be asked to rebook if you have multiple issues.		
01/09/2021		Dr Messenger	9N3G
01/09/2021	New medication commenced Amitriptyline, diazepam, ibuprofen, ralvo, faxido, omeprazole, paracetamol, senna	Ms Woodbum	8B3A3
03/08/2021	Successful trial without catheter	Ms Hope	66K90
27/05/2021	Medication review done	Dr Dunlop	8B3V
	SMS text message sent to patient [REDACTED] If you have an appt @ GP surgery coming up please DO NOT attend. Clinician will phone you to triage/discuss. If you no longer require your appointment/wish to cancel please contact surgery or click link in your text reminder (blood test appts already booked excluded from this)		
17/03/2020		Dr Messenger	9N3G
	SMS text message sent to patient [REDACTED] CORONAVIRUS DO NOT COME TO THE SURGERY if you have a fever, cough, shortness of breath, flu symptoms or have had direct contact with Covid 19. Contact us via telephone only on 421157 or if out of hours on 111		
13/03/2020		Dr Messenger	9N3G
01/03/2020	SMS text message sent to patient [REDACTED] Appointment reminder On: 02/03/2020 15:10 With: Dr [REDACTED] Text CANCEL to [REDACTED] or contact the surgery to cancel this appointment	Dr Messenger	9N3G
17/02/2020	[X]Emotionally unstable personality disorder (REVIEW)	Mrs Allan	Eu603
04/02/2020	Failed encounter	Anp Stewart	9N4
	SMS text message sent to patient [REDACTED] Appointment reminder On: 04/02/2020 09:20 With: Ms [REDACTED] Text CANCEL to [REDACTED] or contact the surgery to cancel this appointment		
03/02/2020		Dr Messenger	9N3G
21/10/2019	Lower resp tract infection (REVIEW)	Anp Kimmitt	H08z1
13/10/2019	[X]Emotionally unstable personality disorder (REVIEW)	PracAdmin Fleming	Eu603
10/10/2019	Acute lower respiratory tract infection (REVIEW)	Anp Kimmitt	H082
19/09/2019	Medication review done	Dr Dunlop	8B3V
23/07/2019	Deep vein thrombosis (Left) (REVIEW)	Dr Lockens	G801-1
	SMS text message sent to patient [REDACTED] Appointment reminder On: 14/06/2019 09:20 With: Dr Watt Text CANCEL to 07860035293 or contact the surgery to cancel this appointment		
13/06/2019		Dr Messenger	9N3G
	SMS text message sent to patient [REDACTED] Appointment reminder On: 22/05/2019 11:20 With: Ms McInroy Text CANCEL to [REDACTED] or contact the surgery to cancel this appointment		
21/05/2019		Dr Messenger	9N3G
20/05/2019	Medication commenced edoxaban 60mg daily for 3 months only	Mrs Allan	8B313
	SMS text message sent to patient [REDACTED] Appointment reminder On: 17/05/2019 14:30 With: Mrs Kimmitt Text CANCEL to [REDACTED] or contact the surgery to cancel this appointment		
17/05/2019		Dr Messenger	9N3G
25/02/2019	Cervical smear defaulter Exclusion From SCCRS Until 25/05/2021. Reason: Defaulter	Ms Mitchell	9O8S
	SMS text message sent to patient [REDACTED] Appointment reminder On: 25/02/2019 14:40 With: Ms McInroy Text CANCEL to [REDACTED] or contact the surgery to cancel this appointment		
24/02/2019		Dr Messenger	9N3G
	SMS text message sent to patient [REDACTED] Appointment reminder On: 21/02/2019 10:10 With: Dr [REDACTED] Text CANCEL to [REDACTED] or contact the surgery to cancel this appointment		
20/02/2019		Dr Messenger	9N3G
02/11/2018	Virat upper respiratory tract infection NOS (REVIEW)	Dr Amin	H05z-2
04/08/2018	Notes summary on computer	Ms Mitchell	9344
03/08/2018	Headache (REVIEW)	Dr Fernandez	1B1G
27/07/2018	Medication review done	Dr Mitchell	8B3V
27/07/2018	Headache (REVIEW)	Dr Mitchell	1B1G
23/07/2018	Medication review done	Dr Amin	8B3V
02/05/2018	Failed encounter	Anp Kimmitt	9N4
	SMS text message sent to patient [REDACTED] Appointment reminder On: 02/05/2018 15:40 With: Mrs Kimmitt Text CANCEL to [REDACTED] or contact the surgery to cancel this appointment		
01/05/2018		Dr Messenger	9N3G
	SMS text message sent to patient [REDACTED] Appointment reminder On: 10/04/2018 09:50 With: Ms Nimmo Text CANCEL to [REDACTED] or contact the surgery to cancel this appointment		
09/04/2018		Dr Messenger	9N3G
10/07/2017	Drug addicn therap-methadone (REVIEW)	Dr Dunlop	8B23-1
03/05/2017	Failed encounter Dr Chaudhary	Ms McCann	9N4
05/04/2017	Medication review done	Dr Lockens	8B3V
01/03/2017	Failed encounter	Ms Nimmo	9N4
27/02/2017	Failed encounter	Hca Campbell	9N4
23/11/2016	Failed encounter	Dr Paulina	9N4
26/07/2016	Gastroenteritis (REVIEW)	Dr Watt	J43-1

07/06/2016	Headache (REVIEW)	Dr Emedo	1B1G
■■■■■	O/E - pulse rhythm regular	Dr Emedo	2431
■■■■■	Failed encounter	Miss Bell	9N4
25/02/2016	[X]Bipolar affective disorder, unspecified (REVIEW)	Ms Waddell	Eu31z
25/02/2016	Psoriasis and similar disorders (REVIEW)	Ms Waddell	M16
25/02/2016	Lifestyle counselling	Ms Waddell	67H
25/02/2016	Smoking cessation advice	Ms Waddell	8CAL
25/02/2016	Care Programme Approach review	PracAdmin Hume	8CG6
25/02/2016	Primary care mental health review	PracAdmin Hume	EMISQPR7
25/02/2016	Psychiatry care plan	PracAdmin Hume	8CM2
25/02/2016	Mental health medication review	PracAdmin Hume	8BM0
25/02/2016	Mental health review	PracAdmin Hume	6A6
25/02/2016	Current smoker	Ms Waddell	137R
10/12/2015	[X]Depressive episode (REVIEW)	Dr Paulina	Eu32
20/11/2015	Medication review done	Dr Mitchell	8B3V
12/11/2015	[X]Depressive episode (REVIEW)	Dr Paulina	Eu32
05/10/2015	[X]Depressive episode (REVIEW)	Dr Amin	Eu32
06/08/2015	[X]Depressive episode (REVIEW)	Dr Amin	Eu32
21/07/2015	DNA - Did not attend mental health review	Ms Waddell	9N4t
25/06/2015	DNA - Did not attend mental health review	Ms Waddell	9N4t
13/05/2015	Other face injuries (REVIEW)	Dr Javed	SK10x
21/04/2015	[X]Depressive episode (REVIEW)	Dr Watt	Eu32
04/03/2015	Personality disorders (REVIEW)	Dr Mitchell	E21
04/03/2015	Benzodiazepine dependence (REVIEW)	Dr Mitchell	E241-3
04/03/2015	[X]Depressive episode (REVIEW)	Dr Mitchell	Eu32
05/12/2014	Personality disorders (REVIEW)	Dr Mitchell	E21
05/12/2014	Benzodiazepine dependence (REVIEW)	Dr Mitchell	E241-3
05/12/2014	[X]Depressive episode (REVIEW)	Dr Mitchell	Eu32
21/10/2014	Medication review done	Dr Powell	8B3V
15/09/2014	Personality disorders (REVIEW)	Dr Mitchell	E21
15/09/2014	Benzodiazepine dependence (REVIEW)	Dr Mitchell	E241-3
15/09/2014	[X]Depressive episode (REVIEW)	Dr Mitchell	Eu32
04/09/2014	DNA - Did not attend mental health review	Ms Waddell	9N4t
28/07/2014	DNA - Did not attend mental health review	Ms Waddell	9N4t
22/07/2014	[X]Depressive episode (REVIEW)	Dr Church	Eu32
18/06/2014	DNA - Did not attend mental health review	Ms Waddell	9N4t
10/06/2014	Personality disorders (REVIEW)	Dr Mitchell	E21
10/06/2014	Anxiety states (REVIEW)	Dr Mitchell	E200
10/06/2014	MED3 issued to patient C12 from 18/5/14 "Hx drug abuse; anxiety and depression; (hep C)"	Dr Mitchell	9D11
10/06/2014	[X]Depressive episode (REVIEW)	Dr Mitchell	Eu32
23/01/2014	Lifestyle counselling	Anp Stewart	67H
23/01/2014	Smoking cessation advice	Anp Stewart	8CAL
23/01/2014	Current smoker	Anp Stewart	137R
24/09/2013	Medication review done	Dr Mitchell	8B3V
11/09/2013	DNA - Did not attend mental health review	Ms Waddell	9N4t
05/09/2013	[X]Bipolar affective disorder, unspecified (REVIEW)	Dr Dunlop	Eu31z
15/08/2013	DNA - Did not attend mental health review	Ms Waddell	9N4t
25/03/2013	Cervical smear defaulter Exclusion From SCCRS Until 25/06/2015. Reason: Defaulter	Ms Mitchell	9O8S
19/02/2013	DNA - Did not attend mental health review	Ms Waddell	9N4t
16/01/2013	DNA - Did not attend mental health review	Ms Waddell	9N4t
10/12/2012	DNA - Did not attend mental health review	Ms Waddell	9N4t
31/10/2012	Anxiety states (REVIEW)	Dr Watt	E200
08/10/2012	Benzodiazepine dependence (REVIEW)	Dr Powell	E241-3
07/09/2012	Medication review done	Dr Church	8B3V
16/08/2012	DNA - Did not attend mental health review	Ms Waddell	9N4t
17/07/2012	DNA - Did not attend mental health review	Ms Waddell	9N4t
08/06/2012	DNA - Did not attend mental health review	Ms Waddell	9N4t
16/05/2012	Current smoker	PracAdmin Hume	137R
16/05/2012	Smoking cessation advice	PracAdmin Hume	8CAL
21/07/2011	Heroin dependence (REVIEW)	Dr Quinn	E240-1
25/06/2011	Cervical smear defaulter Exclusion From SCCRS Until 25/09/2013. Reason: Defaulter	Ms Mitchell	9O8S
17/06/2011	[X]Bipolar affective disorder, unspecified (REVIEW)	Dr Dunlop	Eu31z
06/06/2011	[X]Bipolar affective disorder, unspecified (REVIEW)	Dr Dunlop	Eu31z
11/02/2011	Mental health review	Ms Waddell	6A6
11/02/2011	Mental health personal health plan	Ms Waddell	8CR7
11/02/2011	Psychiatry care plan	Ms Waddell	8CM2

11/02/2011	White British - ethnic category 2001 census	Ms Waddell	9I00
22/01/2011	Notes summary on computer	Ms Mitchell	9344
22/01/2011	Total notes on computer	Ms Mitchell	9346
18/01/2011	MH monitoring third letter \80171PCS\NetworkShare\80171\Letters\MH9 INVITE_18012011085533195.doc	Ms Hume	9OI2
30/12/2010	Notes summary on computer	Ms Mitchell	9344
20/12/2010	MH monitoring second letter \80171PCS\NetworkShare\80171\Letters\MH9 INVITE_20122010094945989.doc	Ms Hume	9OI1
20/12/2010	MH monitoring second letter \80171PCS\NetworkShare\80171\Letters\MH9 INVITE_20122010094945989.doc	Ms Hume	9OI1
04/11/2010	Medication review done	Dr Church	8B3V
25/10/2010	MH monitoring first letter \80171PCS\NetworkShare\80171\Letters\MH9 INVITE_25102010104858180.doc	Ms Malone	9OI0
14/10/2010	(X)Bipolar affective disorder, unspecified (REVIEW)	Dr Geddes	Eu31z
08/10/2010	Current smoker	Ms Waddell	137R
08/10/2010	Smoking cessation advice	Ms Waddell	8CAL
08/10/2010	Health ed. - smoking	Ms Waddell	6791
08/10/2010	Lifestyle counselling	Ms Waddell	67H
07/10/2010	Scottish - ethnic category 2001 census	Ms Mitchell	9I21
02/10/2010	Primary care mental health review	PracAdmin Hume	EMISQPR7
20/07/2009	MED3 issued to patient Mental health issues - indefinite.	Ms Mitchell	9D11
19/01/2009	MED3 issued to patient Mental health issues - six months.	Ms Mitchell	9D11
01/12/2008	MED3 issued to patient Mental health issues - two months.	Ms Mitchell	9D11
07/11/2008	MED3 issued to patient	Ms Mitchell	9D11
16/10/2008	Death of [REDACTED]	Ms Mitchell	13M7
23/09/2008	Death of [REDACTED]	Ms Mitchell	13M8

Consultations

Consultations	
<u>23/04/2024 09:43</u>	<u>PN Claire Davidson at Triage Telephone Consultation</u>
History	triage - number busy, unable to leave message
<u>16/04/2024 15:52</u>	<u>PN Kelsey Speirs at Tanyard Medical Practice</u>
History	Failed encounter
<u>16/04/2024 15:43</u>	<u>Hca Craig Campbell at Tanyard Medical Practice</u>
Comment	Failed encounter
<u>22/03/2024</u>	<u>PracAdmin Kim Hill at Externally Entered</u>
Additional	Letter sent to patient 12m reg med Quetiapine blood appt invite
<u>13/02/2024 11:36</u>	<u>Pharm Tech Sarah Bothwell at Tanyard Medical Practice</u>
Comment	Outpatient letter (Addictions) - Methadone reduced from 40ml to 35ml with a view to changing over to Buprenorphine or Espranor.
<u>17/10/2023 14:54</u>	<u>PN Kelsey Speirs at Telephone Call</u>
Problem (REVIEW)	Suspected UTI
History	thinks has uti - increased frequency stinging pain - strong smell from urine - no abdo pain normal back pain - no haematuria - cloudy - will issue as below mssu if not settling
Medication	Trimethoprim Tablets 200 mg 14 tablet ONE TO BE TAKEN TWICE A DAY
<u>22/08/2023 14:19</u>	<u>Pharm Tech Craig Cunningham at Data Entry</u>
Problem	IDL - Patient admitted to Ward 2B due to a fall. Pt had reduced sensation in left leg. Reviewed by consultant and fit for discharge.
History	Discharged from hospital Admission to hospital
Comment	Medication commenced Trimethoprim 200mg BD for 3 days
Additional	No follow-up arranged No Follow Up Necessary Medication reconciliation
<u>15/08/2023</u>	<u>Ms Laura Atkinson at Tanyard Medical Practice</u>
Problem (NEW)	Emergency hospital admission
Problem (FIRST)	Falls
Problem (NEW)	Magnetic resonance imaging of spine Thoracic, lumbar/sacral spine.
Problem (NEW)	Computerised tomograph scan Lumbar, cervical and thoracic spine.
Problem (NEW)	CATscan - brain
<u>21/04/2023 15:42</u>	<u>PN Claire Davidson at Telephone Call</u>
History	triage - calling in as she has been experiencing pv bleeding since yesterday. advised she hasn't had a period in over 5 years. advised she wakened up soaking from the waist down covered in blood. advised she is currently using maxi pads and tampons and having to change them 2-4 hourly. offered appt but unable to attend, self care advice given aware to monitor over the weekend and call 111 if any worsening. patient happy with same.
<u>28/12/2022 08:25</u>	<u>PN Claire Davidson at Telephone Call</u>
History	triage - calling in as she has been unwell for 6/7. advised she is feeling chesty, coughing up a dirty phlegm. facial swelling and pressure to the sinus area. px issued. self care advice given. worsening statement given.
Medication	Amoxicillin Capsules 500 mg 30 capsule 2 CAPS TDS Xylometazoline Hydrochloride Nasal spray 0.1 % 1 SPRAY ONE SPRAY INTO EACH NOSTRIL TWO TO THREE TIMES DAILY WHEN REQUIRED
<u>28/12/2022 08:03</u>	<u>PracAdmin Maureen Alexander at Tanyard Medical Practice</u>
Comment	passed from OOH, they have tried to contact several times but no answer on phone, fever, cough with headache over the last 5 days, dizzy on standing - added to triage
<u>20/07/2022 16:02</u>	<u>PN Kelsey Speirs at Tanyard Medical Practice</u>

History	numbness and weakness in hand since this morning had similar before when broke back but came back after a day or two but today no power in hand at all advised hosp for same
<u>01/07/2022 15:27</u>	<u>Anp Leigh Kimmelt at Data Entry</u>
Problem (REVIEW)	Abscess NOS
History	Discharged from hospital
Additional	New medication commenced morphine, doxycycline, cyclizine
<u>28/06/2022</u>	<u>PracAdmin Sheena Fleming at Tanyard Medical Practice</u>
Problem (FIRST)	CATscan - pelvis - 15x 17 x26cms abscess in the L groin deep to the L CFA/CFV with a sinus extending to the skin surface
<u>27/06/2022</u>	<u>PracAdmin Sheena Fleming at Tanyard Medical Practice</u>
Problem (NEW)	Emergency hospital admission
Problem (FIRST)	Abscess NOS -Left Groin
Problem (FIRST)	US doppler scan of vein of lower limb (Left)
Problem (FIRST)	Point of care D-dimer assay positive -diagnosed infected groin abscess
<u>31/05/2022 15:53</u>	<u>Anp Jacqueline Stewart at Tanyard Medical Practice</u>
History	Failed encounter
<u>31/05/2022 14:03</u>	<u>PN Claire Davidson at COVID 19 Phone Consultation</u>
History	triage - feels very unwell, advised that she is unable to feel her hands, temp through touch, advised that she is very shivery and is experiencing worsenign dizziness, mobile with crutches, is passing urine, advised that she feels terrible, appt givne for review
<u>16/05/2022</u>	
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Pfizer (NHS Ayrshire & Arran Mobile Vaccination Clinic) FN4817/ PF/IM/Right Arm/C-19 Pfizer (NHS Ayrshire & Arran Mobile Vaccination Clinic)
<u>06/04/2022 14:56</u>	<u>Dr Awfa Paulina at Tanyard Medical Practice</u>
Problem (REVIEW)	Osteoarthritis of lumbar spine
History	on going problem with back and operation in the past
Social	long consultation as she demanding treatment and threatment suicide if she is got nothing.
Medication	Tegretol Prolonged Release M/R tablets 200 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY
<u>29/03/2022 15:37</u>	<u>PracAdmin Maureen Alexander at Tanyard Medical Practice</u>
Comment	patient advised to go to A&E as per on call DR Watt
<u>29/03/2022 15:36</u>	<u>PN Claire Davidson at COVID 19 Phone Consultation</u>
History	phoned in with a worsening back pain following a fall 2/7, does have a hx of spinal #, new pins and needles, advised to attend a+e
<u>18/01/2022 09:21</u>	<u>Dr Paul Church at COVID 19 Phone Consultation</u>
Problem (REVIEW)	Failed encounter
History	Note 3rd DNA since November
Comment	no reply - message left on answer phone to reschedule if appt still required
<u>13/12/2021 12:55</u>	<u>Nurse Marie Chalmers at Tanyard Medical Practice</u>
Comment	called asking for house call re cant make it down she needs to go for pcr suggested to drink parar etc again not happy she has to get this as cant get out
<u>10/12/2021 09:50</u>	<u>Nurse Marie Chalmers at Tanyard Medical Practice</u>
Comment	mgs to call back
<u>08/12/2021 15:27</u>	<u>Dr Fiona Mitchell at Data Entry</u>
History	Failed encounter
<u>06/12/2021 13:22</u>	<u>Nurse Marie Chalmers at Tanyard Medical Practice</u>
Comment	spoke to dramin and ref to RADAR

06/12/2021 12:21	<u>Dr Mutaz Amin at Data Entry</u>
Comment	see below, looking for Diazepam, ongoing mental health issues, I suggest she self refer to addictions/RADAR if there is any associated addiction issues, if it's purely mental health, she can have a call with Olivia our MHP in the first instance.
06/12/2021 11:27	<u>Nurse Marie Chalmers at Tanyard Medical Practice</u>
Comment	once again asking gp to discuss pain diazepam mental health meds etc long chat but still not wanting nurse but gp next app 22 dec ref and discuss with on call
22/11/2021 14:20	<u>Hca Craig Campbell at Tanyard Medical Practice</u>
Comment	Failed encounter
17/11/2021 09:10	<u>Mrs Agnes Allan at Tanyard Medical Practice</u>
Problem (REVIEW)	Osteoarthritis of lumbar spine
Examination	asking about pain relief for back, only on ralvo plaster, hep c +ve, last lft's not bad, not wanting opiates as on methadone programme, note question about continuing diazepam, not on rpt meds as per docman comments, nsaid and ppi started, will try paracetamol bd dose and get lft's updated, as per last consult to d/w gp re diazepam
Medication	Etoricoxib Tablets 30 mg 56 tablet ONE TABLET DAILY Omeprazole Capsules (Gastro-Resistant) 20 mg 56 capsule ONE TO BE TAKEN EACH DAY Amitriptyline Hydrochloride Tablets 25 mg 56 tablet ONE TABLET DAILY
Test Request	LFTs
06/10/2021 14:55	<u>Ann Nicola McInroy at Telephone Consultation</u>
Problem (REVIEW)	Closed fracture thoracic vertebra, burst
History	as per reception - was given a script for Diazepam 2mg mane and 5mg nocte, was expecting further script for reducing further. for 2mg BD and review with TF as already planned thereafter.
Comment	handwritten note on script to advise needs GP appt prior to further issue
Medication	Diazepam Tablets 2 mg 56 tablet ONE BD - DISPENSE 14 WEEKLY
06/10/2021 14:37	<u>Ms Amanda McMillan at Tanyard Medical Practice</u>
Comment	Patient asking for appt with GP, needs script for diazepam stop her having seizures, advised routine appt about 2/52 away, asked for call back as can't be left without this medication.
07/09/2021 15:52	<u>Dr Karen Watt at Data Entry</u>
History	came to desk asking for oxycodone discharge letter says not to continue dr fernandez wrote not to continue - amt and ralvo still not issued and could take .
03/09/2021 16:35	<u>Dr Tona Fernandez at Tanyard Medical Practice</u>
History	temp address 74 keir Hardie Hill- have have also given naloxone kit at her request
03/09/2021 16:19	<u>Dr Tona Fernandez at Tanyard Medical Practice</u>
Problem (REVIEW)	Closed fracture thoracic vertebra, burst
History	note has been discharged on diazepam- discussed that this will not be a for ever medication- seems to understand- back on 40 mls methadone- not oxycodone and diazepam- have agreed to a slow detox- not entirely sure why she ended up on it - will need to liaise with me after 4 weeks
Medication	Diazepam Tablets 2 mg 28 tablet ONE IN THE MORNING DISPENSE 7 WEEKLY Diazepam Tablets 5 mg 28 TABLET ONE TO BE TAKEN AT NIGHT DISPENSE 7 WEEKLY
01/09/2021 16:19	<u>Ms Diane Woodburn at Data Entry</u>
History	Discharged from hospital
Comment	Meds added from IDL as acutes - nil issued. Has review with TF on 3/9/21. Assess what to continue and change to repeat if appropriate or delete if not.
Medication	Amitriptyline Hydrochloride Tablets 25 mg 56 tablet ONE TO BE TAKEN AT NIGHT DISP WEEKLY Diazepam Tablets 5 mg 56 tablet ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY Ralvo Medicated Plaster 700 mg 60 patch APPLY IN THE MORNING AND REMOVE AT NIGHT (12HOURS ON 12HOURS OFF) Laxido Orange Oral Powder Sachets Sugar Free 30 SACHET ONE SACHET A DAY WHEN REQUIRED FOR CONSTIPATION. DISSOLVE IN AT LEAST HALF A GLASS OF WATER.

	Paracetamol Tablets 500 mg 100 TABLET TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED Senna Tablets 7.5 mg 60 TABLET TAKE TWO TABLETS AT NIGHT PRN CONSTIPATION
Additional	New medication commenced Amitriptyline, diazepam, ibuprofen, ralvo, laxido, omeprazole, paracetamol, senna
01/09/2021 14:28	<u>PN Adele Riddicks at Telephone Consultation</u>
History	Discharged from x-house/queen elizabeth hospital looking for diazepam was taken Smgs bd, only has enough left for 3 days been advised by hospital to get reviewed by gp if requires any further appt given
10/08/2021	<u>Ms Linda Hope at Data Entry</u>
Problem (FIRST)	Non-urgent hospital admission
Problem (FIRST)	Fixation of fracture of spine T12-L2
Problem (FIRST)	Successful trial without catheter
Problem (FIRST)	Illicit drug use on ward
Problem (FIRST)	Magnetic resonance imaging of spine associated retropulsion of fracture fragment into spinal canal compressing distal spinal cord
Problem (FIRST)	Spinal cord compression
Problem (FIRST)	Osteoarthritis of lumbar spine L3-L4 & L4-L5
Problem (NEW)	Computerised tomograph scan spine
Problem (FIRST)	Atelectasis
03/08/2021	<u>Ms Linda Hope at Data Entry</u>
Problem (NEW)	Emergency hospital admission
Problem (FIRST)	Plain X-ray thoracic spine
Problem (FIRST)	Computerised tomograph scan spine
Problem (FIRST)	Closed fracture thoracic vertebra, burst T12
Problem	Successful trial without catheter
28/05/2021 12:41	<u>Dr Tona Fernandez at Data Entry</u>
Problem (NEW)	Failed encounter
History	please note encounter yesterday
27/05/2021	<u>PracAdmin Sally Johnston at Tanyard Medical Practice</u>
Comment	pt presented at desk after being at walk in with Gillian Wright states needed emergency appointment pt had no phone. I spoke with Gillian who stated tomorrow would do after speaking to triage. Advised by triage to change red slot for Friday 28/5 with Dr. Fernandez pt was not happy about this and asked for my name I declined. Gillian Wright came and spoke to patient and advised her that if she needed anything she had to go to A/E.
19/03/2021 14:36	<u>Secretary Catherine Lowe at Tanyard Medical Practice</u>
Comment	PIP - KW - posted 30.03.2021
31/08/2020	<u>Nurse Marie Chalmers at Tanyard Medical Practice</u>
Comment	presented at the surgery has no phone !! asked for app re has a lump on her head which is growing she thinks this is having effect on her headaches etc , she also stated she thinks this is making her sick at times , routine app given
07/04/2020 15:12	<u>Ms Danielle Withers at COVID 19 Phone Consultation</u>
History	Triage - has persistent back pain, has had it for past few months, been taking co-codamol and ibuprofen, states not helping, hasn't injured it recently, has tried deep heat and other gels, bowels moving, not eating very much recently, not been eating much, on the methadone programme, advised co-codamol additive, to persevere with paracetamol and ibuprofen and try rub.
Medication	Ibuprofen Gel 5 % 50 GRAM APPLY THREE TIMES A DAY

<u>17/02/2020 15:43</u>	<u>Mrs Agnes Allan at Tanyard Medical Practice</u>
Problem (REVIEW)	[X]Emotionally unstable personality disorder recent bereavement of [REDACTED] feeling overwhelmed at times, has misplaced some of her quetiapine, gets new px on wednesday, offered counselling by DTQ officer, not taken this up yet, advised to do so, signposted to CRUSE, not suicidal, trying hard with methadone programme
Examination	
Medication	Quetiapine Fumarate M/R tablets 200 mg 4 tablet ONE TO BE TAKEN TWICE DAILY
-----	-----
Problem (FIRST)	Skin lesion
Examination	x 3 skin lesions on left forearm, has been picking at them, slightly infected
Medication	Fusidic Acid Cream 2 % 30 GRAM APPLY THREE TO FOUR TIMES A DAY
<u>17/02/2020 15:31</u>	<u>PN Adele Riddicks at Telephone Consultation</u>
History	Presented at front desk, [REDACTED] passed away last month, no managing at present, not sleeping re: anp
<u>04/02/2020 09:37</u>	<u>Anp Jacqueline Stewart at Tanyard Medical Practice</u>
History	Failed encounter
<u>21/10/2019 16:04</u>	<u>Anp Leigh Kimmitt at Data Entry</u>
Problem (REVIEW)	Lower resp tract infection
History	Discharged from hospital
Comment	edoxaban on IDL again, should have completed in August, discussed with ward doctor, no evidence of PTE or DVT on scans so should stop.
<u>13/10/2019</u>	<u>PracAdmin Sheena Fleming at Tanyard Medical Practice</u>
Problem (NEW)	Emergency hospital admission
-----	-----
Problem (REVIEW)	[X]Emotionally unstable personality disorder
-----	-----
Problem (NEW)	Lower resp tract infection
-----	-----
Problem (NEW)	ECG
-----	-----
Problem (FIRST)	CT (computed tomography) of chest and abdomen
-----	-----
Problem (FIRST)	Hepatosplenomegaly
<u>10/10/2019 16:15</u>	<u>Anp Leigh Kimmitt at Data Entry</u>
Problem (REVIEW)	Acute lower respiratory tract infection
History	Discharged from hospital
<u>05/10/2019</u>	<u>Ms Linda Mitchell at Data Entry</u>
Problem (FIRST)	Chronic viral hepatitis C
<u>05/10/2019</u>	<u>Ms Linda Mitchell at Data Entry</u>
Problem (NEW)	Emergency hospital admission
-----	-----
Problem (FIRST)	Acute lower respiratory tract infection
-----	-----
Problem (NEW)	Standard chest X-ray
<u>23/07/2019 16:00</u>	<u>Dr Rosalind Lockens at Tanyard Medical Practice</u>
Problem (REVIEW)	Deep vein thrombosis (Left) says the dvt has given her a scare and has not been injecting in her groin, however still swelling of left leg and pains, course due to be completed next mth although has run out of tabs (blames the chemist)
History	
Comment	advised likely to be left with some residual swelling but I will check with vascular, current guidelines is 3 mths
Medication	Edoxaban Tablets 60 mg 28 TABLET ONE TO BE TAKEN DAILY
<u>23/07/2019 15:43</u>	<u>Anp Leigh Kimmitt at Data Entry</u>
History	leg still sore/swollen, DVT, was only for 3 months edoxaban now finished, gp appt.
<u>24/06/2019 14:33</u>	<u>Dr Tona Fernandez at Tanyard Medical Practice</u>
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: asked to do sick line - I have no idea why; Duration: 21/06/2019 - 22/06/2019)

22/05/2019 11:24 Ans Nicola McInroy at Tanyard Medical Practice
 complaining of constant shakes. Also has cramping in legs and arms. Previously last injected 6-7 weeks. Not on addiction services. Was on Methadone and now stopped. Advised nothing that I could offer that isn't addictive. Unable to take paracetamol due to previous overdose. Not keen on Brufen as stomach issues at times. Will but OTC meds for pain

History

20/05/2019 16:51 Mrs Agnes Allan at Data Entry
 Discharged from hospital
 Medication commenced edoxaban 60mg daily for 3 months only

History

Additional

17/05/2019 16:00 Dr Tona Fernandez at Tanyard Medical Practice
 likely DVT- difficult to assess- not turn up to appointments- other meds on board- however needs to go to AE- for DVT assessment

History

17/05/2019 PracAdmin Becky Hume at Data Entry
 Problem (FIRST) **Emergency hospital admission**

Problem (FIRST) **Deep vein thrombosis (Left)**

Problem (FIRST) **Computed tomography of pulmonary arteries**

Problem (FIRST) **Ultrasound scan of lower leg (Left)**

16/05/2019 17:09 Ms Nicola Nimmo at Tanyard Medical Practice
 was in triage but pt couldn't hear me over the phone then presented at desk 2 hours later, apparently has a swollen leg and is painful, advised a&e ??dvt

History

14/03/2019 15:15 Dr Paul Dunlop at Telephone Consultation
 d/w [REDACTED] (Key worker) - apparently new permanent address is 39 Lambfair Gdns- I will ask admin staff to update.

History

14/03/2019 14:19 Dr Paul Dunlop at Data Entry
 Note letter from Bentinck with Hurlford address- I (T) Bentinck to see what her current address is. They will pass message to [REDACTED] (keyworker) to discuss and (T) me back

History

20/02/2019 15:27 Ms Nicola Nimmo at Telephone Consultation
 feels as though is losing her mind. almost drank nail polish remover earlier - not on purpose. advises has had no other drugs over and above her methadone. has stopped taking benzos as next drug screen must be negative. r/v appt given with gp

History

02/11/2018 11:44 Dr Mutaz Amin at Tanyard Medical Practice
 Problem (REVIEW) **Viral upper respiratory tract infection NOS**
 History chesty cough, green spit, now had for 3 weeks,
 Examination sats 98%, chest few scattered creps, pulse 80reg, apyrexial.
 Comment apparently allergic to amoxil but looking back she's had it a few times before, given alternative today but should be ok with it in future.
 Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 INHALER ONE TO TWO PUFFS TO BE INHALED AS REQUIRED FOR BREATHLESSNESS
 Doxycycline Hydrate Capsules 100 mg 8 capsule 2 CAPS STAT THEN 1 CAP OD

24/10/2018 11:49 Mrs Agnes Allan at Tanyard Medical Practice
 Problem (FIRST) **Viral upper respiratory tract infection NOS**
 Examination Coughing for last few days, chest clear, obs normal, otherwise well, self care and worsening statement given

09/08/2018 15:43 Mrs Agnes Allan at Tanyard Medical Practice
 History States had drink spiked on Tuesday night and was raped by another male at party when he gave her a lift to her house to collect change of clothes as was going to stay at [REDACTED]
 Examination Asking for morning after pill, states alleged assailant ejaculated during unprotected intercourse, has not disclosed this to anyone, in a steady relationship.
 Medication Upostelle Tablets 1.5 mg 1 TABLET ONE TO BE TAKEN IMMEDIATELY

09/08/2018 11:33 PN Adele Riddicks at Telephone Consultation
 History Was advised yesterday to contact today for further appointment as had family emergency yesterday and unable to attend, ref anp

08/08/2018 16:20	<u>Ms Nicola Nimmo at Telephone Consultation</u>
History	see prev enc, missed emergency appt allocated this afternoon as her [REDACTED] came in to the house with an emergency. advised no further appts available this afternoon and to phone tomorrow
08/08/2018 14:00	<u>Ms Nicola Nimmo at Telephone Consultation</u>
History	advises mood very low, cannot get appt with psychiatrist until ?next week. thoughts of self harming. has someone with her 24/7. feels needs to recommence antidepressants. ref gp
03/08/2018 12:34	<u>Dr Tona Fernandez at Tanyard Medical Practice</u>
Problem (REVIEW)	Headache
History	Q/E - BP reading - methadone= 35 mls daily supervised - [REDACTED] sees every 2 months- on DTTO- still has 18 months to go- - syas insists on keeping her on straight and narrow- quite slow- you do wonder if there is anything else on board- wants another note fro DTTO- difficult to figure out if she has a headache or trying to get out of DTTO??
Examination	Blood pressure reading 120/70 mm Hg
Medication	Naproxen Tablets 500 mg 14 tablet ONE TO BE TAKEN TWICE A DAY Zolmitriptan Tablets 5 mg 12 tablet ONE TO BE TAKEN AS SOON AS POSSIBLE AFTER ONSET OF SYMPTOMS. MAX 10 MG/DAY
03/08/2018 10:55	<u>Ms Nicola Nimmo at Tanyard Medical Practice</u>
History	at desk. advises medication issued by dr mitchell not helping with headache. gp appt given for r/v
27/07/2018 15:43	<u>Dr Fiona Mitchell at Data Entry</u>
History	letter as below
27/07/2018 14:51	<u>Dr Fiona Mitchell at Tanyard Medical Practice</u>
Problem (REVIEW)	Headache
History	vomiting 3 days, pain across eyes, back of head too, moves. gets photophobic, not sleeping due to headache. 2-3 per week lasting a few hours or 3 days. worried re lump on head too. used co-codamol but worried re this as clean 18 months, on methadone. ibuprofen and paracetamol not helping
Examination	cyst on fom to scalp, has shrunk, reassured Blood pressure reading 110/70 mm Hg
Comment	discussed meds, stop BB if chest tight, asthma as child. needs letter as missed order to drug screen via court - collect monday pm
Medication	Sumatriptan Succinate Tablets 50 mg 12 tablet One tablet as soon as possible after onset of symptoms CAN RPT DOSE IF HEADACHE GOES AND COMES BACK AFTER 2HRS. IF INEFFECTIVE AT 50MG USE 100MG FROM Propranolol Hydrochloride M/R capsules 80 mg 56 capsule ONE TO BE TAKEN EACH MORNING
Additional	Medication review done
27/07/2018 14:22	<u>Ms Nicola Nimmo at Telephone Consultation</u>
History	advises has had a lump appear on head past couple days, advises small and at front of head. has also had a migraine and vomiting.
24/05/2018 11:11	<u>Secretary Catherine Lowe at Tanyard Medical Practice</u>
Comment	ESA113 posted
17/05/2018 13:06	<u>Secretary Catherine Lowe at Tanyard Medical Practice</u>
Comment	ESA113 - MA
02/05/2018 15:55	<u>Ano Leigh Kimmitt at Tanyard Medical Practice</u>
Comment	Failed encounter
29/03/2018 15:39	<u>Dr Mutaz Amin at Tanyard Medical Practice</u>
Comment	newly registered, removed from auchinleck due to dna, sees Dr Kessavulou, on quetiapine, although on face it says 200mg MR at night however she has been getting (200mg bd from pharmacy) confirmed with lloyds, last issued a week's supply 8 days ago) script issued as acute, had seen psych not long ago so probably letter in transit., not added to repeats for now.
Medication	Quetiapine Fumarate Tablets 200 mg 120 tablet 1 Tab bd disp weekly
29/03/2018	<u>Ms Linda Mitchell at Tanyard Medical Practice</u>

Comment	Patient came to desk asking to register. Was removed from Auchinleck Surgery for several DNAs. Was removed from their list a fortnight ago but did not register with another GP and says that she has no tablets left at all.
<u>10/07/2017 08:23</u> Problem (REVIEW) History	<u>Dr Paul Dunlop at Data Entry</u> Drug addicth therap-methadone Buprionone stopped as per Addictions letter (Pt not taking)
<u>03/05/2017 11:09</u> Comment	<u>Ms Lauren McCann at Tanyard Medical Practice</u> Failed encounter Dr Chaudhary
<u>25/04/2017</u> Problem (FIRST)	<u>Ms Linda Mitchell at Data Entry</u> Drug addicth therap-methadone
<u>04/04/2017 16:28</u> Comment	<u>Nurse Marie Chalmers at Tanyard Medical Practice</u> asking to get tonight meds as was assessed and was not given meds back she get her meds tomorrow morning suggested to make sure she looks after her meds and that she has DNA several times asked dr amin if disp meds for 1 night denied issuing
<u>01/03/2017 16:42</u> Comment	<u>Ms Nicola Nimmo at Tanyard Medical Practice</u> Failed encounter
<u>27/02/2017</u> Comment	<u>Hca Craig Campbell at Tanyard Medical Practice</u> Failed encounter
<u>09/11/2016 15:26</u> Comment	<u>PracAdmin Allison Brown at Tanyard Medical Practice</u> patient arrived at 3.13 for her 2.50 app not happy that she couldn't be seen stated that she needs seen & didn't have a phone for the nurse to phone her, explained that she wouldn't get an emergency app as she has missed this app today new appointment & complaints form given
<u>12/09/2016 15:51</u> Problem History Examination Comment Medication	<u>Mrs Agnes Allan at Tanyard Medical Practice</u> Tooth abscess facial swelling of left mandible, states not dental, Obvious dental abscess at back left lower molar, tooth very edcayed, states dentist looked at it this am, no red flags Advised to seek dental repair as currently ivda and at risk of pericarditis Phenoxymethylpenicillin Tablets 250 mg 56 tablet 2 TABS QID
<u>08/09/2016 10:50</u> Problem (FIRST) History Examination Comment Test Request	<u>Dr Awfa Paulina at Tanyard Medical Practice</u> Faint symptom Collapsed few times, doesn't know if collapse and fainted chemist check BP was high and low all the times. bp ok heart normal given presentation will investigate further will need blood and 24 hour BP monitor FBC, U and E, TFTs, LFTs, ESR
<u>12/08/2016 11:48</u> History Examination Problem (FIRST) Comment Medication	<u>Ms L Waddell at Tanyard Medical Practice</u> presented at desk used new hair product this am states head on fire had used coloured hairspray and gel bp 124/ 78 pulse 74 bpm reg RR 18 speaking in sentences no sob scalp very dry not particularly inflamed but states is itchy Allergic reaction advice also request letter for community service Fexofenadine Hydrochloride Tablets 180 mg 7 tablet ONE TABLET DAILY Coccolis Ointment 40 gram AS DIRECTED
<u>01/08/2016 11:37</u> Comment	<u>App Jacqueline Stewart at Data Entry</u> shampoo as per task
<u>26/07/2016 11:58</u> Problem (REVIEW) Additional History	<u>Dr Karen Watt at Tanyard Medical Practice</u> Gastroenteritis eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Gastroenteritis; Duration: 23/07/2016 - 30/07/2016) community service -not long to go, will try antiemetic. d+v for 3 days , maanging fluids. no blood in motions. line til 30th
<u>17/06/2016 09:47</u>	<u>App Jacqueline Stewart at Telephone Consultation</u>

Comment	d/v since yesterday, no blood, gen advice re fluids diet etc,
<u>07/06/2016 17:14</u>	<u>Dr Esiri Emedo at Tanyard Medical Practice</u>
Problem (REVIEW)	Headache
History	says more frequent in the last few days, said to be constant and worse with head movement, no neck stiffness or rash, no hx of photophobia, says has tried ibuprofen/paracetamol/co-codamol PRN, says had an eye test a year ago - said to be normal.
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Headache; Duration: 06/06/2016 - 07/06/2016)
Examination	fundoscopy - NAD, no rash, no neck stiffness, moving all limbs, CNs grossly intact, no focal neurology.

Problem (FIRST)	Gastroenteritis
History	says has had ongoing abdominal pain in the last month, says has had nausea and vomiting in the last few days, bringing up recently ingested meals, managing to move bowels every few days, says passing hard stools, no blood, no hx of diarrhoea, no hx of fever, LMP - about a week ago, denies pregnancy, no LUTS to complain of, appetite poor. Asking for a fit note as could not attend court yesterday.
Examination	Blood pressure reading 135/78 mm Hg O/E - pulse rate, 98 beats/minute O/E - pulse rhythm regular
Family History	t. 36.5, Abd - full, soft, mild vague generalized tenderness, no guarding or rebound tenderness.
Comment	likely viral, advised liberal fluid intake, simple painkillers, worsening statement given.
Medication	Metoclopramide Hydrochloride Tablets 10 mg 15 tablet ONE TO BE TAKEN THREE TIMES A DAY
<u>07/06/2016 14:03</u>	<u>Nurse Marie Chalmers at Tanyard Medical Practice</u>
Comment	looking for app re headaches temp , taking brufen etc sore throat
<u>06/06/2016</u>	<u>Miss Stephanie Bell at Tanyard Medical Practice</u>
Problem	Failed encounter
Comment	Dr Fernandez
<u>26/05/2016 15:04</u>	<u>Dr Tona Fernandez at Tanyard Medical Practice</u>
Problem (FIRST)	Dysfunctional uterine bleeding
History	alleged bleeding- nil to feel on palpation- has previous "ovarian cysts"- nil to feel on palpation
Medication	Ibuprofen Tablets 400 mg 42 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

Problem (NEW)	Personality disorders
History	wants more quiet/pain- needs to see psych

Test Request	Alleged infertility U and E, TFTs, LFTs, Serum Lipids, Bone Profile, FSH, LH, Oestradiol, SHBG, FAI
<u>26/05/2016 11:06</u>	<u>Ms Nicola Nimmo at Telephone Consultation</u>
History	in triage, says pain is getting worse, ref gp
<u>24/05/2016 11:32</u>	<u>Hca Craig Campbell at Tanyard Medical Practice</u>
Comment	pt called in looking for an emergency appt, stated she had already cancelled 2 emergency appts in the space of 3 days, spoke to NN triage nurse who stated it had to be a routine appointment- gave pt appt for 6/6- not happy, continually told her that it is a routine appointment she had to go- then stated "this isn't good enough, I will be seeing a doctor" then hung up the phone
<u>23/05/2016 15:00</u>	<u>Hca Craig Campbell at Tanyard Medical Practice</u>
Comment	pt came to front desk to cancel emergency appt she had today as she couldn't make it as her [REDACTED] had been rushed into hospital
<u>23/05/2016 12:28</u>	<u>Ms Nicola Nimmo at Tanyard Medical Practice</u>
History	at desk, still having episodes heavy pv bleeding and abdo pain. awakening overnight and bedsheet bloodstained, has always had period troubles but not this bad, has also felt very tired and fainted a couple times, partner says not making sense at times, ref gp
<u>19/05/2016 14:36</u>	<u>Ms Lauren McCann at Tanyard Medical Practice</u>

Comment	patient looked very intoxicated/drugged speech slurred
<u>19/05/2016 14:34</u>	<u>Ms Lauren McCann at Tanyard Medical Practice</u>
Comment	patient presented at desk to say cant make emergency app apparently her [REDACTED] has been rushed into Cumnock Hospital. Wanted an app for tomorrow, advised if has no phone she has to come in and wait for triage to speak to her in the morning
<u>19/05/2016 09:45</u>	<u>Ms Avril Clark at Telephone Consultation</u>
History	took period yest. states bleeding is very heavy. wearing tampons and towels and having to change them every 20mins. states bleeding is a mixture of fresh red and dark blood and passing clots. states has fainted x 2 this am already. feeling very weak and dizzy. states has been struggling with heavy periods for about 6yrs but nowhere near as bad as this. states severe cramping in stomach. wanting in to see dr today but has gone to work in Kilmarnock as she has a job interview and can't make am appt
<u>25/02/2016 12:02</u>	<u>Ms Linda Waddell at Tanyard Medical Practice</u>
Problem (FIRST)	Sore throat symptom
History	sore throat few days
Examination	temp 36.6 pharynx inflamed ant cervical glands palpable
Medication	Benzydamine Hydrochloride Spray Sugar Free 0.15 % 1 spray 1 SPRAY AS DIRECTED
Problem (REVIEW)	Psoriasis and similar disorders
Comment	problems with scalp
Medication	T/Gel Therapeutic Shampoo 2 % 250 ml AS DIRECTED
Problem (REVIEW)	[X]Bipolar affective disorder, unspecified
Examination	Blood pressure reading 128/70 mm Hg O/E - height, 179 cm O/E - weight, 100.4 Kg Body Mass Index, 31.33 O/E - blood pressure reading
Social	Current smoker
Comment	mental health rev today cont to use heroin injects approx 1/2 gram weekly to 2 weekly seen by [REDACTED] weekly from bentinck centre and psych 3 monthly apparently states miscarried approx 2 months ago thinks was 10 weeks gestation couldnt find anything innotes due to see psych next week not keen to have bloods taken today
Follow up	O/E - blood pressure reading (25/02/2017)
Additional	Mental health review Mental health medication review Psychiatry care plan Primary care mental health review Care Programme Approach review Smoking cessation advice Lifestyle counselling
<u>25/02/2016 10:02</u>	<u>Ms Nicola Campbell at Tanyard Medical Practice</u>
History	thinks chest and throat Inf. REF pool.
<u>14/01/2016 13:34</u>	<u>Secretary Catherine Lowe at Tanyard Medical Practice</u>
Comment	ESA113 posted
<u>14/01/2016 11:49</u>	<u>Ms Lauren McCann at Tanyard Medical Practice</u>
Comment	ESA113 passed to MA
<u>30/12/2015 16:43</u>	<u>Dr Tona Fernandez at Tanyard Medical Practice</u>
Problem (FIRST)	Failed encounter
<u>14/12/2015 16:37</u>	<u>Ms Nicola Campbell at Telephone Consultation</u>
History	states was arrested and when in cell tablets were put in bag and not returned and is two short.
Comment	DW DR amin and to give but will need a police report if happens again.I
Medication	Quetiapine Fumarate Tablets 200 mg 2 tablet ONE TO BE TAKEN TWICE A DAY
<u>10/12/2015 12:34</u>	<u>Dr Awfa Paulina at Data Entry</u>
Problem (REVIEW)	[X]Depressive episode

History	will need to attend to continue reduction of Quetiapine till 200 mg / day
<u>12/11/2015 15:56</u>	<u>Dr Awfa Paulina at Tanyard Medical Practice</u>
Problem (REVIEW)	[X] Depressive episode
History	she stated was assaulted by the weekend, but doesn't want to involve the police, state she missed 2 days of methadone, use still taking buspirone, not sure
Comment	looking for medication to help with her anxiety she doesn't look distressed will write to dr K
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Mental health; Duration: 12/11/2015 - 12/05/2016)
<u>05/10/2015 14:37</u>	<u>Dr Mutaz Amin at Tanyard Medical Practice</u>
Problem (REVIEW)	[X] Depressive episode
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X] Depressive episode; Duration: 14/09/2015 - 16/11/2015)
<u>06/08/2015 11:50</u>	<u>Dr Mutaz Amin at Tanyard Medical Practice</u>
Problem (REVIEW)	[X] Depressive episode
History	just out of prison, was in for shop lifting from May till august, was started on Buspirone for tremor/anxiety, sees psychiatrist as part of addictions, script done as per prison discharge letter.
Comment	didn't issue quetiapine as it looks like it was requested 20/7/15, Emma thinks pharmacy has done, so should have that prescription there.
Medication	Buspirone Hydrochloride Tablets 10 mg <i>120 tablet ONE BD</i>
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X] Depressive episode, and anxiety states; Duration: 04/08/2015 - 14/09/2015)
<u>21/07/2015 14:10</u>	<u>Ms Linda Waddell at Data Entry</u>
Comment	DNA mental health
Additional	DNA - Did not attend mental health review
<u>25/06/2015 15:56</u>	<u>Ms Linda Waddell at Data Entry</u>
Comment	Dna mental health
Additional	DNA - Did not attend mental health review
<u>13/05/2015 10:32</u>	<u>Dr Yaser Javed at Tanyard Medical Practice</u>
Problem (REVIEW)	Other face injuries
History	reports attended a&e and had ct scan - no notes from them yet, said told all fine, still getting headaches, no neuro symptoms
Comment	reassured - if ct ok then this is a good sign, give nsaid + PPI (no CI), worsening statement
Medication	Naproxen Tablets 500 mg <i>28 tablet ONE TO BE TAKEN TWICE A DAY - DISPENSE WEEKLY</i> Omeprazole Capsules (Gastro-Resistant) 20 mg <i>14 capsule ONE TO BE TAKEN EACH DAY - DISPENSE WEEKLY</i>
<u>13/05/2015 08:34</u>	<u>Ms Nicola Nimmo at Telephone Consultation</u>
History	worsening headaches, says attended a&e on 8th may after seeing RL but they found nothing wrong
<u>11/05/2015 16:19</u>	<u>Dr Mutaz Amin at Tanyard Medical Practice</u>
History	she lost quetiapine and doesn't have enough to last till thurs, issue enough till then, to warn if this happens again she may need to be changed to daily dispense.
<u>11/05/2015 15:56</u>	<u>Ms [REDACTED] at Telephone Consultation</u>
History	Looking for quetiapine as has run out early. Gets weekly but not sure if has lost some.
<u>06/05/2015 12:52</u>	<u>Dr Rosalind Lockens at Tanyard Medical Practice</u>
Problem (FIRST)	Other face injuries
History	assaulted last wk (at same time as [REDACTED] stabbed), assailant stamped on her face, briefly seen at a+e but more worried about her [REDACTED] the time, has since developed worsening headache with vomiting and drowsiness, not been sleeping well since the incident and unable to attend bail appt yesterday
Examination	swelling around upper border lt eye with slight ptosis, perla, tender over orbit,
Comment	advised needs to reattend a+e
<u>06/05/2015 10:03</u>	<u>Ms [REDACTED] Nimmo at Telephone Consultation</u>

History assaulted last week, head injury someone 'jumped' on her head. seen at a&e but ?not formally as partner was being treated for stab wound at time. has had headaches since.

