Clinic Letters & Notes

Adult Mental Health NW CMHT

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 19/01/2016
Date/Time Printed: 12/06/2026 09:07
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Adult Mental Health NW CMHT	**Consultant:**	Dr Andrew John Campbell

I met Thomas in my new patient clinic at Craigroyston Health Centre on the 5th January 2016, following his referral to review his medication.

History of Presenting Complaint:
Thomas reports struggling with low mood and paranoia for a few years now to the point that he rarely leaves the house by himself and at most goes to the shop across the road by himself. Otherwise, he needs to be accompanied by his friend and even then has to pre-medicate with street-bought Diazepam. He describes physical symptoms of anxiety including shortness of breath, his heart racing when confronted with leaving his house. He checks the doors are locked and the winbdows are shut up to 12 times per day. He gets some short relief from doing this but the anxiety then builds up again and he has to check again. He also makes sure he has a bat by the door and a knife and hammer in the corridor to reassure him. He tends to hide these so that visitors are not distressed by the presence.

Thomas is scared of leaving the house as he is 'paranoid' that he will be attacked. He does not think there any anybody specific out to get him right now but he has been the victim of multiple assaults in the past and in 2010 he witnessed a friend being murdered and suffered knife wounds himself during the incident. He feels that his current anxiety related to him leaving the house stems from this incident.

In terms of his mood, Thomas reports feeling low every day and it tends to be slightly worse at night. His mood has been particularly low for the last couple of years since he split up with his ex-girlfriend. He thinks about dying every day but strongly denies any suicidal intent or having made any plans to end his own life. He cites the effects that this act would have on others as his main protective factor. He has recently taken an overdose in 2010 in the context of alcohol and has previously self harmed by cutting but has not done so in the last year or so.

His sleep has been terrible for years and he finds it difficult to relax and managing 3-4 hours roughly per night. His appetite is variable but his weight is stable. He can concentrate enough to watch a tv programme as long as it had adverts and breaks. He has noticed being particularly

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fatigued but struggles to motivate himself to leave the house. He used to enjoy sport and still is interested in watching football on tv.

He denied any auditory or visual hallucinations and he could not illicit any other psychotic phenomena.

Past Psychiatric History:
He has had previous brief admission to Lochgilphead Hospital due to deliberate self harm and low mood in 2009. He was seen by Dr Taylor, Consultant Psychiatrist in 2013 who felt that Thomas did not have a classic mental illness but had been troubled by his early developemental experiences including physical abuse which has now manifested as borderline personality traits.

Past Medical History:
Thomas reports that his physical health is generally ok. He is troubled from chronic pain from his wrist (following surgery after becoming impaled on a fence) and knee (due to previous assault with an axe).

Current Medication:
Dosulepin 225mg once daily (Thomas has been on this for 3-4 years and is keen for a change).
Quetiapine 50mg qds (this was originally introduced by Dr Taylor with the dose gradually increasing since then).
Gabapentin 300mg tds.
Tramadol 50mg qds.

Thomas tells me that he has been on various antidepressants including Fluoxetine, Citalopram, Mirtazepine, Amitriptyline but none of these have helped his depression. He feels that none of these have helped his depression. He feels that the Quetiapine does help but he is worried that he is becoming resistent to it.

Substance Use:
He very rarely drinks alcohol now however he previously had a big problem with binge drinking. He smokes 30-40 cigarettes per day. Thomas currently buys street Diazepam to supplement his current medications. He reports only taking Valium on days when he knows he has to go out and, for example today took 6 x 10mg tablets. He said that when Quetiapine was initially introduced, he manage to cope withhout the use of street Diazepam. He has previously used Ecstacy, Amphetamines, Heroin, Cocaine, but claims to never have been addicted to any of these.

Family History:

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Nil.

Social/Personal History:
This has been well documented in Dr Taylor's previous report on SCI Store so I will not repeat it here.

He currently lives alone in a private letted flat through Link PLC. He is in receipt of ESA and DLA and denies any financial debts. He is single but his ex-girlfriend visits him 3-4 times per week and he also has a friend who visits him daily to make sure he is ok. He has little social contacts outwith this, although does still speak to his mum in America and has occasional phone contact with his children who also live in America.

Forensic History:
Thomas has had around 8 custodial sentences. He tells me that his largest was a sentence of 6 months and that they have all been for assault and breach of the peace in the context of alcohol. He has no charges pending currently and has not spent any time in prison since 2012.

Mental State Examination:
Thomas was casually dressed, he smelled of cigarette smoke, although appeared to be reasonably well kempt. He may good eye contact and a rapport was easily established. He appeared visibly anxious at times with some evidence of psychomotor agitation. His mood was subjectively low and objectively he appeared slightly low but with some reactivity. There is no evidence of any formal thought disorder. Thomas has slightly exaggerated paranoid ideas but they are reasonably understandable given his past. He denied any auditory or visual hallucinations or any other psychotic phenomena. He has daily thoughts of dying but has no active suicidal intentions or plans.

He was keen for a change of antidepressant and his prn medication to be looked at. He was also keen to engage in whatever help we could offer as he would like to do something with his life and be able to get out of the house and have contact with his children again.

Impression:
I discussed Thomas' case with Consultant Psychiatrist, Dr Wolff. He attended with a several year history of low mood, paranoid ideas, symptoms of agraphobia in the context of a difficult childhood, traumatic life events and a previous diagnosis of borderline personality traits.

We agreed on the following plan with Dr Wolff.

Plan:

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

NHS Lothian

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1. As Thomas was keen for a change in antidepressant, we would suggest switching from Dosulepin to Trazadone as follows:
Week 1 - reduce Dosulepin to 100mg nocte. Start Trazadone at 150mg nocte.
Week 2 - continue Trazadone at 150mg nocte. Reduce Dosulepin to 50mg nocte.
Week 3 - continue Trazadone at 150mg nocte. Stop Dosulepin completely.

We feel that Trazadone or any other antidepressant may well have a modest minimal impact on Thomas' mood. However, Trazadone has a more favourable safety profile, offers night sedation and may also help with his anxiety.