21/04/2015 09:44 Dr Karen Watt at Tanyard Medical Practice

Problem (REVIEW) [X]Depressive episode

History last letter dna additions but since then is now to be seen by psych not additions [REDACTED] been seen since a1st letter 0 no change in mood. line backdated

Additional eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X] Depressive episode; Duration: 01/04/2015 - 03/06/2015)

Problem (FIRST) Thumb pain (Left)

History angry thumb post bum was asking for gabapentin but discussed will treat with abs in case infection developing- sl pussy

Medication Flucloxacillin Capsules 250 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY

09/04/2015 12:47 Ms Nicola Campbell at Telephone Consultation

History Patient presented at desk with burn to L hand. States had been to A&E and had dressed but took the dressing off because it was falling off.

Comment Re dressed with getonet, flomazine and bandage. Boyfriend will re dress on saturday and rx on monday.

04/03/2015 09:23 Dr Fiona Mitchell at Data Entry

Problem (REVIEW) [X]Depressive episode

History Rx line againm, not been seen since the summer, I asked to be seen for next line in Dec. 4wk line only, will need seen or no more will be issued. Multiple DNAs, should have been lettered about this

Comment note on line no more lines without being seen.

Additional eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X] Depressive episode; anxiety; personality disorder; drug abuse; Duration: 25/02/2015 - 01/04/2015)

Problem (REVIEW) Benzodiazepine dependence

Problem (REVIEW) Personality disorders

06/02/2015 08:45 Ms Nicola Nimmo at Telephone Consultation

History facial swelling, painful to touch. up all night with pain across lips. pt contacted nhs 24 who advised to contact surgery. spoke with [REDACTED] as problem with patients phone.

05/12/2014 08:15 Dr Fiona Mitchell at Data Entry

Problem (REVIEW) [X]Depressive episode

History Rx 12wk line, note on line to be seen for next one

Additional eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X] Depressive episode; anxiety; personality disorder; drug abuse; Duration: 03/12/2014 - 25/02/2015)

Problem (REVIEW) Benzodiazepine dependence

Problem (REVIEW) Personality disorders

18/09/2014 11:46 Dr Paul Dunlop at Tanyard Medical Practice

Problem (FIRST) Oral thrush

History c/o sore throat and temp for few days, thick coating on tongue, temp 37.3, no nodes. Use nystan/difflam. Missed community service- letter given.

Medication Nystan Oral suspension 100,000 units/ml 30 ml 1ML TO BE TAKEN FOUR TIMES A DAY

Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % 300 ML RINSE OR GARGLE WITH 15MLS EVERY 1.5 TO 3 HOURS WHEN REQUIRED

17/09/2014 15:27 Ms Avril Clark at Telephone Consultation

History sore throat for over 1wk. states getting worse. up all night coughing to point that she is being sick. back sore. no urinary symptoms. advised para and ^ fluids and pool tom

15/09/2014 15:49 Dr Fiona Mitchell at Data Entry

Problem (REVIEW) [X]Depressive episode

History Rx line from 10th

Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X] Depressive episode; anxiety, personality disorder, drug abuse; Duration: 10/09/2014 - 03/12/2014)
Problem (REVIEW)	Benzodiazepine dependence
Problem (REVIEW)	Personality disorders
<u>04/09/2014 15:02</u>	<u>Ms L Waddell at Data Entry</u>
Additional	DNA - Did not attend mental health review
<u>28/07/2014 15:42</u>	<u>Ms L Waddell at Data Entry</u>
Comment	dna mental health
Additional	DNA - Did not attend mental health review
<u>22/07/2014 12:15</u>	<u>Dr Paul Church at Tanyard Medical Practice</u>
Problem (REVIEW)	[X] Depressive episode
History	seen in pool surgery - req letter for criminal justice as has missed Community service appt last week and this. (goes mon & wed's) Claims to have ■■■ raped 3 and a half weeks ago by an person known to her while walking home after a night out and took a shortcut home. She hasn't reported it as assailant has a job and she feels she will not be believed as she is a "drug addict". She doesn't want letter to say any of this, only that her MH has deteriorated. Known to psych and has appt 1/8 apparently
Comment	Advised re fee for letter so will return to collect. Advised also can reclaim from Cj dept. Advised to report rape to police. Also given contact number for GUM as should have sex health screen.
<u>21/07/2014 16:28</u>	<u>Ms Avril Clark at Telephone Consultation</u>
History	needs sickline for community service. not wanting to discuss this on phone. wanting to speak to dr re this and needs painkillers for jaw pain. ref pool
<u>18/06/2014 11:28</u>	<u>Ms L Waddell at Data Entry</u>
Comment	Dna mental health
Additional	DNA - Did not attend mental health review
<u>10/06/2014 12:06</u>	<u>Dr Fiona Mitchell at Tanyard Medical Practice</u>
Problem (REVIEW)	[X] Depressive episode
History	was taken off sick, now back on, been told hep C +ve about a month ago, been up about this. sees psych/cpn and addictions. no notification in notes re hep C.
Examination	MED3 issued to patient C12 from 18/5/14 "Hx drug abuse, anxiety and depression; (hep C)"
Comment	line issued, checked eccl; hep C antibody +ve from sept 13, nothing in there since re PCR result (likely as goes to external lab). ?ned to rpt testig as nil in bentick notes re hep C.
Problem (REVIEW)	Anxiety states
Problem (REVIEW)	Personality disorders
<u>16/04/2014 13:10</u>	<u>Ms Avril Clark at Telephone Consultation</u>
History	been injecting heroin into groin. states has abscess and marked area yest and redness is spreading. ref gp. no nurse appts
<u>19/02/2014 12:08</u>	<u>PracAdmin Sheena Fleming at Data Entry</u>
Problem (FIRST)	[X] Emotionally unstable personality disorder
<u>23/01/2014 15:12</u>	<u>Ans Jacqueline Stewart at Tanyard Medical Practice</u>
Examination	Blood pressure reading 120/72 mm Hg O/E - height, 179 cm O/E - weight, 93.4 Kg Body Mass Index, 29.15
Social	Current smoker Alcohol consumption, 0 units/week
Comment	c/o headache chesty o/e widespead expiratory wheeze, states has cough sountum sob on stairs etc good air entry through out
Medication	Amoxicillin Capsules 500 mg 21 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY
Additional	Smoking cessation advice Lifestyle counselling

<u>11/09/2013 11:50</u>	<u>Ms Linda Waddell at Data Entry</u>
Comment	dna MENTAL HEALTH
Additional	DNA - Did not attend mental health review
<u>05/09/2013 20:25</u>	<u>Dr Paul Dunlop at Tanyard Medical Practice</u>
Problem (REVIEW)	[X]Bipolar affective disorder, unspecified
History	procydiline as per psyche letter.
<u>16/08/2013 12:14</u>	<u>Dr Awfa Paulina at Tanyard Medical Practice</u>
Problem (FIRST)	Suspected UTI
History	attended with vomiting and Rt renal angle pain for the last week, also she had her period over the week? more than the usual
Examination	tender over the Rt renal area.
Comment	imp infection treat as such
	blood : FBC ESR UE TFT Beta HCG
	warning statement given review on need
Medication	Co-Amoxiclav 500/125 Tablets 21 TABLET ONE TO BE TAKEN THREE TIMES A DAY
	Prochlorperazine Maleate Buccal tablets 3 mg 10 TABLET ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM TWICE A DAY
	Cinnarizine Tablets 15 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY
	Methadone 1 Mg/ML Oral solution 1E-5 ml 40ML FOUR TIMES DAILY
<u>16/08/2013 10:57</u>	<u>Ms J Stewart at Telephone Consultation</u>
Comment	states sob, pleuritic pain, coughing ++, sob on occasion, feels T ^a
<u>15/08/2013 09:26</u>	<u>Ms L Waddell at Data Entry</u>
Comment	Dna mental health
Additional	DNA - Did not attend mental health review
<u>05/08/2013 16:17</u>	<u>Ms L Waddell at Telephone Consultation</u>
History	d/v for last 24 hrs nil blood / mucous in stool , advice re fluid intake ^ stool sample if cont
<u>19/02/2013 11:42</u>	<u>Ms L Waddell at Data Entry</u>
Comment	Dna mental health
<u>16/01/2013 10:16</u>	<u>Ms L Waddell at Data Entry</u>
Comment	Dna mental health
<u>10/12/2012 15:21</u>	<u>Ms L Waddell at Data Entry</u>
Comment	dna mental health
<u>31/10/2012 14:44</u>	<u>Dr Karen Watt at Tanyard Medical Practice</u>
Problem (REVIEW)	Anxiety states
History	in asking for zopiclone, refused, has been not attending 3 psych appts. early for quetiapine too today by a week. will try propranolol for anxiety.
Medication	Propranolol Hydrochloride Tablets 40 mg 56 tablet 1-2 BD
<u>08/10/2012 12:59</u>	<u>Ms J Stewart at Telephone Consultation</u>
Comment	in triage no ans mes left to call back
<u>08/10/2012 11:12</u>	<u>Dr Gareth Powell at Data Entry</u>
Problem (REVIEW)	Benzodiazepine dependence
History	s/r zopiclone. I see had an acute prescription for 28 x 3.75mg 21st July. I cannot issue this under such circumstances
<u>16/08/2012 14:25</u>	<u>Ms L Waddell at Data Entry</u>
Comment	Dna mental health
<u>24/07/2012 11:50</u>	<u>Dr Paul Dunlop at Tanyard Medical Practice</u>
Problem (FIRST)	Lower resp tract infection
History	in pool for multiple "emergency" problems. Chest inf for 1/52 cough with green spit. Temp 36.2, scattered wheeze. Use amoxil and salbutamol. Missing community service today (and last week), letter given to cover today for next week.
Medication	Amoxicillin Capsules 500 mg 21 capsule 1 CAP TDS
	Salbutamol Cfc-free inhaler 100 micrograms/puff 1 inhaler 1-2 PUFFS AS REQUIRED

Problem (FIRST)	Postcoital bleeding
History	says fresh bleeding today after intercourse, no previous d/c, says avoids smears as [REDACTED] had Cervical Ca- strongly advised to attend for smear/speculum.
<u>17/07/2012 15:26</u>	<u>Ms Linda Waddell at Data Entry</u>
Comment	DNA mental health
<u>08/08/2012 13:43</u>	<u>Ms L. Waddell at Data Entry</u>
Comment	dna mental health
<u>14/02/2012 15:00</u>	<u>Ms L. Waddell at Telephone Consultation</u>
History	spoke to dead [REDACTED] phone states no longer lives in area has been living in witchhill pl, Kilmamock since last sept apparently back on drugs, been in trouble with police re drug addiction and intent to sell
<u>28/09/2011 13:50</u>	<u>Nurse Marie Chalmers at Tanyard Medical Practice</u>
Comment	at present still bleeding but when asked about the attempted rape she is already getting counselling etc she just need app with gp re wants ref
<u>28/09/2011 13:46</u>	<u>Nurse Marie Chalmers at Tanyard Medical Practice</u>
Comment	presented at the desk stating that she has to get app within 2 days was at x-house they advised to see gp to be ref gynae, repeatedly being kick in abdo ? attempted rape
<u>30/08/2011 16:33</u>	<u>Nurse Marie Chalmers at Tanyard Medical Practice</u>
Comment	tried several times phone just cuts off
<u>18/08/2011 10:58</u>	<u>Ms Kirsty Harrison at Tanyard Medical Practice</u>
Comment	patient wishes her med's changed from weekly to monthly dispense as going to uni. discussed with on call gp (PC) who has declined this request for now. on methadone prescription so will still need to attend chemist for this, even if staying away if able to collect monthly script could collect & take to local pharmacy or re-register near where she will be living.
<u>21/07/2011</u>	<u>Dr Christopher Quinn at Tanyard Medical Practice</u>
Problem (REVIEW)	Heroin dependence
History	looking for increase in sleeping tablet as less sleep when coming down on methadone. explained dependence issues and substitution and previous dependence problems. I would prefer her to get off sleepers so will issue 3.75 tabs x 28 but to last the month however she uses them.
Medication	Zopiclone Tablets 3.75 mg 28 tablet ONE OR TWO TABLET DAILY
<u>17/06/2011 10:54</u>	<u>Dr Paul Dunlop at Telephone Consultation</u>
Problem (REVIEW)	[X]Bipolar affective disorder, unspecified
History	meds altered as per Psyche letter. Chemist informed.
Medication	Quetiapine Fumarate Tablets 25 mg 120 tablet TWO TABS IN THE MORNING
<u>06/06/2011 18:04</u>	<u>Dr Paul Dunlop at Data Entry</u>
History	"soul and conscience" letter being done.
<u>06/06/2011 12:09</u>	<u>Dr Paul Dunlop at Tanyard Medical Practice</u>
Problem (REVIEW)	[X]Bipolar affective disorder, unspecified
History	potential for jury selection, needs "soul and conscience" letter- given mental health and drug use seems reasonable. Will collect later this week.
<u>11/02/2011 12:06</u>	<u>Ms Linda Waddell at Tanyard Medical Practice</u>
Comment	mental health rev bloods obtained care plan documented
<u>18/01/2011</u>	<u>Ms Becky Hume at Tanyard Medical Practice (17305)</u>
Additional	MH monitoring third letter \\80171\PCS\NetworkShare\80171\Letters\MH9 INVITE_18012011085533195.doc
<u>20/12/2010</u>	<u>Ms Becky Hume at Tanyard Medical Practice (17305)</u>
Additional	MH monitoring second letter \\80171\PCS\NetworkShare\80171\Letters\MH9 INVITE_20122010094945989.doc
<u>20/12/2010</u>	<u>Ms Becky Hume at Tanyard Medical Practice (17305)</u>
Additional	MH monitoring second letter \\80171\PCS\NetworkShare\80171\Letters\MH9 INVITE_20122010094945989.doc

25/10/2010 Ms Jane Malone at Tanyard Medical Practice (17305)
 Additional MH monitoring first letter \\80171PCS\NetworkShare\80171\Letters\MH9
 INVITE_25102010104858180.doc

14/10/2010 10:27 Dr Jacqueline Geddes at Tanyard Medical Practice
 Problem (REVIEW) **[X]Bipolar affective disorder, unspecified**
 Transferred from Ayr (Bankfield Medical Practice). Phoned Fiona Haggro
 practice manager to check meds and dose. As below. Was on a daily dispense
 History due to previous OD but back at home now, family support and Mum will
 dispense meds.
 Medication Zopiclone Tablets 7.5 mg 28 TABLET ONE TABLET DAILY
 Quetiapine Fumarate Tablets 200 mg 112 TABLET 1 TAB AFTERNOON 1
 TAB AT NIGHT

14/10/2010 08:40 Ms L. Waddell at Tanyard Medical Practice
 History [REDACTED] request script other meds advised requires gp appt re last d/w dr
 lowry has no meds left

11/10/2010 12:01 Ms L. Waddell at Tanyard Medical Practice
 History requiring meds has handed in box taking 2 tabs at night and 1 tab in am d/w dr
 lowry who advised acute script till med records received
 Problem (FIRST) **[X]Bipolar affective disorder, unspecified**
 Medication Quetiapine Fumarate Tablets 200 mg 42 tablet TAKE ONE TABLET EVERY
 MORNING AND 2 TABLETS AT NIGHT

08/10/2010 11:06 Ms Linda Waddell at Tanyard Medical Practice
 History NPM came from ayr now [REDACTED] recovering drug addict states suffers
 from bi polar disorder also on methadone 70ml per day from turning point and
 states on quetiapine 600mg daily, zimovane 5mg nocte though has no repeat
 or boxes states will hand in boxes to be added also being seen by psychiatrist
 at present

Current Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
01/09/2021	Diazepam Tablets 5 mg ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY 56 tablet	Not Issued	Dr Tona Fernandez	ACUTE
13/02/2024	Methadone 1 Mg/ML Oral solution DOSE AS PER ADDICTIONS 0.1 ml	13/02/2024	Dr Tona Fernandez	REPEAT
31/08/2022	Doublebase Gel TO BE USED WHEN REQUIRED FOR DRY SKIN 500 GRAM(S) (CONFIDENTIALITY POLICY HAS BEEN OVERRIDDEN)	09/04/2024	Dr Tona Fernandez	REPEAT
17/11/2021	Etoricoxib Tablets 30 mg ONE TABLET DAILY 56 tablet	09/04/2024	Dr Tona Fernandez	REPEAT
17/11/2021	Omeprazole Capsules (Gastro-Resistant) 20 mg ONE TO BE TAKEN EACH DAY 56 capsule	09/04/2024	Dr Tona Fernandez	REPEAT
17/11/2021	Amitriptyline Hydrochloride Tablets 25 mg ONE TABLET DAILY 56 tablet	09/04/2024	Dr Tona Fernandez	REPEAT
01/09/2021	Laxido Orange Oral Powder Sachets Sugar Free ONE SACHET A DAY WHEN REQUIRED FOR CONSTIPATION. DISSOLVE IN AT LEAST HALF A GLASS OF WATER. 30 SACHET	09/04/2024	Dr Tona Fernandez	REPEAT
01/09/2021	Senna Tablets 7.5 mg TAKE TWO TABLETS AT NIGHT PRN CONSTIPATION 60 TABLET	09/04/2024	Dr Tona Fernandez	REPEAT
23/07/2018	Coccolis Ointment AS DIRECTED 40 gram	09/04/2024	Dr Tona Fernandez	REPEAT
23/07/2018	T/Gel Therapeutic Shampoo 2 % AS DIRECTED 250 ml	09/04/2024	Dr Tona Fernandez	REPEAT
17/05/2018	Quetiapine Fumarate Tablets 200 mg 2 TABS AT NIGHT DISP WEEKLY 112 TABLET	09/04/2024	Dr Tona Fernandez	REPEAT

Past Medication

Past				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
17/10/2023	Trimethoprim Tablets 200 mg ONE TO BE TAKEN TWICE A DAY 14 tablet	17/10/2023P	Dr Paul Dunlop	ACUTE
28/12/2022	Amoxicillin Capsules 500 mg 2 CAPS TDS 30 capsule	28/12/2022P	Dr Fiona Mitchell	ACUTE
28/12/2022	Xylometazoline Hydrochloride Nasal spray 0.1 % ONE SPRAY INTO EACH NOSTRIL TWO TO THREE TIMES DAILY WHEN REQUIRED 1 SPRAY	28/12/2022P	Dr Fiona Mitchell	ACUTE
06/04/2022	Tegretol Prolonged Release M/R tablets 200 mg ONE TO BE TAKEN TWICE A DAY 56 TABLET	06/04/2022P	Dr Awfa Paulina	ACUTE
13/01/2022	Ralvo Medicated Plaster 700 mg APPLY IN THE MORNING AND REMOVE AT NIGHT (12HOURS ON 12HOURS OFF) 60 patch	13/01/2022P	Dr Paul Dunlop	ACUTE
06/10/2021	Diazepam Tablets 2 mg ONE BD - DISPENSE 14 WEEKLY 56 tablet	06/10/2021P	Anp Nicola McInroy	ACUTE
03/09/2021	Diazepam Tablets 2 mg ONE IN THE MORNING DISPENSE 7 WEEKLY 28 tablet	03/09/2021P	Dr Tona Fernandez	ACUTE
03/09/2021	Diazepam Tablets 5 mg ONE TO BE TAKEN AT NIGHT DISPENSE 7 WEEKLY 28 TABLET	03/09/2021P	Dr Tona Fernandez	ACUTE
01/09/2021	Paracetamol Tablets 500 mg TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 100 TABLET	17/11/2021P	Mrs Agnes Allan	ACUTE
01/09/2021	Amitriptyline Hydrochloride Tablets 25 mg ONE TO BE TAKEN AT NIGHT DISP WEEKLY 56 tablet	07/09/2021P	Dr Karen Watt	ACUTE
01/09/2021	Ralvo Medicated Plaster 700 mg APPLY IN THE MORNING AND REMOVE AT NIGHT (12HOURS ON 12HOURS OFF) 60 patch	07/09/2021P	Dr Karen Watt	ACUTE
07/04/2020	Ibuprofen Gel 5 % APPLY THREE TIMES A DAY 50 GRAM	07/04/2020P	Dr Mutaz Amin	ACUTE
17/02/2020	Quetiapine Fumarate M/R tablets 200 mg ONE TO BE TAKEN TWICE DAILY 4 tablet	17/02/2020P	Mrs Agnes Allan	ACUTE
17/02/2020	Fusidic Acid Cream 2 % APPLY THREE TO FOUR TIMES A DAY 30 GRAM	17/02/2020P	Mrs Agnes Allan	ACUTE
23/07/2019	Edoxaban Tablets 60 mg ONE TO BE TAKEN DAILY 28 TABLET	23/07/2019P	Dr Rosalind Lockens	ACUTE
20/05/2019	Edoxaban Tablets 60 mg ONE TABLET DAILY 84 tablet	20/05/2019P	Mrs Agnes Allan	ACUTE
02/11/2018	Amoxicillin Capsules 500 mg ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	23/01/2014P	Dr Mutaz Amin	ACUTE
02/11/2018	Salbutamol Cfc-free inhaler 100 micrograms/puff ONE TO TWO PUFFS TO BE INHALED AS REQUIRED FOR BREATHLESSNESS 1 INHALER	02/11/2018P	Dr Mutaz Amin	ACUTE
02/11/2018	Doxycycline Hyclate Capsules 100 mg 2 CAPS STAT THEN 1 CAP OD 8 capsule	02/11/2018P	Dr Mutaz Amin	ACUTE
09/08/2018	Upostelle Tablets 1.5 mg ONE TO BE TAKEN IMMEDIATELY 1 TABLET	09/08/2018P	Mrs Agnes Allan	ACUTE
03/08/2018	Naproxen Tablets 500 mg ONE TO BE TAKEN TWICE A DAY 14 tablet	03/08/2018P	Dr Tona Fernandez	ACUTE
03/08/2018	Zolmitriptan Tablets 5 mg ONE TO BE TAKEN AS SOON AS POSSIBLE AFTER ONSET OF SYMPTOMS. MAX 10 MG/DAY 12 tablet	03/08/2018P	Dr Tona Fernandez	ACUTE
29/03/2018	Quetiapine Fumarate Tablets 200 mg 1 Tab bd disp weekly 120 tablet	29/03/2018P	Dr Mutaz Amin	ACUTE
12/09/2016	Phenoxymethylpenicillin Tablets 250 mg 2 TABS QID 56 tablet	12/09/2016P	Mrs Agnes Allan	ACUTE
12/08/2016	Fexofenadine Hydrochloride Tablets 180 mg ONE TABLET DAILY 7 tablet	12/08/2016P	Dr Karen Watt	ACUTE
12/08/2016	Coccolis Ointment AS DIRECTED 40 gram	12/08/2016P	Dr Karen Watt	ACUTE
01/08/2016	TGel Therapeutic Shampoo 2 % AS DIRECTED 250 ml	01/08/2016P	Anp Jacqueline Stewart	ACUTE
26/07/2016	Metoclopramide Hydrochloride Tablets 10 mg ONE TO BE TAKEN THREE TIMES A DAY 15 tablet	26/07/2016P	Dr Karen Watt	ACUTE
07/06/2016	Metoclopramide Hydrochloride Tablets 10 mg ONE TO BE TAKEN THREE TIMES A DAY 15 tablet	07/06/2016P	Dr Karen Watt	ACUTE
26/05/2016	Ibuprofen Tablets 400 mg ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD 42 tablet	26/05/2016P	Dr Tona Fernandez	ACUTE
25/02/2016	Benzylamine Hydrochloride Spray Sugar Free 0.15 % 1 SPRAY AS DIRECTED 1 spray	25/02/2016P	Ms Linda Waddell	ACUTE
25/02/2016	TGel Therapeutic Shampoo 2 % AS DIRECTED 250 ml	25/02/2016P	Ms Linda Waddell	ACUTE

14/12/2015	Quetiapine Fumarate Tablets 200 mg ONE TO BE TAKEN TWICE A DAY 2 tablet	14/12/2015P	Dr Karen Watt	ACUTE
13/05/2015	Naproxen Tablets 500 mg ONE TO BE TAKEN TWICE A DAY - DISPENSE WEEKLY 28 tablet	13/05/2015P	Dr Karen Watt	ACUTE
13/05/2015	Omeprazole Capsules (Gastro-Resistant) 20 mg ONE TO BE TAKEN EACH DAY - DISPENSE WEEKLY 14 capsule	13/05/2015P	Dr Karen Watt	ACUTE
11/05/2015	Quetiapine Fumarate Tablets 200 mg ONE TO BE TAKEN TWICE A DAY 5 tablet	11/05/2015P	Dr Mutaz Amin	ACUTE
11/05/2015	Quetiapine Fumarate Tablets 25 mg 2 OD 6 tablet	11/05/2015P	Dr Mutaz Amin	ACUTE
21/04/2015	Flucloxacillin Capsules 250 mg ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE	21/04/2015P	Dr Karen Watt	ACUTE
18/09/2014	Nystan Oral suspension 100,000 units/ml 1ML TO BE TAKEN FOUR TIMES A DAY 30 ml	18/09/2014P	Dr Paul Dunlop	ACUTE
18/09/2014	Benzylamine Hydrochloride Oral Rinse Sugar Free 0.15 % RINSE OR GARGLE WITH 15MLS EVERY 1.5 TO 3 HOURS WHEN REQUIRED 300 ML	18/09/2014P	Dr Paul Dunlop	ACUTE
23/01/2014	Amoxicillin Capsules 500 mg ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE	23/01/2014P	Anp Jacqueline Stewart	ACUTE
05/09/2013	Procyclidine Hydrochloride Tablets 5 mg ONE TABLET DAILY 28 tablet	05/09/2013P	Dr Paul Dunlop	ACUTE
16/08/2013	Co-Amoxiclav 500/125 Tablets ONE TO BE TAKEN THREE TIMES A DAY 21 TABLET	16/08/2013P	Dr Awfa Paulina	ACUTE
16/08/2013	Prochlorperazine Maleate Buccal tablets 3 mg ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM TWICE A DAY 10 TABLET	16/08/2013P	Dr Awfa Paulina	ACUTE
16/08/2013	Cinnarizine Tablets 15 mg ONE TO BE TAKEN THREE TIMES A DAY 84 tablet	16/08/2013P	Dr Awfa Paulina	ACUTE
31/10/2012	Propranolol Hydrochloride Tablets 40 mg 1-2 BD 56 tablet	31/10/2012P	Dr Karen Watt	ACUTE
24/07/2012	Amoxicillin Capsules 500 mg 1 CAP TDS 21 capsule	24/07/2012P	Dr Paul Dunlop	ACUTE
24/07/2012	Salbutamol Cfc-free inhaler 100 micrograms/puff 1-2 PUFFS AS REQUIRED 1 inhaler	24/07/2012P	Dr Paul Dunlop	ACUTE
21/07/2011	Zopiclone Tablets 3.75 mg ONE OR TWO TABLET DAILY 28 tablet	21/07/2011P	Dr Christopher Quinn	ACUTE
11/10/2010	Quetiapine Fumarate Tablets 200 mg TAKE ONE TABLET EVERY MORNING AND 2 TABLETS AT NIGHT 42 tablet	11/10/2010P	Dr Karen Watt	ACUTE
16/10/2023	Methadone 1 Mg/Ml Oral solution 40ML DAILY 0.01 ml	16/10/2023O	Dr Tona Fernandez	REPEAT
28/02/2020	Methadone Hydrochloride Oral Solution, Sugar Free 1 mg/ml 50MLS DAILY DISPENSED BY ADDICTIONS 0.1 ml	28/02/2020O	Anp Leigh Kimmett	REPEAT
13/11/2019	Methadone 1 Mg/Ml Oral solution 20ML DAILY SUPERVISED 0.01 ml	13/11/2019O	Dr Tona Fernandez	REPEAT
27/07/2018	Propranolol Hydrochloride M/R capsules 80 mg ONE TO BE TAKEN EACH MORNING 56 capsule	29/10/2018P	Dr Mutaz Amin	REPEAT
27/07/2018	Sumatriptan Succinate Tablets 50 mg One tablet as soon as possible after onset of symptoms.CAN RPT DOSE IF HEADACHE GOES AND COMES BACK AFTER 2HRS. IF INEFFECTIVE AT 50MG USE 100MG FROM 12 tablet	27/07/2018P	Dr Fiona Mitchell	REPEAT
23/07/2018	Diprobase Cream APPLY PRN 500 gram	25/05/2022P	Dr Tona Fernandez	REPEAT
04/05/2016	Quetiapine Fumarate Tablets 100 mg ONE TO BE TAKEN TWICE A DAY WEEKLY DISPENSE- NEW DOSE AS PER PSYCH 120 tablet	30/05/2017P	Dr Rosalind Lockens	REPEAT
21/08/2015	Methadone 1 Mg/Ml Oral solution 30ML DAILY DAILY PICK UP ADDICTIONS ONLY 0.01 ML	Not Issued	Dr Rosalind Lockens	REPEAT
06/08/2015	Buspirone Hydrochloride Tablets 10 mg ONE BD 120 tablet	30/05/2017P	Dr Rosalind Lockens	REPEAT
16/08/2013	Methadone 1 Mg/Ml Oral solution 40ML DAILY- DAILY PICK UP 0.001 ML	16/08/2013H	Dr Gareth Powell	REPEAT
17/06/2011	Quetiapine Fumarate Tablets 25 mg TWO TABS IN THE MORNING 120 tablet	19/11/2015P	Dr Mutaz Amin	REPEAT
16/05/2011	Quetiapine Fumarate Tablets 150 mg ONE TO BE TAKEN EACH MORNING 28 tablet	07/06/2011P	Dr Rosalind Lockens	REPEAT
14/10/2010	Zopiclone Tablets 7.5 mg ONE TABLET DAILY 28 TABLET	06/09/2012P	Dr Paul Church	REPEAT
14/10/2010	Quetiapine Fumarate Tablets 200 mg 1 TAB AFTERNOON 1 TAB AT NIGHT 112 TABLET	03/05/2016P	Dr Mutaz Amin	REPEAT

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr Karen Watt	Filed By User	Ms Linda Mitchell
Patient Matched	Yes.	SCCRS Message Type	Exclusion

electronic Notification of Cervical Cytology Results Service

Exclusion Information

CHI Number	2608901301
Name	LINDSAY, EMMA
Date Of Birth	26/ 08/ 1990
GMC Code of Registered GP	4440451
Practice Code	A80171

Exclusion Reason
Exclusion Date
Exclusion End Date
Extended
Closed
Next Recall Date

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr Karen Watt	Filed By User	Ms Linda Mitchell
Patient Matched	Yes.	SCCRS Message Type	Exclusion

electronic Notification of Cervical Cytology Results Service

Exclusion Information

CHI Number	2608901301
Name	LINDSAY, EMMA
Date Of Birth	26/ 08/ 1990
GMC Code of Registered GP	4440451
Practice Code	A80171

Exclusion Reason
Exclusion Date
Exclusion End Date
Extended
Closed
Next Recall Date

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr Karen Watt	Filed By User	Ms Linda Mitchell
Patient Matched	Yes.	SCCRS Message Type	Result

electronic Notification of Cervical Cytology Results Service

New Result

CHI Number	2608901301
Name	LINDSAY, EMMA
Date Of Birth	26/ 08/ 1990
QMC Code of Registered GP	4440451
Practice Code	A80171

Smear Taker	Cheryl Meekison
Reporting Location	FVRH Cyt. Larbert

SCCRS ID
Laboratory ID
Smear Taken Date
Result
Report Comments
Recommended Management
Recall Date

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr Tona Fernandez	Filed By User	Ms Linda Mitchell
Patient Matched	Yes.	SCCRS Message Type	Exclusion

electronic Notification of Cervical Cytology Results Service

Exclusion Information

CHI Number	2608901301
Name	LINDSAY, EMMA
Date Of Birth	26/ 08/ 1990
GMC Code of Registered GP	4321369
Practice Code	A80171

Exclusion Reason
Exclusion Date
Exclusion End Date
Extended
Closed
Next Recall Date

File Status	Filed.	Tasks	No Tasks.
Assigned User	Unassigned.	Filed By User	PracAdmin Becky Hume
Patient Matched	Yes.	SCCRS Message Type	Exclusion

electronic Notification of Cervical Cytology Results Service

Exclusion Information

CHI Number	2608901301
Name	LINDSAY, EMMA
Date Of Birth	26/ 08/ 1990
GMC Code of Registered GP	5432136
Practice Code	A80171

Exclusion Reason
Exclusion Date
Exclusion End Date
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NHS Ayrshire & Arran General Hospital Division **Area Laboratory** **Clinical Biochemistry**

LINDSAY, EMMA
Benston Farm,
New Cumnock,
CUMNOCK,
KA18 4QB

CHI No. [REDACTED]
Unit No. [REDACTED]
DOB 26/08/1990
Sex F

Clinician: Dr Karen Lowry
Request Location: GP, Cumnock Health Centre

This report to : Dr Karen Lowry , GP, Cumnock Health Centre

	Result	Units	Normal Range
Urea	3.8	mmol/L	2.5 - 7.5
Creatinine	59	µmol/L	50 - 125
Sodium	140	mmol/L	135 - 145
Potassium	4.2	mmol/L	3.5 - 5.0
Chloride	105	mmol/L	95 - 108
Bicarbonate	26	mmol/L	22 - 28
Total Bilirubin	9	µmol/L	3.0 - 15
ALP	88	U/L	34 - 126
AST	24	U/L	10.0 - 40
ALT	39	U/L	10.0 - 50
Total Protein	74	g/L	63 - 83
Albumin	44	g/L	39 - 51
Globulin	30	g/L	21 - 35

ENTERED 14 FEB 2011

Lab No 118068519
Printed 12/02/11 06:43

Date Collected 11/02/11
Sample Type Blood

Authorised By SYSTEM
Page 1 of 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

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Dr. A Dosumu
148 DALMELLINGTON ROAD
AYR
AYRSHIRE
KA7 3PR

Dr AT Hand Dr E Ofel Dr A Stevenson Dr A Krichell

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr Alan Krichell

Emma Lindsay
18 CHURCH COURT
AYR, KA8 0DB

DOB: 26/08/1990
A/E No: AYR-10-000249
CHI No: [REDACTED]

Date and Time of Attendance: 03 Jan 2010 04:06

Diagnosis Urinary tract infection

06 JAN 2010

Treatment Advice
Drugs:

Investigations

Follow up: Discharge, Primary Care follow up
Usual place of residence

Additional Information:

This young lady with extensive family history of gynecology malignancy presented with long hx of amenorrhoea, and intermittent LIF pain. pain settled with simple analgesia. I wonder whether this needs referral

- ☐ STEVENSON
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Mohammed Chekroud
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

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Page 1 of 15

Registration Details - Patient No: 21937

Personal details...		Address details...	
Sex	F	House name / Flat no	
Surname	Lindsay	Street	59 Main Street
Previous Surname		Village	Auchinleck
Formnames	Emma L	Town	Cumnock
Calling Name	Emma	County	Ayrshire
DOB	26/08/1990	Postcode	KA18 2AF
Title	Miss		
Birth Surname	Single (White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Work Tel No	
Registered GP	Dr Karen Watt	Mobile Tel No	07492 773 358
Usual GP	Dr Karen Watt	E Mail Address	
NHS Number		Next of Kin	
Residential Inst	Tanyard Medical Practice (17305)	KeySafe	
Branch Surgery			
CHI Number	2806901301		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
	18/04/2017	SCI-DC Consent	Implied Consent (default)

AMS/CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes Lloydspharmacy-Cumnock Health Centre, 2 Tanyard Cumnock, EAST AYRSHIRE, (KA18 1BF) Org Id - 5187/Cumnock Health Centre, 2 Tanyard Cumnock, EAST AYRSHIRE, (KA18 1BF) Org Id - 5187/Cumnock Health Centre, 2 Tanyard Cumnock, EAST AYRSHIRE, (KA18 1B	Patient Consent	Implied Consent (default)
Pharmacy Details	Yes -1 2		
Item Collected Check			
CMS Suitability Status			
CMS Registration Status			

Medical Record

Problems

Active Problems	Authorised By	Code
26/08/1996 Gastro-oesophageal reflux	Ms Mitchell	J10y4-2
10/10/2000 [X]Attention deficit hyperactivity disorder	Ms Mitchell	Eu900-1
30/06/2007 Amphetamine or psychostimulant dependence, unspecified	Ms Mitchell	E2440
30/06/2007 Anxiety states	Ms Mitchell	E200
15/09/2007 Nondependent alcohol abuse	Ms Mitchell	E250
Ecstasy type drug dependence	Ms Mitchell	E24A

Medical Record Printout - Patient No: 21937

11/07/2017

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NHS Confidential: Personal data about a patient

NHS AYRSHIRE AND ARRAN

Medical Office

Dr A Dosumu
3 Alloway Place
AYR
KA7 2AA

Ailsa Hospital
Dalmellington Road
AYR
KA6 6AB

www.nhs-ayrshire.org

Date typed: 30/07/07

Date dictated: 12/07/07

Your Ref:

Our Ref: TJ/AM/61890

10 AUG 2007

Enquiries to: Annie McDonnell

Extension: 3954

Direct Line 01292 513954

Email

Dear Dr Dosumu

EMMA LINDSAY JELLYSTONE FARM BY AYR KA6 6ES
DOB 26/08/1990 CHI 2608901301

Date of Admission

30/06/2007

Date of Discharge

04/07/2007

Diagnosis on Discharge

Possible drug induced anxiety. Previous diagnosis of personality development disorder and ADHD.

Medication on Discharge:

Piridon 4mg qid – seven days supply

Follow up Arrangements

1. Consultant outpatient appointment with Dr Johnston.
2. Loudoun House referral, it is unclear if this has been undertaken.

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NOTE: Confidential. Personal data about a patient

2 Dr Dosumu

Re: Emma Lindsay

CHI 2608901301

Summary of Admission

Emma's assessment was organised by the psychiatric liaison team following an A&E referral. Emma is a sixteen year old known to the services with a previous diagnosis of bipolar disorder which was converted to personality development disorder. She is known to the CAMHS and was admitted to Crosshouse Hospital for six months in 2005 and then transferred to Gartnavel Royal Hospital for another six to seven months under Dr [REDACTED]. She had been brought in following concerns by her [REDACTED] that she had been hallucinating and there had been an increase in her anxiety and thoughts of paranoia. Emma admitted to taking 1.5gm of speed a night and had been doing so for the past three to five days. She stated "it is not an addiction it is just an occasional thing". She also smoked hash and taken "blues".

She has been living with her friends for approximately three weeks and then returned home to her [REDACTED] house where her behaviour had become concerning. She has been shouting out of her window at people, she had been up through the night and out in the fields shouting at people and had been alleging the people were trying to kill her. She spoke about concerns that someone had poisoned her "I want a test to see if abnormal substances are in my body". She said she kept seeing faces everywhere she went and that cars not just one but hundreds were following her.

Past Psychiatric History

As above

Past Medical History

Nil significant

Drug History

Not currently on any medication. Has previously been on risperidone, tegretol and valium. No known drug allergies.

Personal History

Born in Peterhead, grew up in Ayr until the age of fourteen. Was admitted into Crosshouse as above. She was put in care after discharge from Gartnavel Hospital as she expressed wishes not to live with her [REDACTED]. She describes her relationship with her [REDACTED] as "alright". She left school at age twelve and has not been employed but states she would like to get into hairdressing and make up. She did a course in mechanics at [REDACTED] but did not like it.

Continued

1000 Confidential Personal data about a patient

3 Dr Dosumu

Re: Emma Lindsay

CHI [REDACTED]

Social History

Smokes 20 cigarettes per day. Her alcohol intake is approximately two bottles of wine and a bottle of vodka at the weekends. She is on benefits.

Mental State Examination

Mental state examination at assessment was that of a dishevelled very casually dressed sixteen year old with a poor level of personal hygiene. She was anxious throughout the interview and would continually get up and pace the room checking outside doors and windows. Her speech was normal in rhythm and volume with increased rate. Her mood was described subjectively as low and objectively she appeared agitated and paranoid. There was flight of ideas, paranoid ideation with persecutory delusions. She denied specific auditory or visual hallucinations. She was orientated in time, place and person. Her insight was occasionally intact she says "drugs triggered my mental illness off in the past". She was admitted into Kyle Ward and was assessed by Dr Johnston at the ward review two days later. At this time she was more coherent, her mood appeared euthymic and there was no paranoid ideation or thoughts of self harm. She expressed a desire to go home and she accepted a referral to the drug and alcohol service with the possibility of a stay in Loudoun House. She was therefore discharged with the above arrangements in place.

Yours sincerely

Dr C Doherty
SHO in Psychiatry


Dr T Johnston
Lead Consultant Psychiatrist

Cc Loudoun House, Ailsa Hospital, AYR, KA6 6AB

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Mental Health Services
NHS Addiction Services
Westmount
79 Ayr Road
Prestwick
KA9 1TF

www.nhs-ayrshire.org

NHS
Ayrshire
& Arran

Clinical in Confidence

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
AYR KA7 3PR

Date 8 June 2010
Date Dict 4 June 2010
Your Ref
Our Ref CARL/VW/061890

Enquiries To Vivien Williams
Tel 01292 473261
Fax 01292 473258
Email

Dear Dr Dosumu

EMMA LINDSAY, 18 CHURCH COURT, AYR KA8 0DB
D.O.B. 26/08/90 CHI: 2608901301

I had arranged to see Emma again in my clinic on 4 June 2010. She did not attend this appointment. I will discuss the matter further with her CPN.

Yours sincerely

Carl Lind
C A R L I N D
Consultant Psychiatrist

cc Dawn Little, NHS Addiction Services -- South Ayrshire, Westmount
79 Ayr Road, Prestwick

16 JUN 2010

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29 OCT 2008

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NHS

Ayrshire
& Arran

29/10/08

Dear Dr Dugan

Emma Lindsay

28/8/90

Please prescribe the following:-

- 1) ALANPROSTATE 666mg tds
- 2) ZIMORANE 750mg nocte for 7 days
- 3) CHLONIDAZOLINE 10mg bd for 2 weeks
then stop.

Thank you

[Signature]
Dr. J. Dugan
General Practitioner

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Ayr Hospital Emergency Department Tel: 01292 614578	Emergency Department Discharge Letter
To: K.J.WATT	Re: Emma Lindsay 18 ARRAN DRIVE, AUCHINLECK, CUMNOCK, KA18 2BP DOB: 25/08/1990 ED Attendance No: AYR-19-031397-1 CHI No.: 2608901301

Attendance Details

Date of Attendance: 13/10/2019

Time of Attendance: 13:30:00

Presenting Complaint: pneumonia

Duty Consultant:

Additional Information: No Attendances in Last 12 months:3 Total Number of Attendances:20

Diagnosis	Pneumonia,.
Treatment	Assessed and referred
Investigations	X-Ray,.
Discharge Information:	Admitted, Station 9
Additional Information	recurrent chest infection.

Discharged by: Rifat Mohamed,Clinical Fellow

If you have any queries about this patient, please contact one of the staff at the above number:

page1 of 1

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University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 83 KEIR HARDIE HILL , , CUMNOCK , AYRSHIRE , KA18 1PR DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Date of Admission: 27/06/2022 **Ward:** ACAU RAPID ASSE
Mode of Admission: Emergency **Consultant:** DR KRISHNA PRASAD (General Medicine)
Admission Reason: Lumbar hip and knee pain **Follow Up:**
Discharge Date: 28/06/2022

Diagnoses Left groin abscess

- ()

Secondary Diagnoses Left DVT
 Previous IVDU on methadone
 T12-L2 + fixalin

- DR GREG MILLER (2022-06-27 20:16:03)

Investigations US Doppler Left lower limb Report
 The left femoral vein and popliteal veins are patent and compressible. Limited visualisation of the left common femoral vein and groin area due to the skin sinus. No evidence of obvious DVT.
 No evidence of Baker's cyst.

- DR GREG MILLER (2022-06-27 20:16:03)

Clinical Progress Dear Doctors,
 Mrs Lindsay was admitted on the 27/6/22 with knee, hip and lumbar pain - 4 days.
 +ve D-dimer - US scan attached
 Diagnosed as infected groin abscess
 Patient deemed fit for discharge on the 27/6/22 with a course of levofloxacin

- DR GREG MILLER (2022-06-27 20:16:53)

Allergy/intolerance	Reaction
PENICILLINS	Unknown

Allergy records are as recorded at time and date of printing.

Discharged by: DR GREG MILLER

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Report generated on: 28/06/2022 20:00

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University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 83 KEIR HARDIE HILL , , CUMNOCK , Ayrshire , KA18 1PR DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Drug	Dose	Route	Frequency	Note	GP to continue	Days POD Supply
AMITRIPTYLINE 25 mg Tablets	25 mg	Oral	ONCE daily at 10pm		Yes	Y
CO-CODAMOL 30/500 Tablets	2 Tablet	Oral	FOUR times daily - 7am; 1pm; 6pm; 10pm PRN FOR PAIN		Yes	N 10
LACTULOSE Oral Solution	10 mL	Oral	TWICE daily at 7am and 10pm		Yes	N 28
LEVOFLOXACIN 500 mg Tablets	500 mg	Oral	TWICE daily at 7am and 10pm		No	N 7
METHADONE 1 mg in 1 mL Oral Solution	50 mg	Oral	ONCE daily at 7am		Yes	Y
OMEPRAZOLE 20 mg Capsules	20 mg	Oral	ONCE daily at 7am		Yes	N 28
QUETIAPINE 200 mg Tablets	400 mg	Oral	ONCE daily at 10pm		Yes	Y

Discharged by: DR GREG MILLER

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Report generated on: 28/06/2022 20:00

NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 83 KEIR HARDIE HILL , , CUMNOCK , AYRSHIRE , KA18 1PR DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Additional Medicines Information:

Medicines discontinued or modified during admission (Medicines that patient was recorded as admitted on only)	
Drug	Discontinued / Modified reason
METHADONE 1 mg in 1 mL Oral Solution	Dose changed
*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.*** ****Information here may be incomplete and is for guidance only.****	

Discharged by: DR GREG [REDACTED]
 Page: 3 of 3
 Report generated on: 28/06/2022 20:00

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01 JUN 2010

Mental Health Services
Addiction Services
Loudoun House
Ailsa Hospital
Dalmellington Road
AYR KA6 6AB

www.nhs-ayrshire.org

Date 26 May 2010
Dict 22 May 2010
Our Ref GMCF/VW

Enquiries To Loudoun House
Tel 01292 513126
Fax 01292 513038

Clinical in Confidence

Dawn Little
Staff Nurse
NHS Addiction Service – South Ayrshire
Westmount
79 Ayr Road
PRESTWICK
KA9 1TF

- ☒ STEVENSON
- ☐ DOSHUMU
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- ☐ OTHER

Dear Dawn

EMMA LINDSAY, 18 CHURCH COURT, AYR KA8 0DB
D.O.B. 26/08/90 CHI: 2608901301

Thank you for referring Emma Lindsay to Loudoun House for assessment of her mental health and substance misuse.

Emma was sent an assessment appointment for 8 May 2010 however she failed to attend. She was sent a letter to contact the Unit. Unfortunately she has not done so and I have therefore no alternative but to discharge her from our service at this time. Should you require any further information please do not hesitate to contact myself or my colleagues at Loudoun House.

Yours sincerely

PP S. MacFarlane

Gwen MacFarlane
Staff Nurse
Loudoun House

cc Dr Stevenson, Bankfield Medical Practice, 148 Dalmellington Road, Ayr
KA7 3YS



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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 12/12/2017
Date Dictated: 14/12/2017
Date Typed: 29/12/2017
Our Ref: KK/KMcA
Enquiries to: Karen McAllister
Tel No: 01563 574237
Fax No: 01563 574238

Dear Dr Dunlop

EMMA LINDSAY

**59 MAIN STREET, AUCHINLECK, CUMNOCK,
AYRSHIRE, KA18 2AR**

CHI No: 2608901301

Diagnosis:

1. F11.2 Opioid Dependence Syndrome, currently on substitute treatment
2. F60.3 History of Emotionally Unstable Personality Disorder

Psychiatric Medication:

Prescribed by Addiction Services
Methadone 25mls daily supervised

Prescribed by General Practitioner (as per patient)
Quetiapine 200mgs nocte

Recommendations/Plan:

1. I have requested her to attend appointments with her Keyworker regularly and we may look at titrating her dose up if she engages well.
2. Outpatient review in four months time.
3. Keyworker review in the interim.

I reviewed Emma in my outpatient clinic at Cumnock Health Centre on 12th December 2017.

She started off telling me that she stopped injecting Heroin approximately six months back and currently reported smoking Heroin occasionally. She however stated that she uses Benzodiazepines whenever she has money and that she has not used any Benzodiazepines for approximately fifteen days now. She reported not being stable on the current dose of Methadone and complained of withdrawal symptoms.

Continued...

www.nhsaaa.net



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Page 2
29th December 2017
Dr Dunlop, Re: Emma Lindsay

She was querying about recent reductions in Methadone and it appears that this is related to her not attending her appointments with her Keyworker. I have once again encouraged her to attend all appointments with her Keyworker and the outpatient clinic to help us optimise her treatment. She was keen for an increase in Methadone which I agreed to provide if she gives drug screens which does not show evidence of any Polysubstance abuse.

She continues to take Quetiapine at night time and finds this beneficial. She is keen to continue this.

On examination, she was casually dressed and well kempt. She maintained good eye contact. Her affect was reactive. She was euthymic. She denied any suicidal or homicidal ideas. There was no evidence of psychosis.

Follow up arrangements are as above.

Yours sincerely

Authorised on 16/01/2018 11:18:34 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Peter Wood
NHS Addiction Services
Rothsay House
1 Greenholm Road
CUMNOCK
KA18 1LH

www.nhs.uk



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MENTAL HEALTH SERVICES

South Kyle & Carrick CMHT
'Seafield' Base
Doonfoot Road
AYR
KA7 4BW
www.nhs-ayrshire.org

NHS
Ayrshire
& Arran

Clinical In Confidence
Dr A Dosumu
Surgery
3 Alloway Place
AYR
KA7 2AA

Date Typed: 19th August 2008
Date Dictated: 13th August 2008

21 AUG 2008

Our Ref: TJ/CG/061890

Enquiries to: Claire Gowans
Direct Line: 01292 614982

Fax No: 01292 619711
Email: [REDACTED]

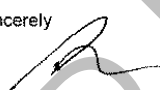
Dear Dr Dosumu,

RE: EMMA LINDSAY, 4E WHITEFAULDS AVENUE, MAYBOLE (26.08.90)
CHI: 2608901301

Emma was unable to attend her outpatient appointment at North Ayr Health Centre on the 13th August 2008.

A further appointment will be provided in due course.

Yours sincerely


Dr T Johnston
Lead Consultant Psychiatrist

- ☐ STEVENSON
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Mental Health Services

East Ayrshire Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Personal in Confidence

Miss Emma Lindsay
45 Mayfield Avenue
HURLFORD
East Ayrshire
KA1 5EA

Date: 17th September 2025
Ref: NJ/DQ
CHI: 2608901301
Enquiries To: Blue HUB
Direct Line: 

Dear Miss Lindsay,

Following referral to the Community Mental Health Team, please contact the number within 14-days of date shown above, should you wish to arrange an assessment appointment.

If however, I do not hear from you within this time, I will therefore discharge you back to the care of your GP.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Dr Glenn Mulligan'.

COMMUNITY MENTAL HEALTH TEAM (BLUE HUB)

Cc: Dr Glenn Mulligan - Old Irvine Road Surgery (Kilmarnock)

www.nhsaaa.net



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Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr G Mulligan
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 16/07/2024
Date Dictated: 19/07/2024
Date Typed: 19/07/2024
Our Ref: KK/SC
Enquiries to
Tel No: 01563 574237
Fax No:

Dear Dr Mulligan

EMMA LINDSAY

**46 MAYFIELD AVENUE, HURLFORD, KILMARNOCK,
AYRSHIRE, KA1 5EA**

CHI No: 2608901301

Emma did not her outpatient appointment at Cumnock Health centre on 16th July 2024. She has been successfully switched over to Buvidal 128 mgs monthly injection. She has been staying with supportive [REDACTED] in Hurlford and therefore will arrange for her to be reviewed in Dr Saggars's outpatient clinic.

Yours sincerely

Authorised on 19/07/2024 12:59:10 by Typist Sylvia Corbett, on behalf of Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

www.nhsaaa.net



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22 APR 2010

Personal in Confidence

Emma Lindsay
18 Church Court
AYR
KA8 0DB

- ☐ ST. JENNIFER
☐ DR. J. M. F.
☐ DR. J. M. F.
☐ DR. J. M. F.
☐ DR. J. M. F.
☐ DR. J. M. F.
☐ DR. J. M. F.
☐ DR. J. M. F.
☐ DR. J. M. F.
☐ DR. J. M. F.
☐ DR. J. M. F.
☐ DR. J. M. F.

Mental Health Services
Addiction Services
Loudoun House
Ailsa Hospital
Dalmellington Road
AYR KA6 6AB

www.nhs-ayrshire.org

Date 20 April 2010
Date Dict.
Chi No: 2608901301
Our Ref: SB/VW

Enquiries To Loudoun House
Tel 01292 513126
Fax 01292 513038

Dear Emma

You were referred to Loudoun House by Staff Nurse Dawn Little.

Please attend Loudoun House on Saturday, 8 May at 11.00 am.

The purpose of this appointment is to assess your suitability for treatment at Loudoun House. **Please note that this is an assessment appointment and not an admission date.**

Please do not attend the appointment under the influence of any substances (alcohol or drugs), as this will result in you not being assessed at this time. You will be drug screened and breathalysed prior to assessment commencing. This must be negative for assessment to be carried out.

An information leaflet has been provided with this letter. Please contact the above number if you have any further questions or if the appointment given is unsuitable. You will be reimbursed for bus fares if you are on income support. **(You must bring current proof of benefit payments with you). Please also bring prescribed medications.**

Yours sincerely

✓ Williams

Senga Boyd
Acting Charge Nurse
Loudoun House

cc ✓ Dr Stevenson, Bankfield Medical Practice, 148 Dalmellington Road, Ayr
KA7 3PR



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17/10 2008 08:57 FAX [REDACTED]

MED OFFICE AILSA

001

COMMUNITY HEALTH DIVISION

fax

AILSA HOSPITAL
DALMELLINGTON ROAD
AYR
KA6 6AB
Telephone 01292 610556
Fax 01292 513044



To DR. DUNSTON
From DR. B. WILSON
Re PATIENT DISCUSSED
WITH SECRETARY
THIS MORNING

Fax 01292 269 731
Date 17/10/08
Pages 3 (+ THIS COVER)

- ☐ urgent
☐ for information
☐ please comment

Any difficulties in reading this
please telephone

Confidentiality Statement

This facsimile transmission is intended only for the use of the individual or entity to which it is addressed and may contain confidential information belonging to the sender which is protected by the physician-patient privilege. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please notify this office by telephone to arrange for the return of the documents.

Emma
Lindsay
26/08/1980
17 OCT 2008

~~15 OCT 2008~~

- ☐ STEVENSON
☐ DOSUMU
☒ LOCUM
☒ FILE
☐ NOTES TO
☐ APPT
☐ SCRIPT
☐ PHONE
☐ VISIT
☐ LETTER
☐ NURSE APPT
☐ HV APPT
☐ OTHER

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DR KARIM U LHWRY
01290 421157

80171

Case Date: 29/01/2012 10:18 Case Number: 45343 Case Type: Home Visit

Patient Name: Emma Lindsay Sex: F Date of Birth: 26-Aug-1990 Age: 21 years

CHI Number: 2608901341

Current Address: Home Address (if different):
14E Wiltchill Place

Kilmarnock
postcode

Contact Phone:

Home Phone (if different):

Own Doctor:

Surgery:

Case Priority: Within 4 Hours

PCC [] Home Visit []

Rx NHS24:

Appointment:

Arrival time:

Case Origin: Ambulance

Caller Name: Martin Galloway

Tel: [REDACTED]

NHS24 Triaged By:
Operator's Name:

Triage Start:

Triage Finish:

Reported condition:

Allergies

Medications

Previous Medical History

Clinical Summary:

Disposition:

Outcome code:

Reported Condition:

Operator:

AMANDAC

Reactive Time: 10:18

Symptoms: History of right ear ache, woke up this morning with blood on face, thought this had come from ear. Ambulance crew have checked and there is no blood in inner ear. Ear Ache, also history of depression, no transport to attend centre, no contact number, had to go into a [REDACTED]

Latest Advice Details

Consulted by:

Advice Begin:

Advice End:

Latest Consultation Details

Consulted By: Martin, S W

Cons. Begin: 13:10

painful right ear for some days blood and pus from right ear this am been using paracet and
ibuprofen not on ocp and no allergies

Cons. End: 13:18

Examination Details:

right TM per also left eom throat infection tracheitis chest clear

Clinical Codes:

F52z. Otitis media NOS

amax 500 tid x 21 also co-cod 8/500 one pack left

Diagnosis:

eom and perf TM

Prescription Items:

Follow-up: Patient Told To Contact GP

Name of attending Gp/Nurse: Martin, S W

Signature: _____

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsayrshireandarran.com



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 19/02/2014
Date Dictated: 19/02/2014
Date Typed: 21/03/2014
Our Ref: KK/SMcC
Enquiries to: Shona McCracken
Tel No: 01294 470010
Fax No: 01294 606580

Dear Dr Dunlop

EMMA LINDSAY

**72 GLENSHAMROCK DRIVE, AUCHINLECK,
CUMNOCK, AYRSHIRE, KA18 2EF**

CHI No: 2608901301

Ms Lindsay cancelled her addition out-patient clinic appointment at the Bentinck Centre on 19 February 2014. She is currently prescribed Methadone 40 mls daily. I note from previous correspondence that she is also on Quetiapine and possibly on Procyclidine.

I managed to review her notes today to get some clarity on her diagnosis. She has had contact with the psychiatric services since 2011, initially with CAMHS back in 2004 when she was seen by a CAMHS consultant and provisionally diagnosed with bipolar type II and prescribed Carbamazepine. During further assessment, this diagnosis was challenged and in 2005 she had a ten week in-patient assessment mainly to provide some clarity on diagnosis. Following this lengthy assessment, it was concluded that she does not suffer from major mood disorder including bipolar affective disorder. A diagnosis of evolving emotionally unstable personality disorder was proposed. This diagnosis was felt most consistent with her further presentation with psychiatric services.

One of the long term symptoms she describes is of hearing voices which were felt to be dissociative in nature and not psychotic in nature. Based on the information available through her notes, I feel the use of Quetiapine for emotionally unstable personality disorder is an unlicensed use and I will look forward to discussing this with her. This is particularly relevant in that during the last out-patient clinic appointment she reported side effects and a prescription of Procyclidine was suggested.

She is from the Cumnock area and I will arrange for her to be reviewed in the Cumnock Health Centre in about four weeks.

Yours sincerely

Authorised on 24/03/2014 13:34:58 by Karthik Kessavalou.

Dr K Kessavalou
Locum Consultant Psychiatrist in Addictions

www.nhsayrshireandarran.com



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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Ms Emma Lindsay
72 Glenshamrock Drive
Auchinleck
Cumnock
Ayrshire
KA18 2EF

Clinic Date: 05/08/2014
Date Dictated: 12/08/2014
Date Typed: 20/08/2014
Our Ref: KK/JRB/2608901301
Enquiries to: Julie Ross-Binning
Tel No: 01563 546632
Fax No: 01563 574238

Dear Ms Lindsay

I am sorry not to have seen you at your recent NHS Addiction Services outpatient clinic appointment at Cumnock Health Centre on 5 August 2014.

As you are prescribed medication by the Addiction Service it is very important that I have the opportunity to review you regularly in order to ensure that your prescription arrangements and doses remain safe. Importantly, your attendance at appointments also gives you the chance to discuss your views and take an active part in planning your care and recovery. You will be sent another outpatient appointment for the clinic in the near future.

It is very important that you attend this appointment. Please note that your current prescription is likely to be reduced if you do not attend as I cannot safely continue to prescribe at the current dose without seeing you.

I look forward to seeing you at your next appointment.

Yours sincerely

Authorised on 31/08/2014 18:27:22 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Cc: Dr P A Dunlop, Tanyard Medical Practice, The Health Centre, 2 Tanyard, Cumnock, KA18 1BF

Christopher Pendrill, Staff Nurse, East CAT, Bentinck Centre, East Netherton Street, Kilmarnock, KA1 4AX

www.nhsaaa.net



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NHS Confidential: Personal data about a patient

Liaison Psychiatry
Level 2
The Ayr Hospital
Dalmellington Road
Ayr, KA6 6DX
01292 610555



TW/MQ CHI: 2608901301

Date Assessed: 23.08.10
Date Typed: 26.08.10

Enquiries: Maureen Quinnell, Secretary
Extension: 17255
Direct Dial: 01292 617255

Dr Blair
Consultant Physician
The Biggart Hospital

Dear Dr Blair

EMMA LINDSAY, 18 CHURCH COURT, AYR
D.O.B: 26.08.90

Thank you for referring the above named patient to the Psychiatric Liaison Service. I assessed Emma within Medical High Care of The Ayr Hospital during her recent admission.

I have enclosed, for your information, a copy of my assessment. Please do not hesitate to contact me should you wish to discuss this further.

Yours sincerely

M Quinnell (secretary)

pp. TRACY WARDROP
PSYCHIATRIC LIAISON NURSE

cc/ Dr Dosumu, Bankfield Medical Practice, 148 Dalmellington Road, Ayr

- ☐ STAFF NURSE
- ☐ DOCTORS
- ☐ HEALTH
- ☒ PHOT
- ☐ NOTES G2
- ☐ APPS
- ☐ SCRIPTS
- ☐ PHARM
- ☐ VISIT
- ☐ LETTERS
- ☐ NURSE APP
- ☐ HV APP
- ☐ OTHER

5/10/10

NHS Confidential: Personal data about a patient

Triage Assessment (AMH V1)		Confidential
Name:	Emma Lindsay	
Address line 1:	18 Church Court	
Town:	Ayr	
Postcode:		
Address line 3:		
Completed by:	Ms. Tracy Wardrop, Liaison Psychiatric nurse	
Location:	General Ward, Ayr Hospital	
Date:	23/08/2010	
Risk		
Risks to self:	Low apparent risk +	
Referred and seen in MHC following impulsive overdose of liquid morphine, valium and x30 seroquel tablets. Overdose taken with suicidal intent. States found morphine and diazepam in her friends bag and thought this would allow her to fall asleep and not waken. Emma has no recollection of events. States believes her [REDACTED] called ambulance when he found her unconscious. Emma states she wishes overdose had been successful however denies on-going suicidal thoughts, planning or intent. No objective evidence of on-going risk to self on discharge. Voiced positive thoughts in terms of future and plans to make attempts to reduce and abstain from using illicit substances. It would appear that overdose has been taken in response to argument with her [REDACTED] and difficult social circumstances.		
Risks to others:	No apparent risk	
Level of care required to manage behaviour:	None	
Emma has regular input from Dawn Little, CPN, Addiction Services and Dr Lind. No clinical indication that increase in support is necessary at this time.		
Behaviour		
Physical harm to others:	No problem	
Aggressive behaviour:	No problem	
Suicidality:	Mild problem +	
Long history of self harming behaviour via cutting. Evidence of scarring on arms. Admitted to fleeting suicidal thoughts but denied active planning or intent. Hopeful with regards her future in terms of making attempts to abstain from illicit substances.		
Other deliberate self-harm:	No problem	
Alcohol or substance misuse:	Moderate problem +	
Emma was recently commenced on a methadone prescription at the beginning of March 2010. Since this time writer has agreed weekly contact helping and advising Emma to stabilise her substance use. Since this time Emma has not injected heroin since commencing her prescription which is daily supervised. Emma admits to smoking heroin between 3-4 bags daily. More recently Emma has used a number of illicit valium which is a new thing as Emma has not abused same in past. Emma continues to smoke cannabis.		
Emma voiced hopeful thoughts with regards her future in terms of reducing stopping illicit substance misuse.		

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Eating problems:	No problem
Overactivity:	No problem
Cognition	
Memory:	No problem
Attention/concentration:	No problem
Mental health	
Thought disorganisation:	No problem
Delusions:	No problem
Hallucinations:	No problem +
Emma described hearing voices at times and struggles to cope. No evidence of perceptual disturbance on assessment. Neither distressed or distracted.	
Elated/expansive mood and ideation:	No problem
Depressed mood and ideation:	Mild problem +
Emma described feeling low in mood in response to difficult social circumstances and illicit substance misuse. States she is unhappy with her lifestyle however unsure how to make changes in an attempt to resolve her difficulties. States issues from the past continue to get her down however she does not find it helpful to talk about these and therefore would prefer to continue to make attempts to put this behind her. Emma states she has used illicit substances since age 13years to cope with her symptoms. Upset at present due to relationship difficulties. Mood low on assessment however affect remains reactive and appropriate. Tearful intermittently.	
Obsessional ideas and compulsive behaviour:	No problem
Anxiety, phobias and panics:	Moderate problem
States anxiety symptoms prevent her from getting out and about therefore isolated at home as a result.	
Somatic preoccupations:	No problem
Lowering of energy, drive or interest:	No problem
Sleep disturbance:	No problem
Summary	
Summary of assessment	
Referred and seen in MHC following impulsive overdose of liquid morphine, valium and x30 seroquel tablets. Overdose taken with suicidal intent. States found morphine and diazepam in her friends bag and thought this would allow her to fall asleep and not waken. Emma has no recollection of events. States believes her [REDACTED] called ambulance when he found her unconscious. Emma states she wishes overdose had been successful however denies on-going suicidal thoughts, planning or intent. No objective evidence of on-going risk to self on discharge. Voiced positive thoughts in terms of future and plans to make attempts to reduce and abstain from using illicit substances. It would appear that overdose has been taken in response to argument with her [REDACTED] and difficult social circumstances. Referred and seen in Station 7 following impulsive overdose of liquid diazepam, morphine and x 30 Seroquel tablets. Overdose taken with suicidal intent. States has been thinking about overdose for several weeks however following an argument with her [REDACTED] states she felt life is not worth living and took overdose impulsively. Denied on-going suicidal thoughts, planning or intent and no objective evidence of on-going risk to self. Using heroin since age 13years. On methadone programme for 8	

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months however smoking 3 bags of heroin/day in addition to methadone and buying in the region of x 30 street valium/day. Emma keen to reduce and stop substances however states she plans to make attempts to do this when her [REDACTED] goes into jail. Emma planning to give up her tenancy at this time and go to live with her [REDACTED]

On assessment today Emma was pleasant, co-operative and made good eye contact. Speech was normal in rate and tone. Rapport easily established. There was no evidence of anxiety or agitation and she was neither distressed or distracted. She described hearing voices however no evidence of perceptual abnormalities or thought disorder. Emma described feeling "depressed". Objectively her mood was low with reactive and appropriate affect. She continued voice suicidal thoughts but denied planning or intent and no objective evidence of risk to self on discharge.

Action points

Discussed with Dawn Little, CPN and she has agreed to offer Emma an appointment at home this afternoon on discharge from hospital. Emma has agreed to same.

In this report key item status is indicated as follows: + = Nominated, ++ = Prioritised, - = Resolved

In this report alerted item status is indicated as follows: [!] = Alert Attached, [-] = Alert Removed

Printed by:	Ms. Tracy Wardrop, Liaison Psychiatric nurse
Signature:	<i>Tracy Wardrop</i>
Date printed:	24/08/2010

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10-July-2026
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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr P A Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 18/11/2014
Date Dictated: 24/11/2014
Date Typed: 26/11/2014
Our Ref: KK/JRB
Enquiries to [REDACTED]
Tel No: [REDACTED]
Fax No: [REDACTED]

Dear Dr Dunlop

EMMA LINDSAY

**72 GLENSHAMROCK DRIVE, AUCHINLECK,
CUMNOCK, AYRSHIRE, KA18 2EF**

CHI No: 2608901301

Ms Lindsay did not attend her Addictions out-patient clinic appointment at Cumnock Health Centre on 18 November 2014. She is currently prescribed Methadone 40mg daily supervised. She was last seen by her Key Worker on 12 November 2014 when her drug screen was positive for Methadone and Opioids. I will send her a letter emphasising the importance of attending the out-patient clinic appointments and will arrange to see her in about eight to twelve weeks time.

Yours sincerely

Authorised on 28/11/2014 07:06:48 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Cc: Chris Pendrill, Staff Nurse, East Community Addiction Team, Bentinck Centre,
East Netherton Street, Kilmarnock, KA1 4AX

www.nhsaaa.net



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Lindsay Emma

CHI: 2608901301

Clinic Letter

Dr. PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Main
Switchboard:
Department: Queen Elizabeth National Spinal Injuries Unit
for Scotland
Contact Tel: 0141 201 2399
Enquiries to: [REDACTED]
Letter Date: 03/12/2021
Reference: CM/LW
Dictated: 03/12/2021
Date:
Transcribed: 08/12/2021
Date:

NHS
Greater Glasgow
and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dear Dr. PA Dunlop,

Emma Lindsay; D.O.B: 26 Aug 1990; CHI: [REDACTED]
74 Keir Hardie Hill, Cumnock, Ayrshire, KA18 1PS

Attendance: Specialty - National Spinal Injuries Unit; Clinic - SGCMS10-MR MATHIESON CERVICAL
SPINE FRI PM
Date and Time of Appointment - 03/12/2021 14:00

Procedures:
11/08/2021 UNSPECIFIED FIXATION OF FRACTURE OF SPINE

Follow Up: DNA - re-appointed

Clinical Comments:

Emma Lindsay failed to attend Neurosurgical/Spinal Injuries Clinic today. I will give her a further appointment.

Yours sincerely

Mr Calan Mathieson
Consultant Neurosurgeon

Electronically Signed: Mr Calan Mathieson, Consultant

Printed on 10/12/2021 11:00 by Leanne Wright

Page 1 of 2

NHS Confidential: Personal data about a patient

Lindsay Emma

CHI: 2608901301

OPCL 03/12/2021 v1

cc.

THIRD PARTY COPY

Printed on 10/12/2021 11:00 by Leanne Wright

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24/08 2010 16:03 FAX



Ayrshire & Arran
ACUTE HEPATITIS NON TYPIC

7 : 4:56 2010

Telephones

→ AD

001/003

AYR KAU BOX

(U) (X) (2) 910820

(01202) 285205

Immediate Discharge Summary

14-
Address

LINDSAY	A100-717956
18 CHURCH COURT	EMMA
AYR	2608901301
KANODE	26/08/1990
DOSUMU, A (GP)	
148 DALMELLINGTON ROAD	
AYR	
AYRSHIRE	F/S

Patient Address

D.3.3

~~Attachment~~ Practice 1004

Advertising Type

Markusson, Dain

Consistent.

☐ VISIT
☐ LETTER
☐ NURSE APPT

☐ HV APP
☐ OTHER

Diagnosis Spontaneous OD = suicidal intent

Summary [redacted] was admitted to NHC following a mixed overdose of morphine, codeine & sertraline. She required a period of observation, naloxone, fentanyl and IV fluids.

Her CP was raised to ≥ 15 mmHg at its highest.

Medication on Discharge

PHARMACY USE ONLY

[illegible]

Further comments (e.g. Histology, information given to patient regarding diagnosis, ...)

but this improved and her urine output was satisfactory.
She was referred to addiction services.

A constant outside letter will / will not follow

Continuation Appointment YES/NO

Distribution GP ☐ Pharmacy ☐ Casenotes ☐ District Nurse ☐ Patient Yes/No

Dr's Signature: [Signature] Print Name: MACINNES Date: 2/8/10

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10-July-2026
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Addiction Services
Loudoun House
Ailsa Hospital
Dalmellington Road
AYR KA6 6AB

www.nhs-ayrshire.org

PERSONAL IN CONFIDENCE

Emma Lindsay
Jellystone Farm
By AYR
KA6 6ES

Date 21 August 2007
Your Ref
Our Ref LOU/SB/VW
Tel 01292 513126
Fax 01292 513038

Dear Emma

You were referred to Loudoun House by Dr Doherty, SHO in Psychiatry.

Please attend Loudoun House on Saturday, 15 September at 11.00 am

The purpose of this appointment is to assess your suitability for treatment at Loudoun House. **Please note that this is an assessment appointment and not an admission date.**

Please do not attend the appointment under the influence of any substances (alcohol or drugs), as this will result in you not being assessed at this time.

An information leaflet has been provided with this letter. Please contact the above number if you have any further questions or if the appointment given is unsuitable. You will be reimbursed for bus fares if you are on income support. **(You must bring proof of benefit payments with you).**

Yours sincerely

23 AUG 2007


Senga Boyd
Deputy Charge Nurse
Loudoun House

✓ Cc Dr A Dosumu, The Surgery, 3 Alloway Place, Ayr



Awarded for excellence

- ☒ STEVENSON
- ☐ DOSUMU
- ☐ LOCUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT..... ☐
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER..... ☐
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

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NHS Confidential: Personal data ■■■ a patient

**FOR SOCIAL SECURITY AND STATUTORY
SICK PAY PURPOSES ONLY**

NOTES TO PATIENT ABOUT USING THIS FORM

You can use this form either:

1. For Statutory Sick Pay (SSP) purposes - fill in Part A overleaf. Also fill in Part B if the doctor has given you a date to resume work. Give or send the completed form to your employer.
2. For Social Security purposes -
To continue a claim for State benefit fill in Parts A and C of the form overleaf. Also fill in Part B if the doctor has given you a date to resume work. Sign and date the form and give or send it to your local Jobcentre Plus or social security office QUICKLY to avoid losing benefit.

NOTE: To start your claim to State benefit, if you are self-employed, unemployed or non-employed contact your Jobcentre Plus or Social Security office. If you are employed contact your employer for a form SSP1.

Doctor's Statement

In confidence to
Mr/Mrs/Miss/Ms

Emma Hindson

I examined you today/yesterday and advised you that

(a) You need not
restrain from
work.

(b) You should refrain from work
for *Indefinite*

OR until

Diagnosis of your disorder
causing absence from work

Mental Health Issues

Doctor's remarks

Doctor's
signature

[Signature]

Date of
signing

20/7/19

Dr J Stevenson General Medical Practice 123 Main Street A24937	
---	--

Form Med 3

NOTE TO DOCTOR*1 See inside front cover for notes on completion

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10-July-2026
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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 21/08/2018
Date Dictated: 28/08/2018
Date Typed: 28/09/2018
Our Ref: KK/JRB
Enquiries to: Julie Ross-Binning
Tel No: 01563 546632
Fax No:

Dear Dr Dunlop

EMMA LINDSAY
CHI No: 2608901301

NF1 1AB, UNKNOWN, NO FIXED ABODE

Emma did not attend her out-patient appointment at Cumnock Health Centre on Tuesday 21 August 2018.

She is currently on Methadone 45mls daily supervised.

I will arrange to see her again in about eight weeks time.

Yours sincerely

Authorised on 28/09/2018 13:38:35 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Cc: Joanne Goldie
East Addiction Services
Rothesay House
1 Greenholm Road
CUMNOCK
KA18 1LH

www.nhsaaa.net



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Mental Health Services

East Ayrshire Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Personal in Confidence

Miss Emma Lindsay
46 Mayfield Avenue
HURLFORD
East Ayrshire
KA1 5EA

Date: 8th October 2025
Ref: NJ/DQ
CHI: 2608901301
Enquiries To: Blue HUB
Direct Line: 01563 578592
01290 425947

Dear Miss Lindsay,

As I have had no response from my 14 day opt in letter, I am therefore discharging you from the Community Mental Health Team.

Your GP has been informed by copy of this letter. Therefore, should you require any further input, please contact your GP.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Dr Glenn Mulligan'.

COMMUNITY MENTAL HEALTH TEAM (BLUE HUB)

Cc: Dr Glenn Mulligan - Old Irvine Road Surgery (Kilmarnock)

www.nhsaaa.net



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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 30/10/2018
Date Dictated: 30/10/2018
Date Typed: 30/10/2018
Our Ref: KK/KMcA
Enquiries to: Karen McAllister
Tel No: 01563 574237
Fax No: 01563 574238

Dear Dr Dunlop

EMMA LINDSAY
CHI No: 2608901301

NF1 1AB, UNKNOWN, NO FIXED ABODE

Emma cancelled her outpatient appointment at Cumnock Health Centre on 30th October 2018.

She is currently on Methadone 55mls daily supervised.

I will arrange to see her again in around eight weeks time. I will also send her a letter emphasising the importance of attending outpatient appointments.

Yours sincerely

Authorised on 09/11/2018 13:55:34 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Joanne Goldie
Rothsay House
1 Greenholm Road
CUMNOCK
KA18 1LH

www.nhsaaa.net



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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 11/10/2019
Date Dictated: 15/10/2019
Date Typed: 01/11/2019
Our Ref: KK/JRB
Enquiries to: Julie Ross-Binning
Tel No: 01563 546632
Fax No:

Dear Dr Dunlop

EMMA LINDSAY

C/O 32 LAMBAIR GARDENS, AUCHINLECK,
CUMNOCK, AYRSHIRE, KA18 2HY

CHI No: 2608901301

Diagnosis:

F11.2 – Opioid Dependence Syndrome, initiated on
substitute treatment
F60.3 – Emotionally Unstable Personality Disorder, currently
stable for a few years

Psychiatric Medication:

Prescribed by Addiction Services
Initiated on Methadone 20mls daily supervised

Prescribed by General Practitioner
Quetiapine 400mg nocte
Edoxaban

Recommendations/Plan:

- 1) Methadone initiation as above.
- 2) I have discussed with her the unlicensed use of Quetiapine for Emotionally Unstable Personality Disorder and that she should be considering a gradual reduction in Quetiapine but she is not keen to make any changes at this stage. She is fully aware of the risks of metabolic syndrome and QTc prolongation.
- 3) Out-patient review in three months time.
- 4) Weekly appointments with Key Worker for titration purposes.

I saw Emma in my out-patient clinic at Auchinleck Health Centre on 11 October 2019. As you are probably aware, she disengaged from the service back in April and is currently not on any substitute treatment. She has since then referred herself back to the service and is keen to go back on substitute treatment. She advised me that she is currently on a Drug Treatment and Testing Order (DTTO).

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2

01 November 2019

Dr PA Dunlop, Re: EMMA LINDSAY

She has been on an average using about one gram of Heroin daily. She mainly smokes and at times admits to intravenous use. She was also using street tablets and advised me that she stopped this about a couple of weeks ago. We will start her on Methadone 20mls and she will be seen weekly by her Key Worker for titration, provided there is no evidence of poly-substance use.

Mentally, she is stable and did not report of any ongoing depressive or anxiety symptoms. She continues to take Quetiapine 400mg at night-time and has done this for a number of years. As you are probably aware, I have seen Emma quite regularly in the recent years and have had a discussion with her about the unlicensed use of Quetiapine. She does not have a psychotic illness and therefore suggested to her that she starts reducing the Quetiapine to a much lower level. She has not exhibited any symptoms suggestive of a depressive illness or psychotic illness in the last four to five years that I have been seeing her. She has DVT in her left leg and is on Edoxaban. She denied any other physical health problems. She stated that her General Practitioner monitors her Blood Glucose and Cholesterol once every year.

On mental state examination, she was casually dressed and well kempt. She maintained good eye contact. Her affect was reactive. She was euthymic. She denied any suicidal or homicidal ideas. There was no evidence of psychosis. She did not appear to be intoxicated nor in withdrawals.

I discussed the treatment options available in Ayrshire both in terms of detox and maintenance treatment. Given the duration and level of use, she would require to go on the substitute treatment in the first instance and once she is stable she could then consider gradual reductions in her Methadone. I have discussed the DVLA guidelines around the diagnosis and proposed treatment. She is not driving and does not have a driving licence.

Follow-up arrangements are as above.

Yours sincerely

Authorised on 11/11/2019 12:29:20 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Cc: Yvonne Nimmo
Staff Nurse
Rothesay House
1 Greenholm Road
CUMNOCK
KA18 1LH

www.nhs.uk



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1515 Confidential: Personal data about a patient

Dr David Taylor
Dr Joe Reid
Dr Susan Taylor
Dr Robin Park
Dr Guy Beaumont
Dr Rob Walter
Dr Phyllis Halliday

17528
DR BROWN
THORNHILL PRACTICE
THORNHILL.
99 George Street
Dumfries
Scotland
DG1 1BS
Tel: 01387 253333
Fax: 01387 253301

CONFIDENTIAL HEALTH QUESTIONNAIRE FOR NEW PATIENTS

Date and Time of Appointment:

Name <u>Emma LINDSAY</u>	Telephone Contacts
Address <u>Stud farm cottage - Terreglio</u> <u>Dumfries</u>	Home
Postcode <u>DG2 9RT</u>	
Date of Birth <u>26.8.90</u>	Ethnic Origin <u>White uk</u>
Occupation <u>Student</u>	Are you a carer? Yes/ <u>No</u>
Marital Status: <u>Single</u> /Married/Cohabiting/Separated/Divorced/Widowed	
Personal Medical History	
Please detail any Serious or Chronic illnesses, operations or disabilities (including dates as appropriate) <u>N/A</u>	
Do you have any illnesses at the moment? <u>N/A</u>	
Are you awaiting/undergoing any hospital treatment? Please indicate where and for what condition	
Please list any tablets, capsules or other medications you take: <u>The pill</u> <u>Inhalers</u> <u>Diprosas</u>	
Are you allergic to anything? Please indicate reaction. <u>N/A</u>	

CONFIDENTIAL HEALTH QUESTIONNAIRE FOR NEW PATIENTS

Page 1

Please turn over

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DR BROWN, THORNHILL

Family Medical History	
Have any of your close relatives [REDACTED] suffered from any significant medical Condition?	
Please detail	heart disease diabetes cancer asthma
e.g. heart disease, stroke, diabetes, asthma, chronic airways disease, cancer	
Lifestyle	
Do you smoke?	☒ Y ☐ N
How many cigarettes/oz tobacco a day?	20
Have you ever smoked?	☒ Y ☐ N
When did you give up?	—
Do you drink alcohol?	☒ Y ☐ N
Units per week	Occasionally
Do you take exercise?	☒ Y ☐ N
Type and frequency	—
Do you take any other drugs?	☒ Y ☐ N
Type	—
What do you weigh?	—
How tall are you?	5'10
Vaccinations	
Have all your routine childhood immunisations been completed?	☒ Y ☐ N
Have you had a full course of tetanus vaccinations?	☒ Y ☐ N
When was your last booster?	Dont know
Have you been immunised against anything else?	NO
Women Only	
Have you ever been pregnant?	☒ Y ☐ N
How many pregnancies have you had?	None
Have any ended in miscarriage, stillbirth, difficult delivery or Caesarean section?	☒ Y ☐ N
Are you taking the oral contraceptive pill or using the "depo" Injection at present?	☒ Y ☐ N
Which one?	Loestrin
When and where did you last have a cervical smear?	Not had one
Was this normal/abnormal?	Normal/abnormal
Have you ever had a mammogram?	☒ Y ☐ N
When?	—
Have you had a hysterectomy?	☒ Y ☐ N
Are you taking HRT (hormone replacement)?	☒ Y ☐ N
Which one?	—
It is important that this form is brought with you when you come for your registration appointment.	
Please cancel your appointment as soon as possible if it is unsuitable.	

Page 2

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1012 Confidential Personal data should be deleted

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on
01292-614522, quoting account number 07181-00075

To Dr.: A (GP) DOSUMU
3 ALLOWAY PLACE
AYR
AYRSHIRE
KA7 2AA

EMMA LINDSAY DOB 26/08/90
THE PADDOCK X

OCHILTREE;;KA182RR
CHI 2608901301

Your patient attended the Ayr Hospital on 30/06/07
at 13:37.

Triage nurse described problem as:
paranoid behaviour

Investigations ordered:
OTHER NEAR PATIENT TEST: vital observations

Procedures
NO PROCEDURE: referred to psych

Diagnosis
PSYCHIATRY^PARANOID BEHAVIOUR

Outcome of attendance was:
ADMITTED

Nursing remarks were:
(None recorded)

Additional remarks were:
obs taken,diazepam,admit to Kyle Ward,Ailsa

Follow up plans were:
(None recorded)

Yours Sincerely,

A&E Department.

- 04 JUL 2007
- ☐ STEVENSON
 - ☐ DOSUMU
 - ☒ LOCUM
 - ☒ FILE
 - ☐ NOTES TO.....
 - ☐ APPT
 - ☐ SCRIPT.....☐
 - ☐ PHONE
 - ☐ VISIT
 - ☐ LETTER☐
 - ☐ NURSE APPT
 - ☐ HV APPT
 - ☐ OTHER

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Dunlop, Tracey

From: Adastra system communications server account [REDACTED]
Sent: 30 August 2010 04:05
To: Clinical_Practice_BankfieldMedicalPractice_80842
Subject: Call #94013 29-Aug-2010

Call #: 94013 Received NHS24: 29-Aug-2010 18:06
Full cover

Patient's Name Emma Lindsay
Date of birth: 26-Aug-1990 (Age: 20 years Sex: Female) Received ADOC: 18:06
Benston Farm New Cumnock Passed
Cumnock KA18 4QB (NS:588 153) Advised
[REDACTED] Origin: NHS24 Arrived
Urgency: NHS24 Advised Type: NHS24 Advice Departed
Consulted by: Own Doctor:

NHS24 Triage Begin 29-Aug-2010 18:29 NHS24 Triage End 29-Aug-2010 18:37
NHS24 Triaged by: Triage Nurse (Nurse Advisor) (Edinburgh)

Triage - Diagnosis
OVERDOSED LAST WEEK BY TAKING TABLETS - HOWEVER INJECTED INTO THIGH BY
AYR HOSPITAL 1 WK AGO - 2 INJECTIONS INTO SAME AREA. TAKE BI POLAR
MEDS AND METHADONE. ((Non-Clinical User) (Cardonald))

CREATED AS HIA CALL IN ERROR - COULDN'T GET CALL STREAMING. ((Non-Clinical User) (Cardonald))

Pt advised to contact practice - For Information Only
Clinical summary created: 29-Aug-2010
Advisor (Edinburgh) [29/08/2010 18:37:27]
RIGHT THIGH ITCHY /SORE/NUMB FOR 1 WEEK AND AREA INVOLVED IS SURROUNDING
INJECTION SITE FROM WHEN PATIENT WAS IN HOSPITAL; AREA IS ITCHY AND
SLIGHTLY SWOLLEN; FURTHER UP LEG ANOTHER AREA IS NUMB; THIS AREA IS
ADJACENT TO ABDOMEN; HOT BOTLE TRIED WITH NO EFFECT; ADVISED COOL PACK
AND ROUTINE GP APPOINTMENT
Current Medication:
AS PER ECS
METHADONE
Allergies:
PENICILLIN
Previous Medical History:
BI-POLAR
BORDERLINE PERSONALITY DISORDER
HEROIN SMOKER

Time Advice Advised: 18:29 Advised by: Triage Nurse (Nurse Advisor)

Time of Visit/Base: Consulting Doctor:

Final Outcome - Diagnosis

Prescribed Medications

Followups:

30/08/2010

- ☐ MR VUNSON
- ☐ CRUISE
- ☐ TOULMIN
- ☐ CHIE
- ☐ NOTES TO:
- ☐ APPPT
- ☐ SCRIPT
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER
- ☐ NERST APPPT
- ☐ HV APPPT
- ☐ OTHER

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 29/08/2017
Date Dictated: 05/09/2017
Date Typed: 13/09/2017
Our Ref: KK/KMcA
Enquiries to: Karen McAllister
Tel No: 01563 574237
Fax No: 01563 574238

8077

Dear Dr Dunlop

EMMA LINDSAY

**59 MAIN STREET, AUCHINLECK, CUMNOCK,
AYRSHIRE, KA18 2AR**

CHI No: 2608901301

Diagnosis:

1. F11.2 Opioid Dependence Syndrome, currently on substitute treatment
2. F60.3 History of Emotionally Unstable Personality Disorder

Psychiatric Medication:

Prescribed by Addiction Services
Methadone 30mls daily

Prescribed by General Practitioner (as per patient)
Quetiapine 200mgs nocte

Recommendations/Plan:

1. I will request her Keyworker to drug screen her and if required we will increase her Methadone to 40mls daily.
2. Outpatient review in three months time.
3. Keyworker review in the interim.

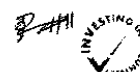
I reviewed Emma in my outpatient clinic at Cumnock Health Centre on 29th August 2017.

She was apologetic for previous non attendance and advised me that it has been a challenging few months for her. Her [REDACTED] is in prison and is remanded until trial. There is an ongoing court case regarding charges for assault and robbery. She is on high court bail and due to appear back in court on 13th September 2017. She unfortunately miscarried (eight weeks gestation) approximately a month back. She has also been struggling with reductions in Methadone and has been using Heroin for approximately six weeks now.

Continued...

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Page 2
13th September 2017
Dr Dunlop, Re: Emma Lindsay

She was keen for an increase in Methadone which I agreed to provide if her drug screens do not show evidence of any other illicit drug use.

She continues to take Quetiapine at night time which helps her sleep and calms her down. She then stated that since she went on Quetiapine she has not harmed herself as frequently as she used to do and the severity of self harm is far less. She has been on Quetiapine for nine years and does not recall any significant self harm during this period. She also stated that she has not had any more suicidal thoughts.

On examination, she was casually dressed and well kempt. She maintained good eye contact. Her affect was reactive. She was euthymic. She denied any suicidal or homicidal ideas. There was no evidence of psychosis.