I have discussed with Thomas that it may be unlikely to see much of an improvement in his mood.
2. Dr Wolff suggested that Thomas could increase his prn Quetiapine to a maximum of 300mg daily in divided doses. We talked about this increase in dose that would allow him to reduce his use of street Diazepam.
3. I will refer Thomas on to our PCLT for consideration of a CPN and possible graded exposure. Thomas understands that there is likely to be a significant wait for this service.
4. I will send information to Thomas regardint Mental Health Information Station and have encouraged him to attend while waiting input from PCLT.

I have not arranged to see Thomas again in my outpatient clinic and have therefore discharged him back to your care. Please get in touch should you have any queries or concerns.

Yours sincerely,

electronically checked by
Dr Andrew Campbell
CT1 LAT in Psychiatry
NWCMHT

Tel: 0131 315 2026

cc: Referrals Coordinator, PCLT, Clermiston Health Centre.

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

NHS Lothian

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Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 21/01/2016
Date/Time Printed: 12/06/2026 09:07
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Adult Mental Health NW CMHT	**Consultant:**	Dr Andrew John Campbell

I would appreciate it if the above gentleman could be considered for a CPN input and possible graded exposure. He has several year history of low mood, paranoia, anxiety and borderline personality traits on a background of previous alcohol and druge use and several traumatic events in early and adult life. His paranoia is such he now is largely unable to leave his house alone and even if he does leave the house in the company of a friend, he uses street Valium to facilitate this. He has a forensic history with 8 previous prison sentences for assault and breach of the peace in the context of alcohol, the last of which was in 2012. He has now managed to stop drinking almost completely and has no charges pending. He was seen previously by CPN, Kevin Claisey when down in the South West Sector and feels he would benefit from similar input once more.

I note he was previously felt not to engage well but Thomas tells me he is motivated to improve his situation. He understands that he may have to wait sometime for a CPN. I hope that it is taken into account that he has had to wait almost 10 months for this appointment with myself.

Please find attached my letter of assessment for his attendance at my new patient clinic on the 5th January 2016.

Yours sincerely,

electronically checked by
Dr Andrew Campbell
CT1 LAT in Psychiatry
NWCMHT

Tel: 0131 315 2026

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

NHS Lothian

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4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 21/01/2016
Date/Time Printed: 12/06/2026 09:07
Our Ref: 700576136V
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Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Adult Mental Health NW CMHT	**Consultant:**	Dr Andrew John Campbell

Following your appointment on the 5th January 2016, I have made a referral as we discussed onto our Primary Care Liason Team for consideration of a Community Psychiatric Nurse.

As we discussed, there maybe a significant wait before this happens and in the meantime I would recommend attending the Edinburgh Mental Health Information Station at St Marys Cathedral which runs every Thursday. I have enclosed information regarding this.

Although I know you find it difficult to leave the house, I strongly advise that you make an effort to go along to one of these events, perhaps accompanied with a friend to find out what mental health services are available that might be relevant and helpful to yourself.

I would also recommend looking at www.edspace.org.uk which contains large amounts of information regarding mental health services in Edinburgh as well as providing things to self help materials and numbers for crisis services available should they be required.

It was nice to meet you in clinic and I wish you all the best for the future.

Yours sincerely

electronically checked by
Dr Andrew Campbell
CT1 LAT in Psychiatry
NWCMHT

Tel: 0131 315 2026

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

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Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

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Attach: Leaflet for Mental Health Information Station.

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Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

NHS Lothian

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Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 05/07/2016
Date/Time Printed: 12/06/2026 09:07
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Adult Mental Health NW CMHT	**Consultant:**	Tracy McGuire

Thank you for your referral for Mr MacIntyre.
Unfortunately I have not been able to make contact with him via his mobile number or by calling at his home. I left a further note at his home today so suggest that he could contact me directly should he wish to arrange another appointment.
I wonder if it would be helpful to suggest we meet at Muirhouse Surgery as I see from your letter that he does attend there? I woudl be happy to offer this if he would find this useful.
I'm sorry I could not be of more help on this occassion, please let me know if a further attempt at meeting in this way might be useful.
Kind regards
Tracy McGuire
CMHN

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

Adult Mental Health NW CMHT

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created:	20/10/2016
Date/Time Printed:	12/06/2026 09:07
Our Ref:	700576136V
CHI:	0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Adult Mental Health NW CMHT	**Consultant:**	Tracy McGuire

I'm sorry you have not felt able to keep our appointments as you have felt unable to attend at Craigroyston Health Centre.
If you would like to make another appointment with me, please contact me on 315 2026, leaving a message if I am not available.
if I have not heard from you by the 4th of November, I will discharge your care back to your GP.
Kind regards

Tracy McGuire

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

NHS Lothian

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Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 01/12/2016
Date/Time Printed: 12/06/2026 09:07
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Adult Mental Health NW CMHT	**Consultant:**	Tracy McGuire

I'm sorry you have not managed to make contact with me following your appointment with Dr Wolff.
I have enclosed some information regarding resources that might be helpful, Lifeline and The Mental Health Information Station.
I'm sorry we could not be of more assistance on this occasion, I will now discharge you back to the care of your GP.
Kind regards

Tracy McGuire
Community Mental Health Nurse

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

Adult Mental Health NW OPD

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 04/11/2016
Date/Time Printed: 12/06/2026 09:11
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Adult Mental Health NW OPD	**Consultant:**	Dr Geoffrey S Wolff

I met with Thomas for the first time for joint review along with Tracy McGuire (CPN) on Monday the 31st of October 2016. Thomas attended the appointment with friend of his called Shaun.

Thomas reported that he wanted to know what is wrong with him and he wanted advice about medication.

Thomas went onto talk about the physical abuse he had suffered from his stepmother as a child and also an incident in 2010 when he was assaulted by the group of men and he witnessed a murder of two of his friends by these people. Thomas said that due to the incident in 2010 he finds it difficult to get out of his home because of the fear of being attacked. He tells me that he has nightmares and flashbacks of this incident. He also mentioned how for example when going to supermarket to get some food may trigger distressing images of physical abuse by his stepmother.

Thomas said that there had been times when things have been more stable for him. He also talked about how being a father has been very positive for him. His three children [redacted] are all in America and he is in regular contact through facebook and skype and he is hoping if he is able to remain stable enough and stay away from alcohol his ex-partner will facilitate contact with him next year when they come over to visit. I talked with Thomas about the effects that both childhood and adult trauma have had on him in terms of his emotional instability and anxiety and I suggested that the most appropriate interventions would be through psychological therapy.