Follow up arrangements are as above.

Yours sincerely

Authorised on 19/09/2017 11:53:57 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Peter Wood
NHS Addiction Services
Rothesay House
1 Greenholm Road
CUMNOCK
KA18 1LH

www.nhs.uk



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17 MAR 2010

Mental Health Services
NHS Addiction Services
Westmount
79 Ayr Road
Prestwick
KA9 1TF
Tel: 1292 473261
Fax: 01292 473258


www.nhs-ayrshire.org
Clinical in Confidence

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
AYR KA7 3PR

- ☐ STEVENSON
☒ DOSUMU
☐ LOCKUM
☒ FILE
☐ NOTES TO
☐ APPT
☐ SCRIPT
☐ PHONE
☐ VISIT
☐ LETTER
☐ NURSE APPT
☐ HIV APPT
☐ OTHER

Date 10 March 2010
Date Dict 5 March 2010
Your Ref
Our Ref CARL/VW/061890
Enquiries To Vivien Williams
Tel 01292 473261
Fax 01292 473258
Email [REDACTED]

Dear Dr Dosumu

EMMA LINDSAY, 18 CHURCH COURT AYR KA8 ODB
D.O.B. 26/08/90 CHI: 2608901301

I saw Emma in my clinic on 5 March 2010 at the request of one of the CPNs in the Community Addiction Team who had seen her the week previously and assessed her as needing a Methadone prescription.

You will doubtless know Emma's long, protracted and particularly difficult history and I will not repeat it here other than to say that she first began using Heroin at the age of 13 having previously drunk heavily. She says both of these were in response to the fall-out from her [REDACTED] schizophrenic illness saying that she was caught up in "mind games" and that "Heroin helped me forget about it". Since that time she has used a wide variety of drugs intermittently. She has had periods of dependency upon alcohol, amphetamines and opiates but on each occasion has managed to discontinue their use spontaneously without support from the Addiction Services. She has a lot of personal issues which are clearly instrumental in driving her drug use not least unresolved grief for the death of her [REDACTED] and new grief episode concerning her [REDACTED] who I gather has recently been diagnosed as having throat cancer.

She was clearly extremely upset when I saw her and I was at some pains to assure her that Methadone was really only a tool rather than a treatment and that hopefully it would give us some time and space to organise an appropriate care package for her. She was in agreement with this and in the course of this it became apparent that she felt aggrieved at some of the services she has received so far. I have therefore started her on 40mg of Methadone per day which will be dispensed on a daily basis and the consumption of which will be supervised by the pharmacist.

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EMMA LINDSAY

CHI: 2608901301

I will see her again in my clinic next week and in the meantime have asked her to think about possible admission to Loudoun House as a way of beginning to provide a better understanding of what kind of care package she needs. She has agreed to do this and I will see her next week.

Yours sincerely



C A R LIND
Consultant Psychiatrist

cc Dr R Rafiq, Locum Consultant Psychiatrist, South Ayrshire CMHT, Seaford
Base, Doonfoot Road, Ayr KA7 4BW



Awarded for excellence

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Practitioner Services

Medical
Meridian Court
5 Cadogan Street
Glasgow, G2 6QE
Tel 0141 300 1300
Text Relay: 18001 0141 300 1300
Fax 0141 300 1347
www.nhs.uk/services/practitioner

NHS
National
Services
Scotland

Dr J K Latoria
Auchinleck Surgery
The Health Centre
Main Street
Auchinleck
CUMNOCK
KA18 2AY

Date: 07 March 2018
Your Ref:
Our Ref: GMSRGL003/Del/(2608901301)
Extension: 1365
Direct Line: 0141 300 1365
E-mail: [REDACTED]

08 MAR 2018

Dear Dr Latoria

I acknowledge receipt of your communication intimating that you wish the name of the undernoted patient removed from the practice.

The patient has been notified accordingly and their name will be removed from the practice list in accordance with the provisions of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004 from 15 March 2018 unless they register with another practice before this date.

A formal request will then be made for the return of their medical records which should be retained until this time.

Yours sincerely

AWB

Mrs Anne McBride
Registration Manager

Patients(s) referred to: -

Emma Lindsay, CHI 2608901301
59 Main Street, Auchinleck, Cumnock, KA18 2AF



Headquarters

Gyle Square, 1 South Gyle Crescent, EDINBURGH EH12 9EB
Telephone 0131 275 6000
Chair Professor Elizabeth Ireland
Chief Executive Colin Sinclair
*NHS National Services Scotland is the common name of the
Common Services Agency for the Scottish Health Service*

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Microbiology Report

Lab Report ID:	0022MS92911		
Patient Name:	Emma Lindsay	DOB:	26/08/1990
CHI Number:	2608901301	Sex:	F
Practice Details:	Tanyard Medical Practice (80171)		
Specimen:	Throat and Nose Swab		
Investigation:	Test:	Result:	
COVID-19	Comment:	Sample has been processed, however result was delayed as you did not provide the required prioritisation label on the submitted request form	
COVID-19	Covid-19	NOT Detected by PCR	
Sample Collected:	27/06/2022 06:10		
Received by Lab:	27/06/2022 12:39		
Requestor:	Clinician, Unknown		
Requestor Organisation:	(AYCAU) CAU Ayr Hospital		

Report Run Time: 28/6/2022 06:01:02

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Activity | Care Partner

Page 1 of 1

Staff Copy Printed 21/05/2019 by Joanne Goldie (Staff Nurse (Mental Health))

**Lindsay, Emma (Miss)****Date of Birth** 26-Aug-1990 (28y)**Gender** Female**CHI Number** 2608901301**Addictions V3 Contact Record****Status** Closed**Centre of Care** NHS Addictions East**Location** Cumnock Health Centre, Cumnock**Date of Activity** 13th May 2019 at 14:14 by Joanne Goldie (Staff Nurse (Mental Health))**Summary of contact/details****Summary of contact/details**

Emma has now been discharged from addiction services for not engaging in her treatment plan and clinical risk associated with her continued poly-substance misuse. Emma can re-refer back in should she wish to engage in treatment.

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AREA DEPARTMENT OF MICROBIOLOGY - ROYAL INFIRMARY, DUMFRIES					
PATIENTS SURNAME LINDSAY		PATIENTS FORENAME EMMA		LAB No. MG003573	
CH No.	HOSPITAL REG No. 260890M	DOB 26/08/1990	SEX F	DATE & TIME COLLECTED 11/04/2006 16:29	
LOCATION / PRACTICE 99 George St		CONSULTANT / GP Halliday P (99G)		DATE & TIME RECEIVED 12/04/2006 11:29	
CLINICAL DETAILS NO CLINICAL DETAILS				DATE & TIME REPORTED 13/04/2006 11:00	

FRM157

Flow cytometry results See information below:-

WBC count	: 28	cells/uL
RBC count	: 52	cells/uL
Epithelial cells	: 20	cells/uL
Cast (Pathological)	: 0.3	cells/uL

Culture:

No significant growth

RBC Upper reference limits - 45 cells per/uL

Please note amended reference range.

13 APR 2006

Antibiotics-Prior :No details given
Antibiotics-Proposed:No details given



FILED AUTHORISED BY

REPORT AUTHORISED BY Dr. Martin Connor

SPECIMEN TYPE

Specimen description: Mid stream specimen

SPECIMEN DATE

11/04/2006

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09131

NHS
Ayrshire
& Arran

Hospital KAISA
Ward KYLE Tel. No. 01292 610556 Ext 3118
Date 04/07/07

Dear Dr. DOSUMU
Address 3 ALLOWAY PLACE
AYR KA7 2AA

Your patient
(Use identification label if available on all copies)

Patient Details:
Name EMMA LINDSAY
Address JELISTON FARM, COVELTON
REV. OF CONCIARAD FARM, AYR
Date of Birth 26.08.1990
CHI No. 260890 1301 CRN No. 61890

Admitted on 30.6.07 in the care of (Consultant) Dr. T. JOHNSON (Named Nurse)
Reason for admission (Visual hallucinations), anxiety, paranoia

Discharged on 04.07.07 with a diagnosis of ? Drug-induced anxiety (amphetamines)

KNOWN DRUG SENSITIVITY					PHARMACY USE ONLY			
MEDICINE (IN BLOCK CAPITALS)	FORM	DOSE	ROUTE	FREQ/TIME OF ADMIN	CONTINUE OR STOP*	QUALITY & STRENGTH DISPENSED	PHARMACY NOTES	
<u>PIRITON/CHLORPHENIRAMINE</u>	<u>TAB</u>	<u>4mg</u>	<u>0</u>	<u>08⁰⁰ 12⁰⁰ 05⁰⁰ 22⁰⁰</u>		<u>1x28x4mg</u>		
					☐ STEVENSON	<u>09 JUL 2007</u>		
					☐ DOSUMU			
					☒ LOCUM			
					☒ FILE			
					☐ NOTES TO			
					☐ APPT			
					☐ SCRIPT			
					☐ PHONE			
					☐ VISIT			
					☐ LETTER			
					☐ NURSE APPT			
					☐ HV APPT			
					☐ OTHER			
NUMBER OF DAYS SUPPLY IF MORE THAN 7 <u>(7 DAYS SUPPLY)</u>					Date	Dispensed by	Checked by	
					<u>4/7/07</u>	<u>47</u>	<u>SSM</u>	

* When the medication is to continue write CONT in the column indicated. When the medication is to stop write the date of the last full day on treatment and STOP.

Follow-up Arrangements:
Consultant Dr. T. JOHNSON Yes/No No Community Mental Health Team (Location) (To be confirmed) Yes/No

Other Arrangements Possible referral to Drug Rehab Services
Social Work input to be arranged

Summary Details of Additional Information (to include risk factors and likely management problems)

Yours sincerely KEE Doctor's Name (IN BLOCK CAPITALS) H. SIMONSEN 1586
SHO ON CALL

Distribution of copies, after completion by Pharmacy:
White - General Practitioner Yellow - Medical Record Pink - Pharmacy Blue - Community Mental Health Team

PRI 0270

NHS Confidential: Personal data about a patient

2/4

Transfer of Care/Discharge Information**Confidential****Personal details**

Name: Emma Lindsay

Date of birth: 26/08/1990

CHI number: 26008901301

Address: Jellyston Farm

Coylton
KA6 6ES**GP details**

GP Name: Dr Dosumu

Practice/surgery name:

Practice/surgery address: 3 Alloway place

Ayr
KA7 2AA

Practice/surgery tel.:

Assessment details

Location of Assessment: Kyle Ward, Ailsa Hospital

Date of Assessment: 30/06/2007

Assessment type

Initial

Repeat

Discharge

Follow-up

Care co-ordinator: Lyndsey Byrne

Completed by: Stuart Nicholl

Profession: Psychiatric nurse

Name of person referring

Dr van der merve

Printed on 30/06/2007 at 14:00:00

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Service user name: Emma Lindsay

CHI number: 26008901301

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Discharge information

0 = No problem, X = Not Known, Y = Not Applicable, Z = Not Assessed (tick if key problem)

Reason for episode of care

Assessment following deterioration of mental state in the form of delusions and paranoia.

On discharge you have been referred to:**Name**

Miranne Herron

Address**Address line 1**

Through care support

Address line 2

Holmston House

Address line 3

1 Holmston Road

Town

Ayr

Postcode

-

Telephone number

-

These agencies will contact you with an appointment:**Consultant psychiatrist****Name**

Dr Johnston

Appointment date

10/05/2024

Appointment time

Tba

Venue

Tba

Key worker**Name**

Miranne Herron

Appointment date

10/05/2024

Appointment time

Tba

Venue

Tba

Printed on 10/05/2024 at 10:00 AM

Page 1 of 1

NHS Confidential: Personal data about a patient

Service user name: Emma Lindsay

CHI number: 26008901301

44

Discharge assessment

0 = No problem, X = Not Known, Y = Not Applicable, Z = Not Assessed (tick if key problem)

Mental health

Fine at present

Physical health

No problems at present

Medication

Piridon 4 mg Qds

Risk assessment

Risk of self harming when under influence of drugs

Housing needs

Lives in supported accommodation

Social care needs

Has a through care worker

Occupational/recreational needs

N/A

Benefits assessment

Fine at present

CPA consideration/rationale

N/A

Respite arrangements

N/A

Discharge plan

0 = No problem, X = Not Known, Y = Not Applicable, Z = Not Assessed (tick if key problem)

Identified need

For Emma to keep all appointments with the services and to take all her prescribed medication.

Relapse indicators

When taking drugs will suffer an increase in auditory and visual hallucinations

Has the patient consented for discharge information to be sent to the Yes

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Mental Health Services

**NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 13/12/2016
Date Dictated: 13/12/2016
Date Typed: 14/12/2016
Our Ref: KK/JRB
Enquiries to: Julie Ross-Binning
Tel No: 01563 546632
Fax No:

Dear Dr Dunlop

EMMA LINDSAY

**59 MAIN STREET, AUCHINLECK, CUMNOCK,
AYRSHIRE, KA18 2AR**

CHI No: 2608901301

Ms Lindsay did not attend her out-patient appointment at Cumnock Health Centre on 13 December 2016. This is the fifth consecutive appointment she has not attended. She was previously reduced on her Methadone in a desperate attempt to encourage her attendance in the out-patient clinic but none of the attempts seem to be working. I have therefore no option other than reducing this further and taking her off her Methadone as I cannot continue to safely prescribe Methadone without reviewing her.

Yours sincerely

Authorised on 14/12/2016 11:22:20 by Karthik Kessavalou.

**Dr K Kessavalou
Consultant Psychiatrist in Addictions**

Cc: [REDACTED] Charge Nurse, East Community Addiction Team, Rothesay House,
1 Greenholm Road, Cumnock, KA18 1LH

www.nhsaaa.net



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Notification of Attendance

7/1831
NHS
**Dumfries &
Galloway**

Accident and Emergency Department

Dr I M Brown
Thornhill Health Centre
Thornhill
Dumfriesshire
DG3 5AA

Date: 01 July 2006
Your Ref:
Our Ref:

Enquiries to: Mr J W Burton
Extension:
Direct Line: 01387

Dear Dr Brown

Emma Lyndsay
Stud Farm Cottage
Terregles
Dumfries
DG2 9RT

CRN
CHI No.

Referred by 999

This patient presented to Accident and Emergency on 01/07/2006 at 01:45

Diagnosis: paracetamol over dose

Treatment: bloods-paracetamol level normal
reassured
review with psychiatric team
gp followup

Referral or Discharge was to GP

Yours sincerely

John W Burton FRCS
Consultant in Accident and Emergency
If further information is required, please telephone

21 JUL 2006

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NHS Confidential: Personal data about a patient

Mental Health Services
NHS Addiction Services
Westmount
79 Ayr Road
Prestwick
KA9 1TF

NHS
Ayrshire
& Arran

Personal in Confidence

Dr P Dunlop
Health Centre
2 Tanyard
CUMNOCK
KA18 1BF

Date 5 April 2011
Date Dict: 17 March 2011
Your Ref
Our Ref PL/VW/061890

Enquiries To Vivien Williams
Tel 01292 473261
Fax 01292 473258

Dear Dr Dunlop

EMMA LINDSAY, BENSTON FARM, NEW CUMNOCK KA18 4QB
D.O.B. 26/08/90 CHI: 2608901301

Diagnosis: F11.2 Opioid dependence (currently abstinent)
F13.2 Sedative/hypnotic dependence (currently abstinent)

I reviewed this lady on 17 March 2011 at Turning Point Cumnock. Mentally she remains extremely well and certainly the pseudo hallucinations have died down into merely a background rumble occasionally. The only difficulty she is having just now is one of day time somnolence and it is taking hours for her to wake up in the morning. If no-one actually comes in and makes a real effort to get her up she is sleeping until mid afternoon. Her medication at the moment is Methadone 70mls, Quetiapine 600mg and Zopiclone 7.5mg at night. She feels the major contributor to this is Zimovane and she was wanting to come off it. I have suggested that we do it in a gradual process with an initial reduction to 3.75mg at night and she accedes to this. We will see how this goes but if she is still somnolent my idea would be to actually remove it entirely. As I say she remains mentally well but she will be transferred to Dr Kale due to her previous diagnoses.

I am also glad to note that her Benefits appeal was successful. This has removed a lot of stress from her life.

Yours sincerely

Philip Laraway
GP Specialist in Addictions

cc Turning Point, 69 Glaisnock Street, Cumnock



www.nhsayrshireandarran.com

STA 5000

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Clinical Lead: Dr Alan McLean Queen Elizabeth National Spinal Injuries Unit Administrative Enquiries to: 0141 201 2555 www.nhs.gov.uk	Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF
Philipshill Ward: 0141 201 2530	

Nursing Discharge Summary

Name: Emma Lindsay	Date of Birth: 26/8/1990
Unit Number:	Consultant: Dr Purcell
Keyworker: N/A	Named Nurse: Tracy Scannell
CHI Number: 2608901301	

Permanent Address: 39 Lambfair Gardens Cumnock Ayrshire KA18 2HY Tel: No Mobile phone	Discharge Address (if different): Tel:
GP: Dr PA Dunlop Tanyard Medical Practice The Health Centre 2 Tantard Cumnock KA18 1BF Tel: 01290 421157	District Nurse: Cumnock District Nurses
Manager: Tel: [REDACTED]	Tel: [REDACTED]
Lead Agency: Tel:	Tel: [REDACTED]

Admission Date: 10/8/21	Level of Injury: T12 fracture
Discharge Date: 30/8/21	Aetiology of Injury: Fall/Jump
Date of Injury: 2/8/21	Infection Status: Negative

Updated - Oct 18

Page 1

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Summary of Medical Care

Emma had a fall from height while climbing out of a window sustaining a T12 fracture. She has made a good recovery in spinal injuries. Emma requires an ECG prior to discharge.

Past Medical History

Bipolar, IV drug user, on Methadone.

Allergies Penicillin

Collar/Brace Instructions: N/A

Please see Immediate Discharge Letter for prescribed medication

Medications explained to **Patient**.

Addictions Consultant & CPN to decide on Methadone plan for discharge home

Covid Vaccine: Not received any doses QENSIU

District Nurse visits requested:

Not required

Carers employed: (times and tasks)

Not required

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Social History

The patient is:

Single
Divorced/Seperated
Other

X

The patient has:

No Dependents
Dependents

X

The patient lives with: Alone

The patient is:

Employed
Unemployed
Retired
Other

X

The patient is planning to return to work/study:

Yes
No
Unsure

X

What is/was patient's occupation: Unemployed

Nursing equipment supplied for the house & supplier:

Not required

NHS Confidential: Personal data about a patient

Mobility & Seating

How does the patient mobilise: Walking stick independently

Hygiene & DressingIs the patient fully independent with personal hygiene and dressing: Yes ☒ No ☐What help is required when bed bathed:
IndependentWhat help is required when showered:
IndependentHow will personal hygiene be maintained at home and who will provide it:
IndependentAids/equipment supplied at home:
Not required**Skin Management**

This patient has no/reduced sensation below the level of lesion and as a result is at a high risk of developing pressure sores.

Full education of skin care has been given during rehabilitation.

Type of bed: Standard bed
Type of mattress: Standard mattress
Turning regime: Independent
Other aids used: N/A

Turns/change of position carried out by: Independent

How often is skin checked and by whom: Independent

Condition of skin on discharge: Intact ☒ Broken ☐

Regular chiropody is recommend to continue following discharge.

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Nutrition

This patient has a MUST score of: 0

The patient:

Requires full assistance with eating & drinking
Requires adapted equipment/set up:
Can eat/drink independently:

X

Weight on discharge: 107.6kg

Type of diet: Normal

Dietary supplements: N/A

Fluid intake: Normal

It is important that a balanced diet is maintained. An increased protein intake is advised to promote skin integrity and an increased fibre intake to aid with bowel management.

Bowel Management

This patient has a neurogenic bowel.

Flaccid bowel

☐

Reflexive bowel

☒

This patient has sensation:

Yes

☒

No

☐

This is managed with the following routine: Independent

Frequency of routine: Spontaneous

Carried out by whom: Independent

Where is routine performed: Over toilet

Duration of routine: Approx 10 mins

Is digital stimulation required: No

Is manual evacuation required: No

Is digital check required: No

Where is check carried out: N/A

Does the patient suffer from Autonomic Dysreflexia during bowel care:

Yes

☐

No

☒

Updated - Oct 18

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NHS Confidential: Personal data about a patient

Bladder Management –

This patient has a: Flaccid bladder ☐ Reflexive bladder ☒

This patient has sensation: Yes ☒ No ☐

This is managed using: Spontaneous bladder

Does the patient suffer from Autonomic Dysreflexia with bladder care: Yes ☐ No ☒

Medications used for bladder management: Distigmine

Additional supplies required: N/A

The patient has been educated on his/her management and can recognise the signs and symptoms of a UTI and is aware of what action to take:

Yes ☒ No ☐

Sexual Function/Fertility

The patient is aware that a sexual function/fertility clinic is held in the Spinal Unit Out-patient Department:

Yes ☒ No ☐

Pain

Type of pain and site: Back

Triggering factors: Mobility

Action that relieves pain: Pain medication

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SpasmAre spasm troublesome: Yes ☐ No ☒Is there increased tone in any limbs: Yes ☐ No ☒**Conclusion**

Emma has completed her spinal injury rehabilitation. She appears to have taken illicit substances in her time here although Emma denies this. William Black and Housing are in the process of resolving issues at Emmas house to facilitate hospital discharge. William Black will return Emmas keys to her at Crosshouse tomorrow. [REDACTED] CPN will visit Emma at Crosshouse tomorrow.

Thank you for providing on going care.

Out-patient Appointment

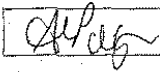
Date: 20/10/21 Time: 11.40 Consultant: Dr Purcell Clinic: Spinal Out patients

If ambulance transport is required, please contact the Scottish Ambulance Service
- Tel: 0300 123 1236.

The Spinal Nurse Specialist will contact you prior to your first review.

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

Completed By: Anne-Marie Pugh

Signature: 

Philipshill Ward 0141 201 2530

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Spinal Nurse Specialist	0141 201 2550 (answer machine for out of hours)
Out-patient Clinic	0141 201 2563
Appointments	0141 201 2538
Physiotherapy	0141 201 2558
Occupational Therapy	0141 201 2553

Copies to:
 Case notes
 Patient
 District Nurse
 Liaison Sister
 Carer Agency
 Other hospital/NH/home
 G.P.

X
X
X
X
X
X

Please see our website for a copy of 'Living with a Spinal Cord Injury'
 @www.spinalunit.scot.nhs.uk

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Ayrshire Doctors On Call



1 Patient Contacts for Tanyard Medical Practice

Page 1 of 3

Patient : Emma Lindsay

(Gender: Female) (DOB: 26/08/1990) (Age: 31 years) (CHI: 2608901301)

Case No 75655

Case Date 24/06/2022 21:57

Own Dr Fernandez-Ares, Tona

Emergency Care Summary viewed on case

Current Address

83 Keir Hardie Hill Cumnock

Home Address (If Different)

KA18 1PR

Current Phone

Home Phone (If Different)

Case Type

Home Visit

Priority On Reception

Within 4 Hours

NHS 24 Advice by

Mary McColgan (Usc Call Taker) ()

Triage Start 17:54

Clinical summary created by: Mary McColgan (Usc Call Taker) () (24/06/2022 18:15:03)

Triage End 18:15

Reason for call: WORSENING LEG PAIN 12 HRSConfirmed Symptom(s):

Pain in lower back and both legs

Additional details of problem(s):

Back pain started after no apparent reason

Symptoms for less than 72 hours

Back pain for: 24 HRS

Previous back pain

Back pain score of 8

Symptom(s) not found:

No fever

Not pregnant

Cauda equina; No new or recent loss of bladder and/or bowel control

Cauda equina; No numbness, altered feeling and/or pins and needles around back passage/genitals

Cancer; No history of cancer

Sepsis; No fever, generally well

Sepsis; No lump, misshapen or deformed area

Sepsis; Painful and/or bruised area is not red, swollen, hot, or leaking

Treatment/Relieving Factors:

Other treatment not required for previous episode

Previous episode required medication

Medication taken for previous episode: MUSCLE RELAXANTS , FRAGMENT INJECTIONS.

Medication last taken for previous pain: 2 /3 YRS AGO.

Medication helped previous episode

No medication for this episode

Risk Factor(s):

No travel outside Europe in last 21 days or to an affected country

Call Detail(s):

Report Statistics:

Report produced by Adastra Version 3 - 24/06/2022 23:50:57

NHS Confidential: Personal data about a patient

Page 2 of 3

Patient : Emma Lindsay**(Gender: Female) (DOB: 26/08/1990) (Age: 31 years) (CHI: 2608901301)**

Clinical supervisor: SCN SARAH LAWIE

24:06:2022 17:53:36 MCCOLGANM.. BROKE BACK LAST YEAR .EX HEROIN USER. FEELS LIKE A BLOOD CLOT. BUT ALSO FEELS LIKE A PULLED MUSCLE. LEG TRAVELLING INTO BUTTOCK AREA AND UP THE BACK. HAS PAIN RELIEF PADS AND HAS BEEN USING THESE... USES CRUTCHES... PREVIOUS DVTS... UNSTEADY ON FEET... TAKING IBUPROFEN AND PARACETAMOL ... HAS DIFFICULTIES TO START URINATING DUE TO HAVING A CATHETER IN... LEFT LEG PAIN , HISTORY OF DVTS , USES CRUTCHES . INCREASED BACK PAIN TRAVELLING TO BUTTOCK AREA ALSO. ADVISED BY CLINICIAN SCN [REDACTED] SPEAK TO CLINICIAN 4 HRS...

Outcome: Speak to clinician within 4 Hrs

Case Questions

NHS 24 Feedback

Do you agree with the outcome determined by NHS 24? - Yes

Did you perform a lookup on the A&A Clinical Portal? - No

Pocketed Aremore Consult by:

Start Type	End Type	Consult Start	Consult End
Adastra Consult by	Latoria, J K	Consult Start	19:01
Start Type Doctor Advice	End Type PCTC (Doctor)	Consult End	19:08

History

24:06:2022 17:53:36 MCCOLGANM.. BROKE BACK LAST YEAR .EX HEROIN USER. FEELS LIKE A BLOOD CLOT. BUT ALSO FEELS LIKE A PULLED MUSCLE. LEG TRAVELLING INTO BUTTOCK AREA AND UP THE BACK. HAS PAIN RELIEF PADS AND HAS BEEN USING THESE... USES CRUTCHES... PREVIOUS DVTS... UNSTEADY ON FEET... TAKING IBUPROFEN AND PARACETAMOL ... HAS DIFFICULTIES TO START URINATING DUE TO HAVING A CATHETER IN... LEFT LEG PAIN , HISTORY OF DVTS , USES CRUTCHES . INCREASED BACK PAIN TRAVELLING TO BUTTOCK AREA ALSO. ADVISED BY CLINICIAN SCN SARAH LAWIE SPEAK TO CLINICIAN 4 HRS...

Examination

APPT 715 25/06 AYR PCTC

Diagnosis**Treatment****Clinical Code(s)****Prescriptions****Informational Outcome(s)**

Patient Told To Contact GP -

Adastra Consult by	Latoria, J K	Consult Start	21:41
Start Type PCTC (Doctor)	End Type Home Visit	Consult End	21:57

History

24:06:2022 17:53:36 MCCOLGANM.. BROKE BACK LAST YEAR .EX HEROIN USER. FEELS LIKE A BLOOD CLOT. BUT ALSO FEELS LIKE A PULLED MUSCLE. LEG TRAVELLING INTO BUTTOCK AREA AND UP THE BACK. HAS PAIN RELIEF PADS AND HAS BEEN USING THESE... USES CRUTCHES... PREVIOUS DVTS... UNSTEADY ON FEET... TAKING IBUPROFEN AND PARACETAMOL ... HAS DIFFICULTIES TO START URINATING DUE TO HAVING A CATHETER IN... LEFT LEG PAIN , HISTORY OF DVTS , USES CRUTCHES . INCREASED BACK PAIN TRAVELLING TO BUTTOCK AREA ALSO. ADVISED BY CLINICIAN SCN [REDACTED] SPEAK TO CLINICIAN 4 HRS... ADV. GP - HISTORY AS ABOVE, INCREASING LOWER BACK PAIN RADIATING TO BOTH LEGS DIFFICULTY IN MOVEMENT AND WALKING CLAIMS LEFT LEG IS PAIN IS LOT WORSE THEN RIGHT , STRUGGLING TO STAND ON LEFT LEG, WALKING WITH HELP CRUTCHES, HAS BEEN ATTENDING NEUROLOGY BUT DISCHARGED, H/O DVT, HAS BEEN ON FRAGMIN BUT STOPPED, TAKING PARACETAMOL + IBUPROFEN BUT NOT HELPING, H/O IV

Report Statistics:

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NHS Confidential: Personal data about a patient

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Patient : Emma Lindsay**(Gender: Female) (DOB: 26/08/1990) (Age: 31 years) (CHI: 2608901301)**

DRUG USER BUT DENIED HAVING IV DRUG FOR LAST 10 MONTHS,
 AGREED TO COME TO PCTC BUT WHEN I PHONED HER BACK 10 PM SHE CAN'T GET TRANSPORT TILL
 TOMORROW EVENING.
 HOME VISIT FOR FURTHER ASSESSMENT

Examination**Diagnosis****Treatment****Clinical Code(s)****Prescriptions****Informational Outcome(s)**

Patient Told To Contact GP -

Adastra Consult by

McGuire, Neil (Registrar)

Consult Start 23:26**Start Type** Home Visit**End Type** Home Visit**Consult End** 23:33**History**

pain in right groin for 24 hrs, feels hot and clammy, concerned re DVT, had one there previously due to IVDU
 injection site, denies any current use. able to move leg well but weight bearing difficult.

Examination

chaperone refused, offered pt to call [REDACTED] who comes round round, pt refused again. sinus in left groin
 from previous op, no discharge looks clear, tender superficial skin surrounding sinus in left groin extending
 laterally from pubic area, small collection there, no overt redness, no clinical signs of DVT, no neurology.

Temp 39, hr 89, spo2 95%, bp 131/88, rr 14

Diagnosis

subcut infection/abscess to right groin.

Treatment

stat dose doxy; allergy to pen reported. 200mg then 100mg daily, if no improvement in 24-48 hrs for further
 review, strict worsening advice re increase pain/vomiting/increase oedema or redness for review/admission.

Clinical Code(s)

M0... Skin/subcutaneous infections

Prescriptions**Informational Outcome(s)**

Patient Told To Contact GP -

Report Statistics:

Report produced by Adastra Version 3 - 24/06/2022 23:50:57

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FRIDAY 7/7/17 - 10-20am - Dr Latoria

Dr J K Latoria, M.B., B.S., D.T.M. & H.
Dr T Mahmood, M.B., B.S., F.R.C.S.Health Centre
182 Main Street
AUCHINLECK
Ayrshire KA18 2AY
Tel: 01290-424713
Fax: 01290-426192

Dear

This letter invites you as a newly registered patient to have a health check. This involves answering some questions and carrying out simple an examination. This service is offered to all our newly registered patients over the age of five years.

It would be very helpful to your doctor if you could complete this form before you are seen.

Surname Lindsay
Title MISSForenames Emma LouiseDate of birth 26/8/90Address 59 main street, AuchinleckPostcode KA18 2AF

Telephone Number

Occupation unemployed - sickHousing House / Maisonette / Flat / Mobile home / OtherWho lives with you? [REDACTED]What serious illnesses have you had? bipolar, asthmaWhat operations have you had? NilDo you have any medical problems at the moment? noPlease list any allergies that you have penicillinPlease list any tablets, medicines or any other treatments you are taking (including any bought at the chemist) Seroquel, busperon, methadon

Are there any serious illnesses that affect members of your family?

Breast Cancer, heart Attack, Diabetes

(Women only) When did you last have a cervical smear?

4 years

Was it taken by your previous GP or one of the GP staff?

no
(Woman only) When last did you have a breast scan? no

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Which immunisations have you had and when? *Don't know when*

(Please also tick which immunisation were given by your previous GP or one of their staff)

Diphtheria
coughTetanus ☒Pertussis (whooping) ☒Polio ☒

Measles

Measles/mumps/rubella ☒

Other

Height *5' 11"*

Weight

Do you smoke? *Yes*If so, how many do you smoke each day? *40*Do you drink alcohol? *No*If so, how much do you drink each week? *N/A*

What sort of exercise do you take?

Please describe any special diet that you may be on.
Swimming / walking
N/A

Your physical examination will include having your height, weight, and blood pressure. It would be helpful if you could bring a specimen of urine with you to your appointment, as this will be tested.

If you are able to come to the surgery and wish to accept this offer of a physical examination, please make an appointment and return this form to the health centre when you come for your appointment.

If you are unable to come to the health centre because of ill health but wish to accept this offer for a health check, I will be pleased to arrange a home visit.

If you wish to accept the offer of a physical examination, please return this form to the surgery as soon as possible.

Thank you for completing this form.

Yours sincerely,

I wish ~~to~~ *not wish* to accept the offer of a physical examination.I am able / ~~unable to come to the surgery~~
Please delete as appropriate

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Ms Emma Lindsay
72 Glenshamrock Drive
Auchinleck
Cumnock
Ayrshire
KA18 2EF

Clinic Date: 18/11/2014
Date Dictated: 24/11/2014
Date Typed: 01/12/2014
Our Ref: KK/JRB/2608901301
Enquiries to: Julie Ross-Binning
Tel No: 01563 546632
Fax No: 01563 574238

Dear Ms Lindsay

I am sorry not to have seen you at your recent NHS Addiction Services outpatient clinic appointment at Cumnock Health Centre on 18 November 2014 and 5 August 2014.

As you are prescribed medication by the Addiction Service it is very important that I have the opportunity to review you regularly in order to ensure that your prescription arrangements and doses remain safe. Importantly, your attendance at appointments also gives you the chance to discuss your views and take an active part in planning your care and recovery. You will be sent another outpatient appointment for the clinic in the near future.

It is very important that you attend this appointment. Please note that your current prescription is likely to be reduced if you do not attend as I cannot safely continue to prescribe at the current dose without seeing you.

I look forward to seeing you at your next appointment.

Yours sincerely

Authorised on 01/12/2014 21:52:26 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Cc: Dr P A Dunlop, Tanyard Medical Practice, The Health Centre, 2 Tanyard,
Cumnock, KA18 1BF

Chris Pendrill, Staff Nurse, East Community Addiction Team, Bentinck Centre,
East Netherton Street, Kilmarnock, KA1 4AX

www.nhsaaa.net



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26 JAN 2010

**Mental Health Services
Medical Office**

Private & Confidential

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
AYR
KA7 3PR

- ☐ STEVENSON
- ☐ DOSUMU
- ☐ LOCTUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT.....
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER.....
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

**Ailsa Hospital
Dalmellington Road
AYR
KA6 6AB**

NHS
**Ayrshire
& Arran**

Date typed: 20 January 2010
Date dictated: 19 January 2010
Our Ref HL/LT/068190

Enquiries to: Laura McKnight
Extension: 13954
Direct Line: 01292 513954

Dear Dr Dosumu

EMMA LINDSAY, 18 CHURCH COURT, AYR KA8 0DB
DATE OF BIRTH 26/08/90 CHI 2608901301

I reviewed Emma in Accident & Emergency with her Community Psychiatric Nurse, [REDACTED] on 19 January 2010 at 2130 hours. Unfortunately as the evening had been very busy they had been kept waiting since 1730 hours. Emma presents with low mood, thoughts of self harm and an episode of deliberate self harm with superficial cuts to both wrists.

Emma is known to the CAMHS and Throughcare services and her Community Psychiatric Nurse is [REDACTED]. She describes not taking her prescribed medication for the past two months "as she felt she was better", I believe she saw her General Practitioner last Friday and was referred to the Community Mental Health Team. I believe at this time she was restarted on Quetiapine and Efexor as she was complaining of increasing low mood and suicidal thoughts. She was visited by the Crisis Team on 16 January 2010. At this point Emma appeared under the influence and was informed that she could not be assessed due to this. Emma felt unhappy that this had happened and felt that her sedation was due to her medication. She has been seen by [REDACTED] yesterday and today.

This evening Emma presented requesting admission as "she wants a break". She describes recent stresses including arguments with her [REDACTED] not taking her medication and she is aware that her heroin use is playing a part. At present she is smoking two bags of heroin per day. I believe she is also having difficulties with transition from CAMHS to the adult services. She states she is having suicide thoughts at present but described no plan. She claims she has been able to keep herself safe up until now because her [REDACTED] has been present and is supportive. He allegedly smokes heroin also but not to the same extent as she does. [REDACTED] has been making regular contact and she has an appointment with Dr Rafiq, Consultant Psychiatrist tomorrow at North Ayr Health Centre. She describes hearing male voices telling her to harm herself but she claims she is not responding to these.

Continued

NHS Confidential: Personal data about a patient

2/

Dr Dosumu

Re Emma Lindsay
CHI 2608901301**PAST PSYCHIATRIC HISTORY**

Emma has been known to psychiatric services since the age of 14/15. I believe she was admitted to Gartnavel Hospital for one year at the age of 15. I am unsure as to her exact diagnosis. She makes mention of bipolar disorder but there is also mention in FACE of a personality disorder. She has had previous assessment by Dual Diagnosis Team but Emma states "she did not want to go on methadone and wished a detox". As above, she's had recent input from the Crisis Team and her Community Psychiatric Nurse [REDACTED] and has an appointment with Dr Rafiq tomorrow afternoon at North Ayr Health Centre.

PAST MEDICAL HISTORY

Nil of note.

CURRENT MEDICATION

Quetiapine 400 mgs
Efexor 75 mgs

DRUGS & ALCOHOL

She currently smokes two bags of heroin per day. She denies any other illicit drug use. She describes previous alcohol excess but nil at present.

SOCIAL & DEVELOPMENTAL

Emma was born in Peterhead and spent her childhood moving around the country. I believe her [REDACTED] had mental health problems so she has been in care at times and following this looked after by her [REDACTED] which was her [REDACTED]. She currently [REDACTED] her [REDACTED] in Ayr. She describes her relationship as supportive, she has her [REDACTED] who lives locally and is also a good support. She describes having regular contact with her. Her [REDACTED] died one year ago and her [REDACTED] four to five years ago. She has one [REDACTED] who she does not speak to.

FORENSIC

No charges pending.

MENTAL STATE EXAMINATION**Appearance & Behaviour**

Emma was casually dressed, normal posture, superficial cuts to both wrists.

Continued

NHS Confidential: Personal data about a patient

3/

Dr Dosumu

Re Emma Lindsay
CHI 2608901301

Mood

Subjectively low; objectively Emma was tearful when discussing recent stresses but did not appear to be severely depressed. She became angry and irritable when we discussed the possibility that she would not be admitted tonight and she walked out of the interview room on three occasions, being brought back by [REDACTED] each time. We initially established good rapport until the issue of her being admitted was raised. Her affect was reactive although she was angry and irritable at times.

Speech

Normal rate, tone and volume.

Thought Process

Normal associations, no evidence of formal thought disorder.

Thought Content

No evidence of delusions, paranoia or grandiose ideas. No perseverative themes.

Perception

Not responding to anything during the assessment.

Insight

Emma does admit that heroin is playing a part in her low mood along with her recent stressors and her poor compliance with her medication. She was stating she wants a break to get off her heroin.

Cognition

Orientated in time, place and person.

OVERALL IMPRESSION

Emma is a 19 year old girl who is currently undergoing transition from Child to Adult services. She has a current heroin addiction for which she is using two bags daily. I think this is contributing to her low mood as well as her poor compliance with medication. At present she has no evidence of acute psychosis and I believe the primary problem appears to be her heroin addiction.

PLAN

Given Emma has demonstrated methods of keeping herself safe including:

1. Speaking to her [REDACTED] about her feelings
2. Regular contact with Community Psychiatric Nurse [REDACTED]
3. Use of NHS 24 crisis number out of hours

Continued

NHS Confidential: Personal data about a patient

4/

Dr Dosumu

Re Emma Lindsay
CHI 2608901301

I have recommended that she return home tonight with her [REDACTED] [REDACTED] will give her a lift home and visit her in the morning. I have advised Emma to then attend her out-patient appointment as planned with Dr Rafiq at North Ayr Health Centre. This will give her a chance to discuss her current problems, medication and make a plan for her follow up from here. Given she has support arranged I did not feel she required acute admission this evening. I discussed the case with the Crisis Team and on-call Consultant, Dr Reddy who are in agreement with this plan.

IN SUMMARY

1. To return home tonight with her [REDACTED] *contact details on GPSS*
2. Visit in the morning by [REDACTED] her Community Psychiatric Nurse.
3. To attend her out-patient appointment with Dr Rafiq.
4. Aware of emergency contacts if further deterioration in the meantime.

Yours sincerely

*Dr. Gwena Macdonald*HELEN LENDRUM
GP ST2 IN PSYCHIATRY

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10-July-2026
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4115 Confidential - Personal data about a patient

Covid19 Report	
Patient Details	
Surname	LINDSAY
Forename	EMMA
CHI	2608901301
Date of birth	26.08.1990
Sex	Female
Address	39 LAMBFAIR GARDENS DALRYMPLE CUMNOCK AYRSHIRE KA18 2HY
Specimen Details	
Specimen Number	V.21.4345744.A
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	12.08.21 / 08:25
Date/Time Received	12.08.21 / 18:07
Requested By	Dr Margaret Purcell
GP Practice	80171
Date/Time Reported	12.08.21 / 23:12
Details	Routine

Results

2019 NCoV - Authorised on 12.08.21 at 23:08

2019 NCoV Not detected

Comments:

The laboratory will discard negative SARS-CoV-2 PCR specimens after 48 hours.
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report

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Ayrshire Doctors On Call



1 Patient Contacts for Tanyard Medical Practice

Page 1 of 2

Patient : Emma Lindsay

(Gender: Female) (DOB: 26/08/1990) (Age: 31 years) (CHI: 2608901301)

Case No 75939 **Case Date** 25/06/2022 14:12

Own Dr Fernandez-Ares, Tona

Emergency Care Summary viewed on case

Current Address

83 Keir Hardie Hill Cumnock

Home Address (If Different)

KA18 1PR

Current Phone

Home Phone (If Different)

Case Type Home Visit

Priority On Reception Within 4 Hours

NHS 24 Advice by Anna Grant (Call Taker Si) ()

Clinical summary created by: Anna Grant (Call Taker Si) () [25/06/2022 11:14:23]

Reason for call: PAIN BUTTOCK AND INSIDE GROIN 2 DAYSConfirmed Symptom(s):

Has Fever

Vomiting with fever

Triage Start 10:49

Triage End 11:14

Risk Factor(s):

No travel outside Europe in last 21 days or to an affected country

Renal failure

Drowsy, confused or feeling terrified

No underlying high risk conditions identified

Call Detail(s):

Clinical supervisor: NP S KHAMSENE

25/06/2022 10:49:24 GRANTA1.. PHONED YESTERDAY. DR CAME OUT. TOLD INFECTION AS HAD HIGH TEMP. GIVEN ABX. MORE PAIN TODAY THAN YESTERDAY. TRAVELLED UP BUTTOCKS FURTHER. FEELS LIKE TENDON DUE TO SNAP. WOKE UP CRYING IN PAIN. WOKE UP IN SICK TWICE LAST NIGHT... BROKE BACK LAST YEAR... ON BED REST. FEELS SICK. NOT EATEN TODAY... PAIN IN KIDNEYS. BLACK VOMIT. HEPATITIS C. CONFUSION. HAS HAD BLOOD CLOT BEFORE. NO LONGER PRESCRIBED COCODAMOL... DW NP S KHAMSENE. 2 DAY HX OF LOWER BACK AND GROIN PAIN. WORSE TODAY. 2X EPISODE OF VOMITING DARK LIQUID. ONLY HAD BLACK COFFEE TO DRINK YESTERDAY. SEEN BY OOH GP. GIVEN ABX. NO ANALGESIA AVAILABLE. PALE. FEELING SICK. PCEC 4 HOURS...

Outcome: PCEC within 4 Hrs

Case Questions

NHS 24 Feedback

Do you agree with the outcome determined by NHS 24? - Yes

Did you perform a lookup on the A&A Clinical Portal? - No

Pocketed Aremote Consult by:

Start Type

End Type

Consult Start

Consult End

Adastra Consult by

Iilingworth, Marshall

Consult Start 14:06

Start Type Doctor Advice

End Type Home Visit

Consult End 14:12

Report Statistics:

Report produced by Adastra Version 3 - 25/06/2022 16:45:38

NHS Confidential: Personal data about a patient

Page 2 of 2

Patient : Emma Lindsay**(Gender: Female) (DOB: 26/08/1990) (Age: 31 years) (CHI: 2608901301)****History**

Seen last night and given doxycycline for L groin abscess, feels worse re pain, HO IVDA, last injected 10/12 ago, on methadone, vomited during the night, fracture 8/22 lumbar vertebrae jumped out of window, bed bound now. Assess for admission

Examination**Diagnosis****Treatment****Clinical Code(s)**

M0... Skin/subcutaneous infections

Prescriptions**Informational Outcome(s)**

No Follow-Up Required -

Adastra Consult by Sultan, Radhwa**Start Type** Home Visit**End Type** Home Visit**Consult Start** 16:22**Consult End** 16:28**History**

HV for Lt groin sinus infection, started Abx yesterday, no N&V, feels not getting better, pain on Lt groin/ thigh area, hx of IVDA, said last injected 10 months ago, had back injury after jumping off window during psychotic episode, says didn't take any drugs since. no SOB, no chest pain, no dysuria, no loose stools.

Examination

walking with stick, not seem unwell, 38.5c, 95bpm, 120/70, rr 16, chest clear, normal HS, snt abd, offered opportunity for chaperon but declined, Lt groin sinus, slight erythema, no discharge, no cellulitis, no phlebitis, soft calf and thigh

Diagnosis

? infected groin sinus, not unwell, no signs of DVT

Treatment

offered referral to hospital for further assessment but declined, offered additional Abx , provided with 7 days metronidazole 400mg TDS , asking for stronger pain relief, declined naproxen, offered co-codamol, given strict worsening advice.

Clinical Code(s)

M0... Skin/subcutaneous infections

Prescriptions**Informational Outcome(s)**

No Follow-Up Required -

Report Statistics:

Report produced by Adastra Version 3 - 25/06/2022 16:45:38

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West of Scotland Specialist Virology Centre.
Glasgow Royal Infirmary, 10-16 Alexandra Parade, G31 2ER
Tel: 0141 201 8722

Surname LINDSAY	Forename EMMA	CHI 2608901301	DOB 26.08.90	Sex Fema
Source Micro Crosshouse Hos	Consultant Dr Paul Robertson			
Specimen type SERUM (BIOCH.BOTTLE)	WoSSVC Lab No V,25.1702258.C	Source no. 25M903706	Report Status Authorised	

HCV Quant. PCR	06.02.25
HCV Load IU/mL	DETECTED
HCV Log Log 10 IU/mL	524643
	5.72



HCV load: Tested by Abbott Realtime HCV assay.
Range of quantitation: 1.08 - 8.00 log 10 IU/mL.

06.02.25 HCV: Not UKAS Accredited
This is a SERUM sample.

Date collected 06.02.25	Date received 10.02.25	Date authorised 12.02.25	Authorised by Shadin Hassan GRI MIC
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MENTAL HEALTH SERVICES

South Kyle & Carrick CMHT
'Seafield' Base
Doonfoot Road
AYR
KA7 4BW
www.nhs-ayrshire.org

NHS
Ayrshire
& Arran

26 FEB 2009

☒ STEVENSON
☐ DOSUMU
☐ FLOUM
☒ FILE

Clinical In Confidence

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
AYR
KA7 3PR

☐ NOTES TO: Date Typed: 23rd February 2009
☐ APPT Date Dictated: 19th February 2009
☐ SCRIPT
☐ PHONE Our Ref: TJ/LC/CG/061890
☐ VISIT Enquiries to: Claire Gowans
☐ LETTER Direct Line: 01292 614982
☐ NURSE APPT Fax No: 01292 619711
☐ HV APPT Email: [REDACTED]
☐ OTHER

Dear Dr Dosumu,

RE: EMMA LINDSAY, 4E WHITEFAULDS AVENUE, MAYBOLE (26.08.90)
CHI: 2608901301

Diagnosis: F11.1 Substance abuse
F60 ? Specific personality disorder
F31.9 ? Bipolar disorder

Emma was reviewed at Dr Johnston's outpatient clinic on the 19th February 2009. Her CPN, [REDACTED] was in attendance.

You will already be fully aware of her background.

Today Emma describes ongoing problems with substance misuse. In particular she is using Heroin which she is injecting on a daily basis. She tells me that she uses approximately 3 bags per day. She has a long background of various other substance misuse and she is currently also using cannabis on a daily basis. Alcohol has also been a problem in the past and she tells me that she still drinks heavily on several occasions during the week. She was seen recently by Paula Kane from addiction services and was due to see her again next week. She tells me that she found her meeting with Paula very helpful.

She admits that her reason for using Heroin is to blot out the pain of losing her [REDACTED] last year. She remains unwilling to consider bereavement Counselling and has very few people that she feels able to talk to.

She denies any thoughts of deliberate self harm.

She tells me that she is having trouble sleeping and often does not fall asleep until the early hours of the morning and then tends to sleep most of the day. She requested night sedation however; I advised her that this would be inappropriate given her current substance misuse. If her problems with sleep continue a trial of Phenergan might be appropriate to try and re-establish a sleeping pattern. She has recently moved in with her [REDACTED] who is a recovering drug addict and is currently on the Methadone programme.

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MENTAL HEALTH SERVICES

South Kyle & Carrick CMHT
'Seaford' Base
Doonfoot Road
AYR
KA7 4BW
www.nhs-ayrshire.org

2/2

2

RE: EMMA LINDSAY, 4E WHITEFAULDS AVENUE, MAYBOLE (26.08.90)
CHI: 2608901301

He is aware of her Heroin use although he currently believes that she smokes Heroin only and does not know that she is injecting.

She tells me that he is very supportive and that he ensures that she takes her Quetiapine on a daily basis. She has previously used Heroin regularly in the past and this started when she was aged 15. She stopped herself with no support but says that the death of her [REDACTED] prompted her to seek out Heroin to alleviate her pain. She obtains Heroin by using money from her Giro and borrowing. She also tells me that she has an Aunt who deals which makes access relatively easy.

She currently sees her CPN, [REDACTED] regularly and she will be reviewed again at Dr Johnston's outpatient clinic in 6 weeks time.

Yours sincerely

Dr L Churches
FY2 in Psychiatry


Dr T Johnston
Lead Consultant Psychiatrist

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NOTE: Confidential. Personal data should not be sent

11 MAR 2008

AYRSHIRE AND ARRAN
ACUTE HOSPITALS NHS TRUST

THE AYR HOSPITAL
(Heathfield Clinic)
HEATHFIELD ROAD
AYR KA8 9DZ
Tel: (01292) 610557

Ref. DR DWYER
SKIN OLD Clinic

LINDSAY
JELLYSTONE FARM
AYR
KA66ES
26/08/1990

A100-717956
EMMA
2608901301

☐ STEVENSON
Dear Dr. DOSUMU
☐ LOCUM
☐ FILE
☐ NOTES TO
☐ APPT
☐ SCRIPT
☐ PHONE
☐ VISIT
☐ LETTER
☐ NURSE APPT
☐ HV APPT
☐ OTHER

DOSUMU, A (GP)
3 ALLOWAY PLACE
AYRSHIRE F/S

5/3/08

The above patient was seen on (Date)

He/She is suffering from

NEOCLARITYN 5mp daily

DOSUMU cream to skin

DIPROBASE cream 100 PRN

Fuller report will/will not follow

With kind regards,
Yours sincerely,

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsayrshireandarran.com



CLINICAL IN CONFIDENCE

Emma Lindsay
76 Glenshamrock Drive
Auchinleck
Cumnock
Ayrshire
KA18 2EF

Clinic Date: 15/08/2013
Date Dictated: 15/08/2013
Date Typed: 20/08/2013
Our Ref: MKS/AW/2608901301
Enquiries to: Angela Whiteford
Tel No: [REDACTED]
Fax No: [REDACTED]

Dear Ms Lindsay

I am sorry not to have seen you at your recent NHS Addiction Services outpatient clinic appointment on 15 August 2013 at Cumnock Health Centre.

As you are prescribed medication by the Addiction Service it is very important that I have the opportunity to review you regularly in order to ensure that your prescription arrangements and doses remain safe. Importantly, your attendance at appointments also gives you the chance to discuss your views and take an active part in planning your care and recovery. You will be sent another outpatient appointment for the clinic in the near future.

It is very important that you attend this appointment. Please note that your current prescription is likely to be reduced if you do not attend as I cannot safely continue to prescribe at the current dose without seeing you.

I look forward to seeing you at your next appointment.

Yours sincerely

Authorised on 22/08/2013 12:33:14 by Mehrdad Khorsand-Sahbaie.

Dr M Khorsand-Sahbaie
Locum Consultant Psychiatrist
East Locality

Dr PA Dunlop, Tanyard Medical Practice, The Medical Centre, 2 Tanyard, Cumnock, KA18 1BF

Angela Glass, Addiction Services, Bentinck Centre, Kilmarnock, KA1 4AX

www.nhsayrshireandarran.com



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Microbiology Report

Lab Report ID:	0021MS81387		
Patient Name:	Emma Lindsay	DOB:	26/08/1990
CHI Number:	2608901301	Sex:	F
Practice Details:	Tanyard Medical Practice (80171)		
Specimen:	Throat and Nose Swab		
Investigation:	Test:	Result:	
COVID-19	Covid-19	NOT Detected by PCR	
Sample Collected:	08/08/2021 16:14		
Received by Lab:	08/08/2021 16:15		
Requestor:	Clinician, Unknown		
Requestor Organisation:	(UNK) Unknown location		

Report Run Time: 09/8/2021 06:02:00

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NHS Confidential: Personal data about a patient

University Hospital Crosshouse Kilmarnock Road Kilmarnock KA2 0BE Phone: 01563 521133		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumrock KA18 1BF		Re: EMMA LOUISE LINDSAY 18 ARRAN DRIVE , AUCHINLECK , CUMNOCK , AYRSHIRE , KA18 2BP DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Date of Admission: 05/10/2019

Mode of Admission: Emergency

Admission Reason:

Discharge Date: 09/10/2019

Ward: WARD 3B - XH

Consultant: DR SUDIPTA ROY (Respiratory)

Follow Up:

Diagnoses

LRTI

Secondary Diagnoses

Benzodiazepine dependence
 Hep C -positive
 Heroin dependence
 DVT

Investigations

DR IWONA WERTELECKA (07-OCT-2019 15:24)

Blood on admission- Hb-114 WCC-11.9 plat-146 urea-4.7 creat-57 Na-134 CRP-65
 d-dimer-439

Clinical Progress

DR IWONA WERTELECKA (07-OCT-2019 15:24)

Mrs Lindsay was admitted to Crosshouse Hospital with SOB and productive cough. On admission her observations were stable. A CXR showed no focal consolidation. She was being treated with abx, nebulisers for lower respiratory tract infection. The patient has made a good clinical improvement and was fit for discharge on the 09.10.2019. She will continue abx in the Community.

Further Patient / Drug Notes

DR IWONA WERTELECKA (09-OCT-2019 09:53)

Quetiapine weekly dispense from Lloyds Pharmacy [REDACTED] - Advised to restart weekly dispense from next week

MR RICKY HUNTER (Drug Note)

Discharged by:

DR IWONA WERTELECKA

Page: 1 of 3

Report generated on:

09/10/2019 20:00

NHS Confidential: Personal data about a patient

University Hospital Crosshouse Kilmarnock Road Kilmarnock KA2 0BE Phone: 01563 521133		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 18 ARRAN DRIVE , AUCHINLECK , CUMNOCK , AYRSHIRE , KA18 2BP DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Allergy/intolerance	Reaction
PENICILLINS	Unknown

Allergy records are as recorded at time and date of printing.

Drug	Dose	Route	Frequency	Note	GP		
					to	Days	
					contin	POD	Supply
DOXYCYCLINE 100 mg Capsules	100 mg	Oral	TWICE daily at 7am and 10pm		No	N	5
EDOXYBAN 60 mg Tablets	60 mg	Oral	ONCE daily at 7am		Yes	N	28
IBUPROFEN 400 mg Tablets	400 mg	Oral	THREE times daily at 7am, 12 noon, and 6pm PRN pain	Supply 24	No	N	7
QUETIAPINE 200 mg Tablets	200 mg	Oral	TWICE daily at 7am and 10pm		Yes	N	7

Discharged by: DR IWONA WERTELECKA

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Report generated on: 09/10/2019 20:00

NHS Confidential: Personal data about a patient

University Hospital Crosshouse Kilmarnock Road Kilmarnock KA2 0BE Phone: 01563 521133		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF	Re: EMMA LOUISE LINDSAY 18 ARRAN DRIVE , AUCHINLECK , CUMNOCK , AYRSHIRE , KA18 2BP DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301		

Additional Medicines Information:

Medicines discontinued or modified during admission (Medicines that patient was recorded as admitted on only)	
Drug	Discontinued / Modified reason
*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.*** ****Information here may be incomplete and is for guidance only.****	

Discharged by: DR IWONA WERTELECKA

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Report generated on: 09/10/2019 20:00

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NHS Confidential: Personal data about a patient

Lindsay Emma

CHI: 2608901301

Final Discharge Letter

Dr. PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Main
Switchboard:
Department: Queen Elizabeth National Spinal Injuries Unit for Scott
Contact Tel: 0141 201 2399
Enquiries to:
Letter Date: 24/09/2021
Reference: MP/LV
Dictated 14/09/2021
Date:
Transcribed 15/09/2021
Date:



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dear Dr. PA Dunlop,

Emma Lindsay; D.O.B: 26/08/1990; CHI: 2608901301
39 Lambfair Gardens, Cumnock, Ayrshire, KA18 2HY

Admission: Specialty - National Spinal Injuries Unit; Ward - QEUI Philipshill Spinal Injuries Unit
Consultant - Dr Mariel Purcell; Date of Admission - 10/08/2021
Date of Discharge - 30/08/2021; Discharged to - Transfer to another Health Board/ Health Care
Provider - no additional detail added

Follow Up: 20/10/2021 at 11.40am

Clinical Comments:**Date of injury:**

03/08/2021

Date of admission to QENSU:

10/08/2021

Aetiological diagnosis:

Deliberate self harm - jump from a window

Anatomical diagnosis:

T12 incomplete paraplegia ASIA D - sensory impairment only

T12 fracture

Procedure:

Printed on 24/09/2021 15:42 by Louise Morgan

Page 1 of 3

NHS Confidential: Personal data about a patient

Lindsay Emma

CHI: 2608901301

FDL 30/08/2021 v1

Surgical spinal fixation

Follow up:

6 weeks Spinal Injuries Outpatient Clinic

History of injury

Emma has a history of mental health problems. She also has a previous history of intravenous drug abuse and was on a Methadone programme on admission. The circumstances surrounding the incident are unclear. She jumped from a first floor window landing awkwardly, immediately complaining of back pain and altered sensation in her right leg. She was admitted to her local hospital where the above diagnosis was made. She was referred and transferred to the National Spinal Injuries Unit.

On admission she was afebrile and haemodynamically stable. Cardiovascular, respiratory and abdominal examinations were unremarkable. She had grazes to her arms and a bruise to her left chest. Neurological examination confirmed impaired sensation in the L1 and 2 dermatomes on the right but was otherwise unremarkable.

Emma was reviewed by Neurosurgery colleagues and surgical management of her T12 fracture was decided upon. Surgery was performed on the 11th August and was uneventful. She required significant analgesia to control her pain post operatively and she was slow to mobilise following surgery. Imaging confirmed satisfactory spinal alignment post fixation. She was diagnosed with urinary tract infection requiring antibiotic treatment. She also required Distigmine 2.5mgs to be taken 3 times a day as she had some difficulty initially emptying her bladder. Over the few weeks of admission her analgesic agents were reduced significantly. There was reluctance on Emma's part to reduce medications further and she was discharged on a significant quantity of analgesics agents including Amitriptyline for neuropathic pain.

On discharge she was independently mobile and self caring. She could empty her bladder to completion. She had full control of her bowels. Her back wound sutures were removed and her wound was healthy. She was discharged to Crosshouse Hospital as her home was not habitable. William Black and housing were in the process of resolving her home issues and she was to be followed up closely by Jacqui Lang her CPN.

Medications on discharge

As per IDL.

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

NHS Confidential: Personal data about a patient

Lindsay Emma

CHI: 2608901301

FDL 30/08/2021 v1

Yours sincerely

Dr M Purcell

Consultant in Spinal Injuries

Lead Clinician

Queen Elizabeth National Spinal Injuries Unit for Scotland

Electronically Signed: Dr Mariel Purcell, Consultant

cc.

THIRD PARTY COPY

Printed on 24/09/2021 15:42 by Louise Morgan

Page 3 of 3

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsayrshireandarran.com



CLINICAL IN CONFIDENCE

Ms Emma Lindsay
4 Searle Terrace
Auchinleck
Cumnock
Ayrshire
KA18 2BW

Clinic Date: 28/02/2013
Date Dictated: 01/03/2013
Date Typed: 09/04/2013
Our Ref: MK-S/JRB/2608901301
Enquiries to: Julie Ross-Binning
Tel No: 01563 546632
Fax No: 01563 574238

Dear Ms Lindsay

I am sorry not to have seen you at your recent NHS Addiction Services outpatient clinic appointment.

As you are prescribed medication by the Addiction Service it is very important that I have the opportunity to review you regularly in order to ensure that your prescription arrangements and doses remain safe. Importantly, your attendance at appointments also gives you the chance to discuss your views and take an active part in planning your care and recovery. You will be sent another outpatient appointment for the clinic in the near future.

It is very important that you attend this appointment. Please note that your current prescription is likely to be reduced if you do not attend as I cannot safely continue to prescribe at the current dose without seeing you.

I look forward to seeing you at your next appointment.

Yours sincerely

Authorised on 09/04/2013 14:26:09 by Mehrdad Khorsand-Sahbaie.

Dr M Khorsand-Sahbaie
Locum Consultant Psychiatrist
East Locality

Cc: Dr P A Dunlop, Tanyard Medical Practice, The Medical Centre, 2 Tanyard, Cumnock,
KA18 1BF

Gillian Wright, Charge Nurse, East CAT, Bentinck Centre, East Netherton Street,
KILMARNOCK, KA1 4AX

www.nhsayrshireandarran.com



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Dr J K Latoria, M.B., B.S., D.T.M. & H.
Dr T Mahmood, M.B., B.S., F.R.C.S.

Health Centre
182 Main Street
AUCHINLECK
Ayrshire KA18 2AY
Tel: 01290-424713
Fax: 01290-426192

8th January 2018

Miss Emma Lindsay
59 Main Street
Auchinleck
KA18 2AF

Dear Miss Lindsay

SECOND LETTER (FORMAL WARNING)

Further to the previous letter from our Practice Manager, dated 21st November 2017. I have been made aware that you failed to attend on another **three** appointments – 8th December 2017, 19th December 2017 and 29th December 2017.

As explained in our previous letter, the practice takes repeated missed appointments very seriously. As a result, this letter represents a formal warning that should a further appointment be missed you will be removed from the practice list without further notice.

If you would like to discuss the circumstances surrounding your appointments please contact Irene Irving, Practice Manager.

Yours sincerely,


Dr J K Latoria

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Lindsay Emma

CHI: 2608901301

Clinic Letter

Dr. PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

NHS
Greater Glasgow
and Clyde
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100
Queen Elizabeth National Spinal Injury Unit
0141 201 2399

11/02/2022

CM/GK

11/02/2022

17/02/2022

Dear Dr. PA Dunlop,

Emma Lindsay; D.O.B: 26 Aug 1990; CHI: 2608901301
83 Keir Hardie Hill, Cumnock, Ayrshire, KA18 1PR

Attendance: Specialty - National Spinal Injuries Unit; Clinic - SGCMS10-MR MATHIESON CERVICAL
SPINE FRI PM

Date and Time of Appointment - 11/02/2022 14:30

Procedures:

11/08/2021 UNSPECIFIED FIXATION OF FRACTURE OF SPINE

Follow Up: Eight months

Clinical Comments:

I reviewed Emma at clinic today. This lady is a recovering Heroin addict and is in the Methadone programme. She jumped out of a window sustaining a T12 burst fracture requiring fixation around 4 months ago. She came in today with elbow crutches complaining of back pain and pain down her legs the right worse than the left. Examination shows the wound is nicely healed. There were no deformities to see. X-rays taken today show the alignment is satisfactory and the metalwork is in good position.

I do not think there is anything else that requires to be done at this stage. I am happy to review her again in 8 months time. She reports to be on no analgesic medication. I am uncertain because of her history of Heroin use what would be most prudent from your perspective but I stated that I was unable to provide her with any analgesic medication today.

Yours sincerely

Printed on 23/02/2022 13:51 by Leanne Wright

Page 1 of 2

NHS Confidential: Personal data about a patient

Lindsay Emma

CHI: 2608901301

OPCL 11/02/2022 v1

Mr C. Mathieson

Consultant Neurosurgeon

Queen Elizabeth National Spinal Injury Unit

Electronically Signed: Mr Calan Mathieson, Consultant

cc.

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Printed on 23/02/2022 13:51 by Leanne Wright

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Ayrshire Maternity Unit
Crosshouse Hospital



Kilmarnock Road
Kilmarnock KA2 0BE
Telephone: 01563 521133
Fax: 01563 825413
Web: www.show.scot.nhs.uk/aaaht

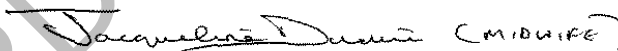
Registered GP

10 July 2017

Dear Sir/Madam

Re	Name	Emma Louise Lindsay	CHI Number	[REDACTED]
	Date of Birth	26/8/1990	Hospital Number	[REDACTED]
	Address	59 Main Street, Auchinleck, Cumnock, KA18 2AR	Telephone	[REDACTED]

Emma attended Crosshouse maternity unit and was admitted to the inpatient ward following a history of heavy PV bleeding. Speculum examination was carried out and products of conception removed. Ultra sound scan today showed ? clot, ? retained products. Discussed findings with registrar Dr Ali Duncan and plan is for conservative management unless any heavy bleeding or signs of infection occur. Condolences given and contact numbers supplied. Pregnancy test given with instructions on how to use, this will be carried out into weeks time.

 (Midwife)

On behalf of the Maternity Service

END OF DOCUMENT

NHS CONFIDENTIAL Generic GP Letter Emma Louise Lindsay Page: 1

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MENTAL HEALTH SERVICES

South Kyle & Carrick CMHT
'Seafield' Base
Doonfoot Road
AYR
KA7 4BW
www.nhs-ayrshire.org



- ☒ STEVENSON
☐ DOSUMU
☐ LOCUM
☒ FILE
☐ NOTES TO.....
☐ APPT
☐ SCRIPT.....
☐ PHONE
☐ VISIT
☐ LETTER.....
☐ NURSE APPT
☐ HV APPT
☐ OTHER

Clinical In Confidence

Dr A Dosumu
Surgery
3 Alloway Place
AYR
KA7 2AA

Date Typed: 19th June 2008
Date Dictated: 18th June 2008
Our Ref: TJ/CG/061890
Enquiries to: Claire Gowans
Direct Line: 01292 614982

Fax No:
Email:

03 JUL 2008

Dear Dr Dosumu,

RE: EMMA LINDSAY, 4E WHITEFAULDS AVENUE, MAYBOLE (26.08.90)
CHI: 2608901301

I reviewed Emma at Dr Johnston's outpatient clinic on the 18th June 2008 in the company of her [REDACTED]

Emma reports that she has been feeling quite low over the last few weeks and that the medication was not really making much difference. She said that her mood is often quite low in the morning and tends to improve as the day goes on and she does various activities at home. Her appetite was reduced but her sleep and motivation is good. She does not complain of daytime drowsiness and she enjoys doing things with her CPN and Social Worker, who visit her frequently during the week.

Emma told me that she took an overdose whilst under the influence of alcohol last week and was admitted to hospital due to this. She said that she was bored but did not intend to kill herself. We are yet to receive correspondence regarding this. After being discharged, she says that she has not been complying well with her Quetiapine for 3 days or so but after that she has been taking it especially when prompted by her Social Worker or CPN. It is also worth noting that her [REDACTED] was admitted to Crosshouse Hospital a couple of days ago and although Emma is very upset about this, she does find the event a motivating factor as she is resuming a responsibility towards her [REDACTED].

Her [REDACTED] gives a slightly different impression in that, she as well as the CPN noted a significant difference in Emma's mood and well being since starting on Seroquel. She told me that Emma is still finding it difficult to cope with the idea of taking medication every day but tends to comply quite well when prompted by staff. She also told me that Emma becomes very upset when her relationship with friends does not go the way that she wants and this often causes her to become irritable and depressed.

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MENTAL HEALTH SERVICES

South Kyle & Carrick CMHT
'Seafield' Base
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AYR
KA7 4BW
www.nhs-ayrshire.org

2

RE: EMMA LINDSAY, 4E WHITEFAULDS AVENUE, MAYBOLE (26.08.90)
CHI: [REDACTED]

At the interview, Emma was well kempt and dressed. Her eye contact was reasonable and established a good rapport. Her speech was normal and coherent. Although she describes her mood subjectively as being low, it was euthymic and reactive objectively. There is no evidence of formal thought disorder, preoccupation and she denied any thoughts of self harm or suicide. There were no perceptual abnormalities and her cognitive function and insight were preserved.

I stressed to Emma the importance of complying with her medication and that it was encouraging that her carers were noticing a difference on her Quetiapine. She tells me that she hasn't been taking any drugs, except hash for many months and was not keen to be referred for alcohol rehabilitation as she did not perceive this to be a problem although she continues to have the occasional binge.

I have not changed her medication today but we will see her again at outpatients clinic in 8 weeks time.

Yours sincerely

Dr A Belkhiri
FY2 in Psychiatry


Dr T Johnston
Lead Consultant Psychiatrist

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Confidential - Clinical Information

Department of Trauma and
Orthopaedics
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 827897

www.nhsaaa.net



Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Our Ref: BS/CM
Hospital No:
Date Dictated: 29/09/2021
Date Typed: 14/10/2021
Enquiries to
Direct Line 01563 827897
Ext. Number 27897
Email

Dear Dr Dunlop,

EMMA LINDSAY DOB: 26/08/1990
74 KEIR HARDIE HILL, CUMNOCK, Ayrshire, KA18 1PS

CHI No: [REDACTED]

ADMITTED: 30/08/2021
DISCHARGED: 31/08/2021
DIAGNOSIS: Burst fracture T12
PROCEDURE: T12 to L2 posterior fixation in Glasgow

I refer to the immediate discharge letter regarding Emma's recent admission here.

We have not arranged follow up at Crosshouse but she does have follow up arranged in Glasgow.

Yours sincerely

Authorised on 14/10/2021 15:34:29 by Typist Christine Minchella, not verified by Consultant.

Brian A Syme FRCS Ed (Tr & Orth)
Consultant Orthopaedic and Trauma Surgeon
GMC 3551035

www.nhsaaa.net



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03/08 2010 10:44 FAX

001/002

Ayr Hospital, Deilmellington Road, Ayr, KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription		NHS Ayrshire & Arran																									
Date: 02-Aug-2010 @ 15:48		*** Non-verified Orders Exist ***		Page 1 of 2																									
To: DOSUMU, Dr. A, 3 ALLOWAY PLACE, AYR, AYRSHIRE, KA7 2AA		Re: EMMA LINDSAY 18 CHURCH COURT, AYR, KA8 0DB		DOB: 26/08/1990 Hosp. No.: 100717956 CHI No.:																									
Date of Admission: 02/08/2010		Ward: STATION 7-AYR		☒ NIVENSION																									
Mode of Admission: Emergency Admission		Consultant: DR JAMES ROSE (General Medicine)		☐ DOSUMU																									
Admission Reason: HEADACHE		Follow-up: none		☐ LOCUM																									
Discharge Date: 02/08/2010				☒ FILE																									
				☐ REFERRED																									
				☐ APPT																									
				☐ SCRIPT																									
				☐ PHONE																									
				☐ VISIT																									
				☐ LETTER																									
				☐ NURSE APPT																									
				☐ HIV APP?																									
				☐ OTHER																									
Primary Diagnosis: ? VIRAL/TENSION HEADACHE																													
Secondary Diagnoses: Similar admission in July 2010. Intravenous Drug User - last injected one week ago. Previous Overdose. last updated 02/08/2010; 3:44 pm by DR SHEONAGH LAW																													
Investigations: Bloods: AST 73, ALT 86, WCC 7.7, CRP < 5. last updated 02/08/2010; 3:44 pm by DR SHEONAGH LAW																													
Clinical Progress: Admitted with gradual onset of headache - neck, frontal and occipital after an episode of vomiting. Describes sharp pain around head. Better when sitting up. No difference on coughing or sneezing. Photophobic. No rash/rigors. No LOC/seizure. Nil on neuro exam. Self harm marks evident on upper limbs. Imp: ? viral or tension headache. Treated with analgesia, usual methadone. Bloods were taken for a liver screen (including Hep. A, B and C Serology in light of raised transaminases) Fit for discharge. last updated 02/08/2010; 3:48 pm by DR SHEONAGH LAW																													
Results Awaited: HEPATITIS SEROLOGY AND LIVER SCREEN last updated 02/08/2010; 3:48 pm by DR SHEONAGH LAW																													
GP follow-up: Please chase Liver screen investigations including Hep A, B and C serology (taken 2/8/10). last updated 02/08/2010; 3:48 pm by DR SHEONAGH LAW																													
Hospital follow up: none last updated 02/08/2010; 3:48 pm by DR SHEONAGH LAW																													
Further patient/drug notes:																													
<table border="1"> <thead> <tr> <th>Allergy/Intolerance</th> <th>Reaction</th> </tr> </thead> <tbody> <tr> <td>PENICILLINS</td> <td>Other (see medical notes)</td> </tr> </tbody> </table>		Allergy/Intolerance	Reaction	PENICILLINS	Other (see medical notes)																								
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Allergy records are as recorded on the Ayr Hospital HEPMA system at time and date of printing (see above).																													
<table border="1"> <thead> <tr> <th>Drug</th> <th>Dose</th> <th>Route</th> <th>Frequency</th> <th>Days Supply</th> <th>GP to continue</th> </tr> </thead> <tbody> <tr> <td>METHADONE 1 mg in 1ml Oral Solution</td> <td>70 mg</td> <td>Oral</td> <td>ONCE daily at 7am</td> <td>1</td> <td>Yes</td> </tr> <tr> <td>QUETIAPINE 200 mg Tablets</td> <td>400 mg</td> <td>Oral</td> <td>ONCE daily at 10pm</td> <td>28</td> <td>Yes</td> </tr> <tr> <td>QUETIAPINE 200 mg Tablets</td> <td>200 mg</td> <td>Oral</td> <td>ONCE daily at 7am</td> <td>28</td> <td>Yes</td> </tr> </tbody> </table>	Drug	Dose	Route	Frequency	Days Supply	GP to continue	METHADONE 1 mg in 1ml Oral Solution	70 mg	Oral	ONCE daily at 7am	1	Yes	QUETIAPINE 200 mg Tablets	400 mg	Oral	ONCE daily at 10pm	28	Yes	QUETIAPINE 200 mg Tablets	200 mg	Oral	ONCE daily at 7am	28	Yes					
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QUETIAPINE 200 mg Tablets	200 mg	Oral	ONCE daily at 7am	28	Yes																								
Discharged by: DR SHEONAGH LAW Grade: Junior House Officer Originally Printed: 02/08/2010 @ 15:48		Dispensed by: Date:		Checked by:																									

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NHS Confidential: Personal data about a patient

03/08 2010 10:44 FAX

002/092

Ayr Hospital, Dalmeilington Road, Ayr, KA6 5DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription		NHS Ayrshire & Arran
Date: 02-Aug-2010 @ 15:48		*** Non-verified Orders Exist ***		Page 2 of 2
To: DOSUMU, Dr. A, 3 ALLOWAY PLACE, AYR, AYRSHIRE, KA7 2AA		Re: EMMA LINDSAY 18 CHURCH COURT, AYR, KA8 0DB DOB: 26/08/1990 Hosp. No.: 100717956 CHI No.:		

*** Non-verified Orders Exist ***

Additional Medicines Information:

Medicines discontinued during admission (medicines that patient was recorded as admitted on entry)			
Drug	Date	Discontinued by	Discontinue reason
None recorded			
*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system. *** ***Information here may be incomplete and is for guidance only.***			

Discharged by:	DR SHEONAGH LAW	Dispensed by:	Checked by:
Grade:	Junior House Officer	Date:	
Originally Printed: 02/08/2010 @ 15:48		Page 2 of 2	

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Call #39751 17-Jan-2010

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Dunlop, Tracey

From: Adastra system communications server account [REDACTED]
Sent: 18 January 2010 04:05
To: Clinical_Practice_BankfieldMedicalPractice_80842
Subject: Call #39751 17-Jan-2010

18 JAN 2010

Call #: 39751 Received NHS24: 17-Jan-2010 19:40
 Full cover

Patient's Name: Emma Lindsay
 Date of birth: 26-Aug-1990 (Age: 19 years Sex: Female | Received ADOC: 19:57
 18 Church Court | Passed : 21:19
 Ayr KA8 0DB (NS:342 220) | Advised :
 Tel No: [REDACTED] Origin: NHS24 | Arrived : 01:22
 Urgency: Within 1 Hour Type: CRT Advice | Departed : 01:24
 Consulted by: Own Doctor:

NHS24 Triage Begin 17-Jan-2010 19:44 NHS24 Triage End 17-Jan-2010 19:58
 NHS24 Triaged by : Black, Christopher (Supplementary)

Triage - Diagnosis
 HAS BIPOLAR DISORDER FEELS SUICIDAL PHONED EARLIER GP TO CALL BACK
 WAS CUT OFF FROM GP WHEN HE CALLED BACK CREATED NEW RECORD (C
 (Other Clinical User) (Cardonald))

Triage - Treatment
 History as noted. Apparently bipolar, but feeling very low at present.
 States voices in her head, but can't tell me what they say. Feels
 like she doesn't want to be here, but no fixed plans or suicidal
 intent. Past history of self harm [REDACTED] with her at present and
 states even if she wanted to she couldn't hurt herself. Has
 appointment with Dr Johnston on Wednesday, but feels this is too far
 away as not coping. No immediate risk of self harm evident. Offered
 contact from CPN service this evening and she is happy to wait for
 this, stated they may not see her, but might be able to arrange an
 assessment for tomorrow. Agreed with this. Knows to contact services
 if further problems.

CPN (Dr) to phone patient within 1 Hr
 Clinical summary created: 17-Jan-2010
 dvisor) (Edinburgh) [17/01/2010 19:57:38]
 SUICIDAL THOUGHTS FOR TODAY AND RETURN CALLER, SAME EPISODE OF CARE, NOT
 SELF HARMED TONIGHT, HOWEVER HAS SELF HARMED/TAKEN OVERDOSES IN THE
 PAST. HAD STOPPED TAKING HER MEDICATION-BI-POLAR. PREVIOUS DISPOSITION
 SPEAK TO DR/CPN WITHIN 1 HOUR. PROBLEM WITH MOBILE PHONE BATTERY, HOWEVER
 NOW ON CHARGE & ABLE TO BE PHONED BACK. GP/CPN WITHIN 1 HOUR.

Current Medication:
 AS PER ECS
 Allergies:
 PENICILLIN
 Previous Medical History:
 BI-POLAR
 BORDERLINE PERSONALITY DISORDER
 HEROIN SMOKER

Time ADOC Advised : 20:13 Advised by : Black, Christopher (Sup

Time of Visit/Base 01:22 Consulting Doctor :

Final Outcome - Diagnosis

18/01/2010

- ☐ STEVENSON
☒ DOSUMU
☐ LOCUM
☒ FILE
☐ NOTES TO.....
☐ APPT
☐ SCRIPT.....☐
☐ PHONE
☐ VISIT
☐ LETTER.....☐
☐ NURSE APPT
☐ HV APPT
☐ OTHER

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Call #39751 17-Jan-2010

Page 2 of 2

Final Outcome - Treatment

Supportive call - liaison with CMHT next day to request assessment.

Final Outcome - Examination

Telephone call this evening - complaints of long standing suicidal ideation in the absence of any intent, active plan or preparatory action. Voicing frustration regarding current difficulties and perceived lack of support from mental health services.

Prescribed Medications

Followups:

No Follow-Up Required:

18/01/2010

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MENTAL HEALTH SERVICES

NHS Addiction Services
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE

NHS
Ayrshire
& Arran

CLINICAL IN CONFIDENCE

Dr P Dunlop
The Medical Centre
2 Tanyard
CUMNOCK
KA18 1BF

Date Typed: 14.06.11
Date Dict: 04.05.11 Time 2 p.m.
Your Ref:
Our Ref: **AK/AW/061890**
Chi. No.

Enquiries to: Ann Broadhurst
Tel. No. 01563 826180
Fax No. 01563 826184
E-mail: [REDACTED].uk

Dear Dr Dunlop

EMMA LINDSAY, BENSTON FARM, NEW CUMNOCK, KA18 4QB
DOB 26/08/90 CHI NO. [REDACTED]

Diagnosis: F11.2 – Opioid Dependence (currently abstinent)
F13.2 – Sedative Dependence (Benzodiazepine) (currently abstinent)

I reviewed Emma Lindsay in the outpatient clinic at the Bentinck Centre on the 4 May 2011. She said she was keeping "all right". She is still on Methadone 70mls daily which is holding her very nicely and she is not using any Heroin on top. She is also on Quetiapine at 600mgs daily and Zimovane at 3.75mgs at night. However Emma was complaining of feeling drowsy, particularly during the day and this is despite the fact that her Zimovane had been reduced to 3.75mgs at night.

After lengthy discussion with her she agreed to have the Quetiapine reduced to 5 x 50mgs daily and the reduction should be in the morning dose, so in the morning she will be having 1 x 50mgs, whereas afternoon and night she should have 200mgs. She should continue with her other medication and will be reviewed again after 2 months.

Yours sincerely


Dr A Kale
Locum Consultant Psychiatrist
(East)

Cc East CAT, Bentinck Centre, East Netherton Street, KILMARNOCK, KA1 4AX

www.nhsayrshireandarran.com



STA 5000

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10-July-2026
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IB/ESA113

jobcentreplus

Atos Healthcare

Incapacity for work/Employment and Support Allowance

Dr Stevenston 148 Dalmellington Road Ayr Ayrshire UK KA7 3PR	☐ N. JENNISON 1427 E 127 ☒ LINDSAY 606 ☐ FULTON 400-1 ☒ STEVENSON DR ☐ SPURD ☐ SCOTT ☐ PHONE ☐ VISIT ☐ LETTER ☐ NURSE APPT ☒ HYPERMAY 2010 ☐ OTHER	Our phone number is: 0141 249 3696 If you have a telephone, you can call on: 18001 0141 249 3696 If you get in touch with us, tell us this reference number: JM352553B Date: 12th May 2010
---	--	--

About your patient		Address:
Full Name	Miss Emma Lindsay	18 CHURCH COURT AYR KA8 0DB.
NINo	JM352553B	
Date of birth	26th August 1990	

Dear Doctor

Your patient has made a claim for Incapacity Benefit or Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note

- NHS doctors have a contractual obligation to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement.

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely

Dr Linda Finnie

For the Medical Officer

NHS Confidential: Personal data about a patient

About your patient - continued

- 3 Current conditions not affecting ability to work**
Please list any other relevant conditions that do not affect the ability to work.

- 4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities**

Walking	☐	
Rising from sitting	☐	
Picking up objects	☐	
Reaching	☐	
Manual dexterity	☐	
Continence	☐	
Maintaining personal hygiene	☐	
Eating or drinking	☐	
Initiating or completing simple tasks	☐	
Communication	☐	

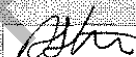
- 5 Does the patient have a history of threatening or violent behaviour?** No ☒ Yes ☐
Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at Part 7.

- 6 Could your patient travel to an examination centre by public transport or taxi?** No ☐ Yes ☒

- 7 Additional Information**
Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature 

Name IN CAPITALS Dr STEVENSON

Date 15 / 6 / 10

Practice stamp

Dr D. J. Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
KA7 3PR A24937

Medical Services PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS (Version 38)

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MENTAL HEALTH SERVICES

NHS Addiction Services
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE



CLINICAL IN CONFIDENCE

Dr P Dunlop
The Health Centre
2 Tanyard
CUMNOCK
KA18 1BF

Date Typed. 14.02.11.
Date Dict. 12.01.11. Time: 10.30am
Your Ref:
Our Ref. AK/AB/061890
Chi. No.

Enquiries to: Ann Broadhurst
Tel. No. 01563 826180
Fax No. 01563 826184
E-mail: [REDACTED]

Dear Dr Dunlop

EMMA LINDSAY BENSTON FARM NEW CUMNOCK KA18 4QB
D O B 26.08.90. CHI. NO. 2608901301

I reviewed the above client at my outpatient clinic in the Bentinck Centre on the 12th January 2011. Emma said she was keeping 'all right'. She said she is still taking her Methadone at 70mg daily and this is holding her very nicely and she is not using any Heroin on top of her script. However, she was complaining of being too drowsy on her 600mg daily of Quetiapine which was prescribed for her mental problems; Bipolar Affective Disorder and Borderline Personality Disorder.

After some discussion with her, I am recommending that 25mg daily be removed from her daytime prescription of Quetiapine and I will see how she gets on with this. She will continue with her Methadone and I will see her again in three months time.

Yours sincerely


Dr A Kale
Locum Consultant Psychiatrist
(East)

cc East Ayrshire CAT Bentinck Centre East Netherton Street Kilmarnock
KA1 4AX



www.nhsayrshireandarran.com

STA 5029

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NHS
Ayrshire
& Arran

14 NOV 2008

13 / 11 / 08

Dear Dr Dosumu,

LINDSAY, EMMA AH 061890
4E WHITEFAULDS AVENUE
MAYBOLE F
KA19 8AS
26/08/1990
WARD: CONS:
DATE: TIME:
CHI 2608901301

- ☐ STEVENSON
- ☒ DOSUMU
- ☐ LOCUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☒ SCRIPT..... ☐
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER..... ☐
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

Please start efexor XL 75mg ^{✓ 5} more.

Weekly scripts please - nil of
self poisoning.

Thank you,



Dr F. DOWNES
Consultant Psychiatrist

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Notification of Attendance

NHS
**Dumfries &
Galloway**

Accident and Emergency Department

Dr I M Brown
Thornhill Health Centre
Thornhill
Dumfriesshire
DG3 5AA

Date: 22 July 2006
Your Ref:
Our Ref:

Enquiries to: Mr J W Burton
Extension:
Direct Line: 01387

Dear Dr Brown

Emma Lyndsay
Stud Farm Cottage
Terregles
Dumfries
DG2 9RT

CRN 260890M
CHI No. 2608901301

Referred by Walk-in

This patient presented to Accident and Emergency on 21/07/2006 at 23:29

Diagnosis: Soft tissue injury to right hand,
x ray no bony deficits.

Treatment: Analgesia,
Neighbour finger strapping.

Referral or Discharge was to GP

Yours sincerely

John W Burton FRCS
Consultant in Accident and Emergency
If further information is required, please telephone 01387 241041

05 SEP 2006

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Confidential - Clinical Information

Mr R Muir

General Surgical Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555



www.nhsaaa.net

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Our Ref: SAF/SS
Date Dictated: 21/12/2022
Date Typed: 29/12/2022
Enquiries to: Anne Carswell
Direct Line: 01292 617031
Ext. Number: 17031
Email: [REDACTED]

Dear Dr Dunlop,

EMMA LINDSAY DOB: 26/08/1990 CHI No: 2608901301
83 KEIR HARDIE HILL, CUMNOCK, AYRSHIRE, KA18 1PR

Admission: 28 June 2022
Discharged: 30 June 2022

Diagnosis: Small left groin abscess

Follow-up: No surgical follow-up.

Comments:

This 32-year-old lady with a background of IVDU was admitted following left groin pain and discharge for four days.

On examination, there was a small left-sided groin abscess, which was deemed not amenable to be drained. She underwent a CT scan of her pelvis, which showed a 15 x 17 x 26mm abscess in the left groin. She was managed on IV antibiotics, to which she responded well.

She was deemed fit to be discharged home on oral antibiotics. No surgical follow-up is planned.

Yours sincerely

Authorised on 30/12/2022 10:43:19 by Sarosh Farooqi.

Sarosh Afzal Farooqi
Specialty Doctor in General Surgery
GMC No: 7161709

www.nhsaaa.net



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Practitioner Services

Medical
Meridian Court
5 Cadogan Street
Glasgow, G2 6QE
Tel 0141 300 1300
Text Relay: 18001 0141 300 1300
Fax 0141 300 1347
www.psd.scot.nhs.uk



Tanyard Medical Practice
2 Tanyard
CUMNOCK
KA18 1BF

Date : 22 February 2012
Your Ref :
Our Ref : CC/Dell/A8017
Extension : 1367
Direct Line: 0141 300 1367
E-mail :

Dear Doctor(s)

Geographical Removal

I acknowledge receipt of your communication intimating that you wish the name of the undernoted patient removed from the practice.

The patient has been notified accordingly and their name will be removed from the practice list in accordance with the provisions of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004 after 01 March 2012 unless they register with another practice before this date.

A formal request will then be made for the return of their medical records which should be retained until this time.

Yours sincerely

Mr Chris Cunningham
ASSISTANT REGISTRATION MANAGER

Patients(s) referred to: -

Emma L Lindsay, CHI 2608901301
14E Witchhill Place, KILMARNOCK, KA3 1JQ



Headquarters

Gyle Square, 1 South Gyle Crescent, EDINBURGH EH12 9EB
Telephone 0131 275 6000
Chairman Bill Matthews
Chief Executive Ian Crichton
*NHS National Services Scotland is the common name of the
Common Services Agency for the Scottish Health Service.*

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NHS Confidential: Personal data about a patient

HAEMATOLOGY DEPARTMENT				DUMFRIES & GALLOWAY ROYAL INFIRMARY		01387 241 438	
SURNAME LINDSAY		FORENAME EMMA		LAB No HA018807G			
CHG No.	HOSPITAL REG. No. 260890M	DOB 26/08/1990	SEX F	DATE & TIME COLLECTED 21/11/2008 11:14			
WARD / LOCATION / PRACTICE 99 George St		CONSULTANT / GP Currie J (99G)		DATE & TIME RECEIVED 21/11/2008 15:12			
CLINICAL DETAILS TATT RECURRENT SORE THROATS				DATE & TIME REPORTED 21/11/2008 15:10			

FR30100

WETWELL FLAG	ANISOCYTOSIS	WIDUCYTOSIS	MACROCYTOSIS	HYPOTHROMBIA	POLYCHROMASIA	REPORT ISSUED BY Haem	FILING AUTH BY				
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DATE	Hb g/L	Hct L/L	Hct X10 ¹¹	MCV fL	MCH pg	MCHC g/L	WBC X10 ⁹ /L	PLAT X10 ⁹ /L	NEUT X10 ⁹ /L	ESR mm/hr	RW
21/11/2008	143	0.405	4.65	87	30.7	352	6.8	228	3.90	6	

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1915 Confidential. Personal data about a patient

Lindsay, Emma (Miss)

CHI Number 2608901301

Date of Birth 26-Aug-1990 (34y)

Sex Female

Ayrshire Mental Health Risk Assessment Framework v3

Date of Activity 13 June 2025 15:21 by Rachel Cameron

Status Closed

Centre of Care East Ayrshire RADAR

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician

Note: Staff Nurse Rachel Cameron

Mental state

Mental state

Green

Note: Emma has been presenting bright and well, her relationship with [REDACTED] has had a positive impact to her life. She has had a successful medical detox to benzodiazepines and has now finished her opiate replacement medication. Emma has now requested to be discharged from our service

Engagement

Engagement with services

Green

Note: Emma has been engaging well with addiction services

Medication management

Green

Note: Emma has been concordance with prescribed medication.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: Previous notes confirm - History of deliberate self harm and suicide a number of years ago however, denies any current thought or plan to deliberately harm herself. However over the last 12 months Emma has been presenting bright and well and reports positive changes in her life including a new relationship which is going well. Plans for the future and stating she is happy with current situation.

Risk of suicide

Green

Note: Previous notes confirm - History of attempts of suicide a number of years ago however, denies any current thought or plan of suicide.

Printed 13/06/25 by Rachel Cameron - Service User copy

Page 1 of 3

BMF Confidential: Personal data about a patient

Lindsay, Emma (Miss)

CHI Number 2608901301

Date of Birth 26-Aug-1990 (34y)

Sex Female

Risk of harm to or from others

Risk of harm to others

Green

Note: No historical note of risk from Emma

Abuse issues

Amber

Note: Previous notes confirm - Emma has been in abusive relationships on and off over the years and has been treated badly by [REDACTED] and others in the past. Emma has been sexually assaulted recently stating it was a male she knows who has done this previously a couple of years ago however did not inform the police for fear of being judged on her background. Emma advised she is now in a loving relationship

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: Emma has been in vulnerable situations in the past and neglected to look after herself when living a chaotic lifestyle. States that she was sexually assaulted recently although did not go to police and the same male has previously sexually assaulted her a couple of years ago. However, currently voicing no vulnerability and states she is staying away from Cumnock at the current time and staying with her new [REDACTED] in Hurford.

Risk from substance misuse

Substance misuse

Green

Note: Emma has a long history of poly substances use consisting of Mothadone, heroin, illicit diazepam, cocaine and others substances over the years since her teenage years. Emma has since successfully had a detoxification from benzodiazepines and her opiate replacement medication

Social and personal risks

Support network

Green

Note: Emma receives support from her [REDACTED]

Physical health

Green

Note: Emma sustained a broken back a couple of years ago after jumping from her flat window. Emma had been in a lot of pain and struggled with mobility requiring to wear a body brace for several weeks following her injury. Emma states that she continues to experience pain in her back from time to time however, states she is currently doing okay and no evidence of mobility issues today. Emma advised that her back pain has been more prevalent since transferring to Buvial although wants to continue with current treatment plan.