We discussed medication. Thomas said that he has had range of antidepressants all of which have been unhelpful including number of SSRIs including fluoxetine, setraline and paroxetine. He has also had mirtazapine and dosulepin and he is currently on trazadone 150mg nocte in addition to quetiapine 300-400mg daily. He said that he also takes pregabalin 200mg bd and tramadol for wrist pain. He also takes between six and eight tablets of street Valium and he did request prescription of Valium from me. I have suggested however that Tracy McGuire (CPN) liaise with Substance Misuse service to request an assessment and advice regarding this. I am also copying this letter to our referrals coordinator with the request that consideration would be given to Thomas being

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

Adult Mental Health NW OPD

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 04/11/2016
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offered psychological therapy for his trauma symptoms. Further joint review will be arranged in due course by Tracy McGuire (CPN).

Yours sincerely,

Doctor G Wolff
Consultant Psychiatrist

Tel: 0131 315 2026

cc Referrals coordinator Clermiston Health Clinic

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

CDPS North

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 13/11/2020
Date/Time Printed: 12/06/2026 09:11
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	CDPS North	**Consultant:**	Kirsty M Holliday

KH/MH
Date dictated: Thursday 12th November 2020
Ref: 0407813233

As you are no doubt aware Thomas' father recently passed away and the funeral is on 16th November 2020 in Dunoon. I have organised a prescription of 100ml/mg of methadone from 16th November-29th November 2020 to be dispensed on Mondays and this has been sent to Boots Pharmacy 182 Argyll Street, Dunoon , PA23 7HA (Tel: 01369 704 469). Thomas has requested if you could do the same dispensing with his trazadone and quetiapine medications as well.

Yours Sincerely,

Kirsty Holliday
Community Mental Health Charge Nurse (Addictions)

NHS North East Addiction Treatment & Recovery Care
North East Recovery Hub
5 Links Place
Edinburgh
EH6 7EZ
0131 554 7516 (option 1) or 0131 536 6207.

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

CDPS North

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 10/12/2020
Date/Time Printed: 12/06/2026 09:11
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	CDPS North	**Consultant:**	Kirsty M Holliday

KH/MH
Date dictated: Thursday 10th December 2020
Ref: 0407813233

Thomas is going away on holiday to Tenerife on the 12th December 2020 and needs to collect his prescription for Quetiapine and Trazadone on the 11th December -; 29th December 2020 from Lloyds Pharmacy on Crighton Place.

I would be grateful if you could facilitate this. I have organised for his methadone prescription to cover these dates.

Yours Sincerely,

Kirsty Holliday
Community Mental Health Charge Nurse (Addictions)

NHS North East Addiction Treatment & Recovery Care
North East Recovery
Hub
5 Links
Place
Edinburgh
EH6 7EZ
0131 554 7516 (option 1) or 0131 536 6207.

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

NHS Lothian

CDPS North

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 02/02/2021
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	CDPS North	**Consultant:**	Kirsty M Holliday

Dear Dr Allan,

DIAGNOSIS:
1) Depression and anxiety on a background of past trauma
2) Opiate dependence

MEDICATIONS:
1) Methadone 1mg/1ml, 100ml once daily (from SMS)
2) Quetiapine 100mg mane and 200mg nocte
3) Trazodone 300mg once daily -; to be switched to sertraline, please see below.

I had a telephone consultation with the above patient today for a mental health and medication review. Thomas reports longstanding low mood and anxiety, worse since the sudden death of his father last November, and getting even worse over the past 3 weeks. He could not identify any particular trigger for the more recent deterioration. He described his mood being “all over the place”, and said that the has been ruminating on past negative events, feeling on edge and experiencing “paranoia”. On further questioning, this ‘paranoia' appeared to be hypervigilance and avoidance since traumatic events some years ago -; Thomas was the victim of assaults and also witnessed his friend being murdered. Thomas also mentioned that his childhood was traumatic; but stated that he was previously very outgoing, and did not have any of his current problems prior to the end of his marriage and subsequent alcohol dependence (I was not clear how long before the assaults this event was).

Thomas struggles to go out alone, and even when on holiday last December found that he had to stay in his room some of the time. He has vivid and disturbing dreams but never feels as if he is fully asleep.

MSE: Thomas sounded somewhat flat in affect on the phone. He described insomnia, low energy, impaired concentration and poor appetite -; but said that he eats one meal a day. He denied any current suicidal ideation, and feels that he can keep himself safe; but reported deliberate self-harm by cutting his arms in the past (most recently last year). He has crisis numbers.

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

CDPS North

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 02/02/2021
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
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Thomas does not feel that his current antidepressant (trazodone) is helping. He feels that quetiapine is beneficial in that it gives him a couple of housr of sleep. He has tried several different antidepressants in the past, but is unclear exactly which ones or how long he was on them for.

I explained that I feel he may have PTSD alongside his depression, which likely results from the violence he witnessed as an adult, and may also have a basis in his childhood trauma. I recommended sertraline as an alternative to trazodone. Thomas thinks he may have been on this in the past but cannot remember how long or at what dose, and is willing to try it again. We discussed the side-effects of sertraline, particularly gastrointestinal upset and the possibility of initiation agitation -; which, should it occur, will be covered by quetiapine. Thomas is aware that he can call us if he has any concerns or side-effects.

As per my email, I would be very grateful if you could cross- taper his trazodone to sertraline, and I will review Thomas again in 6 weeks' time. My colleague Kirsty Holliday will be in touch in the meantime.

Yours Sincerely,

Dr Nina Webb
Consultant Psychiatrist in Addictions
North East Edinburgh Addiction Treatment & Recovery Care, NHS Lothian

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

CDPS North

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 11/06/2021
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	CDPS North	**Consultant:**	Kirsty M Holliday

KH/MH
Date dictated: Tuesday 8thJune 2021
Ref: 0407813233

Thomas continues to be supported by this service and has now reduced his methadone dose to a prescription of 45ml/mg methadone daily. He has been staying with his family in Dunoon and this appears to be a motivating factor for him. He is being well supported by his family and enjoying being with them.