Occupation of time

Green

Note: Emma has recently started a new job as a support worker

NHS Confidential Personal data should be protected

Lindsay, Emma (Miss)

CHI Number 2608901301

Date of Birth 26-Aug-1990 (34y)

Sex Female

Housing and finances

Green

Note: Emma has her own local authority accommodation and will be continuing with her tenancy however, stated she will be staying with her [REDACTED] in Hurlford for the time being. In receipt of PIP and Universal Credit offering no financial issues currently.

Any other issues**Overall Impression of Risk****Overall Impression of Risk**

Green

Note: Emma is now substance free and is no longer receiving any mediation from Addiction Services

Immediate Risk Management Plan**Immediate Risk Management Plan**

Emma to be discharged from Addiction services

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NHS Confidential: Personal data about a patient

Page 5 of 22

Patient : Emma Lindsay		
(Gender: Female) (DOB: 26/08/1990) (Age: 28 years) (CHI: 2608901301)		
Case No	62417	Case Date 15/06/2019 16:05
Own Dr	Fernandez-Ares, Tona	
Current Address 18 Arran Drive Auchinleck Cumnock		Home Address (If Different) 39 Lambfair Gardens 39 Lambfair Gardens Auchinleck
Current Phone KA18 2BP		Home Phone (If Different)
Case Type	NHS24 Advice	
Priority On Reception	Within 4 Hours	
NHS 24 Advice by Lorna Shiels (Clinical Nurse) ()		Triage Start 16:07
Clinical summary created by: Lorna Shiels (Clinical Nurse) () [15/06/2019 16:37:23] Reason for call: HEAVY VAGINAL BLEEDING 9HRS HOSPITAL 3 WEEKS AGO BLOOD CLOT - MEDICATION GIVEN TO DISPERSE CLOT - NO PERIOD FOR 9 MONTHS AS HAS PCOS - MENSRTUAL PERIOD 3 DAYS - USING SUPER MAX TAMPON AND NIGHT PAD LASTING 1 HR THEN CHANGING - BLEEDING SLOWING NOW - 15:06:2019 16:06:21 DOOLANE.. BLEEDING HEAVIEST LATE AT NIGHT IN MORNING - FEELING WEAK - NOSE PIERCED YESTERDAY NO BLEEDING.. D/W SCN [REDACTED] KW VAGINAL.. D/W SCN M NEEDHAM - NOT CHANGING EVERY HOUR AT THE MOMENT.. 15:06:2019 16:37:11 SHIELSL.. PERIODS ARE IRREGULAR DUE TO PCOS/ DRUG USE. PV BLEEDING FOR 3 DAYS - PASSING FRESH BLOOD - NIL CLOTS - NORMAL PERIOD TYPE PAIN. IS SUBSIDING AND NOW CHANGING SANITARY TOWEL EVERY 2.5 HRS. ADVISED TO MONITOR MEANTIME/ CONTINUE WITH SELF CARE.. Outcome: Patient given self care advice - For Information Only		Triage End 16:35
Case Questions		
Pocked Aremove Consult by:	End Type	Consult Start
Start Type		Consult End
Adastra Consult by	End Type	Consult Start
Start Type		Consult End
History		
Examination		
Diagnosis		
Treatment		
Clinical Code(s)		
Prescriptions		
Informational Outcome(s)		

Report Statistics:

Report produced by Adastra Version 3 - 16/06/2019 04:06:34

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NHS Confidential: Personal data about a patient

Notification of Attendance

NHS
**Dumfries &
Galloway**

Accident and Emergency Department

Dr I M Brown
Thornhill Health Centre
Thornhill
Dumfriesshire
DG3 5AA

Date: 02 May 2006
Your Ref:
Our Ref:

Enquiries to: Mr J W Burton
Extension:
Direct Line: 01387

Dear Dr Brown

Emma Lyndsay
Woodhead Farm
Penpont
Thornhill
DG3 4BN

CRN 260890M
CHI No. 2608901301

Referred by Walk-in

This patient presented to Accident and Emergency on 28/04/2006 at 14:24

Diagnosis: soft tissue injury left ring finger

Treatment: xrayed-no bony injury
analgesics
review with gp

Referral or Discharge was to GP

Yours sincerely

John W Burton FRCS
Consultant in Accident and Emergency
If further information is required, please telephone 01387 241041

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26 MAY 2006

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NHS Confidential: Personal file about a patient

24 SEP 2007

☐ STEVENSON
☒ DOSUMU
☐ LOCUM
☒ FILE
☐ NOTES TO
☐ APPT
☐ SCRIPT
☐ PHONE
☐ VISIT
☐ LETTER
☐ NURSE APPT
☐ HV APPT
☐ OTHER

Clinical in Confidence
Dr A Dosumu
Surgery
3 Alloway Place
AYR
KA7 2AA

Addiction Services
Loudoun House
Ailsa Hospital
Dalmellington Road
AYR KA6 8AB
www.nhs-ayrshire.org

Date 19 September 2007
Date Dict. 15 September 2007
Your Ref
Our Ref PM/VW/61890

Enquiries To Loudoun House
Tel
Fax

Dear Dr Dosumu

EMMA LINDSAY, JELLYSTONE FARM, BY AYR, D.O.B. 26/08/90
CHI: 2608901301

The above lady was referred to our service here at Loudoun House by Senior House Officer, Dr C Docherty from Kyle Ward, Ailsa Hospital where Emma had been an inpatient.

Emma attended for assessment on 15 September 2007 to determine her suitability to the short term rehabilitation programme. On interview Emma described still using substances chaotically, using approximately 20-30mg of DF118s every few days regularly, smoking Heroin approximately one bag every few days, using amphetamines (speed every few day) additionally using 10-15 Ecstasy tablets at the weekend with alcohol. On interview Emma was coherent and orientated to time and place. She appeared motivated to cease her drug misuse but voiced that she found it difficult to manage the dips in her mood when not using substances. As she is not suitable for this service meantime I shall refer Emma to Turning Point with the aim of her receiving support from a worker to reduce then stop her substance use. Thereafter request that Turning Point refer her back to Loudoun House to determine her suitability for rehabilitation plus assessment of her mental health.

I hope this is to your satisfaction. If you have any concerns please do not hesitate to contact myself or one of my colleagues on the above number.

Yours sincerely

PP. Sanger Bop
Pauline Mathieson
Staff Nurse
Loudoun House

✓ cc Dr T Johnston, Lead Consultant Psychiatrist, Ailsa Hospital, Dalmellington Road, Ayr

Additional document
10-July-2026
Additional:Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

New Patient Medical Questionnaire

Name Emma Lindsay		D.O.B.	
Marital Status		Next of Kin - Name Mary Hart	
		Contact No. 01240 332585	
Phone No. [REDACTED]		Height 5' 11"	
Mobile No. [REDACTED]		Weight 11 st	
Email /			
Smoking Status	Never Smoked ☐	Ex-Smoker ☐	Current - No./day 20
Alcohol	Within recommended limit ☐	Above recommended limit ☐	Current Non Drinker ☒
Exercise Status	None ☐	Moderate ☐	Competitive Athlete ☐
	Little ☒	Heavy ☐	Unable to due to health reasons ☐
Family History if known			
Heart Problems ☒	None	Over 60	Under 60 ☒
Stroke	None	Over 60	Under 60 ☒
Diabetes ☒	None	Tablet Rx ☒	Insulin Rx
Asthma ☒	None	Present	
Breast Ca ☒	None	Over 50	Under 50 ☒
Other relevant family history			
Relevant Medical Problem			
bi-polar on Serequel and zimoven asthma. inhalers (brown and blue) Recovering heroin user on methadone			

Additional document
10-July-2026
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Tanyard Medical Practice
Mental Health Care Plan
Revised June 2011

LINDSAY, Emma L 2608901301 40 McClymont Court Cumnock KA18 1TH Dr K Lavery 2 Tanyard, Cumnock	Review Arrangements	
DATE	Original CPA Date	Next CPA Review Date
	Copy Plan issued to;	Dr Kessanlone 3 weekly
Signed (All Attendees)		
Patient		
Practice Nurse		
Carer		
Progress of Developments since Last Review		
Social Circumstances; - Housing - Financial situation - Access to health and social services - Social vulnerability - Access to social contacts - Daytime activity - Illicit drug misuse	lives with partner sickness benefit ESA. Junk King from barwick weekly visits to house has all telephone numbers. attends gym 3x weekly - 1 hour needs books works injecting 2g per week for weeks.	
Physical Health; - Physical health condition - Physical impairment or disability - Side effects of prescribed medication	good physical health No side effects.	
- Alcohol Consumption - BMI - Females only (20-60years) - Cervical screening undertaken in last 5y	No alcohol. 31.5. June 15.	
Action Points		
Miscarried approx 2 months ago. 10 weeks gestation. Cathies to inject heroin weekly - 2 weekly.		
Other Actions/Comments		

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Crosshouse Hospital
Emergency Department
Tel: 01563 577757 / 577758
Fax: 01563 572009

Emergency Department Discharge Letter

To: K.J.WATT

Re: Emma Lindsay
29 LAMBFAIR GARDENS, AUCHINLECK, CUMNOCK, Ayrshire,
KA18 2HY
DOB: 25/08/1990
ED Attendance No: XH-19-056828-1
CHI No.: 2608901301

Attendance Details

Date of Attendance: 05/10/2019

Time of Attendance: 18:47:00

Presenting Complaint: SOB

Duty Consultant: J Mulligan

Additional Information: No Attendances in Last 12 months. 2 Total Number of Attendances: 19

Diagnosis Shortness of breath,,

Treatment Assessed and referred

Investigations X-Ray,

Discharge Information: Admitted, Ambulatory Care

Additional Information as above

Discharged by: Joanne Mulligan, ED Consultant

If you have any queries about this patient, please contact one of the staff at the above number

page 1 of 1

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Confidential - Clinical Information

Gastroenterology Unit
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE



www.nhsaaa.net

Dr G Mulligan
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Our Ref: /CB
Hospital No:
Clinic Date: 18/12/2025
Date Dictated: 18/12/2025
Date Typed: 02/01/2026
Enquiries to: Claire Bleakley
Direct Line: 01563 827280
Ext. Number: Ext. 27280
Email:

Dear Dr Mulligan,

EMMA LINDSAY DOB: 26/08/1990 CHI No: 2608901301
46 MAYFIELD AVENUE, HURLFORD, KILMARNOCK, AYRSHIRE, KA1 5EA

Weight: 89.8kg

Current medication: Quetiapine, Omeprazole 20 mg od, Gabapentin.

Emma Lindsay has been referred by GP due to abnormal LFTs. The patient was recently diagnosed with Hepatitis C and she was referred to Infectious Diseases. She was commenced on Maviret and the patient continues input from Infectious Diseases. She is not sure if she requires further treatment for her Hep C. She will be seen soon in the ID Clinic. The patient had ultrasound in August which showed enlarged liver and fatty infiltration with no focal lesion. Her recent LFTs show bilirubin 5, AST 18, ALT 13, albumin 46, AFP 1. The patient has a history of opiate dependence syndrome, personality disorder. The patient claims that she was never drinking more than 14 – 16 units of alcohol in her life. The patient is a smoker of 15 cigarettes per day. She is allergic to Penicillin. Her appetite is normal and her weight is recently stable and today this was 89.8kg. She denies having nausea, vomiting, abdominal pain. She complains of itchy skin.

On physical examination the patient is not confused, not jaundiced, her abdomen was soft non-tender, there is no ascites or masses or peripheral oedema. Unfortunately we could not update her bloods. The patient requires to update her liver screen. I will refer her to CPS. I have requested abdominal ultrasound to assess her liver. The patient requires ongoing ID input. The patient requires fibroscan. She will be seen in the clinic in 6 months.

www.nhsaaa.net



NHS Confidential: Personal data about a patient

Yours sincerely

Authorised on 07/01/2026 12:17:13 by Iwona Wertelecka.

Iwona Wertelecka
Specialty Doctor in Gastroenterology
GMC: 7026653

Dr Enes Muazzen
Consultant Gastroenterologist
Gastroenterology Department
University Hospital Crosshouse
Kilmarnock
KA2 0BE

THIRD PARTY COPY

www.nhsaaa.net



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10 OCT 2010

- ☒ STEVENSON
☐ DOSUMU
☐ LOCUM
☒ FILE
☐ NOTES TO.....
☐ APPT
☐ SCRIPT.....
☐ PHONE
☐ VISIT
☐ LETTER.....
☐ NURSE APPT
☐ HV APPT
☐ OTHER

Clinical in Confidence

Dr A Dosumu
Bankfield Medical Practice
148 Daimellington Road
AYR
KA7 3PR

Mental Health Services
NHS Addiction Services
Westmount
79 Ayr Road
Prestwick
KA9 1TF

NHS
Ayrshire
& Arran

www.nhs-ayrshire.org

Date 12 October 2010
Date Dict. 7 October 2010
Your Ref
Our Ref CARL/VW/061890

Enquiries To Vivien Williams
Tel 01292 473261
Fax 01292 473258
Email [REDACTED]

Dear Dr Dosumu

EMMA LINDSAY,
D.O.B. 26/08/90 CHI: 2608901301

I saw Emma in my clinic on 7 October 2010. She has now moved out to Cumnock to stay with her [REDACTED] and is finding life much easier. She has split with her [REDACTED] who was continuing to use Heroin throughout their relationship despite her Methadone prescription which she was finding very difficult.

When I saw her she seemed extremely well and at least for the time being there appears to be no residual mental health problems that I could ascertain. She has asked for her Methadone to be changed to twice weekly from supervised but I have suggested she might like to wait until I see whether the move to Cumnock is one that she continues to find beneficial. She has agreed with this. I will also, by way of this letter, refer her to Dr Laraway in order that her care might be transferred to East Ayrshire.

Yours sincerely

Carl Lind
C A R L I N D
Consultant Psychiatrist

cc Dr P Laraway, Westmount, 79 Ayr Road, Prestwick



Awarded for excellence

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10-July-2026
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NHS Confidential: Personal data about a patient

Bankfield Medical Practice

Dr David Stevenson



Dr Alisha Dosumu

21 October 2009

Dr T Johnston
Consultant Psychiatrist
Seafield Base
Doonfoot Road
Ayr
KA7 4BW

Dear Dr [REDACTED]

Emma Lindsay, CHI2608901301, 18 Church Court, Ayr, KA8 0DB

You will be aware of this lady, who attended your clinic until recently. She was diagnosed with bipolar disorder and also personality disorder.

She tells me that she was discharged from your clinic in order to attend Dual Diagnosis. However, she is not now abusing heroin, she tells me, and would like to be seen once more at a general psychiatric clinic.

Many thanks for seeing her.

David Stevenson

Bankfield Medical Practice,
148 Dalmeilington Road,
Ayr, KA7 3PR
Tel: (01292) 264080
Fax: (01292) 269731

Alloway Village Hall,
Alloway KA7 4PY
Tel: (01292) 445533

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*Dr J K Latoria, M.B., B.S., D.T.M. & H.
Dr T Mahmood, M.B., B.S., F.R.C.S.*

Health Centre
182 Main Street
AUCHINLECK
Ayrshire KA18 2AY
Tel: 01290-424713
Fax: 01290-426192

TM/CM

11/10/2017

Miss Emma Lindsay
59 Main Street
Auchinleck
Cumnock
KA18 2AF

Dear Miss Lindsay

We note from our records that it has been some time since you had a routine physical health check. Therefore we would like to offer you an appointment to see our **Practice Nurse on Tuesday 17th October 2017 at 4.00pm.**

This will be a 10 minute appointment during which time you will have your height/weight checked, blood pressure and some routine blood tests.

Should this appointment be unsuitable could you please contact reception to re-arrange a more convenient time.

Yours sincerely

pp. *Christine Manton*
Dr T Mahmood



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Mental Health Services
NHS Addiction Services
Westmount
79 Ayr Road
Prestwick
KA9 1TF

www.nhs-ayrshire.org

NHS
Ayrshire
& Arran

Clinical in Confidence

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
AYR KA7 3PR

Date 13 April 2010
Date Dict. 9 April 2010
Your Ref
Our Ref CARL/VW/061690

Enquiries To Vivien Williams
Tel 01292 473261
Fax 01292 473258

Dear Dr Dosumu

EMMA LINDSAY, 18 CHURCH COURT, AYR KA8 0DB
D.O.B. 26/08/90 CHI: 2608901301

I had arranged to see Emma in my clinic on 9 April 2010. She did not attend this appointment. I have not arranged to see her again in the interim but will discuss her case further with her community psychiatric nurse.

Yours sincerely

Car Lind
C A R L I N D
Consultant Psychiatrist

cc Dawn Little, Staff Nurse, Westmount, 79 Ayr Road, Prestwick



Awarded for excellence

19 APR 2010

- STEVENSON
- ☐ DOSUMU
 - ☐ LINDSAY
 - ☒ TEL
 - ☐ NOTES
 - ☐ APPT
 - ☐ SCRIPT
 - ☐ PHONE
 - ☐ VISIT
 - ☐ LETTER
 - ☐ NURSE APP
 - ☐ HV APP
 - ☐ OTHER

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NHS Confidential: Personal data about a patient

Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 08/12/2015
Date Dictated: 08/12/2015
Date Typed: 17/12/2015
Our Ref: KK/KMcA
Enquiries to: Karen McAllister
Tel No: 01563 574237
Fax No: 01563 574238

Dear Dr Dunlop

EMMA LINDSAY

40 MCCLYMONT COURT, CUMNOCK, AYRSHIRE,
KA18 1TH

CHI No: 2608901301

Diagnosis:

F11.2 Opioid Dependence Syndrome, currently on substitute treatment
F60.3 Emotionally Unstable Personality Disorder

Psychiatric Medication:

Prescribed by Addiction Services
Methadone 45mls daily

Prescribed by General Practitioner (as per patient)
Quetiapine 450mgs daily in divided doses
Buspirone 10mgs twice daily

Recommendations/Plan:

1. I have discussed the pros and cons of using Methadone in pregnancy. She was keen for Methadone to be put back to 50mls daily which I agreed to.
2. I have also discussed the pros and cons of using Quetiapine in pregnancy and as requested in the previous letter, thank you for reducing the Quetiapine by 25mgs every week until the daily dose reaches 200mgs daily.
3. Outpatient review in two months time.
4. Keyworker review in the interim.

I reviewed Emma in my addictions outpatient clinic at Cumnock Health Centre on 8th December 2015.

Continued...

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NHS Confidential: Personal data about a patient

Page 2

17th December 2015

Dr Dunlop, Re: Emma Lindsay

She told me that she may be pregnant and utilised over the counter pregnancy tests at least four times and all of them were positive. Her last period was approximately three months back. She told me that she has a GP appointment today for confirmation of her pregnancy. This is her first pregnancy and admitted that this was not planned, but she stated it was a pleasant surprise and is looking forward to the [REDACTED]. She was keen to know the pros and cons of Methadone and Quetiapine during pregnancy.

As you are probably aware, her Methadone was reduced at the rate of 5mls every two weeks due to non attendance in the outpatient clinic. As of today she would be going down to 40mls daily. She told me that she was entirely stable when she was on 50mls and admitted to occasional use of Heroin when she was on 50mls daily. The last two days when she found out she was pregnant, she stopped taking Heroin. She is keen to go back on 50mls of Methadone. I therefore discussed the options of using Methadone during pregnancy and also the risk of neonatal Opioid withdrawal. She feels that she would be stable on 50mls of Methadone and not use any illicit drugs. She denied use of illicit Valium in the last few weeks.

She has been in a relationship for the last four years. She finds this relationship quite supportive and steady. She has Hepatitis C and has not had any treatment so far. She was worried about how this would have an impact on the pregnancy.

In terms of mood symptoms, she described emotional lability and that her symptoms were quite changeable within a few hours. She denied any history of pervasive low mood or periods of elation lasting for a few days to weeks. She thinks that she is Bipolar and that is the reason why she was prescribed Quetiapine. She has a fear of coming off Quetiapine completely. I have once again explained the diagnosis of Emotionally Unstable Personality Disorder and she was able to recollect the conversation we had last year around the long term metabolic side effects of Quetiapine. I have also made her aware that the current use is unlicensed use and that we would be keen to get the dose to a much lower level. She was agreeable for gradual reduction at the rate of 25mgs every week until the dose reaches 200mgs daily.

On examination, she was casually dressed and well kempt. Her affect was reactive. She was alert and orientated. She was euthymic. She denied suicidal or homicidal ideas. There was no evidence of psychosis. There was no evidence of intoxication or signs of withdrawal.

Follow up arrangements are as above.

Yours sincerely

Authorised on 21/12/2015 15:55:54 by Karthik Kessavalou.

Dr K Kessavalou

Consultant Psychiatrist in Addictions

cc [REDACTED] East Community Addiction Team, Bentinck Centre, East Netherton Street,
Kilmarnock, KA1 4AX

www.nhs.uk



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1015 Confidential: Personal data about a patient

Lindsay Emma

CHI: 2608901301

DoB: 26-Aug-1990

Immediate Discharge Letter

Highly Sensitive: No

Consent for Sharing Withheld: No

PAUL DUNLOP Tanyard Medical Practice, The Health Centre, 2 Tanyard,
Cumnock, KA18 1BF



Main Switchboard:

Date of Completion: 30-Aug-2021

Dear PAUL DUNLOP,

Name	CHI	DoB	Address
Emma Lindsay	[REDACTED]	26-Aug-1990	39 Lambfair Gardens, Cumnock, Ayrshire, KA18 2HY
Admitted	Type	Discharged	Destination
10-Aug-2021 15:42	IP	30-Aug-2021	
Specialty	Consultant	Ward	Telephone
ISTRK_NSIU	Purcell	GEUH Philipshill Spinal Injuries Unit	
Primary Diagnosis	There is no data to display.		
Secondary Diagnosis	There is no data to display.		
Significant Operations / Procedures:	There is no data to display.		

Last Discharge Review: Anna Dobrowolska (Anna Dobrowolska - FY2) on 30 Aug 2021 16:42

Discharge Medication:

Page 1 of 5

1015 Confidential: Personal data about a patient

Lindsay Emma

CHI: 2608901301

DoB: 26-Aug-1990

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Amitriptyline 25mg tablets	oral	1 tablet once daily at night					Added
Diazepam 5mg tablets	oral	1 tablet twice daily when required , please dispense 14 (fourteen) tablets					Added
Diprobase cream (Bayer Plc)	topical	when required To be used as directed					Added
Distigmine bromide 5mg tablets	oral	2.5 mg three times daily			Drug Details: please send memo with IDL.		Added Amended
Ibuprofen 400mg tablets	oral	1 tablet three times daily when required			Drug Details: Take with food		Added Amended
Lidocaine 5% medicated plasters	topical	1 application once daily			Drug Details: 12 hours on, 12 hours off		Added Amended
Macrogol compound oral powder sachets NPF sugar free (Laxido (Galen Ltd))	oral	2 sachets twice daily			Drug Details: for constipation		Added Amended
Methadone 1mg/ml oral solution	oral	as per community pharmacy			Drug Details: Not supplied on discharge.		Added Amended
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily					Added
Oxycodone 5mg capsules	oral	1 capsule four times daily when required , please dispense 28 (twenty eight) capsules			Drug Details: for breakthrough pain		Added Amended
Oxycodone 5mg modified-release tablets (Oxypro (Ridge Pharma Ltd))	oral	1 tablet twice daily , please dispense 14 (fourteen) tablets					Added Amended
Paracetamol 500mg tablets	oral	2 tablets four times daily					Added Amended
Quetapine 200mg tablets	oral	2 tablets once daily					Added Amended

1015 Confidential: Personal data about a patient

Lindsay Emma

CHI: 2608901301

DoB: 26-Aug-1990

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Salicilic acid 2% / Mucopolysaccharide polysulfate 0.2% cream (Movelat (Genus Pharmaceuticals Ltd))	topical	1 application three times daily					Added Amended
Senna 7.5mg tablets	oral	3 tablets once daily			Drug Details: for constipation		Added Amended

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

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
2021-08-30	Coccolis ointment (RPH Pharmaceuticals AB)	topical	when required to be used as directed		not using

Stopped Medication:

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

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

Clinical Comments:	Dear Doctor, Emma Lindsay was admitted to the National Spinal Injuries Unit on 10/08/21 as a transfer from Ayr Hospital. She had jumped from the 1st floor window and sustained a T12 fracture. On arrival she underwent T12-L2 posterior fixation. Her injury was classified as a T12 ASIA D intact. She required a catheter post op. Pain was difficult to control overnight and she required increased analgesia. R side of her scalp was treated for dermatitis. Her TWOC was successful and she is mobilizing independently on crutches. Her urine was positive for E.coli and she was treated with a course of nitrofurantoin. Her quetiapine has been modified to 400 mg once daily at 10pm. Emma normally takes this dose at home and requested
--------------------	---

1615 Confidential: Personal data about a patient

Lindsay Emma

CHI: 2608901301

DoB: 26-Aug-1990

	the change. Analgesia has been slowly weened down. During her admission Emma had a fall on the ward. No injuries sustained. Nursing staff reported multiple episodes of ?illicit substance use. Emma denied this. She has now reached her rehabilitation potential. She will be followed up by PT in one week's time for stair practice. Due to social issues Emma will be transferred to Cross house Hospital for an interim placement. She will be followed up by her [REDACTED] as an inpatient. MRI spine: 03/08/21 The study confirms acute anterior compression fracture of the D12 vertebra with associated retropulsion of the fracture fragment into the spinal canal compressing the distal spinal cord. No evidence of any cord oedema or compressive myelopathic changes in the current study. Apart from mild disc degeneration at L3-L4 and L4-L5 there is no significant disc prolapse or herniation in the lumbar spine. No compression of nerve roots in the lumbar spine. The remaining cord in the cervical and thoracic spine is normal. CT Spine lumbar : 12/08/21 Unenhanced CT of the lower thoracic and upper lumbar spine. Images are compared to the previous MRI of 03/08/2021. Transpedicular screw and rod fixation is demonstrated bridging the T12 compression fracture. Satisfactory vertebral body alignment. There remains retropulsion of fragments into the spinal canal, slightly improved from the CT of 02/08/2021. The screws are well placed with no evidence of medial cortex breach. Expected postoperative changes in the overlying soft tissue. Linear atelectasis demonstrated at the visualised lung bases. Many thanks for your ongoing care
Discharge Comments:	
Follow Up:	Yes six week follow up appointment
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

1615 Confidential: Personal data about a patient

Lindsay Emma

CHI: 2608901301

DoB: 26-Aug-1990

Yours sincerely,

Anna DOBROWOLSKA

Prescription Review

Checked by: Anna DOBROWOLSKA (FY2)

Discharged by: Anna DOBROWOLSKA (FY2)

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NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofel Dr A Stevenson Dr A Krichell Dr S Learmonth

Dr. A DOSUMU
148 DALMELLINGTON ROAD
AYR
AYRSHIRE
KA7 3PR

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr Alan Krichell

Emma Lindsay
18 CHURCH COURT
AYR, KA8 0DB

DOB: 26/08/1990
A/E No: AYR-10-024292
CHI No: 2608901301

Date and Time of Attendance: 14 Jul 2010 23:36

20 JUL 2010

Diagnosis Pyrexia of unknown origin

Treatment Fluid resuscitation, I.V. canula, Drug given in A+E, Antibiotic
Drugs:

Investigations , Chest

Follow up: Admitted
Station 7 MAU

Additional Information: Headache and vomiting

- ☐ STEVENSON
- ☒ DOSUMU
- ☐ OFEL
- ☒ FILE
- ☐ NOTES TO ...
- ☐ APP1
- ☐ SCRIPT
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER
- ☐ NURSE APP1
- ☐ HV APP1
- ☐ OTHER

Dr Akunfo Agbenyega
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

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Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 13/06/2023
Date Dictated: 16/06/2023
Date Typed: 16/06/2023
Our Ref: KK/SC
Enquiries to: Sylvia Corbett
Tel No: 01563 574237
Fax No:

Dear Dr Dunlop

EMMA LINDSAY

83 KEIR HARDIE HILL, CUMNOCK, AYRSHIRE, KA18 1PR

CHI No: 2608901301

Emma did not attend her Outpatient appointment at Cumnock Health Centre on 13th June 2023. She is currently on Methadone 50 mls daily.

She will be reappointed in due course.

Yours sincerely

Authorised on 16/06/2023 15:06:19 by Typist Sylvia Corbett, on behalf of Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

www.nhsaaa.net



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NHS Confidential Personal data about a patient

NHS Ayrshire & Arran General Hospital Division

Area Laboratory

Clinical Biochemistry

LINDSAY

Patient No. 2608901301

Clinician

Dr Alisha Dosumu

EMMA

Unit No. AY100717956

Request Location

3 Alloway Place

JELLYSTONE FARM

DOB 26/08/1990

Ayr

AYR KAS 6ES

Sex F

This Report To Dr Alisha Dosumu GP, Ayr: 3 Alloway Place

Blood Specimen

Free T4

13.2

pmol/l

TSH

2.09

mU/l

18 JAN 2008

☐ STEVENSON

☒ DOSUMU

☐ LOCUM

☐ FILE

☐ NOTES TO.....

☐ APPT

☐ SCRIPT..... ☐

☐ PHONE

☐ VISIT

☐ LETTER ☐

☐ NURSE APPT

☐ HV APPT

☐ OTHER

Lab No B.08.806157

Date/Time Coll 16/01/2008 12:00

Printed 17/01/2008 11:57

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If you have received this report in error, please return to the Clinical Biochemistry Laboratory

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NHS Confidential: Personal data about a patient

Heathfield Clinic
Heathfield Road
AYR KA8 9DZ
Tel: 01292 610557 Ext.3504
Fax: 01292 288021

NHS
Ayrshire
& Arran

DERMATOLOGY CLINIC

CMD/LH/717956/CHI-2608901301

Direct Line: 01292 614611

Clinic date: 26/03/08	Date dictated: 26/03/08	Date typed: 03/04/08
-----------------------	-------------------------	----------------------

Dr A.Dosumu
Cornhill Surgery
Kincaidston
AYR

21 APR 2008

Dear Dr Dosumu

EMMA LINDSAY JELLYSTONE FARM AYR (26/08/1990)

This patient's antinuclear antibodies were normal; thyroid function tests were normal; a Rast Screen showed a low level of reactivity to house dust mite, but was negative to horse dander, peanut, fish (cod), wheat, grass pollen, cat dander, dog dander, egg white and milk.

Yours sincerely

C.M.Dwyer
C.M.Dwyer
Consultant Dermatologist

- ☐ STEVENSON
- ☐ DOSUMU
- ☒ LOCUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT.....☐
- ☐ PHONE
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- ☐ LETTER.....☐
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

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NHS Confidential: Personal data about a patient

Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 21/03/2023
Date Dictated: 14/04/2023
Date Typed: 14/04/2023
Our Ref: KK/SC
Enquiries to: Sylvia Corbett
Tel No: 01563 574237
Fax No:

Dear Dr Dunlop

EMMA LINDSAY

83 KEIR HARDIE HILL, CUMNOCK, AYRSHIRE, KA18 1PR

CHI No: [REDACTED]

Emma did not attend her Outpatient appointment at Cumnock Health Centre on 21st March 2023. She is currently on Methadone 50 mls daily. She will be reappointed in due course.

Yours sincerely

Authorised on 14/04/2023 11:54:04 by Typist Sylvia Corbett, on behalf of Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

www.nhsaaa.net



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NHS Confidential: Personal data about a patient

NHS
Ayrshire
& Arran

2/4/08

Dear Dr ~~Chapman~~ Coulter

17 APR 2008

AH 001590
LINDSAY, EMMA
JELLYSTONE FARM
BY AYR
KAS 865
26/08/1990
WARD: CONS:
DATE: TIME:
CHI 2608501501

- ☐ INTERVIEW
- ☐ DOSUMU
- ☐ LOCUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT.....
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER.....
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

Please increase QUETIAPINE
to 200mg nocte

Thanks you


DR. JOHNSON
Consultant Psychiatrist

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Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 23/01/2024
Date Dictated: 08/02/2024
Date Typed: 08/02/2024
Our Ref: KK/SC
Enquiries to
Tel No: 01563 574237
Fax No:

Dear Dr Dunlop

EMMA LINDSAY

83 KEIR HARDIE HILL, CUMNOCK, AYRSHIRE, KA18
1PR

CHI No: 2608901301

Diagnosis: F11.2 Opioid Dependence Syndrome, currently on substitute treatment
F60.3 Emotionally Unstable Personality Disorder, currently euthymic

Psychiatric Medication:

Prescribed by Addictions Services: Methadone 40mls daily (reduced to 35 mls daily)
Prescribed by General Practitioner: Quetiapine 400mgs nocte & Amitriptyline 25 mgs nocte

Recommendations/Plan:

- 1 At her requested, her Methadone has been reduced by 5 mls. She is keen to transfer over to Espranor and then Buvidal
- 2 Out-patient review in 3-4 months
- 3 Key Worker contact in the interim

Emma initially cancelled her Outpatient appointment as she was physically unwell but agreed for telephone consultation. This was a joint review along with her Keyworker- [REDACTED] CPN. She has been reducing her Methadone gradually with a view of switching over to Buvidal. She denied any ongoing depressive or significant anxiety symptoms. She complained of numbness and reduced sensation in her back, had surgery last year without any improvement. She was offered revision of same procedure but she is not keen. She denied any illicit drug use.

Follow up arrangements are as above.

Yours sincerely

Authorised on 08/02/2024 10:24:01 by Typist Sylvia Corbett, on behalf of Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

www.nhsaaa.net



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**FOR SOCIAL SECURITY AND STATUTORY
SICK PAY PURPOSES ONLY**

NOTES TO PATIENT ABOUT USING THIS FORM

You can use this form either:

- 1 For Statutory Sick Pay (SSP) purposes - fill in Part A overleaf. Also fill in Part B if the doctor has given you a date to resume work. Give it to and the completed form to your employer.
- 2 For Social Security purposes - To continue a claim for State benefit fill in Parts A and C of the form overleaf. Also fill in Part B if the doctor has given you a date to resume work. Sign and date the form and give or send it your local Jobcentre Plus or social security office **QUICKLY** to avoid losing benefit.

NOTE: To start your claim for State benefit you must use form SGP1 if you are self-employed, unemployed or non-employed OR form SGP1 if you are an employee. For further details get leaflet B1 from Jobcentre Plus or social security office.

Doctor's Statement

In confidence to
Mr/Ms/Ms/Ms

I examined you today/yesterday and advised you that

(a) You need not
refrain from
work

(b) you should refrain from work

for 6 months

OR until

Diagnosis of your disorder
causing absence from work Mental Health issues

Doctor's remarks

Doctor's
signature

Dr D. J. Stevenson

Date of
signing

19/1/19

Dr D. J. Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
KA7 3PR A2493

Form Med 3

NOTE TO DOCTOR: See inside front cover for notes on completion

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New Patient Medical Questionnaire

Name <u>Emma Lindsay</u>		D.O.B. <u>26/8/20</u>	
Marital Status <u>Single</u>		Next of Kin <u>None</u>	
Phone No. <u>-</u>		Contact No. <u>[REDACTED]</u>	
Height <u>5/10</u>		Weight <u>-</u>	
Email <u>-</u>			
Smoking Status	Never Smoked ☐	Ex-Smoker ☐	Current - No./day <u>15</u>
Alcohol	Within recommended limit ☐	Current Non Drinker ☐	Above recommended limit ☐ Total ☒
Exercise Status	None ☐	Moderate ☒	Competitive Athlete ☐
	Little ☐	Heavy ☐	Unable to due to health reasons ☐
Family History if known			
Heart Problems	None ☒	Over 60 ☒	Under 60 ☒
Stroke	None ☒	Over 60 ☒	Under 60 ☒
Diabetes	None ☒	Tablet Rx ☒	Insulin Rx ☒
Asthma	None ☒	Present ☒	
Breast Ca	None ☒	Over 50 ☒	Under 50 ☒
Other relevant family history			
Relevant Medical Problem			
<u>mental health issues</u> <u>asthma - inhalers</u>			

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Current Medication			
Seroquel - 600mg Zimovine - 7.5mg nightly			
Allergies			
For Woman Only			
Date of last cervical smear No / need one			
Use of contraception	Yes	No	☒
If Yes, Type of contraception			
Carers			
Do you fall under the definition of a carer?			
"A carer is someone, who, without payment, provides help and support to a [redacted] child, relative, friend or [redacted] who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. A young carer is a child or young person under the age of 18 years carrying out significant caring tasks and assuming a level of responsibility for another person, which would be taken by an adult"			
Yes, I am a carer ☐ No, I am not a carer ☒			
If you are a carer please give the details of the person whom you are a carer for,			
Name			
Date of Birth			
Address			
Relationship to Person			

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GPR

NHS IN SCOTLAND

NHS
SCOTLAND**APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE**

Please use BLOCK CAPITALS to complete the form and tick all relevant boxes

PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Eligibility to use the NHS services depends mainly on residence in the UK, and on other qualifying provisions set out in the Regulations. By completing this section fully, you will assist us in processing your application and locating any existing medical records promptly.

WILL YOU BE IN THE AREA FOR MORE THAN THREE MONTHS?*

YES ☒ NO ☐

IS THIS YOUR FIRST REGISTRATION WITH A GP PRACTICE?*

YES ☐ NO ☒

SURNAME *

LINDSAY

TITLE #

MISS

FORENAME *

EMMA

MIDDLE NAME *

LOUISE

PREVIOUS SURNAME *

DATE OF BIRTH *

26/8/90

ADDRESS *

55 Heathfield RD
Achenleck
Cumnock

POSTCODE * KA18 2LB

TOWN & COUNTRY OF BIRTH *

Peterhead

EMAIL ADDRESS #

PREVIOUS ADDRESS IN UK *

Benston Farm
New Cumnock
Cumnock

POSTCODE KA18 0DB

NAME AND ADDRESS OF PREVIOUS REGISTERED GP PRACTICE IN UK *

2 Tanyard
Cumnock

POSTCODE * KA18 1BF

COMMUNITY HEALTH INDEX NUMBER

NHS NUMBER

NATIONAL INSURANCE NUMBER

JM352553B

* the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system.

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ARE YOU RETURNING / HAVE YOU ARRIVED FROM ABROAD OR HM FORCES? *

YES ☐ NO ☐DATE OF DEPARTURE
FROM UKDATE OF ENTRY/RETURN
TO UK

IF RETURNING FROM HM FORCES

DATE ENLISTED

SERVICE/PERSONNEL NO.

COUNTER FRAUD DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable the Common Services Agency to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, I consent to the disclosure of relevant information from this form including to and by the NHS Business Services Authority, the Common Services Agency, UK Border Agency, Identity and Passport Service, the Department for Work & Pensions, HM Revenue and Customs, the General Register Office and Local Authorities.

PATIENT OR REPRESENTATIVE SIGNATURE

DATE 16/5/12

IF SIGNING AS A REPRESENTATIVE, PLEASE STATE:

YOUR NAME

YOUR RELATIONSHIP TO THE
PATIENT**VOLUNTARY CONSENT TO ORGAN DONATION**

I authorise the donation of (Please tick the boxes that apply)

A. any of my organs and tissue ☐ or my

B. kidneys ☐ heart ☐ liver ☐ small bowel ☐
 eyes ☐ lungs ☐ pancreas ☐ tissue ☐

for transplantation after my death

PATIENT SIGNATURE

DATE

PRACTICE ACCEPTANCE AGREEMENT - for GP Practice use onlyPRACTICE
CODE

GP NAME

GP REFERENCE NUMBER

IDENTIFICATION SEEN

MEDICAL CARD ☐BIRTH CERTIFICATE ☐PASSPORT ☐

OTHER - SPECIFY

YOUNG SCOT CARD

GN

I accept this patient onto the practice list and declare that, to the best of my knowledge the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be made to my Practice, which will be subject to Payment Verification. Where Common Services Agency is unable to obtain authentication, I acknowledge that the onus is on my Practice to provide documentary evidence to support this application.

GP SIGNATURE

DATE

OFFICIAL USE ONLY

Input By:

Date:

Checked By:

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Confidential - Clinical Information

NHS Addiction Services
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Addiction Services
FAX 01563 826184
www.nhsayrshireandarran.com



Jean Blackwood
East Community Addiction Team
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX

Our Ref: NB/KMcA
Hospital No: 061890
Clinic Date: 12/04/2012
Date Dictated: 12/04/2012
Date Typed: 24/05/2012
Enquiries to: Karen McAllister
Direct Line: 01563 826192
Ext. Number: 26192

Dear Jean,

EMMA LINDSAY DOB: 26/08/1990 CHI No: 2608901301
56 HEATHFIELD ROAD, AUCHINLECK, CUMNOCK, AYRSHIRE, KA18 2JD

Ms Lindsay failed to attend an appointment with me on 12th April 2012 and has made no further contact with my office.

She will now be offered an appointment in my clinic in one year's time but an earlier appointment will be offered on the request of her Keyworker.

Yours sincerely

Authorised on 24/05/2012 14:10:59 by Neeraj Bajaj.

Dr N Bajaj
Consultant Psychiatrist (East Locality)

- cc Dr PA Dunlop, Tanyard Medical Practice, The Medical Centre, 2 Tanyard,
Cumnock, KA18 1BF
cc Appointments, NHS Addiction Services, 35-41 Lister Street, Crosshouse Hospital,
Kilmarnock, KA2 0BE

www.nhsayrshireandarran.com



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Dr D Chung Dr G Gordon Dr N Weatherup Dr J Mardon Mr J Stevenson Dr C McGuffie Dr A Lannigan

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577757/8
Fax: 01563 [REDACTED]

Dr. KAREN KJ LOWRY
TANYARD MEDICAL PRACTICE
THE MEDICAL CENTRE
2 TANYARD
CUMNOCK
KA18 1BF

Emma Lindsay

G/L
6 HIGH GLENCAIRN STREET
KILMARNOCK, KA1 4AD

DOB: 26/08/1990
A/E No: XH-12-003613
CHI No: 2608901301

Date and Time of Attendance: 20 Jan 2012 09:26
Total A&E Attendances = 15, attendances in last year = 1

Diagnosis Incised wound, Skin of forearm, Left

Treatment Stitches

Drugs:

Investigations

Follow up: Discharge, follow up arranged
Other referral
Usual place of residence

Additional Information: Presented to department with incised self harm wounds to left forearm. No suicidal ideation. Long history of self harm by cutting. Brought on by argument with [REDACTED] Due to see CPN this afternoon. Fourteen 4.0 ethylon sutures inserted. Due to be removed in 7 - 10 days

Jonathan Roy
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

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Covid19 Report	
Patient Details	
Surname	LINDSAY
Forename	EMMA
CHI	2608901301
Date of birth	26.08.1990
Sex	Female
Address	39 LAMBFAIR GARDENS DALRYMPLE CUMNOCK AYRSHIRE KA18 2HY
Specimen Details	
Specimen Number	V.21.4352504.Z
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	14.08.21 / 12:14
Date/Time Received	15.08.21 / 14:02
Requested By	Dr Margaret Purcell
GP Practice	80171
Date/Time Reported	15.08.21 / 19:32
Details	Routine

Results

2019 NCoV - Authorised on 15.08.21 at 19:28

2019 NCoV Not detected

Comments:

The laboratory will discard negative SARS-CoV-2 PCR specimens after 48 hours.
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report

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Registration Details - Patient No: 8199

Personal details...		Address details...	
Date of birth	26/08/1990	Post Code	KA18 2AF
Sex	F	House Name Flat No	
Surname	Lindsay	No and Street	59 Main Street
Previous Surname		Village	AUCHINLECK
Forenames	Emma	Town	Cumnock
Calling Name	Emma	County	Ayrshire
Title	Miss		
Birth Surname			
Marital Status			
Ethnic Origin			
CHI_NUMBER	2608901301		

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Home Tel No	
Registered GP	Dr T Mahmood	Work Tel No	
Usual GP	Dr T Mahmood	Mobile Tel No	
NHS Number		E Mail Address	
Residential Inst			
Branch Surgery			

Practice Information...		Distances	
Dispensing		Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	03/07/2013		

AMS/CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
05/03/2018	Did not attend - no reason	Dr Mahmood	9N42
23/02/2009	[X]Bipolar affective disorder	Miss Stirling	Eu31
10/10/2000	[X]Attention deficit hyperactivity disorder	Miss Stirling	Eu900-1

Past Problems		Authorised By	Code
20/11/2017	Diarrhoea & vomiting, symptom	Dr Mahmood	19FZ-1
17/01/2010	Suicidal	Miss Stirling	1B19
30/06/2007	Hallucinations	Miss Stirling	1B1E
29/01/2012	Earache symptoms (Right)	Miss Stirling	1C3
25/02/2016	Sore throat symptom	Miss Stirling	1C9
15/09/2007	Ecstasy misuse	Miss Stirling	1V66
07/07/2017	New patient screen	Dr Latoria	68R
30/01/2018	Did not attend - no reason	Dr Mahmood	9N42
18/08/2017	Did not attend - no reason	Dr Mahmood	9N42
15/07/2010	Viral illness	Miss Stirling	A79z-1
30/06/2007	Drug-induced paranoia or hallucinatory state NOS due to amphetamines	Miss Stirling	E021z

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30/06/2007	Anxiety states	Miss Stirling	E200
25/11/2009	Panic attack	Miss Stirling	E2001-1
19/02/2009	Personality disorders	Miss Stirling	E21
02/08/2010	Tension headache	Miss Stirling	E2781
15/09/2007	Misuse of Amphetamines unspecified	Miss Stirling	EMISNQM111
15/09/2007	[X]Heroin addiction	Miss Stirling	Eu112-2
20/05/1993	Otitis media NOS	Miss Stirling	F52z
05/09/2017	Upper respiratory tract infection NOS	Dr Latoria	H052-1
07/06/2016	Gastroenteritis	Miss Stirling	J43-1
03/01/2010	Urinary tract infection, site not specified	Miss Stirling	K190
26/05/2016	Dysfunctional uterine bleeding	Miss Stirling	K59yx-1
10/07/2017	Miscarriage	Mr Technician	L04-1
05/03/2008	Psoriasis NOS	Miss Stirling	M161z
05/03/2008	Urticaria	Miss Stirling	M28
08/09/2016	[D]Fainting	Miss Stirling	R0021
07/01/2009	Abrasion, knee (Right)	Miss Stirling	SD602
03/04/2015	Unspecified degree burn of thumb left	Miss Stirling	SH40-3
21/07/2006	Other hand injury, excluding finger right	Miss Stirling	SK14
28/04/2006	Finger injury right ring finger	Miss Stirling	SK154
21/08/2010	Overdose of drug	Miss Stirling	SL-5
18/10/2008	Overdose of drug seroquel and chlorthalidopexide	Miss Stirling	SL-5
10/06/2008	Overdose of drug paracetamol	Miss Stirling	SL-5
01/07/2006	Overdose of drug paracetamol	Miss Stirling	SL-5
20/01/2012	[X]Injury - self-inflicted left forearm	Miss Stirling	U2-2
06/06/1997	[V]Behavioural problems	Miss Stirling	ZV40-1

Health Admin Problems	Authorised By	Code
-----------------------	---------------	------

09/06/2015 Cervical smear: negative (GMS (Another Practice))

Miss Agnew

4K22

Values	Normal Range Indicator	Normal Range
--------	------------------------	--------------

20/11/2017 Blood pressure reading 128/76 mm Hg ENT normal chest clear well hydrated Abd soft no tenderness no masses gut sounds+

20/11/2017 O/E - BP reading Looks Ok temp 36.6 P 88 Po2 98%

07/07/2017 Alcohol consumption 0 units/week

07/07/2017 Body Mass Index 28.41

07/07/2017 O/E - weight 90 Kg

07/07/2017 O/E - height 178 cm

09/06/2015 Cervical smear: negative

..... |

20-25

..... |...

10-250

Attachments	Authorised By	Code
-------------	---------------	------

20/11/2017 eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Diarrhoea & vomiting, symptom; Duration: 15/11/2017 - 30/11/2017)

FitNote_63a07819-7e8d-4c63-914d-858f71704307.pdf

Dr Mahmood

9D15

Due Diary Entries	Authorised By	Code
-------------------	---------------	------

26/08/2055 Influenza vaccination

Dr Mahmood

65E..

Overdue Diary Entries	Authorised By	Code
-----------------------	---------------	------

None

Alerts	Authorised By	Code
--------	---------------	------

12/07/2017 Total notes on computer

Mrs Cameron

9346

Drug Allergies	Authorised By	Code
----------------	---------------	------

None

Non Drug Allergies	Authorised By	Code
--------------------	---------------	------

None

Family History	Authorised By	Code
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07/07/2017

Dr Latoria

12K

07/07/2017

Dr Latoria

12L

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Referrals	Authorised By	Code
None		

Immunisations	Authorised By	Code
None		

Health Status

09/06/2015	Cervical smear result Cervical smear: negative (GMS (Another Practice))
07/07/2017	Height 178 cm
07/07/2017	Weight 90 Kg
07/07/2017	Body Mass Index 28.41 kg/m2
20/11/2017	Blood pressure reading O/E - BP reading
20/11/2017	Blood pressure reading 128/76 mm Hg
07/07/2017	Smoking Status Current smoker

Other Observations	Authorised By	Code
07/07/2017	Current smoker	Dr Latoria 137R
07/07/2017	Smoking cessation advice	Dr Latoria 8CAL
17/10/2017	Except from mental health quality indicators: Informed diss Pt DNA'D appointment (cm)	Mrs Morton 9h92
04/07/2017	Did not attend - no reason New Patient Medical	Dr Latoria 9N42
01/09/2017	Did not attend - no reason	Sr Simpson 9N42
11/09/2017	Did not attend - no reason	Miss Stirling 9N42
11/09/2017	Did not attend - no reason	Ms Admin 9N42
16/11/2017	Did not attend - no reason checked time of appt at 9:15am did not attend at 9:40am. presented at desk at 10.10. Unable to be seen as was too late for appt, stated needed seen today for a sickline - rescheduled for monday	Ms Admin 9N42
08/12/2017	Did not attend - no reason	Miss Stirling 9N42
19/12/2017	Did not attend - no reason	Miss Stirling 9N42
05/02/2018	Did not attend - no reason	Miss Stirling 9N42
05/02/2018	Did not attend - no reason (REVIEW)	Ms Admin 9N42
11/10/2017	Mental health monitoring first letter	Mrs Morton 9OI0
07/07/2017	White Scottish	Dr Latoria 9S13

Consultations

04/07/2017	Dr J K Latoria at Auchinleck Surgery
Comment	Did not attend - no reason New Patient Medical
-	----
07/07/2017	Dr J K Latoria at Auchinleck Surgery
Problem (FIRST)	New patient screen
History	attending mental health team for bipolar and addiction services for drug related problem, on methadone
Examination	pt. is register with cumnock practice, not very happy with them, as can't get the appt for weeks together, Blood pressure reading 118/68 mm Hg O/E - height, 178 cm O/E - weight, 90 Kg Body Mass Index, 28.41
Family History	FH: [REDACTED] died 51 of heart attack, FH: [REDACTED] died 41 with breast cancer. one [REDACTED] in good health,
Social	h/o i/v heroin addiction, stopped heroin over a year ago, and attending drug addiction services, on methadone 30ml daily, lives with her partner, no children, long term off sick, unemployed at present. Alcohol consumption, 0 units/week Current smoker
Additional	White Scottish

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	Smoking cessation advice
10/07/2017	Mr Docman Technician at Docman
Problem	Miscarriage
18/08/2017	Dr T Mahmood at Auchinleck Surgery
Problem (FIRST)	Did not attend - no reason
01/09/2017	Sr Olwyn Simpson at Auchinleck Surgery
Comment	Did not attend - no reason
05/09/2017	Dr J K Latoria at Auchinleck Surgery
Problem (FIRST)	Upper respiratory tract infection NOS
Examination	sore throat, cough with expectoration, feeling tired, ongoing problem for last few days, apyrexial, congestion of throat, inflamed unhealthy looking tonsils, pulse - 82 bpm, bp 134/76, chest - clear, hs l ii o.
Comment	pt. was sleepy at times as under influence of drugs. suggested hospital adm for further observation. but refused to go claims I am fine.
Medication	Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY
11/09/2017	Ms Admin Admin at Auchinleck Surgery
Comment	Did not attend - no reason
16/11/2017	Ms Admin Admin at Auchinleck Surgery
Comment	Did not attend - no reason checked time of appt at 9:15am did not attend at 9:40am. presented at desk at 10.10. Unable to be seen as was too late for appt, stated needed seen today for a sickline - rescheduled for monday
20/11/2017	Dr T Mahmood at Auchinleck Surgery
Problem (FIRST)	Diarrhoea & vomiting, symptom
History	D&V since Wednesday taking fluids passing urine no blood in stools no pain vomited twice yesterday no vomiting today 4 bouts of loose stools yesterday one this morning
Examination	O/E - BP reading Looks Ok temp 36.6 P 88 Po2 98% Blood pressure reading 128/76 mm Hg ENT normal chest clear well hydrated Abd soft no tenderness no masses gut sounds+
Comment	Adv
Medication	Prochlorperazine Maleate Tablets 5 mg 28 tablet ONE TO BE TAKEN THREE TIMES A DAY Loperamide Hydrochloride Capsules 2 mg 30 CAPSULE 1 Cap 3 times daily Co-Codamol 8/500 Tablets 60 tablet TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Diarrhoea & vomiting, symptom; Duration: 15/11/2017 - 30/11/2017)
30/01/2018	Dr T Mahmood at Auchinleck Surgery
Problem (NEW)	Did not attend - no reason
05/02/2018	Ms Admin Admin at Auchinleck Surgery
Problem (REVIEW)	Did not attend - no reason
06/02/2018	Sr Olwyn Simpson at Auchinleck Surgery
Examination	has eczema on scalp req Rx
05/03/2018	Dr T Mahmood at Auchinleck Surgery
Problem (NEW)	Did not attend - no reason
06/03/2018	Dr T Mahmood at Auchinleck Surgery
Comment	removed from list due to persistent DNAs. Patient and Practitioner services informed Irene Irving

Medication

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Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
07/02/2018	Alphosyl 2 In 1 Shampoo 5 % TO BE USED AS DIRECTED 250 ml	27/02/2018P	Dr J K Latoria	ACUTE
09/08/2017	Quetiapine Fumarate Tablets 200 mg ONE TO BE TAKEN TWICE A DAY DISPENSE WEEKLY 60 tablet	27/02/2018P	Dr J K Latoria	ACUTE

Past				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
20/11/2017	Prochlorperazine Maleate Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 28 tablet	20/11/2017P	Dr T Mahmood	ACUTE
20/11/2017	Loperamide Hydrochloride Capsules 2 mg 1 Cap 3 times daily 30 CAPSULE	20/11/2017P	Dr T Mahmood	ACUTE
20/11/2017	Co-Codamol 8/500 Tablets TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 60 tablet	20/11/2017P	Dr T Mahmood	ACUTE
05/09/2017	Amoxicillin Capsules 500 mg ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	05/09/2017P	Dr J K Latoria	ACUTE

file:///P:/PCTI/DOCMAN7/DATA_S1/Document/DMEDOC01/00021300/01426262.... 25/06/2026

Additional document
10-July-2026
Additional:Additional document

Filename:
Extension:
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NOTE: Confidential. Personal data about a patient

FORM GP10(SS)(4) NATIONAL HEALTH SERVICE (SCOTLAND)

Name Miss Emma Lindsay
Address Jellystone Farm
AYR

Miss Emma Lindsay
2608901301
Jellystone Farm
AYR

Age if under
12 yrs.

Postcode KA 6 6 E S

KA6 6ES

Yrs / Mths

Pharmacy Stamp

No. of Days
Treatment ☐ CHI
No. 2608901301

Dispensing
Endorsements

Acomprosate Calcium Ec TABS 333MG
Send <168> *Dispense weekly to*
Label 2 Tabs 3 times daily

Pack size
Numbers only

<000000000323342002>

Zopiclone TABS 7.5MG
Send <7>
Label 1 Tab At night

Pack size
Numbers only

<000000000321175006>

Chlordiazepoxide TABS 10MG
Send <28>
Label 1 Tab Twice daily
<Dispense daily weekly to
<I> <000000000321258002>

Pack size
Numbers only

Signature of Doctor

29.10.2008

Date

20567
Dr Doaumu
Cornhill Surgery
Kincaidston Ayr KA7 3YF
Tel. No. 5200942 80842

<V05>

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.
33541758304 00820082

You MUST have the names of the
medicines you wish to order. You
should get a list of these every time
you get a repeat prescription. "The
wee blue pills" or "The heart pills"
lead to mistakes and will not be
accepted for safety reasons

Additional document
10-July-2026
Additional:Additional document

Filename:
Extension:
Pages:

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Registration Details - Patient No: 20742

Personal details...		Address details...	
Sex	F	House Name Flat No	
Surname	Lindsay	No and Street	46 Mayfield Avenue
Previous Surname		Village	Hurlford
Forenames	Emma	Town	Kilmarnock
Calling Name	Emma	County	East Ayrshire
Date of birth	26/08/1990	Post Code	KA1 5EA
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Home Tel No	
Registered GP	Dr Glenn Mulligan	Work Tel No	
Usual GP	Dr Glenn Mulligan	Mobile Tel No	07388169772
Residential Inst		E Mail Address	
Branch Surgery	Old Irvine Road Surgery	Next of Kin	Gibson Welis (Partner) - 07702 436 663
CHI Number	2608901301	Key Access Pass Code	
NHS Number		Mother's name	

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	14/06/2024		
Paper Records			

AMS/MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
MCR Suitability Status	-1		
MCR Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
04/01/2026	U-S pelvic scan normal	Dr Chan	5856
16/09/2025	Menorrhagia	Dr Chan	K5920
25/08/2025	[D]Hepatomegaly	Dr Chan	R091
25/02/2025	Failed encounter - message left on answer machine no answer x2 VM left to call back at the surgery.	Dr Chan	9N4F
14/06/2024	[X]Drug addiction NOS patient stated on reg form	Miss Ferguson	Eu192-1
10/08/2021	Fixation of fracture of spine T12/L32	Miss Ferguson	7J43
10/08/2021	Successful trial without catheter	Miss Ferguson	66K90
10/08/2021	Spinal cord compression	Miss Ferguson	F29y4-1
	Osteoarthritis of lumbar spine L3/L4 & L4/L5	Miss Ferguson	N11D2

Medical Record Printout - Patient No: 20742

25/06/2026

10/08/2021			
13/10/2019	Hepatosplenomegaly	Miss Ferguson	J61y2
05/10/2019	Chronic viral hepatitis C	Miss Ferguson	A7072
25/04/2017	Drug addictn therap-methadone	Miss Ferguson	8B23-1
19/02/2014	[X]Emotionally unstable personality disorder	Miss Ferguson	Eu603
23/02/2009	[X]Bipolar affective disorder, unspecified	Miss Ferguson	Eu31z
16/10/2008	Benzodiazepine dependence	Miss Ferguson	E241-3
05/03/2008	Psoriasis and similar disorders	Miss Ferguson	M16
15/09/2007	Heroin dependence	Miss Ferguson	E240-1
15/09/2007	Ecstasy type drug dependence	Miss Ferguson	E24A
15/09/2007	Nondependent alcohol abuse	Miss Ferguson	E250
30/06/2007	Amphetamine or psychostimulant dependence, unspecified	Miss Ferguson	E2440
10/10/2000	[X]Attention deficit hyperactivity disorder	Miss Ferguson	Eu900-1

Past Problems	Authorised By	Code
25/09/2025	Dr Chan	22D8
25/08/2025	Dr Chan	J61y9
31/07/2025	Dr Chan	R083
31/07/2025	Dr Chan	N142-1
11/03/2025	Dr Chan	N145-2
25/02/2025	Dr Chan	9N4
08/02/2025	Dr Chan	42P
15/08/2023	Miss Ferguson	16D
27/06/2022	Miss Ferguson	M03z1
10/08/2021	Miss Ferguson	1V64
10/08/2021	Miss Ferguson	H580-1
03/08/2021	Miss Ferguson	S1020
12/08/2016	Miss Ferguson	SN530
21/08/2010	Miss Ferguson	SL-5
19/01/2010	Miss Ferguson	1B19
18/10/2008	Miss Ferguson	SL-5
23/09/2008	Miss Ferguson	13M8
10/06/2008	Miss Ferguson	U200-1
30/06/2007	Miss Ferguson	F481K
30/06/2007	Miss Ferguson	E200
01/07/2006	Miss Ferguson	U200-1
2004	Miss Ferguson	13M7
26/08/1996	Miss Ferguson	J10y4-2

Drug Allergies	Authorised By	Code
12/08/2016	Miss Ferguson	SN530

Non Drug Allergies	Authorised By	Code
None		

Family History	Authorised By	Code
None		

Immunisations	Authorised By	Code
12/05/2022	Miss Ferguson	*ESCT1348323
11/02/2014	Miss Ferguson	65E20
08/12/2003	Miss Ferguson	653
23/02/2001	Miss Ferguson	6571
15/06/1995	Miss Ferguson	65K4
06/10/1993	Miss Ferguson	657D
16/03/1992	Miss Ferguson	65M1
16/03/1992	Miss Ferguson	65I3
07/10/1991	Miss Ferguson	65I2
21/11/1990	Miss Ferguson	65I1

Consultations

<u>23/06/2026</u>	<u>Mrs Rosemary Webster at Old Irvine Road Surgery</u>
Comment	sss form posted
<u>16/06/2026</u>	<u>Mrs Rosemary Webster at Old Irvine Road Surgery</u>
Comment	sss form in vb box
<u>03/03/2026</u>	<u>Dr Belinda Chan at Telephone Consultation</u>
Problem	on going back pain - wants to review med
Problem (REVIEW)	Fixation of fracture of spine pain worse since stopping buvidal - no CE sx - offered face to face consultation assessment she doesn't feel would make diff. Currently on Gabapentin 200mg TID not helping with pain and is feeling psychologically 'numb' not keen on increasing dose as feels she needs to be able to use her brain to function / work. Also taking paracetamol - given prev drugs addiction hx does not want to take any opiates or benzodiazepines. Can try celecoxib with PPI for gastro protection and nefopam rv prn.
History	
<u>06/02/2026</u>	<u>DR Victoria Beveridge at Triage</u>
History	Phoned per triage request- no answer to calls. Not able to leave voicemail, number ringing out.
<u>08/01/2026 10:25</u>	<u>Ms Anisa Haleem at Old Irvine Road Surgery</u>
Comment	Prescription by supplementary prescriber SR mefenamic acid, omeprazole- rx issued.
Medication	Mefenamic Acid Capsules 250 mg 100 CAPSULE TWO TO BE TAKEN THREE TIMES A DAY Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY (IF TAKING MEFENAMIC ACID - FOR STOMACH PROTECTION)
<u>04/01/2026</u>	<u>Dr Belinda Chan at Docman</u>
Problem (FIRST)	U-S pelvic scan normal
<u>14/11/2025</u>	<u>DR Victoria Beveridge at Telephone Consultation</u>
History	Back pain worse recently. Sciatica +++ and struggling with work/walking etc. Previously had input with physio etc regarding this. Off buvidal for 7-8 months and wondering whether this has meant previous gabapentin dose no longer as effective. No red flag symptoms. Plan in first instance to increase gabapentin by 1 tab per week to reach 200mg TID. If ongoing issues to contact for face to face review and plan. Happy with plan. worsening advice given
<u>11/11/2025</u>	<u>Dr David Curran at Triage</u>
Problem	MESSAGE: back pain - really bad medication not helping
Comment	Failed encounter - message left on answer machine
<u>08/10/2025</u>	<u>Ms Docman "do Not Delete Please" Docman at Docman</u>
Additional	Letter encounter Clinical North West Area Centre Community Mental Health Team
<u>25/09/2026</u>	<u>Dr Belinda Chan at Old Irvine Road Surgery</u>
Problem (REVIEW)	Menorrhagia as per last entry // LMP 9th Sept. hx of miscarriage, not on contraception - current [REDACTED] has had vasectomy. was told in past when scan done to ix ? appendicitis had cyst on ovary but never told if has PCOS. does suffer from hirsutism. Pain and heaviness of periods last few mths - takes ibuprofen sometimes can upset stomach. declined STI screen as was neg last yr - stable rship.
History	
Examination	O/E-vaginal speculum exam. NAD chaperone offered and declined : no masses/ abdomen SNT - Cervical Cervical smear taken O/E - no vaginal discharge
Comment	normal examination today - try mefenamic acid with PPI Cover (stop ibuprofen if taking mefenamic acid) USS pelvis, check androgen screen day 1-4 of next period. worsening advice given.
Result	High vaginal swab taken
Medication	Mefenamic Acid Capsules 250 mg 100 CAPSULE TWO TO BE TAKEN THREE TIMES A DAY Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE

Medical Record Printout - Patient No: 20742

25/06/2026

Test Request	TAKEN EACH DAY (IF TAKING MEFENAMIC ACID - FOR STOMACH PROTECTION) Efornithine Cream 11.5 % 60 GRAM APPLY THINLY TWICE A DAY androgen screen
Additional	US Pelvis - <i>Completed</i> O/E Cervix: transitional zone seen Nabothian follicles
Problem (FIRST)	O/E - hirsutism
History	keen to try something to help her for this. does need to shave her face.
16/09/2025 10:42	<u>Dr Belinda Chan at Triage</u>
Problem	says review booked last week was for liver review - not pain
Problem (REVIEW)	Fatty change of liver
Problem (REVIEW)	[D]Hepatomegaly
History	LFTs / lipids normal - asking what now. Still has one more appt with ID - will write to liver clinic, given hx of HEP C - ? need for fibro scan/ follow up by liver clinic.
Problem (FIRST)	Menorrhagia
History	Over last few mths - periods more heavy, regular no IMB no PCB , painful after intercourse. In stable sexual r/ship and no STI concerns - never had a smear. See routinely for pelvic and vaginal exam , also needs smear done.
11/09/2025 16:32	<u>Dr Belinda Chan at Telephone Consultation</u>
Problem	mob - rv (phone slot booked 21st Aug)
History	pain relief rv already done on 2nd Sept - pt not called today.
10/09/2025	<u>Dr Belinda Chan at General Practice Surgery</u>
Result	Plasma lipids satisfactory (BC) Plasma gamma-glutamyl transferase level normal (BC) Liver function test normal (BC)
10/09/2025 12:04	<u>Mrs Natalie Kinloch at Old Irvine Road Surgery</u>
History	Attended for bloods as per DR Chan request.
Examination	Consent gained, blood obtained from left arm, patient does have difficult access. No issues post venepuncture, happy to exit.
Test Request	LFTs, GGT, Serum Lipids
09/09/2025	<u>at M.Jog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See M.Jog for Smart Message Details.
09/09/2025	<u>Ms Marie Fitzsimons at Old Irvine Road Surgery</u>
History	No thoughts of deliberate self harm previous self harm Low suicide risk previous thoughts T/C this morning - advised she has been through the addictions process over the last 16 years - feels she is dealing with her issues - has spoken with a counsellor recently who advised that she seek a diagnosis of PTSD and to seek Trauma led CBT - she advised that she is experiencing quite a bit of anxiety - works at Advocacy service - often feels that when other people reveal their traumas she starts to feel triggers herself - long chat (mostly Emma) about traumas in her life and how they affected her - spoke about her coping strategies for the anxiety - seem to have a few - previously used self harm to cope - was involved with CAMHS Dual diagnosis Team and RADAR over past 16 years - feels she needs referral to CMHT with a view to clarifying if she has PTSD and if so to seek appropriate treatment for same - given past history I agreed I would make the referral - in meantime Emma agreed she will keep herself safe and use her current coping strategies to help reduce her anxiety and symptoms - has supportive [REDACTED] and friends but feels her symptoms are worsening and she is keen to have them addressed.
Comment	
Additional	Mental health assessment Low risk of harm to others Agreeing on mental health care plan refer to CMHT - continue with current strategies for management of symptoms - review if required

04/09/2025 10:01	<u>Mrs Angela Lindsay at Old Irvine Road Surgery</u>
History	Attended for blood test for Dr Chan
Examination	Consent obtained and details confirmed.
Comment	x5 failed attempt to obtain any blood. Couple of times got tiny bit of flashback but unable to get any into butterfly tubing. Extremities cold. Apologies given, pt understanding due to past history. Reappointed with NK double appt. Advised to have warm shower and wear warm clothing and adequate fluids before next appt by reception staff.

03/09/2025	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

02/09/2025	<u>Dr Belinda Chan at Telephone Consultation</u>
Problem (REVIEW)	Low back pain
History	called to review pain relief: gabapentin 100mg has helped - happy to continue on current dose. I have put on repeats.

Problem (REVIEW)	[D]Hepatomegaly
History	explained USS findings - states has now completed tx for hepatitis C - no letters as yet in docman but can see clinic attendance on portal . advised findings of enlarged liver with fatty infiltration.

Problem (REVIEW)	Fatty change of liver
History	discussed dietary and lifestyle changes - recheck LFTs / GGT/ Cholestrol.
Test Request	LFTs, GGT, Serum Lipids

01/09/2025	<u>Ms Marie Fitzsimons at Old Irvine Road Surgery</u>
Comment	Attempted calls x 2 this morning at 10.30 and 11.20 - ringing out but no reply - message left to call surgery if further appt required

25/08/2025	<u>Dr Belinda Chan at Docman</u>
Problem (FIRST)	[D]Hepatomegaly
History	see USS - hepatomegaly, normal spleen, fatty infiltration of liver. Awaits Infection Disease clinic for her Hep C.
Comment	She has phone slot with me on 2nd Sept for review of pain relief - will discuss USS report with her then.

Problem (REVIEW)	Chronic viral hepatitis C

Problem (FIRST)	Fatty change of liver

19/08/2025	<u>Dr Belinda Chan at Triage</u>
Problem	back pain - physio yesterday - ?medication as discussed with GP

Problem (REVIEW)	Low back pain
History	had seen physio yest (can see on clinical portal their assessment) was told she had nerve pain and was told to discuss medication for this with GP, has since discussed with her work manager (who was an addictions counselor) as worried may fall back into addictions if she goes down the route of neuropathics like gaba or pregabalin. agree she is not in same headspace as before and now is accountable for own actions. AMT + Celecoxib not helping with pain at all.
Comment	will try gabapentin cautiously - stop AMT . I will call to review in 2 weeks.
Medication	Gabapentin Capsules 100 mg 84 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY

18/08/2025 16:52	<u>Dr Glenn Mulligan at Telephone Consultation</u>
History	Failed encounter x3 2 numbers.

18/08/2025 16:13	<u>MS Precious Ndlovu at Old Irvine Road Surgery</u>
Comment	Pt called back provided alt number [REDACTED] Missed call earlier.

18/08/2025 14:55	<u>Dr Glenn Mulligan at Old Irvine Road Surgery</u>

History	Failed encounter try later
31/07/2025 16:19	<u>Dr Belinda Chan at Old Irvine Road Surgery</u>
Problem (REVIEW)	Low back pain
History	describes intermittent numbness more so on the outer part of her left hip-feels left leg has less power. also states when she turns sideways sometimes she can feel numb whole left side of her body 'tingly or painful numb'.
Examination	normal SLR bilat but pain reproduced left leg on doing this. intact sensation both saddle region - chaperone offered and declined ; intact anal tone.
Comment	unlikely CE sx but cont to be vigilant of sx and report if any persistent urine incontinence. I will refer MSK Spinal. discussed analgesics - sleepy already with both AMT and quetiapine not keen on opiates or gaba/ pregabalin - done v well coming out of addictions and now works supporting others addicts. keen to try diff NSAID - GI se reiterated. review pm.
Medication	Celecoxib Capsules 100 mg 56 CAPSULE ONE TO BE TAKEN TWICE A DAY
Problem (REVIEW)	[D]Incontinence of urine
History	usually occurs on days of her back pain flare ups but then does go back to normal
31/07/2025 13:39	<u>Dr Belinda Chan at Old Irvine Road Surgery</u>
Problem (FIRST)	Low back pain
History	burst T12 fracture in 2021 after jumping 1st floor window - operated on had T12-L2 posterior fixation. in Aug 2023 had further fall and c/o reduced sensation to left leg MRI whole spine : no evidence cord impingement. ongoing and worsening lower back pain radiating down left leg . NO saddle anaesthesiae. has new urine incont mainly urge in last 2/12 - last episode 2 weeks ago when was not able to get to toilet on time. taking AMT/ naproxen/ pcm / ibuprofen if not taking naproxen.
Comment	see.
Problem (FIRST)	[D]Incontinence of urine
Problem (REVIEW)	[X]Drug addiction NOS
History	now off tx and has been discharged from Addictions.
10/06/2025 10:34	<u>MS Lucy Middleton at Old Irvine Road Surgery</u>
Comment	Prescription by supplementary prescriber - amitriptyline added to rpt as requested - pain reviewed March 25. Quetiapine as before - under care of Psych
Medication	Amitriptyline Hydrochloride Tablets 10 mg 56 tablet ONE TO BE TAKEN AT NIGHT Quetiapine Fumarate Tablets 50 mg 120 TABLET TWO TABLETS AT NIGHT
02/06/2025 17:05	<u>Dr Aleea Mahmood at Old Irvine Road Surgery</u>
History	Further call to pt: no answer this time.
02/06/2025 16:28	<u>Dr Aleea Mahmood at Telephone Consultation</u>
History	TC to patient : difficult to hear patient ? on train. reception cutting in and out.
16/04/2025	<u>Ms Usma Parveen at Old Irvine Road Surgery</u>
Comment	Prescription by supplementary prescriber pain reviewed 11/3/25.
Medication	Amitriptyline Hydrochloride Tablets 10 mg 56 tablet ONE TO BE TAKEN AT NIGHT Quetiapine Fumarate Tablets 50 mg 60 TABLET TWO TABLETS AT NIGHT
08/04/2025 09:52	<u>Dr Glenn Mulligan at Telephone Consultation</u>
Problem (REVIEW)	Fixation of fracture of spine
History	pain mx issues. keen to avoid opiates. longtm medicn may not achieve pain relief she would like due to prev injuries + surgery,
Comment	Trial rx/advice.
Medication	Nefopam Hydrochloride Tablets 30 mg 60 tablet ONE OR TWO TO BE TAKEN THREE TIMES A DAY
07/04/2025	<u>Mrs Rosemary Webster at Old Irvine Road Surgery</u>

Comment	summary emailed to curaleaf clinic as per their email
11/03/2025	<u>Dr Belinda Chan at Old Irvine Road Surgery</u>
Problem	back pain NO ANS 9:36, 9:43
History	note prev hx burst T12 fracture in 2021 (after jumping out 1st floor window) - operated on - had T12-L2 posterior fixation
Medication	Amitriptyline Hydrochloride Tablets 10 mg 56 tablet ONE TO BE TAKEN AT NIGHT Naproxen Tablets 500 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY - AFTER FOOD
Problem (FIRST)	Back pain, unspecified attended with [REDACTED] - states is about to complete and stop buvidal - since having her methadone then buvidol reduced been feeling pain in back a lot more. taking pcm and ibuprofen also using deep heat - the latter helps a bit. occ radiation down left leg (not new) no new saddle anaesthesiae GI or GU complaints.
History	
Examination	pain is at level of prev surgery scar.
Comment	can try AMT and naproxen (stop ibuprofen if taking naproxen) - advised risks sedation with AMT suggest take quetiapine earlier then last thing at night take AMT. if helps can have these put on her rpts. worsening advice given .
27/02/2025 11:55	<u>Ms Karen Lawrence at Old Irvine Road Surgery</u>
Problem (REVIEW)	Chronic viral hepatitis C
Comment	attended for bloods as requested difficult access on left arm may need repeated as vein collapsed
Test Request	HIV
27/02/2025	<u>Dr Belinda Chan at General Practice Surgery</u>
Result	(Non Coded Event - HIV 1-2 ANTIBODY) normal (BC)
26/02/2025	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
25/02/2025 18:30	<u>Dr Belinda Chan at Telephone Consultation</u>
Problem (REVIEW)	Chronic viral hepatitis C
History	informed re active hep C infection // does not sound surprised. states currently abstinent from drugs never injected .
Comment	needs HIV serology updated , USS abdomen requested , ref infectious disease - dictated.
Test Request	HIV serology US Abdomen - Completed
25/02/2025 17:12	<u>Dr Belinda Chan at Telephone Consultation</u>
Problem (FIRST)	Failed encounter
History	further attempt to call pt - no answer VM left to call back at the surgery have also dictated letter to inform Emma of her blood test result showing active HCV and to contact at the surgery to discuss further management.
25/02/2025 15:35	<u>Dr Belinda Chan at Telephone Consultation</u>
Problem (FIRST)	Failed encounter - message left on answer machine no answer x2 VM left to call back at the surgery.
Problem (REVIEW)	Chronic viral hepatitis C
21/02/2025	<u>at MJog</u>
Additional	SMS text sent to patient Summary of SMS message / Dear Emma Lindsay, Dr Chan will call you on Tuesday 25/2/25 to discuss blood results. Old Irvine Road Surgery
19/02/2025	<u>Dr Belinda Chan at Laboratory</u>
Problem (REVIEW)	Chronic viral hepatitis C
History	ACTIVE HCV infection (PCR positive) - pls inform pt I will call her on Tues 25Feb to discuss result and further management .

11/02/2025 15:26 Mrs Natalie Kinloch at North West Kilmarnock Area Centre
 History Attended surgery for blood pressure check.
 Examination Blood pressure reading 118/56 mm Hg
 Consent gained, blood pressure taken from left arm.
 Social Alcohol consumption, 0 units/week
 Light smoker - 1-9 cigs/day
 30 mins/day of at least mod intensity physc activity >=5 week walks daily, more than 30minutes

10/02/2025 at MJog
 Additional SMS text sent to patient Type: Appointment Reminder Status: Message
 Delivered Message: See MJog for Smart Message Details.

08/02/2025 Dr Belinda Chan at Laboratory
 Problem (REVIEW) **Hepatosplenomegaly**
 History seen on CT abdomen during hospital admission Oct 2019

Problem (REVIEW) **Chronic viral hepatitis C**
 History awaiting latest serology ? active hep C - last hep c screen was in 2013 - cannot see any HCV PCR result from then. No Infectious disease letters noted.

Problem (FIRST) **Platelet count**
 History remains low / stable at 130 .
 Comment await Hep C result and then for further discussion ? ref to ID/ repeat USS. LFTs are NORMAL .

06/02/2025 Dr Belinda Chan at General Practice Surgery
 Result (Non Coded Event - Virology Comment) ACTIVE HCV infection (BC)
 (Non Coded Event - HEPATITIS C ANTIBODY) ACTIVE HCV infection (BC)
 (Non Coded Event - HEPATITIS B S ANTIGEN) normal (BC)
 (Non Coded Event - SEROLOGY TESTS) result awaited (BC)

06/02/2025 Dr Belinda Chan at General Practice Surgery
 Result Liver function test normal (BC)
 (Non Coded Event - FULL BLOOD COUNT) Plts130 - unchanged (BC)

06/02/2025 12:14 Mrs Natalie Kinloch at Old Irvine Road Surgery
 History Attended surgery for bloods as per DR Chan request.
 Examination O/E - height, 175 cm
 O/E - weight, 84.8 Kg
 Body Mass Index, 27.69
 Consent gained, blood obtained from left arm, 1st attempt, difficult acces due to PMH.
 Test Request FBC, LFTs, Hep Screen

05/02/2025 11:02 Dr Liz Muir at Old Irvine Road Surgery
 History see task - called to revie w- has been takign 100mg Quetiapine - not ready to reduce dose further - plans to discuss this at her next clinic appointment Rx issued

05/02/2025 at MJog
 Additional SMS text sent to patient Type: Appointment Reminder Status: Message
 Delivered Message: See MJog for Smart Message Details.

04/02/2025 10:16 Ms Cheryl McCulloch at Data Entry
 Comment Tried calling pt to move over to OIR [REDACTED] appts as [REDACTED] appts to be cancelled

04/02/2025 at MJog
 Additional Appt cancelled by doctor Summary of SMS message / Dear Emma
 Unfortunately, your appointment on Thursday 6/2/25 at North West Kilmarnock Area Centre needs to be rescheduled due to staff illness. Please call 01563 522413 to rebook.

30/01/2025 Ms Anisa Haleem at Old Irvine Road Surgery

Comment	See task- note patient is on quetiapine 50mg once daily. Attempted to phone patient to clarify dose she is taking, VM left.
-	----
29/01/2025	<u>at M.Jog</u>
Additional	SMS text sent to patient Summary of SMS message / Dear Emma Lindsay, we have received your request for medication, this is not currently due as this was issued on 13/12/24 for a month supply. Thank You Linda Old Irvine Road Surgery
-	----
28/01/2025	<u>Dr Belinda Chan at Telephone Consultation</u>
Problem	Discuss blood results/progesterone level
History	advised Day 21 progesterone is consistent with ovulation - did ask re: Antimullerian hormone - advised this is not routinely checked by primary care. explained slightly low platelets (is on quetiapine - rarely can cause this as per BNF) and AST borderline 62. states before was told she didn't have an active Hep C infection - states been clean for drugs for some time now and keen for further Hep C screen.
Test Request	FBC, LFTs, hepatitis serology
-	----
Problem (REVIEW)	Chronic viral hepatitis C
-	----
13/01/2025	<u>at M.Jog</u>
Additional	Informing patient Summary of SMS message / Dear Emma Lindsay A result has been received and the doctor recommends that you have the blood test repeated in 1 month time. Thanks Jen - Admin Team Old Irvine Road Surgery / Result received
-	----
12/01/2025	<u>Dr Belinda Chan at Laboratory</u>
Problem (REVIEW)	Chronic viral hepatitis C
-	----
Problem (REVIEW)	Hepatosplenomegaly
-	----
History	see bloods as per Dr Fullerton : Day 21 progesterone 63.9 (consistent with ovulation) .
Comment	Pits bit low at 130 and AST 62 - rpt in 4 weeks.
Test Request	FBC, LFTs
-	----
09/01/2025	<u>Dr Belinda Chan at General Practice Surgery</u>
Result	Serum progesterone day 21 progesterone - consistent with ovulation (BC) Thyroid function test normal (BC) Liver function test ALT 62 - REPEAT ONE MONTH (BC) Urea and electrolytes normal (BC) (Non Coded Event - FULL BLOOD COUNT) Pits 130 - REPEAT ONE MONTH (BC)
-	----
09/01/2025 14:57	<u>Ms Karen Lawrence at Old Irvine Road Surgery</u>
Comment	Attended for bloods as requested by Dr Fullerton VV difficult VP Blue Needle
Test Request	FBC, U and E, LFTs, TFTs, Progesterone
-	----
08/01/2025	<u>at M.Jog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See M.Jog for Smart Message Details.
-	----
13/12/2024 15:54	<u>Dr Alison Fullerton at Old Irvine Road Surgery</u>
History	Seen with [REDACTED]. Doing really well. Nearly off all buprenorphine, says a few more weeks, before discharge from addictions team. Wanting to consider conceiving with [REDACTED] (not in this practice). Patient has had 5 miscarriages, but likely due to chaotic lifestyle previously. Has been stable for over 1 year, says periods are now regular. 28 days cycle bleed for about 4-5 days. LMP 18 nov 2024. smoker, nil alcohol, is on quetiapine, but currently taking 100mg nocte. Feels well in self, wanting to be checked, in terms of fertility. Advised usually we don't check until after 18 months of regular unprotected intercourse. Partner has had vasectomy in past - advised reversal not available on NHS, and not sure of success rates. Given miscarriage history, can check bloods and swabs in first instance. Patient has reduce quetiapine by herself, keen to reduce this if possible - agreed to reduce to 50mg nocte. Aware not harmful if were to fall pregnant, but may cause a bit of withdrawal in baby if to continue to term. Had smear this year.

Medication Quetiapine Fumarate Tablets 50 mg 60 tablet ONE TABLET AT NIGHT
 Examination weight 83.6kg, height 180cm, BMI 25.8, BP 136/64, HR 112, sats99% Pulse reg, HSI+II, nil added chest clear.
 Comment Advised can get bloods done at 21 days, to check her health for conceiving. swabs for STI, warned that reversal of vasectomy not always successful. Review if any further questions if wanting to reduce quetiapine further or if any other concerns. Aware smoking not ideal.
 Test Request FBC, U and E, LFTs, TFTs, Progesterone

03/09/2024 Dr David Curran at Triage
 Problem MESSAGE: severe back pain, sore throat/chest & head, very sleepy for past 5 days now
 History Productive cough -green sputum covid-ve
 Comment Medication started
 Patient given advice observe and rv as req'd.
 Medication Doxycycline Hyclate Capsules 100 mg 8 capsule TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY

30/07/2024 Dr David Curran at Telephone Consultation
 Problem MESSAGE: looking to discuss ongoing issues- surgery are aware of- back pain + shaking
 Comment Failed encounter - no answer when rang back

22/07/2024 Ms Kirsteen Upton at Data Entry
 History Outpatient clinic letter received
 Comment Did not attend addictions appt

20/06/2024 at M.Jog
 Additional SMS text sent to patient Summary of SMS message / Dear Emma Lindsay, There is a prescription ready for you to collect at the surgery. Can you call us to advise what chemist you would like it sent to? Old Irvine Road Surgery

20/06/2024 Ms Anisa Haleem at Old Irvine Road Surgery
 Comment Prescription by supplementary prescriber SR quetiapine- ast psychiatry review Jan 24. On weekly dispense as per GP2GP summary.
 Medication Quetiapine Fumarate Tablets 200 mg 112 tablet TAKE 2 TABLETS AT NIGHT DISP WEEKLY

Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
19/08/2025	Gabapentin Capsules 100 mg ONE TO BE TAKEN THREE TIMES A DAY, INCREASE BY 1 TAB PER WEEK TO REACH 2 TABS THREE TIMES A DAY 84 CAPSULE	07/01/2026P	Dr Glenn Mulligan	REPEAT
13/12/2024	Quetiapine Fumarate Tablets 50 mg TWO TABLETS AT NIGHT 120 TABLET	07/01/2026P	Dr Glenn Mulligan	REPEAT
22/07/2024	Buvidal Prolonged Release Solution For Injection 128 mg/0.36 ml pre-filled syringe DOSE AS PER ADDICTIONS 0.001 pre-filled disposable injection	22/07/2024O	Dr Glenn Mulligan	REPEAT
Past				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
03/03/2026	Celecoxib Capsules 100 mg ONE TO BE TAKEN TWICE A DAY 56 CAPSULE	03/03/2026P	Dr Belinda Chan	ACUTE
03/03/2026	Omeprazole Capsules (Gastro-Resistant) 20 mg ONE TO BE TAKEN EACH DAY (IF TAKING MEFENAMIC ACID - FOR STOMACH PROTECTION) 28 CAPSULE	03/03/2026P	Dr Belinda Chan	ACUTE
03/03/2026	Nefopam Hydrochloride Tablets 30 mg ONE OR TWO TO BE TAKEN THREE TIMES A DAY 60 tablet	03/03/2026P	Dr Belinda Chan	ACUTE
08/01/2026	Mefenamic Acid Capsules 250 mg TWO TO BE TAKEN THREE TIMES A DAY 100 CAPSULE	08/01/2026P	Dr Belinda Chan	ACUTE
08/01/2026	Omeprazole Capsules (Gastro-Resistant) 20 mg ONE TO BE TAKEN EACH DAY (IF TAKING MEFENAMIC ACID - FOR STOMACH PROTECTION) 28 CAPSULE	08/01/2026P	Dr Belinda Chan	ACUTE
25/09/2025	Mefenamic Acid Capsules 250 mg TWO TO BE TAKEN THREE TIMES A DAY 100 CAPSULE	25/09/2025P	Dr Belinda Chan	ACUTE

Medical Record Printout - Patient No: 20742

25/06/2026

25/09/2025	Omeprazole Capsules (Gastro-Resistant) 20 mg ONE TO BE TAKEN EACH DAY (IF TAKING MEFENAMIC ACID - FOR STOMACH PROTECTION) 28 CAPSULE	25/09/2025P	Dr Belinda Chan	ACUTE
25/09/2025	Eflornithine Cream 11.5 % APPLY THINLY TWICE A DAY 60 GRAM	25/09/2025P	Dr Belinda Chan	ACUTE
31/07/2025	Celecoxib Capsules 100 mg ONE TO BE TAKEN TWICE A DAY 56 CAPSULE	31/07/2025P	Dr Belinda Chan	ACUTE
08/04/2025	Nefopam Hydrochloride Tablets 30 mg ONE OR TWO TO BE TAKEN THREE TIMES A DAY 60 tablet	08/04/2025P	Dr Glenn Mulligan	ACUTE
11/03/2025	Naproxen Tablets 500 mg ONE TO BE TAKEN TWICE A DAY -AFTER FOOD 56 TABLET	11/03/2025P	Dr Belinda Chan	ACUTE
03/09/2024	Doxycycline Hyclate Capsules 100 mg TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY 8 capsule	03/09/2024P	Dr David Curran	ACUTE
11/03/2025	Amitriptyline Hydrochloride Tablets 10 mg ONE TO BE TAKEN AT NIGHT 56 tablet	31/07/2025P	Dr Belinda Chan	REPEAT
20/06/2024	Quetiapine Fumarate Tablets 200 mg TAKE 2 TABLETS AT NIGHT DISP WEEKLY 112 tablet	29/10/2024P	Dr Glenn Mulligan	REPEAT

Medical Record Printout - Patient No: 20742

25/06/2026

Additional document

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University Hospital Crosshouse Kilmarnock Road Kilmarnock KA2 0BE Phone: [REDACTED]		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 83 KEIR HARDIE HILL , , CUMNOCK , AYRSHIRE , KA18 1PR DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Date of Admission: 15/08/2023 **Ward:** WARD 2B - XH
Mode of Admission: Emergency **Consultant:** DR KAILASH KAILASH (Orthopaedics)
Admission Reason: fall.
Discharge Date: 18/08/2023 **Follow Up:**

Diagnoses Fall.
- ()
Clinical Progress Ms Lindsay was an emergency admission post fall and felt reduced sensation to left leg.
MRI and and CT scan no evidence of cord compression.
She is mobile with crutches.
reviewed by Mr Kailash and safe for discharge home. no follow up required.
- NURSE MEGAN DALZELL(NIP) (2023-08-17 11:48:33)
Hospital follow up no follow up required.
- NURSE MEGAN DALZELL(NIP) (2023-08-17 11:47:44)
Pharmacy picks up methadone 3 times a week- pick up tomorrow as usual.
- NURSE MEGAN DALZELL(NIP) (2023-08-17 11:47:44)

Allergy/intolerance	Reaction
PENICILLINS	Unknown

Allergy records are as recorded at time and date of printing.

Discharged by: NURSE MEGAN DALZELL(NIP)

Page: 1 of 2

Report generated on: 18/08/2023 20:00

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University Hospital Crosshouse Kilmarnock Road Kilmarnock KA2 0BE Phone: 01563 521133		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 83 KEIR HARDIE HILL , , CUMNOCK , AYRSHIRE , KA18 1PR DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Drug	Dose	Route	Frequency	Note	GP	Days
					to	Supply
CAVILON DURABLE	1	Topical	TWICE daily at		Yes	Y
BARRIER Cream	Application		7am and 7pm			
METHADONE 1 mg in 1 mL Oral Solution	40 mg	Oral	ONCE daily at		Yes	Y
			7am			
QUETIAPINE 200 mg Tablets	400 mg	Oral	ONCE daily at		Yes	Y
			10pm			
TRIMETHOPRIM 200 mg Tablets	200 mg	Oral	TWICE daily at		No	N 3
			7am and 10pm			

Additional Medicines Information:

Medicines discontinued or modified during admission (Medicines that patient was recorded as admitted on only)	
Drug	Discontinued / Modified reason
*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.*** ****Information here may be incomplete and is for guidance only.****	

Discharged by: NURSE MEGAN DALZELL(NIP)

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Auchinleck Surgery

The Health Centre
182 Main Street
AUCHINLECK
Ayrshire

Tel: 01290 424713
Fax: 01290 426192

PATIENT QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. More information about it is on the back of this form, but please ask a member of staff if you need more explanation. We should be grateful if you could complete one for each family member within/joining the practice.

Please choose one section from A to E and then tick ONE box which best describes your ethnic group or background.

Name:	Emma Lindsay	Date of Birth:	26/8/90
Do you need an interpreter or sign language support?		YES ☐	NO ☒
If you do need an interpreter, what language do you speak?:		N/A	
A White	☒ Scottish ☐ English ☐ Welsh ☐ Northern Irish ☐ British ☐ Irish ☐ Gypsy/Traveller ☐ Polish ☐ Any other white ethnic group		
B Mixed or multiple ethnic groups	☐ Any mixed or multiple ethnic groups		
C Asian, Asian Scottish or Asian British	☐ Pakistani, Pakistani Scottish or Pakistani British ☐ Indian, Indian Scottish or Indian British ☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British ☐ Chinese, Chinese Scottish or Chinese British ☐ Other		
D African, Caribbean or Black	☐ African, African Scottish or African British ☐ Caribbean, Caribbean Scottish or Caribbean British ☐ Black, Black Scottish or Black British ☐ Other		
E Other ethnic group	☐ Arab ☐ Other		

Partners

Dr J K Latoria & Dr T Mahmood

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☒ FILE
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☐ APPT
☐ SCRIPT
☐ PHONE
☐ VISIT
☐ LETTER
☐ NURSE APPT
☐ HV APPT
☐ OTHER

Psychiatric Liaison Service
 The Ayr Hospital
 Dalmellington Road
 Ayr, KA6 6DX
 01292 610555
 HNT/MQ/100-717956 CHI: 2608901301
 Enquiries: Maureen Quinnell,
 A&E/PLS Secretary
 Extension: 14615
 Direct Dial: 01292 614615
 Fax: 01292 288105
 E-mail:

1/2
NHS
Ayrshire
& Arran

Date Assessed: 19.10.08
 Date Dictated: 22.10.08
 Date Typed: 03.11.08

Dr Rose
 Consultant Physician
 The Ayr Hospital

Dear Dr Rose

EMMA LINDSAY, 4E WHITEFAULDS CRESCENT, MAYBOLE
 D.O.B: 26.08.90

Thank you for referring the above named patient to the Psychiatric Liaison Service. I assessed her within Station 7 of The Ayr Hospital on 19.10.08. Please find below the key points of my assessment:-

- Impulsive overdose of prescribed medication taken without suicidal intent had been drinking but didn't think she was intoxicated, taken around 1500 whilst alone, stated the initial intent was to get a sleep. There was no suicide note or text written. Emergency services were contacted when CPN from weekend service made a supportive call to Emma and she informed them that she had overdosed on prescribed medication, initially reluctant to attend for medical assessment however done so following persuasion.
- As indicated on FACE Emma appears to have been struggling following the death of her [REDACTED] four weeks ago, she would appear to be currently in crisis however appears motivated to engage with interventions of support offered.
- When assessed presented as well kempt, cooperative and pleasant, eye contact, speech and behaviour were appropriate, there was no evidence of anxiety or agitation, there was no evidence of intoxication. There was no objective evidence of thought disorder or perceptual abnormalities and Emma denied any experience of voices yesterday or overnight. Her mood appeared low with reactive affect, subjectively she stated she feels void of normal emotion and aware her mood has lowered following her [REDACTED] death. There was no objective or subjective evidence of suicidal ideation or intent however she would remain at risk of repeating self harm which she recognises she using as a way to gain relief. Alcohol and Diazepam misuse continues and she is unsure if this is something she can change at present and recognised the increased risk to self harm when intoxicated.