Since Thomas had his DVT following an incident of intravenous drug use in April 2021 he seems more committed to recovery. This incident gave him a fright and seems to be a catalyst for behaviour change. Thomas plans to reduce to 30ml/mg methadone and transfer to Buprenorphine with a view to going on Buvidal in the future. He is in regular contact with myself and I plan to review him face to face in a couple of weeks.

I will update you in due course.

Yours Sincerely,

Kirsty Holliday
Community Mental Health Charge Nurse (Addictions)

NHS North East Addiction Treatment & Recovery Care
North East Recovery
Hub
5 Links
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Edinburgh

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

CDPS North

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Barclay Medical Practice Leith
4 Mill Lane
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EH6 7EZ
0131 554 7516 (option 1).

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Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

CDPS North

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4 Mill Lane
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Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	CDPS North	**Consultant:**	Kirsty M Holliday

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Date dictated: Tuesday 8thJune 2021
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I will update you in due course.

Yours Sincerely,

Kirsty Holliday
Community Mental Health Charge Nurse (Addictions)

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Morningside Place
Edinburgh
EH10 5HF

CDPS North

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 06/08/2021
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	CDPS North	**Consultant:**	Kirsty M Holliday

KH/MH
Date dictated: Wednesday 28th July 2021
Ref: 0407813233

Thomas continues to reduce his methadone prescription and is now down to 35ml/mg daily. He has found the gradual reduction relatively easy. This has probably been helped by the fact that Thomas has spent the last few weeks with his family in Dunoon.
He says he has not thought about heroin as he has been so busy. The plan is for Thomas to transfer on to Buprenorphine once he is at 30ml/mg methadone. Eventually he wants to go on to BUVIDAL. Thomas has been in regular touch throughout the pandemic. I am aware he is going to St John's Hospital to have extensive dental work carried out, but may return to Dunoon to recuperate. I hope to review Thomas when he returns to Edinburgh in the near future and will update you in due course.

Yours Sincerely,

Kirsty Holliday
Community Mental Health Charge Nurse (Addictions)

NHS North East Addiction Treatment & Recovery Care
North East Recovery
Hub
5 Links
Place
Edinburgh
EH6 7EZ
0131 554 7516 (option 1).

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

CDPS North

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 10/08/2022
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	CDPS North	**Consultant:**	Kirsty M Holliday

KH/MH
Date dictated: Wednesday 10th August 2022
Ref: 0407813233

I do apologise for the delay in updating you regarding this pleasant young man.

Thomas has successfully reduced his methadone to 25ml/mg daily, having originally been prescribed 100ml/mg daily. He is spending a lot of his time in Dunoon with family but does come through to Edinburgh as his tenancy is here.

He has been supporting his family since his father's death and this has been very positive for his recovery. However, it has impacted on his ability to attend appointments with myself. I have not seen Thomas for a face-to-face appointment since February 2022. He has had to cancel appointments or been unable to attend for various reasons. I was off with COVID at the end of June and also had to cancel.

I suggested he register as a temporary resident in Argle and Bute and we can transfer his care to local addiction services. Thomas believes there are long waiting lists and he values the support he already receives. I have left voicemails with the local CPN and await her response.

This service has been very flexible, allowing weekly dispensing as his family aren't aware of his substitute prescription. Unfortunately, his most recent prescription was due on 08/08/22 and Thomas is unable to attend to collect it. I am not happy to issue another prescription until he has been reviewed in person so will await contact from him.

I will update you in due course.

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

CDPS North

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 10/08/2022
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Yours sincerely,

Kirsty Holliday
Community Mental Health Charge Nurse (Addictions)
NHS Lothian, North East Drug & Alcohol Service
North East Recovery Hub
5 Links Place
Edinburgh
EH6 7EZ
0131 554 7516 (option 1).

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

NHS Lothian

CDPS North

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 23/09/2022
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	CDPS North	**Consultant:**	Kirsty M Holliday

KH/MH
Date dictated: Monday 12th September 2022
Ref: 0407813233

Further to my previous correspondence I managed to review Thomas when he attended an appointment on 26/08/2022. He reported that things were going well in general and that he continues to spend time between Dunoon and Edinburgh. He has booked a holiday from 02/10/2022 - 14/10/2022 to Tenerife. He advised he is keen to remain with current CPN until after his holiday.

Thomas had reduced his prescription to 20ml/mg methadone daily but would often miss the odd day. He admitted to having smoked heroin on a few occasions but was adamant this was not a regular occurrence. A drug test confirmed heroin was present.

I issued a prescription 20ml/mg methadone daily, starting 26/08/2022 and increased dispensing to 3 x weekly supervised consumption. Unfortunately, Thomas did not take the prescription to the pharmacy and it was subsequently cancelled. At the time of writing Thomas has not made contact and is effectively off his prescription. I am due to review him on 26/09/22 so will await contact.

Should you require any further information please do not hesitate to get in touch.

Yours sincerely,

Kirsty Holliday
Community Mental Health Charge Nurse (Addictions)
Edinburgh Drug & Alcohol Service - North East

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

CDPS North

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 23/09/2022
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

North East Recovery Hub
5 Links Place
Edinburgh
EH6 7EZ
0131 554 7516 (option 1).

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

CDPS North

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 13/12/2022
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	CDPS North	**Consultant:**	Kirsty M Holliday

KH/MH
Date dictated: Monday 12thDecember 2022
Ref: 0407813233

As you are aware Thomas spends most of his time in Dunoon with his family. I have encouraged him to register there as this will make things easier to access all his health care needs - to my knowledge, Thomas has failed to this.

We received a phone call from the pharmacy in Dunoon, advising that he hasn't been in for his methadone since the end of October 2022, but staff have seen him in the local area.

We sent out a 10-day contact letter but he hasn't made any contact. Following discussions with our MDT Team, we will now be discharging Thomas from our service.

Should you require further information at this time please do not hesitate to contact me on the telephone number below.

Yours sincerely,

Kirsty Holliday
Community Mental Health Charge Nurse (Addictions)

Edinburgh Drug & Alcohol Service - North East
North East Recovery Hub
5 Links Place
Edinburgh
EH6 7EZ
0131 554 7516 (option 1).