Contd...

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2/7

/2

EMMA LINDSAY - 100717956

- We discussed Dr Wilson's offer of admission on Friday however she does not feel this is what she needs at present, she is leaving tomorrow to go to Alton Towers with ThruCare and was looking forward to this and believes the preparation for this tonight will be a positive distraction.
- With Emma's permission and whilst present I had phone contact with CPN Flynn, [who was on a day off but requested phone contact after Emma had spoken to her this am]. Updated re assessment and plan for Emma to be discharged, also discussed confusion over prescription and she agreed to make phone contact with GP in am. Quarriers contact discussion with staff who agreed to collect Emma and will provide support from 1500 to 1700. Writer has phoned CMHT this am to let them know I would be assessing Emma, returned call to update re outcome unfortunately only answering machine available, message left requesting they read FACE. From a psychiatric point of view was discharged to existing care.

I have enclosed, for your information, a copy of my full assessment. Please do not hesitate to contact me should you wish to discuss this further.

Yours sincerely

M Quinell (Secretary)

pp. MRS HELEN NORRIS
PSYCHIATRIC LIAISON NURSE

Dr Dosumu, 3 Alloway Place, Ayr

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Q. What is your ethnic origin

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White

Scottish

☒

Other British

☐

Irish

☐

Any other White background Please specify _____

B. Mixed

Any mixed background. Please specify _____

C. Asian, Asian Scottish or Asian British

Indian

☐

Pakistani

☐

Bangladeshi

☐

Chinese

☐

Any other Asian Background. Please specify _____

D. Black, Black Scottish or Black British

Caribbean

☐

African

☐

Any other Black background Please write in _____
Please specify _____

E. Other Ethnic background

Please specify _____

LINDSAY, Emma
5a Glendale Crescent
AYR
KA7 3SQ
3 Allouay Place, Ayr
DR ALISHA DOSUNDI

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Current Medication	
as before	
Allergies	
For Women Only	
Date of last cervical smear	
Use of contraception	Yes ☐ No ☒
If Yes, Type of contraception	
Carers	
Do you fall under the definition of a carer?	
"A carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. A young carer is a child or young person under the age of 18 years carrying out significant caring tasks and assuming a level of responsibility for another person, which would be taken by an adult"	
Yes, I am a carer ☐	No, I am not a carer ☒
If you are a carer please give the details of the person whom you are a carer for.	
Name	
Date of Birth	
Address	
Relationship to Person	

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NHS Ayrshire & Arran General Hospital Division **Area Laboratory** **Clinical Biochemistry**

LINDSAY	Patient No.	2608901301	Clinician	Dr Alisha Dosumu
EMMA	Unit No.	AY100717956	Request Location	3 Alloway Place
JELLYSTONE FARM	DOB	26/08/1990		Ayr
AYR KA5 6ES	Sex	F		

This Report To **Dr Alisha Dosumu GP, Ayr: 3 Alloway Place**

Blood Specimen

Total Bilirubin	6	$\mu\text{mol/l}$	Alkaline Phos.	79	U/l
AST	20	U/l	ALT	22	U/l
Total Protein	75	g/l	Albumin	45	g/l
Globulin	30	g/l			

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☐ SCRIPT.....☐
☐ PHONE
☐ VISIT
☐ LETTER.....☐
☐ NURSE APPT
☐ HV APPT
☐ OTHER

17 JAN 2008

Lab No **B.08.906157** Date/Time Coll **16/01/2008 12:00**

Printed **16/01/2008 15:06** Page **1 OF 1**

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

Not Confidential Personal Risk about a patient

Ayrshire & Arran Acute Hospitals NHS Trust

Area Laboratory

Haematology

LINDSAY

Patient No.: 2608901301

Clinician: Dr Alisha Dosumu

EMMA

Unit No.: AY100717956

Location: 3 Alloway Place

JELLYSTONE FARM

DOB: 26/08/1990

Ayr

AYR KA6 6ES

Sex: F

This Report To: Dr Alisha Dosumu GP, Ayr: 3 Alloway Place

	Result	Units	Normal Range
Hb	14.6	g/dl	11.5-16.4
WBC	5.7	$\times 10^9/l$	4.0-11.5
Plts	209	$\times 10^9/l$	150-450
RBC	4.84	$\times 10^{12/l}$	3.90-5.60
Hct	0.420		0.350-0.500
MCV	86	fl	79-100
MCH	30.2	pg	25.0-32.0
MCHC	35.1	g/dl	30.0-36.0
Neutrophils	5.1	$\times 10^9/l$	1.5-7.5
Lymphocytes	1.9	$\times 10^9/l$	1.5-4.0
Monocytes	0.5	$\times 10^9/l$	0.2-1.0
Eosinophils	0.2	$\times 10^9/l$	0.0-0.5
Basophils	0.0	$\times 10^9/l$	0.0-0.1

ALB-006

17 JAN 2008

- ☒ STEVENSON
☐ DOSUMU
☐ LOCUM
☒ FILE
☐ NOTES TO.....
☐ APPT
☐ SCRIPT.....☐
☐ PHONE
☐ VISIT
☐ LETTER.....☐
☐ NURSE APPT
☐ HV APPT
☐ OTHER

Date Collected: 16/01/2008

Sample Type: Blood

Time Collected: 12:00

Lab No.: B.08.806157

Printed: 16/01/2008 14:30

If you have received this report in error, please return to the Haematology Laboratory

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 29/07/2016
Date Dictated: 29/07/2016
Date Typed: 04/08/2016
Our Ref: KK/KMcA
Enquiries to: Karen McAllister
Tel No: 01563 574237
Fax No: 01563 574238

Dear Dr Dunlop

EMMA LINDSAY

**40 MCCLYMONT COURT, CUMNOCK, AYRSHIRE,
KA18 1TH**

CHI No: 2608901301

Miss Lindsay did not attend her outpatient appointment at Cumnock Health Centre on 29th July 2016.

She did not attend her previous appointment in May and February this year.

Due to regular non attendance in the outpatient clinic I am unable to continue Methadone at the current dose with seeing her.

I will discuss this with her Keyworker and consider reductions in Methadone to also see whether this would promote her attendance.

I will arrange to see her again in around six to eight weeks time.

Yours sincerely

Authorised on 14/08/2016 08:55:32 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Jim King
East Community Addiction Team
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX

www.nhsaaa.net



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Ayrshire Doctors On Call



1 Patient Contacts for Tanyard Medical Practice

Page 1 of 2

Patient : Emma Lindsay

(Gender: Female) (DOB: 26/08/1990) (Age: 32 years) (CHI: 2608901301)

Case No

26184

Case Date

27/12/2022 22:23

Own Dr

Fernandez-Ares, Tona

Emergency Care Summary viewed on case

Current Address

145 Keir Hardie Hill Cumnock

Home Address (If Different)

83 Keir Hardie Hill Cumnock

KA18 1PR

Current Phone

Home Phone (If Different)

Case Type

Doctor Advice

Priority On Reception

Within 4 Hours

NHS 24 Advice by

Bryan Smith (Call Taker SI) ()

Triage Start 22:24

Clinical summary created by: Bryan Smith (Call Taker SI) () [27/12/2022 22:45:22]

Triage End 22:45

Reason for call: BREATHING CONCERNS 5-6 DAYSConfirmed Symptom(s):

Has Fever

Endpoint Management Selected (CCT)

Breathing is causing concern

Not able to speak in their normal complete sentences

Breathing different from normal

Additional details of problem(s):

Breathing much faster than normal
Shallow breathing

Symptom(s) not found:

No chest pain front or back
Not gasping
Not fighting for breath
No breathing concerns raised
Able to breathe

Risk Factor(s):

No travel outside Europe in last 21 days or to an affected country

Call Detail(s):

Clinical supervisor (First Triage): C MURRAY

27:12:2022 22:27:37 SMITHB.. STARTED WITH COUGH FINDING IT HARDER TO BREATHE SWELLING ON ONE SIDE OF FACE TODAY, NEW LUMPS BEHIND EARS TODAY VOMITING FEELING COLD IN HERSELF - 7FEVER.. FELL DOWNSTAIRS 2-3 DAYS AGO, BACK PAINS WHEN COUGHING. BROKE BACK LAST YEAR.. LFDS NEGATIVE. STOPPED TAKING HEROIN 5 WEEKS AGO.. SHALLOW BREATHING WORSENING FOR 2 DAYS, HAVING TO CONCENTRATE FOR DEEPER BREATH, 5 DAY HX VOMIT, 3-4 EPISODES TODAY RED FLUID BUT DRINKING RASPBERRY JUICE. PRESSURE HEADACHE OVER LAST 4 DAYS, BOTH TEMPLES - PAIN SCORE 5/10... PAIN IN LOWER BACK ON COUGH, 5 DAY HX DULL PAIN IN CHEST ON COUGHING. EXPECTORATING YELLOW GREEN PHLEGM. SHIVERY BUT NO THERMOMETER. TAKING 1 GRAM PARACETEMOL BD, VOMITS AFTER TAKING. DIZZY ON STANDING. OUTCOME - PCEC 4 HRS..

Outcome: PCEC within 4 Hrs

Report Statistics:

Report produced by Adastra Version 3 - 28/12/2022 07:41:41

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Page 2 of 2

Patient : Emma Lindsay
(Gender: Female) (DOB: 26/08/1990) (Age: 32 years) (CHI: 2608901301)

Case Questions**NHS 24 Feedback**

Do you agree with the outcome determined by NHS 24? - Yes

CLINICAL PORTAL -

Did you perform a lookup on the A&A Clinical Portal? - No

Pocketed Remote Consult by:

Start Type	End Type	Consult Start	Consult End
Adastra Consult by Ali, Sufian		Consult Start 05:05	
Start Type Doctor Advice	End Type Doctor Advice	Consult End 05:06	

History

No answer on mobile at 05:06

Examination**Diagnosis****Treatment****Clinical Code(s)****Prescriptions****Informational Outcome(s)**

Patient Unable To Contact GP But Needs Review -

Adastra Consult by Igwe-Omoke, Agom (supplementary)	Consult Start 07:25
Start Type Doctor Advice	Consult End 07:25

End Type Doctor Advice**History**

PASS BACK TO GP

Examination**Diagnosis****Treatment****Clinical Code(s)**

9N4.. Failed encounter

Prescriptions**Informational Outcome(s)**

Patient Unable To Contact GP But Needs Review -

Report Statistics:

Report produced by Adastra Version 3 - 28/12/2022 07:41:41

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University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 39 LAMBEFAIR GARDENS, AUCHINLECK, CUMNOCK, Ayrshire, KA18 2HY DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Date of Admission: 17/05/2019 **Ward:** ACAU AMBULATORY
Mode of Admission: Emergency **Consultant:** DR ANDY WATT (Geriatric Assessment)
Admission Reason: **Follow Up:**
Discharge Date: 18/05/2019

Diagnoses Left DVT
 ()
Secondary Diagnoses Emotionally Unstable personality disorder
 Benzodiazepine dependence
 Hepatitis C positive
 Heroin Dependence - Previous Methadone. Now stopped
 DR OLATOMIWA OLUKOYA (18-MAY-2019 18:48)
Clinical Progress Ms Lindsay was admitted with left lower leg swelling and whilst in hospital
 complained of left sided pleuritic chest pain. She had a raised D-dimer, a negative
 CTPA and an ultrasound which showed an occlusive thrombus in the left CFV
 immediately beneath the injection site. She was very keen for discharge and was
 commenced on Edoxaban 60mg for 3 months.
 DR OLATOMIWA OLUKOYA (18-MAY-2019 18:48)

Allergy/intolerance	Reaction
PENICILLINS	Unknown

Allergy records are as recorded at time and date of printing.

Discharged by: DR OLATOMIWA OLUKOYA
Page: 1 of 2
Report generated on: 18/05/2019 20:00

NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 39 LAMBFAR GARDENS , AUCHINLECK , CUMNOCK , Ayrshire , KA18 2HY DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Drug	Dose	Route	Frequency	Note	GP to Days		
					contin	POD	Supply
EDOXABAN 60 mg Tablets	60 mg	Oral	ONCE daily at 7am		Yes	N	3

Additional Medicines Information:

Medicines discontinued or modified during admission (Medicines that patient was recorded as admitted on only)	
Drug	Discontinued / Modified reason
*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.*** ****Information here may be incomplete and is for guidance only.****	

Discharged by: DR OLATOMIWA OLUKOYA

Page: 2 of 2

Report generated on: 18/05/2019 20:00

Additional document
10-July-2026
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Pages:

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Notification of Attendance

NHS
Dumfries &
Galloway

Accident and Emergency Department

Dr I M Brown
Thornhill Health Centre
Thornhill
Dumfriesshire
DG3 5AA

Date: 22 July 2006
Your Ref:
Our Ref:

Enquiries to: Mr J W Burton
Extension:
Direct Line: 01387

Dear Dr Brown

Emma Lyndsay
Stud Farm Cottage
Terregles
Dumfries
DG2 9RT

CRN
CHI No. [REDACTED]

Referred by Walk-in

This patient presented to Accident and Emergency on 21/07/2006 at 23:29

**Diagnosis: Soft tissue injury to right hand,
x ray no bony deficits.**

**Treatment: Analgesia,
Neighbour finger strapping.**

Referral or Discharge was to GP

Yours sincerely

John W Burton FRCS
Consultant in Accident and Emergency
If further information is required, please telephone 01387 241041

05 SEP 2006

Additional document
10-July-2026
Additional:Additional document

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Pages:

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr A Paulina
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 08/12/2015
Date Dictated: 08/12/2015
Date Typed: 08/12/2015
Our Ref: KK/JRB
Enquiries to: Julie Ross-Binning
Tel No: 01563 546632
Fax No:

Dear Dr Paulina

EMMA LINDSAY

**40 MCCLYMONT COURT, CUMNOCK, AYRSHIRE,
KA18 1TH**

CHI No: 2608901301

Thank you for your letter dated 16 November 2015. I reviewed Emma in my Addictions out-patient clinic at Cumnock Health Centre on 8 December 2015 when she advised me that she may be pregnant. I had a discussion with her about her diagnosis of Emotionally Unstable Personality Disorder and the unlicensed use of Quetiapine and the long-term side effects. I have discussed the pros and cons of using Quetiapine in pregnancy.

I would be grateful to you if you could reduce her Quetiapine by 25mg every week until her daily dose reaches 200mg.

I would like to make reference to my letter dated 19 February 2014 when I reviewed her notes and concluded that the most consistent diagnosis would be that of Emotionally Unstable Personality Disorder and that there is no evidence to suggest any psychotic illness or major mood disorder.

A detailed letter regarding the out-patient clinic to follow.

Yours sincerely

Authorised on 10/12/2015 09:15:25 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Cc: Jim King, Charge Nurse, East Community Addiction Team, Bentinck Centre,
East Netherton Street, Kilmarnock, KA1 4AX

www.nhsaaa.net



Additional document
10-July-2026
Additional:Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Mental Health Services

NHS Addiction Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr PA Dunlop
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 29/03/2022
Date Dictated: 26/04/2022
Date Typed: 27/04/2022
Our Ref: KK/SC
Enquiries to: Sylvia Corbett
Tel No: 01563 574237
Fax No:

Dear Dr Dunlop

EMMA LINDSAY

83 KEIR HARDIE HILL, CUMNOCK, AYRSHIRE, KA18 1PR

CHI No: 2608901301

Diagnosis: F11.2 Opioid Dependence Syndrome, currently on substitute treatment
F60.3 History of Emotionally Unstable Personality Disorder, currently euthymic

Psychiatric Medication:

Prescribed by Addictions Services: Methadone 50mls daily
Prescribed by General Practitioner: Quetiapine 400 mgs nocte

Recommendations/Plan:

- 1 No changes to medications
- 2 Out-patient / telephone review in 6 months' time
- 3 Key Worker review in the interim

I spoke to Emma on 29th March 2022 for a telephone consultation. She complained of nocturnal withdrawal symptoms and was looking for a 10mgs increase in Methadone. I will request her Key Worker to drug screen her before increasing her Methadone.

In terms of her mood, she denied any significant depressive symptoms. She advised me that she jumped out of the window few months back and sustained some spinal injuries. She has been walking with crutches and reports chronic pain. I advised her that opioid analgesics are better avoided for chronic pain and that she gets some advice from her GP about using non-opioid analgesics depending on the nature of the pain.

Follow up arrangements are as above.

Yours sincerely

Authorised on 17/05/2022 12:26:40 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

www.nhsaaa.net



Additional document
10-July-2026
Additional:Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient



Old Irvine Road Surgery
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ

Date 24/06/2026

Our Ref: DSAR-20260624-AF4240
Client Ref: 100189

Subject: Data Subject Access Request - Hospital / NHS Trust Records - Our Reference:100189

Client Name: Miss Emma Lindsay
Client Reference: 100189
Client Address: 46 Mayfield Avenue, KA1 4EA
Date of Birth: 26/08/1990
Name in Care:
Previous Address:
NHS Number (if known):

Dear Sir/Madam,

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

Scope of Request

We request disclosure of all personal data held in relation to our client across all departments within your organisation.

This includes, but is not limited to:

- Accident & Emergency (A&E) records
- Inpatient and outpatient records
- Admission and discharge summaries
- Clinical notes and observations
- Safeguarding referrals and alerts
- Mental health liaison or crisis team involvement

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Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street., Stockport, SK11RY

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Diagnostic reports (including scans, imaging, and test results)
Correspondence with GPs, social services, or other agencies
Referral records and outcomes
Any incident or risk-related reports
Any scanned or archived documentation

Multi-Department Search Requirement

Please ensure this request is processed across all relevant departments and services, including any specialist units or legacy systems.

Historical Records

Given the potential historical relevance, please include:
Archived and off-site records
Legacy systems and paper files
Records held under predecessor organisations or merged Trusts

Enclosures

We enclose:
Signed authority
Proof of identity
Should you require any further information to process this request, please advise promptly.

Statutory Timeframe

We expect a response within one calendar month. If an extension is required, please confirm in writing with justification.

Non-Holding of Data

If you do not hold relevant records, please confirm:
Whether the individual attended your Trust
Any known successor or alternative record-holding organisations

Service of Documents

We only accept service of documents via email at [REDACTED] Should you for any reason be unable to send documents to the above email, please notify us via the same email imminently.

We thank you for your assistance in this matter.

Yours faithfully,

Investigations Team
MMA Legal

E: [REDACTED]

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T: 0161 570 0550

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Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street., Stockport, SK11RY

4

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	Emma Lindsay
Date of Birth:	26/08/1990
Previous Names (if any):	
Current Address:	46 Mayfield Avenue KA1 4EA
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal
Address	SToK, 43-59 Princes Street, Stockport
Postcode	SK1 1RY
Email	[REDACTED]
Telephone Number	[REDACTED]

1. STATUS AND CONSTRUCTION

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

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

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

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

2. APPOINTMENT

MMA Legal Limited, a company registered in England and Wales (registered number: 13900519) is authorised and regulated by the Solicitors Regulation Authority. Access the SRA's rules at <http://www.sra.org.uk/solicitors/handbook/welcome.page>
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- 2.1. The Client appoints the Representative to act fully on their behalf in connection with:
 - 2.1.1. An application to Redress Scotland;
 - 2.1.2. Any review, reconsideration or appeal;
 - 2.1.3. Evidence gathering and submission;
 - 2.1.4. Any associated advisory, compensatory or restorative process.
- 2.2. Requests made by the Representative shall be treated as made personally by the Client.

3. SCOPE OF AUTHORITY

- 3.1. This Authority applies to all public and private bodies including (without limitation):
 - 3.1.1. Local Authorities and Councils
 - 3.1.2. NHS Boards and GP Practices
 - 3.1.3. Health & Social Care Partnerships
 - 3.1.4. Integration Joint Boards
 - 3.1.5. Religious bodies and orders
 - 3.1.6. Residential and foster care providers
 - 3.1.7. Education authorities and schools
 - 3.1.8. Government departments.
 - 3.1.9. Archive services
 - 3.1.10. Insurers holding historical liability files
 - 3.1.11. Successor, merged or restructured public bodies
- 3.2. The Authority applies whether Records are:
 - 3.2.1. Archived, microfiche, digitised or handwritten;
 - 3.2.2. Stored off-site by contractors;
 - 3.2.3. Held by dissolved or reconstituted institutions;
 - 3.2.4. Transferred following statutory reorganisation.
- 3.3. The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:
 - 3.3.1. The institution has closed or restructured;
 - 3.3.2. Records are archived or require manual retrieval;
 - 3.3.3. Records are held by insurers or successor bodies;
 - 3.3.4. Retrieval involves time or administrative burden.

4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT

- 4.1. For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:
 - 4.1.1. Physical and mental health records
 - 4.1.2. Psychiatric and psychological reports
 - 4.1.3. Therapy and counselling notes
 - 4.1.4. CAMHS records
 - 4.1.5. Social work and safeguarding files
 - 4.1.6. Ethnicity or religious data where recorded
 This includes all NHS and private medical providers.

MMA Legal Limited, a company registered in England and Wales (registered number: 13900519) is authorised and regulated by the Solicitors Regulation Authority. Access the SRA's rules at <http://www.sra.org.uk/solicitors/handbook/welcome.page>
SRA Number: 8000579

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

5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT

- 5.1. For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:
- 5.1.1. Criminal offence data
 - 5.1.2. Police investigation material
 - 5.1.3. Child protection investigations
 - 5.1.4. Statements and intelligence logs
 - 5.1.5. Outcome decisions

including records held by:

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

6. THIRD-PARTY DATA AND REDACTION

- 6.1. The existence of third-party data shall not justify refusal to disclose the Client's personal data.
- 6.2. Where necessary, redaction shall be limited strictly to third-party information.
- 6.3. Mixed data shall be disclosed in redacted form rather than withheld in entirety.

7. PROPORTIONALITY AND REASONED DECISION-MAKING

- 7.1. Any refusal, limitation or redaction must:
 - 7.1.1. Identify the specific statutory exemption relied upon;
 - 7.1.2. Explain how that exemption applies to the particular Record;
 - 7.1.3. Confirm why partial disclosure is not possible;
 - 7.1.4. Be communicated in writing.
- 7.2. Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.
- 7.3. Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

8. VALIDITY AND FORMAL REQUIREMENTS

- 8.1. This Deed remains valid for 24 months from execution unless withdrawn in writing.
- 8.2. Disclosure shall not be refused because:
 - 8.2.1. An internal template form has not been used;
 - 8.2.2. The Authority is considered "out of date" within internal policy;
 - 8.2.3. Additional consent is sought beyond reasonable identity verification.
- 8.3. Any organisation acting in good faith reliance upon this Deed shall be fully discharged in making disclosure.

9. REGULATORY AND STATUTORY RIGHTS

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SRA Number: 8000579

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

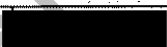
This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

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

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

EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:	
Signature	
Print Name	Emma Lindsay
Date	03/03/2026

Witness	
Name	
Address	SToK, 43-59 Princes Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	
Date	03/03/2026

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Completion Certificate

Reference ID: 25720739-f31b-44d9-8ff5-e540fd15d366

Document Details

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Total Pages: 4
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Signer Information

Name: Not Provided
Email: [REDACTED]
Telephone: Not Provided
IP Address: 62.56.89.108



Verified Electronic Signature

Audit Trail

Action	Timestamp	IP Address
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Document link opened by client	2026-03-03 17:28:53	74.125.208.43
Document electronically signed	2026-03-03 17:27:58	62.56.89.108

Security Verification

SHA-256 Checksum: 2a9b7d1d63910bd68f48d1499adfab50f1bfbc82612e3dea676dc7c60e900f3e

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

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10

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	Emma Lindsay
Date of Birth:	26/08/1990
Previous Names (if any):	
Current Address:	46 Mayfield Avenue KA1 4EA
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal
Address	SToK, 43-59 Princes Street, Stockport
Postcode	SK1 1RY
Email	[REDACTED]
Telephone Number	[REDACTED]

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SRA Number: 8000579

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- 5.1.2. Police investigation material
- 5.1.3. Child protection investigations
- 5.1.4. Statements and intelligence logs
- 5.1.5. Outcome decisions

including records held by:

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

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13

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

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

EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:	
Signature	
Print Name	Emma Lindsay
Date	03/03/2026

Witness	
Name	
Address	SToK, 43-59 Princes Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	
Date	03/03/2026

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SRA Number: 8000579

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Completion Certificate

Reference ID: 25720739-f31b-44d9-8ff5-e540fd15d366

Document Details

Document Name(s): loa
Total Pages: 4
Sent By: System (N/A)
Completed Date: Mar 03, 2026 17:27:58 UTC

Signer Information

Name: Not Provided
Email: [REDACTED]
Telephone: Not Provided
IP Address: 62.56.89.108

A stylized, handwritten signature in black ink, enclosed within a dashed rectangular border.

Verified Electronic Signature

Audit Trail

Action	Timestamp	IP Address
Created	2026-03-03 17:26:47	System
Document link opened by client	2026-03-03 17:26:53	74.125.208.43
Document electronically signed	2026-03-03 17:27:58	62.56.89.108

Security Verification

SHA-256 Checksum: 2a9b7d1df3910bdf8f48d1499adfab50ffb5b9c82612e3deab76df7c60e900f3f

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

THIRD PARTY COPY

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•

STARLING

24hr Customer Service: 0207 930 4450
www.starlingbank.com

Abstract

Account Name:	Emma Lindsay & Gibson Wealth
IBAN:	GB6358160837136055336
BIC:	58160837136055336
Sort code:	60-83-78
Account Number:	36055336

01/03/2026 - 20/03/2026

Opening Balance	£795.08
Payments in	£1792.73
Payments Out	£2253.10
Closing Balance	£334.71



Your deposit is eligible for protection by the
Financial Services Compensation Scheme

01/03/2026 - 20/03/2026 Statement

DATE	TYPE	TRANSACTION	IN	OUT	END OF MONTH ACCOUNT BALANCE
		OPENING BALANCE			£795.08
01/03/2026	CONTACTLESS	Prime Video*PL3YQJURS		£7.99	
01/03/2026	CONTACTLESS	THE GREEN WELLY STOP		£43.56	£743.53
02/03/2026	DIRECT DEBIT	Clase Brothers TrACloseBrazMadIn (S1-8Z5497)		£136.41	
02/03/2026	DIRECT DEBIT	Vodafone (10047505531)		£16.00	
02/03/2026	DIRECT DEBIT	Vision Express (724433316)		£14.70	
02/03/2026	DIRECT DEBIT	OvLA (000000000069934626)		£17.06	
02/03/2026	DIRECT DEBIT	Vodafone (1005778844)		£20.00	
02/03/2026	CONTACTLESS	THE GREEN WELLY STOP		£24.97	
02/03/2026	CHIP & PIN	TESCO STORES 5968		£144.40	
02/03/2026	CONTACTLESS	TAYCHREAGAN HOTEL		£49.77	£318.22
03/03/2026	CARD SUBSCRIPTION	Prime Video*138X19WA5		£2.99	
03/03/2026	CONTACTLESS	BRUNCH		£7.40	
03/03/2026	CONTACTLESS	PREMIER		£28.47	
03/03/2026	ONLINE PAYMENT	STAGECOACH SERVICES		£25.00	
03/03/2026	CONTACTLESS	GREGGS		£22.20	
03/03/2026	CONTACTLESS	THE BAGUETTE BAR		£5.85	
03/03/2026	CONTACTLESS	ABL BRYCES LIMITED		£1.35	
03/03/2026	ONLINE PAYMENT	Just Eat		£32.47	
03/03/2026	CONTACTLESS	The Yard		£14.95	£197.54
04/03/2026	DIRECT DEBIT	Vodafone (7076506805-1001)		£82.54	
04/03/2026	CONTACTLESS	KILMARNOCK CONVENIENCE		£15.70	
04/03/2026	CONTACTLESS	PREMIER		£3.45	£95.85
05/03/2026	DIRECT CREDIT	Browns Food Group (80 RFF)	£503.77		
05/03/2026	TRANSFER	Gibson Wells (43014)		£100.00	
05/03/2026	CONTACTLESS	COSTA COFFEE (4301081)		£2.99	
05/03/2026	DIRECT DEBIT	Healthy Pets LTD (0530416137)		£5.31	
05/03/2026	DIRECT DEBIT	Healthy Pets LTD (0530416138)		£7.37	
05/03/2026	CONTACTLESS	ANNICK SUSHI FS1023		£9.64	
05/03/2026	CONTACTLESS	Typlers Other		£1.50	£472.81
06/03/2026	DIRECT DEBIT	Proprietary Finance (2014-081159-32327)		£16.35	
06/03/2026	ONLINE PAYMENT	BRITISH GAS		£30.00	
06/03/2026	ONLINE PAYMENT	BRITISH GAS		£20.00	
06/03/2026	CONTACTLESS	HOMIE BANGUINS KILMARNO		£2.99	
06/03/2026	CONTACTLESS	CENTRAVEND		£1.00	

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that which is available in the app and on our website.

STARLING

24hr Customer Service: 0207 930 4450
www.startingbank.com

06/03/2026	CONTACTLESS	PREMIER		£4.15
06/03/2026	CONTACTLESS	PREMIER		£8.23
06/03/2026	TRANSFER	Gibson Welly Ltd	£160.00	
06/03/2026	CONTACTLESS	UNIVERSITY HOSPITAL AY		£6.50
06/03/2026	CARD SUBSCRIPTION	BUMPER.CO.UK		£120.60
06/03/2026	CONTACTLESS	GREGGS		£2.1
07/03/2026	CONTACTLESS	TESCO STORES 5908		£22.3
07/03/2026	CONTACTLESS	TESCO STORES 5908		£95.1
07/03/2026	CARD SUBSCRIPTION	Amazon Prime*U83AX9675		£85.1
08/03/2026	ONLINE PAYMENT	ASDA GROCERIES ONLINE		£27.1
09/03/2026	DIRECT DEBIT	Qofco Financial Services (2501251027259-011		£155.1
09/03/2026	FASTER PAYMENT	E Unicity 11	£230.00	
09/03/2026	CONTACTLESS	ASDA Stores		£9.32
09/03/2026	CONTACTLESS	ASDA Stores		£3.48
09/03/2026	CONTACTLESS	PREMIER		£25.69
09/03/2026	CHIP & PIN	ASDA PETROL/UPY		£20.92
10/03/2026	CONTACTLESS	BROWNINGS THE BAKERS		£4.25

Figure 1. Schematic diagram of the experimental setup. The subject is seated in a chair, viewing a video screen. The screen displays a target (a vertical bar) and a starting position (a horizontal bar). The subject's hand is positioned at the starting position. The video screen is connected to a computer system.

17

Rosemary Webster (AA Old Irvine Road Surgery)

From: MMA Legal [REDACTED]
Sent: 24 June 2026 16:07
To: aa.OldIrvineRoad_ADOC
Subject: Data Subject Access Request - 100189 [Ref: DSAR-20260624-AF4240]
Attachments: DSAR-AF42407A.pdf; LOA Emma Lindsey.pdf; Emma lindsay POA.jpg

[You don't often get email from \[REDACTED\]](#)

[Learn why this is important](#)

Subject: Data Subject Access Request – Hospital / NHS Trust Records - Our Reference:100189

Client Name: Miss Emma Lindsay
 Client Reference: 100189
 Client Address: 46 Mayfield Avenue, KA1 4EA
 Date of Birth: 26/08/1990
 Name in Care:
 Previous Address:
 NHS Number (if known):

Dear Sir/Madam,

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

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

Please find the enclosed request.

We thank you for your assistance in this matter.

Yours faithfully,

Investigations Team
 MMA Legal
 E: [REDACTED]
 T: 0161 570 0550

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

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NHS Confidential: Personal data about a patient

University Hospital Crosshouse
Medical Imaging Department
Kilmarnock Road
Crosshouse
KA2 0BE



Diagnostic Imaging Report

CHI No. : 2608901301	Referrer Clinician: Belinda Chan (GP Old IrvineRd)
Patient Name : Lindsay, Emma	Specialty : General Practice
Patient Address : 46 Mayfield Avenue	Address : The Surgery, Old Irvine Road (Kilmarnock)
Hurford	4-6 Old Irvine Road
Kilmarnock	Kilmarnock
AYRSHIRE	
KA1 5EA	
DOB : 26/08/1990	Ward/Clinic : GP
Gender : Female	Attendance No. : 51477815

Examination(s) : US Pelvis (TA Transvaginal)

Exam Date : 24 December 2025

Accession(s) : AA15147781501

Report Date : 24 December 2025

Authorised

Patient Name: Emma, Lindsay
Patient Address: 46 Mayfield Avenue, KA1 5EA
DOB: 26/08/1990
Patient ID: 2608901301
Accession Number: AA15147781501
Referring Cons: Belinda Chan (GP Old IrvineRd)
Referring Dept: GP
Visit Type: GP
Site: University Hospital Crosshouse

51477815 24/12/2025 US Pelvis (TA Transvaginal)

Clinical Indications

35 yr old, several mth hx dysmenorrhoea and menorrhagia. Does suffer from facial hirsutism. o/e abdomen SNT normal speculum exam. USS pelvis ? structural abnormality ? pathology

Report

LMP 5/52.

The patient presented with an empty bladder however was happy to proceed to a transvaginal examination with verbal consent.

Normal shaped anteverted uterus measuring 90 mm x 49 mm x 58 mm. No obvious focal lesion identified. Cervix cannot be fully examined on ultrasound scan, direct visualisation is recommended.

Uniform endometrial echo measuring 11.2 mm in AP diameter. No obvious focal lesion.

Both ovaries appear to be of normal size, shape and morphology.

The right ovary has a approximate volume of 12mls containing approximately 8 follicles measuring up to 6 mm.

The left ovary has a approximate volume of 4.4 mls containing two follicles measuring up to 5 mm.

No obvious free fluid, cysts or masses noted within the adnexae.

Reported by Siedlecki, G (Sonographer RA36646)

Authorised by Siedlecki, G (Sonographer RA36646)

Page 1 of 2

NHS Confidential: Personal data should be protected

University Hospital Crosshouse
Medical Imaging Department
Kilmarnock Road
Crosshouse
KA2 0BE

**Diagnostic Imaging Report**

CHI No. : 2608901301	Referrer Clinician: Belinda Chan (GP Old Irvine Rd)
Patient Name : Lindsay, Emma	Specialty : General Practice
Patient Address : 46 Mayfield Avenue	Address : The Surgery, Old Irvine Road (Kilmarnock)
Hurford	4-6 Old Irvine Road
Kilmarnock	Kilmarnock
AYRSHIRE	
KA1 5EA	
DOB : 26/08/1990	Ward/Clinic : KA1 2BD
Gender : Female	GP : GP
	Attendance No. : 51477815

Examination(s) : US Pelvis (TA Transvaginal)
Accession(s) : AA15147781501

Exam Date : 24 December 2025
Report Date : 24 December 2025

Authorised

The urinary bladder was not filled for examination.

Siedlecki, G (Sonographer RA36646)

[END REPORT]

Reported by : Siedlecki, G (Sonographer RA36646)
Authorised by : Siedlecki, G (Sonographer RA36646)

Page 2 of 2

Additional document
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NHS Confidential: Personal data about a patient

LINDSAY, Enna L
2608901301
Benston Farm
Cumnock
KA18 4QB Dr P Dunlop
2 Tanyard, Cumnock

SUMMARY FORM

Date Records Held From

6/6/90

Allergies Coded On Computer

- 1.
- 2.
- 3.
- 4.

Special Coding / Recall System

- 1.
- 2.
- 3.
- 4.

Referrals In The Last Five Years

- 1.
- 2.
- 3.
- 4.

Sickness Record In The Last Three Years

- 1.
- 2.
- 3.
- 4.

Computer Summary Up To Date

Doctor's Signature

Enna

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NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
To: Tanyard Medical Practice The Health Centre 2 Tanyard Cumnock KA18 1BF		Re: EMMA LOUISE LINDSAY 39 LAMFAIR GARDENS, AUCHINLECK, CUMNOCK, AYRSHIRE, KA18 2HY DOB: 26/08/1990 Hosp. No.: 2608901301 CHI No.: 2608901301	

Date of Admission: 03/08/2021

Ward: STATION 10-AYR

Mode of Admission: Emergency

Consultant: MR PETER YOUNG (Orthopaedics)

Admission Reason:

Follow Up:

Discharge Date: 11/08/2021

Diagnoses

T12 burst fracture

.

()

Secondary Diagnoses

EUPD, previous substance misuse, Hepatitis C

.

DR AIMEE DONALDSON (2021-08-09 17:37:15)

Investigations

.

DR AIMEE DONALDSON (2021-08-09 17:37:15)

Operation/Procedure

.

DR AIMEE DONALDSON (2021-08-09 17:37:15)

Clinical Progress

TRANSFER LETTER TO QEUH NEUROSURGERY

Emma fell from a 1st floor window onto a brick to her mid-back on 2/6/21. X-ray and CT confirmed a T12 burst fracture and large retropulsed fragment. On clinical examination, she has variable altered sensation. Power in all four limbs is 5/5.

No urinary incontinence or bowel changes. No C-spine concerns clinically or on imaging - immobilised as per local protocol.

She has been managed with bedrest at max 20degree angle. She has PPI cover for reflux. Emma had an orthotics brace fitted on 6/8 which is still worn.

She has been catheterised for comfort - Twoc'd successfully on 6/8. Issues recently with bowel not moving - due to pain and feels a bit constipated.

On laxatives as per Hepma. On-going issue with nausea - on cyclizine and ondansetron as needed, as well as omeprazole.

She is has remained haemodynamically stable since admission. She is clinically fit for transfer to QEUH neurosurgical unit.

Many thanks for your continued care of this lady,

Discharged by:

DR AIMEE DONALDSON

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Report generated on:

11/08/2021 20:00

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University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
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DR AIMEE DONALDSON (2021-08-09 18:12:17)
Pharmacy NOT TO BE DISPENSED - TRANSFER TO QEUH
 DR AIMEE DONALDSON (2021-08-09 17:37:15)

Allergy/intolerance	Reaction
PENICILLINS	Unknown

Allergy records are as recorded at time and date of printing.

Drug	Dose	Route	Frequency	Note	GP		
					to	Days	Supply
CODEINE PHOSPHATE 30 mg Tablets	30 mg	Oral	FOUR times daily - 7am, 1pm, 6pm, 10pm		No	N	28
CYCLIZINE 50 mg Tablets	50 mg	Oral	THREE times daily - 7am, 1pm, 10pm PRN FOR NAUSEA AND VOMITING		No	N	7
DALTEPARIN 5000 units in 0.2mL Pre-Filled Syringe	5000 unit	Subcutaneous Bolus Injection	ONCE daily at 6pm		No	N	28

Discharged by: DR AIMEE DONALDSON

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Report generated on: 11/08/2021 20:00

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Drug	Dose	Route	Frequency	Note	GP to Days		
					contin	POD	Supply
DIAZEPAM 5 mg Tablets	5 mg	Oral	FOUR times daily - 7am; 1pm; 6pm; 10pm PRN Muscle spasm		No	N	7
GLYCEROL 4 g Suppositories (Glycerin)	4 g	Rectal	PRN FOR CONSTIPATION		No	N	7
LACTULOSE Oral Solution	15 mL	Oral	TWICE daily at 7am and 10pm		Yes	N	28
LAXIDO Sachets	1 Sachet	Oral	TWICE daily at 7am and 10pm		No	N	28
METHADONE 1 mg in 1 mL Oral Solution	40 mg	Oral	ONCE daily at 7am		Yes	N	1
OMEPRAZOLE 20 mg (MUPS) Dispersible Tablets	20 mg	Oral	ONCE daily at 7am		Yes	N	28
ONDANSETRON 4 mg Tablets	4 mg	Oral	every 8 HOURS PRN nausea		No	N	7
OXYCODONE (Shortec) 5 mg Capsules	5 mg	Oral	FOUR times daily -		No	N	7

Discharged by: DR AIMEE DONALDSON

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University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
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Drug	Dose	Route	Frequency	Note	GP to Days		
					contin	POD	Supply
				7am; 1pm; 6pm; 10pm PRN FOR PAIN			
PARACETAMOL 500 mg Tablets	1000 mg	Oral	FOUR times daily -		Yes	N	28
				7am; 1pm; 6pm; 10pm			
PHOSPHATE Standard Tube (133 mL) Enema	133 mL	Rectal	every 24 HOURS	PRN FOR CONSTIPATION	No	N	7
QUETIAPINE 100 mg Tablets	100 mg	Oral	ONCE daily at 7am		Yes	N	28
QUETIAPINE 300 mg Tablets	300 mg	Oral	ONCE daily at 10pm		Yes	N	28
SENNA (SENNOSIDES) 7.5 mg Tablets	15 mg	Oral	ONCE daily at 10pm		Yes	N	28

Discharged by: DR AIMEE DONALDSON

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University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
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Additional Medicines Information:

Medicines discontinued or modified during admission (Medicines that patient was recorded as admitted on only)	
Drug	Discontinued / Modified reason
*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.*** ****Information here may be incomplete and is for guidance only.****	

Discharged by: DR AIMEE DONALDSON

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Report generated on: 11/08/2021 20:00

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Ayrshire Doctors On Call

adastra

1 Patient Contacts for Tanyard Medical Practice

Page 1 of 1

Patient : Emma Lindsay

(Gender: Female) (DOB: 26/08/1990) (Age: 29 years) (CHI: 2608901301)

Case No

78471

Case Date

03/05/2020 00:21

Own Dr

Fernandez-Ares, Tona

Current Address

39 Lambfair Gardens Auchinleck Cumnock

Home Address (If Different)

KA18 2HY

Current Phone

Home Phone (If Different)

Case Type

NHS24 Advice

Priority On Reception

NHS24 Advised

NHS 24 Advice by

Julie Mathers (Dental Nurse) ()

Triage Start

00:21

Clinical summary created by: Julie Mathers (Dental Nurse) () [03/05/2020 00:49:38]

Reason for call: TOOTHACHE 14 HOURS

PAIN AT BACK OF MOUTH, HAS BEEN ADVISED IN PAST WILL REQUIRE OPERATION TO REMOVE TEETH.

03:05:2020 00:21:43 HENDERSONJ.. NO COUGH, NO FEVER..

03:05:2020 00:48:09 MATHERSJ.. CALLED TWICE CONSTANTLY ENGAGED CALL CLOSED..

Outcome: For Information Only

Triage End

00:49

Case Questions

Pocketed Remote Consult by:

Start Type

End Type

Consult Start

Consult End

Adastra Consult by

Start Type

End Type

Consult Start

Consult End

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics:

Report produced by Adastra Version 3 - 03/05/2020 01:07:34

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Ayrshire Doctors On Call

adastra

1 Patient Contacts for Tanyard Medical Practice

Page 1 of 1

Patient : Emma Lindsay

(Gender: Female) (DOB: 26/08/1990) (Age: 33 years) (CHI: 2608901301)

Case No 61557

Case Date 26/11/2023 16:55

Own Dr Fernandez-Ares, Tona

Emergency Care Summary viewed on case

Current Address

83 Keir Hardie Hill Cumnock

Home Address (If Different)

KA18 1PR

Current Phone

Home Phone (If Different)

Case Type

Ambulance

Priority On Reception within 30 mins

NHS 24 Advice by

Kerry Heron (Clinical Nurse) ()

Triage Start 16:55

Clinical summary created by: Kerry Heron (Clinical Nurse) () [26/11/2023 17:24:24]

Triage End 17:24

Reason for call: SAS Ref: 10394882 HEAD INJURY 10 HOURS

26:11:2023 16:58:28 WILSONL1.. DISORIENTATED FELL OUT OF BED EARLIER TODAY DUE TO LOW FEELING IN LEGS NOW UNABLE TO FEEL FEET BRUISING TO SIDE OF HEAD AND HIT HIP OFF OF THE WALL HAVING TO BE CARRIED TO THE TOILET BROKEN BACK 2/3 YEARS ONGOING ISSUES WITH THIS.. 26:11:2023 17:17:52 HERONK.. FALL OUT OF BED TODAYREDUCED LEG FEELING - ONGOING, TODAY LOSS BALANCEPMH BROKE BACK AND SURGEY.. REQUIRED ASSISTANCE FROM FRIENDS TO GET UP FROM FLOOR.HIT HEAD OF WALLBRUISING TO SIDE OF FACEINJURY TO RIGHT HIP AFTER FALL - NOW HAS NO FEELING IN FEETVISABLE SWELLING TO HIPNEW SHARP PAIN IN KIDNEY AREA DESCRIBED AS A STABBING PAIN... 10394882..

Outcome: 999 contacted - For information only

Case Questions

Pocketed Aremote Consult by:

Start Type

End Type

Consult Start

Consult End

Adastra Consult by

Start Type

End Type

Consult Start

Consult End

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics:

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NHS Confidential: Personal data about a patient

THE AYR HOSPITAL
DALMELLINGTON ROAD
AYR, KA6 6DX
TEL: 01292 610555 FAX: 01292 614557

NHS
Ayrshire
& Arran

CC/GB/100-717956

CHI: 2608901301

GENERAL MEDICINE – DR K PRASAD, LOCUM CONSULTANT PHYSICIAN

Admission: 18/10/08
Discharge: 19/10/08

Dictated: 23/10/08
Typed: 05/11/08

Dr A Dosumu
3 Alloway Place
Ayr

Dear Dr Dosumu

Re: Emma Lindsay, 4e Whitefaulds Crescent, Maybole (26/08/1990)

Diagnosis: Mixed overdose

This 18 year old lady presented to A&E after taking 12 tablets of Chlordiazepoxide 30mg and 12 tablets off Quetiapine (Seroquel) 200mg. There was no associated alcohol intake and she denied suicidal intent claiming she took the tablets just to sleep. She felt lethargic but had no other symptoms.

On examination she was hemodynamically stable and neurologically intact. Renal function was normal. Salicylate level was less than 0.05. Complete blood count was normal and she was not acidotic. She remained well and was discharged home the next morning with no further follow up.

Yours sincerely


C Cassar
FTSTA2 in General Medicine


K Prasad
Locum Consultant Physician

- ☐ STEVENSON
- ☒ DOSUMU
- ☐ LOCUM
- ☐ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT.....
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER.....
- ☐ NURSE APPT
- ☐ HV APPT

01 DEC 2008