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

CDPS North

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created:	13/12/2022
Date/Time Printed:	12/06/2026 09:14
Our Ref:	700576136V
CHI:	0407813233

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

Edinburgh Drug and Alcohol Services NE

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 14/01/2025
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Edinburgh Drug and Alcohol Services NE	**Consultant:**	Stacey Kennedy

AM/AH
Date dictated: Tuesday 14th January 2025
Ref: 0407813233

Patient: Thomas MacIntyre
CHI: 0407813233
Prescription: Buprenorphine monthly p-r injection (128 mg/prefilled syringe) (BUVIDAL)

This is an update about Thomas's care and treatment plan with North East Recovery Hub.

Thomas continues treatment with Buvidal every four weeks. He is happy at his current dose of 128mgs and is not experiencing any withdrawals.

Thomas's last toxicology was on the 08/11/24 was positive only for cocaine.

Thomas has reported weight loss recently which is concerning him. He has advised us he is already seeking care regarding this from yourselves. He has also reported engaging with mental health services and finding this helpful.

We will aim to update you with any further changes to Thomas's care plan.
If you have questions, don't hesitate to contact me on the details below

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

Edinburgh Drug and Alcohol Services NE

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 14/01/2025
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Yours sincerely,

Alisha
Mann
Community Mental Health Nurse (Addictions)

Edinburgh Drug & Alcohol Service - North East
North East Recovery
Hub
5 Links
Place
Edinburgh
EH6
7EZ
0131 554 7516 (option 1)

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

NHS Lothian

Edinburgh Drug and Alcohol Services NE

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 30/10/2025
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Edinburgh Drug and Alcohol Services NE	**Consultant:**	Stacey Kennedy

SK/MH
Date dictated: Thursday 30th October 2025
Ref: 0407813233

The above named patient has not been in active treatment with The North East addiction service since 10th June 2025. At this time Thomas did not attend the Buvidal clinic for two appointments to receive his monthly injection. Patients in the buvidal clinic have all been advised that if 2 appointments are not attended without contact to discuss then once they fall off treatment they will be offered the sublingual formulation of this medication. Thomas was made aware of this by the nursing staff who manage the North East Buvidal Clinic.

Previously prescribed:
Buprenorphine prolonged release solution for subcutaneous injection (Buvidal)
Dose: 128mg

I spoke with Thomas in July 2025. I advised that I would now be his keyworker and can offer the Buprenorphine. Thomas was not in favour of this and denied being advised by the Buvidal clinic staff that if two appointments are missed and patients fall off treatment they will be offered oral medication. Thomas declined this and he has not made any contact since. The last toxicology provided by Thomas on 5th March 2025 contained cocaine, and no other illicit substances were present.

I will discharge Thomas from the service today. However, if he wishes to come back into treatment he can attended the EDMAC Central Clinic at Spittal Street Monday - Friday

University Hospitals Division

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

Edinburgh Drug and Alcohol Services NE

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 30/10/2025
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

9.15 - 11.45am, or self refer to Turning Point Scotland drop-in at 5 Links Place or be referred directly by the surgery.

Yours sincerely,

Stacey Kennedy
Community Mental Health Charge Nurse (Addictions)
North East Recovery Hub

South West Community Mental Health Team

Dr. M Davies, Associate Specialist
Dr. P Shah, Consultant Psychiatrist
Dr. S Smith, Consultant Psychiatrist

Cambridge Street House
5 Cambridge Street
EDINBURGH
EH1 2DY
TEL: 0131 537 8650/8673
FAX: 0131 537 8655

Dr McCallum
Boroughloch Health Centre

Date: 05.02.13
Date Dict: 01.02.13
Our Ref: 0407813233

Enquiries to: Mary Johnstone
Direct Line: 0131 537 8673

Dear Dr McCallum

RE: Thomas MacIntyre
18 Newington Road, Edinburgh, EH9 1QS

Diagnosis: **Borderline personality traits ICD10-F60**
Medication: **Gabapetin 300mgs tds**
Dosulepin 225mgs at night
Please start Quetiapine 25mgs at night and 25mgs during the day.

Further to Dr Diaz referral from last November I saw this 31 year old man in Dr Shah's clinic on behalf of Dr Shah today.

By way of background Mr MacIntyre was born and grew up in Dunoon there was no report of any family history mental disorder and he is the only child of his parents union. Mr MacIntyre had a troubled early life in that he was hyperactive and was a truant, thieving and getting into fights at school meaning that he got suspended and expelled and ended his education in a residential special school until the age of 16. He did pass six Standard Grades.

Thereafter he went to join his mother in Michigan in the USA where he remained until 2004, during this period Tommy worked for three years in the US marines but said he went *'AWOL'* when he was told about a posting in Japan which would have meant he had to leave his girlfriend and two young children behind in Michigan.

After separating from his girlfriend he returned to Scotland and his longest job subsequent was 18 months in a call centre. He last worked a year or so ago as a kitchen porter in Fort William before being put in HMP Barlinnie. Tommy has had 6 or 7 custodial jail sentences, always for assault or breach of the peace and his longest sentence was ten months when he breached bail. There are no pending charges. Tommy has an injured right knee after he was assaulted by a man with an axe and is shortly to go to the Golden Jubilee for an orthopaedic opinion on the NHS.

Mr MacIntyre returned to Edinburgh in August 2012 to be with his girlfriend after discharge from Barlinnie Prison and has been living in bed and breakfast homeless accommodation since that time. He and his girlfriend whom he has known for (18 months) are waiting on a Council House. Tommy is unemployed and is in receipt of Employment support allowance but no other benefits.

Tommy said alcohol is 'my problem' as he only gets into fights or other criminal activity when he is drunk. This time he says he only drinks twice a month and his girlfriend doesn't drink. He first started using alcohol in a binge pattern since the age of 12.

He smokes 40 cigarettes a day but denies any illicit drug use and did not find stimulant recreational drugs helpful. However Tommy said that he buys 15 blue valium (i.e 10mgs Diazepam) each week to help with his *'paranoia'.* He buys these from another man who gets a prescription with you.

Psychiatric History is limited in that he had a brief admission to Lochgilped Hospital due to deliberate self harm and low mood a couple of years ago and he took an overdose in 2010. However more recently as Dr Diaz noted there has been a re-emergence of deliberate self harm with cutting of the arms since December, and Tommy himself is most concerned about what he calls *'paranoia'* which is him worrying that he will be assaulted particularly as he was witness for the prosecution in 2011 when a friend of his from Dunoon got murdered. He said he will rarely go out without taking his street valium and indeed took four valiums today so to get to this appointment.

On examination Tommy was co-operative and not hostile or restless with adequate self care and certainly not sedated. He had an old broken nose and there was some recent scratches to both arms as well as long standing tattoos. Tommy's mood was generally a little flat but he was able to smile and he was certainly not melancholic or depressed. Equally there was no elation or symptoms suggestive of psychosis or frank delusional paranoia.

In summary I don't believe this man has a classic mental illness but has been troubled by his early developmental experiences including physical abuse, now manifest as borderline traits.

Tommy and I agreed that he must abstain entirely from alcohol in the future and that he would agree to give up buying street valium if you prescribed him some low dose Quetiapine as noted above.

I have urged him to get out with his girlfriend daily if need be with the use of sedative Quetiapine.

Dr Shah will review him forthwith.

Yours sincerely

Dr Mark Taylor
Locum Consultant Psychiatrist

CC: Dr Diaz Locum GP, Boroughloch MP

South West Community Mental Health Team

Dr. M Davies, Associate Specialist
Dr. P Shah, Consultant Psychiatrist
Dr. S Smith, Consultant Psychiatrist

Cambridge Street House
5 Cambridge Street
EDINBURGH
EH1 2DY
TEL: 0131 537 8650/8673
FAX: 0131 537 8655

NHS Lothian

Dr MacCallum
Boroughoch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Date: 07.06.13
Date Dict: 07.06.13
Our Ref: 0407813233

Enquiries to: Mary Johnstone
Direct Line: 0131 537 8673

Dear Dr MacCallum

RE: Thomas MacIntyre, 040781
18 Newington Road, Edinburgh, EH9 1QS

Unfortunately Thomas did not attend his appointment with me on 06.06.13. I note his assessment by Dr Taylor previously. I also noted that there was no active intervention that Health Services were engaged in. I have therefore taken the opportunity to discharge him from my clinic.

Yours sincerely

Dr Prem Shah
Consultant Psychiatrist

South West Community Mental Health Team

Dr. M Davies, Associate Specialist
Dr. P Shah, Consultant Psychiatrist
Dr. S Smith, Consultant Psychiatrist

Cambridge Street House
5 Cambridge Street
EDINBURGH
EH1 2DY
TEL: 0131 537 8650/8673
FAX: 0131 537 8655

NHS Lothian

Dr MacCallum
Boroughoch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Date: 07.06.13
Date Dict: 07.06.13
Our Ref: 0407813233

Enquiries to: Mary Johnstone
Direct Line: 0131 537 8673

Dear Dr MacCallum

RE: Thomas MacIntyre, 040781
18 Newington Road, Edinburgh, EH9 1QS

Unfortunately Thomas did not attend his appointment with me on 06.06.13. I note his assessment by Dr Taylor previously. I also noted that there was no active intervention that Health Services were engaged in. I have therefore taken the opportunity to discharge him from my clinic.

Yours sincerely

Dr Prem Shah
Consultant Psychiatrist

South West Local Health Partnership

Kevin L.Clazie
Primary Care Community Psychiatric Nurse

Tollcross Health Centre
Ponton Street
Edinburgh
EH3 9QQ

Housing Support Team
Edinburgh City Council

Date: 17 September 2014
Our Ref: pccpn.klc.

Enquiries to Kevin L.Clazie
Direct Line 0131- 536 9780

E-mail: Kevin.clazie@nhslothian.scot.nhs.uk

Dear Sir / Madame

Re: Thomas MacIntyre , 1/1 Greenacre EDINBURGH EH14 3JG

I am writing at the request of Mr MacIntyre to support his application for re housing. I have known Mr MacIntyre in my professional capacity since February 2014. Mr MacIntyre has suffered from episodes of depression on and off for many years. Mr MacIntyre also has difficulties with Paranoia, severe anxiety and has been diagnosed with Borderline Personality Traits (2013)

Mr MacIntyre has been having domestic difficulties with his girlfriend of 4 years for some time now; this has caused them to split. There have been incidents of domestic violence. Mr MacIntyre and his girlfriend have tried to reconcile their differences and have attempted to live together but this has proven to be unsustainable. Mr MacIntyre now needs to leave this accommodation.

Mr MacIntyre has previously been in temporary B&B accommodation and this was exceedingly stressful for him and in no way beneficial to his mental health. Due to Mr MacIntyres difficulties with anxiety paranoia and depression, living in accommodation which is shared with others can be distressing, this is particularly the case when those individuals are unknown or change frequently. When Mr MacIntyre feels particularly paranoid he can become aggressive and he has required police intervention due to this. This may be considered a risk if he is in shared accommodation with individuals were there is a high / frequent turnover.

I am certain that if Mr MacIntyre could be supported by a move to accommodation that is suited to his particular needs it would have the effect of improving his mental health and wellbeing.

Should further information be helpful in assisting with Mr MacIntyre's housing situation please do not hesitate to contact me on the number above.

Continued

NHS
Lothian

Yours sincerely,

Kevin L.Clazie
Primary Care Community Psychiatric Nurse

South West Local Health Partnership

Kevin L.Clazie
Primary Care Community Psychiatric Nurse

Tollcross Health Centre
Ponton Street
Edinburgh
EH3 9QQ

NHS Lothian

To whom it may concern

Date: 13 October 2014
Our Ref: pccpn.klc.

Enquiries to Kevin L.Clazie
Direct Line 0131- 536 9780

E-mail: Kevin.clazie@nhslothian.scot.nhs.uk

Dear Sir / Madame

Re: Thomas MacIntyre , 1/1 Greenacre EDINBURGH EH14 3JG

I am writing at the request of Mr MacIntyre to give some information on his current circumstances and mental health difficulties. I have known Mr MacIntyre in my professional capacity since February 2014. Mr MacIntyre has suffered from episodes of depression on and off for many years. Mr MacIntyre also has difficulties with paranoia, severe anxiety.

Mr MacIntyre's has had an exacerbation of his mental health difficulties recently and has meant that he is rarely leaving the house and is having great difficulty with attending appointment.

I hope that this can be taken into account when looking at any sanctions that may be accorded to Mr MacIntyre for missed appointments.

Yours sincerely,

Kevin L.Clazie
Primary Care Community Psychiatric Nurse

Mr Thomas MacIntyre
26/1 West Pilton Park
Edinburgh
EH4 4EE

Tollcross Health Centre
1st Floor
Ponton Street
EDINBURGH
EH3 9QQ
Tel: 0131 536 9781
Fax : 0131 536 9765

10 December, 2014

Dear Thomas

I am very sorry that you were unable to attend your last appointment on 18th November 2014 It may be that you do not feel that you need to see me at the moment or it may be simply that you forgot. I have waited to see if you would contact me but as you have not I felt I should write.

If you feel another appointment would be helpful to you please call me on the number above. **If I do not hear from you within 10 days of the date of this letter** I will assume you do not require an appointment and I shall discharge you back to the ongoing care of your GP.

Yours sincerely

Kevin Clazie
Primary Care Community Mental Health Nurse

Cc Dr Smith, Boroughlock Medical Practice.

NW Edinburgh Community Health Partnership

Clermiston Health Clinic
7 Rannoch Terrace
Edinburgh EH4 7ES

Tel. No. 0131 339 5620
Fax No. 0131 339 3971

Dr Lynch
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date typed: 01.04.15
Date dictated: 01.04.15
CHI Number: 0407813233
Our Ref: PJS/HB/382940

Dear Dr Lynch

Re: Thomas Macintyre, DOB 04.07.81, 26-1 West Pilton Park, Edinburgh EH4 4EE

Thank you for your recent referral on Thomas. I note that you have a view that his CPN had been talking about a medication review; however I note that he was discharged from Kevin Clazie's caseload in December 2014.

I would be grateful if you could provide us with more information regarding his current mental state and the reason for specialist input. I look forward to hearing from you in due course.

Yours sincerely

Dr Premal J Shah
Consultant Psychiatrist

NW Edinburgh Community Health Partnership

Clermiston Health Clinic
7 Rannoch Terrace
Edinburgh EH4 7ES

Tel. No. 0131 339 5620
Fax No. 0131 339 3971

Dr Lynch
Muirhouse Medical Group
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date typed: 29.04.15
Date dictated: 29.04.15
CHI Number: 0407813233
Our Ref: PS/HB/382940

Dear Dr Lynch

Re: Thomas Macintyre, DOB 04.07.81, 26-1 West Pilton Park, Edinburgh EH4 4EE

Unfortunately, we have not heard back from you following my letter dated 01.04.15 requesting more information about Mr Macintyre's current mental state and the reason for specialist input. I would be grateful if you could provide us with a response in the next three weeks. If we do not hear from you by the end of June, we will assume that Mr Macintyre does not require an appointment and shall not be sending him an appointment for secondary care services.

Yours sincerely

Dr Premal J Shah
Consultant Psychiatrist

Craigroyston Health Clinic
NW CMHT
1b Pennywell Road
Edinburgh
EH4 4PH

Telephone 0131315 2026

Dr Harris
Muirhouse Medical Group
I Muirhouse Avenue
Edinburgh EH4 4PL

Date typed: 27/07/2016
Date dictated: 26/07/2016
CHI: 0407813233
Our ref: TMcG/MS 382940

Dear Dr Harris

Re: Thomas Macintyre DOB 04/07/1981; 26/1 Pilton Park Edinburgh EH4 4EE

Thank you for your referral for the above gentleman.

Unfortunately we have been unable to make direct contact with him. We have attempted a home visit and , at his request, arranged to meet with him at your surgery. He left a message on the morning of this appointment to say that he could not attend as he was staying with his sister. I have left messages requesting he contact me if he wishes to arrange a further appointment but at the time of writing, I have not received any response.
I'm sorry we could not have been of more assistance in this instance. I will now discharge him but would be happy to make further attempts at engagement in the future if you felt this was required.

Kind regards

Tracy McGuire
Community Mental Health Nurse

Craigroyston Health Clinic
1b Pennywell Road
Edinburgh
EH4 4PH

Telephone 0131315 2026
Facsimile 0131 343 3323

Dr G Wolff
Consultant Psychiatrist
Craigroyston Health Clinic
1b Pennywell Road
EDINBURGH

Date typed: 9th May 2017
CHI Number: 0407813233
Our Ref: KD/382940

Dear Dr Wolff

Re: Thomas MacIntyre (04/07/81), 26/1 West Pilton Park, Edinburgh EH4 4EE

Further to your referral of Mr MacIntyre, I sent him an appointment to be seen at Craigroyston Health Clinic on 19 April 2017. Unfortunately, he did not attend this appointment nor has he responded to an 'opt in' letter which I sent thereafter. I am therefore closing his case.

Yours sincerely

Dr Karen Davis
Clinical Psychologist

Cc Dr Hepple, Muirhouse Medical Group, 1 Muirhouse Ave, Edinburgh

NW Substance Misuse Service
Pennywell Resource Centre
31-33 Pennywell Road
Edinburgh
EH4 4PJ
Tel: 0131 537 4261

Private & Confidential
Paul Farley
Housing Officer
Link Housing
2C Newmart Road
Edinburgh
EH14 1RL

JT/
Date: 24th November 2017

CHI: 0407813233

Dear Mr Farley,

Re: Thomas MacIntyre dob: 04/07/1981

I am writing on behalf of our client Mr Thomas MacIntyre who I can confirm is under the care of our team. He is in treatment for Opiate dependence and Post Traumatic Stress Disorder.

Recently we are aware that he has been having difficulties in his current property due to previous drug debts. I can confirm that I have seen physical injuries to his person consistent with his accounts of having been assaulted in relation to this. He is currently extremely anxious about being in his current tenancy as this address is now known to these individuals. As a result he is self isolating and this is having a clear negative impact on his mental health and ability to engage in treatment.

I would fully support his request to be moved to an alternative tenancy and would ask you to look favourably upon his request.

Yours sincerely

Dr James Tidder
ST5 in Addiction Psychiatry
North West Recovery Hub

NHS Lothian

Dr Hepple
Muirhouse Medical Group
Muirhouse Medical Centre
1 Muirhouse Avenue,
Edinburgh
EH4 4PL

Date: 4th May 2018

Dear Dr Hepple,

Re: Thomas Macintyre, 12/7 Dryden Gait, Edinburgh, EH7 4QS.
CHI: 0407813233

Prescriptions prescribed by the Substance Misuse Service: Methadone 120mlws daily, supervised daily.
Pharmacy: Lloyds 6-7 Crighton Place, Edinburgh.

18.12.17 Attended Pennywell Resource Centre and collected prescriptions: Methadone 120mls daily supervised daily Pharmacy Lloyds 6-7 Crighton Place, Edinburgh. Self reported illicit drugs use: Heroin smoked daily .2 . Denied any other illicit drug use. Provided with an information leaflet about the risk of Heroin batch circulating that has Xanax in. Next appointment on 05.01.17

05.01.18 Attended appointment self reported Heroin use smoked daily .2 a tenner bag twice IVDU arm instead. Denied IVDU related infections. Valuim x2 -4 daily before leaving his accommodation. Address: 14 Dickson Street EH6 8RN PSL Links Housing. Bidding for housing. Plans to keep GP in the NW for the meantime as plans to bid in the NW also. Provided with prescriptions: Methadone 120mls daily. Next appointment on 29.01.18

29.01.18 DNA appointment and has made no contact to the service. Prescription Methadone 120mls daily supervised daily due to start on 03.02.18.

02.02.18 Attended appointment. Bidding for housing- has drug debts of about £1500 - to a couple of dealers run up over the last 12 months or so, fearful of retributions and already been attacked in Muirhouse area 6 weeks ago which he attributes to the debts. Current drug use reported as 1 1/2 bags (0.3g) daily, not in a position to stop currently even with increased methadone dose as he feels it helps relax him, also takes Diazepam 10mg "to help if he has to go out". Today maintained on methadone 120ml daily .

07.02.18 Contacted us by phone asking to speak to me today (7/2/18). Request letter of support for PIP claim from doctor. I have agreed to send brief letter detailing diagnosis and involvement with service to his home address which he can forward on if wishes to benefits service.
Dr James Tidder
ST5 Addiction Psychiatry

16.02.18 Attended appointment and denied having used illicit drugs Heroin since Monday having last used on Monday. Thomas reflected he felt an improvement in his mood for not having used. Has been offered accommodation as part of his bidding in Granton does not want to live in the NW of the city. Plans to ask to be allocated another place. Provided with his prescription Methadone 120mls daily.

02.03.18 Attended CRHC and collected his prescription Methadone 120mls daily. Pharmacy Lloyds at Crighton Place, Edinburgh. Next appointment on 16.03.18

16.03.18 Attended several hours after his appointment having forgotten it. T/C from pharmacy informing me Thomas was in to collect his prescription . Provided with his prescription Methadone 120mls daily. Pharmacy Lloyds Crighton Place. Next appointment next Friday 23.03.18. Thomas informed me he is going to be moving next week in Leith. To obtain the address off Thomas next week and request he registers with a GP in Leith.

23.03.18 Attended appointment for support and Tx with his opiate dependency. Self reported. illicit drugs use: Heroin .2 smoked denied IVDU daily this week, and Valuim 6-15mgs at a time. Denied any other illicit drugs use and alcohol use. Reminded about risk of over dose and that he is at risk of having his ORT prescription reduced because of his ongoing opiate use because the ORT prescription is not reducing his opiate use. Provided with Naxolone kit. Advised to register with a GP in the NE of Edinburgh very reluctant to do this even though i informed him MMG will not be able to keep him registered on their books as he has moved out of their locality.
Prescription: Methadone 120mls daily supervised daily provided. Pharmacy Lloyds Crighton Place. Next appointment on 03.04.18

03.04.18 DNA appointment. No contact made to the service. Await contact. Prescription due to start on 14.04.18

17.04.18 Thomas was seen by Ann Johnson CPN Addictions on the 13.04 without an appointment. No oral swab for drug tox taken. He was provided with 2 prescriptions Methadone 120mls daily. Pharmacy: Lloyds 6-7 Crighton Place, Edinburgh.

17.04.18 T/C to Thomas's number and i received a message that said that the number you have dialled cannot accept this call. T/C to pharmacy on 0131 554 1373
to with hold Methadone at Pharmacy pre appointment on 23.04.18

23.04.18 Thomas attended his appointment 30 minutes early and was seen. Oral swab for drug tox taken. Self reported illicit drugs use: Heroin .2- .3 smoked denied IVDU every other day and Valuim 2x yellow daily when going out. Denied any other illicit drugs use. Has a Naxolone kit.
Prescribed by his GP Practice Muirhouse M.G he said:
Trazadone 150mgs daily,
Quetiapine 200mgs daily
Pregabalin 150mgs daily.
To confirm with Muirhouse Medical Group as to these prescriptions. Informed of risk of drug related death in continuing to use illicitly. Appeared ambivalent about his drugs use and trying to reduce his use as i advised and be stable on his ORT only. Reminded that he is prescribed a Tx dose. Therefore we would be looking at him trying to reduce his use rather than put up his prescription dose. Also advised to re-register with a GP in the NE of Edinburgh where he is now living. Reminded that he can be seen by the NE SMS instead of the NW SMS especially as Thomas had previously expressed risk he felt being in the NW posed to his life.

Oral swab for drug toxicology results positive to:
05.01.18 Opiates, morphine, codeine, heroin, cocaine, methadone, benzo, tramadol, and pregabalin.
16.02.18 opiates, morphine, heroin, methadone, benzo's, and pregabalin.
23.04.18 opiates, morphine, heroin, methadone, methadone and pregabalin.

In my absence Thomas has been allocated CPN Addictions Chris Storey who his next appointments will be.
We shall keep you informed of his progress. Please do not hesitate to contact us if required.

Yours sincerely,

Abigail White
NTM/CPN Addictions
North West Substance Misuse Service

CDPS NORTH
CHI: 0407813233
MHI: 382940
R.T.T: 28/02/2019

NHS Lothian

Referrals/Transfer
Iain MacLeod
Substance Misuse Service
North East Recovery Hub
5 Links Place
Edinburgh
EH6 7EZ

Date: 25th January 2019

Dear Ian,

Re: Thomas Macintyre, 12/7 Dryden Gait, Edinburgh, EH7 4QS.
CHI: 0407813233

Prescriptions prescribed by the Substance Misuse Service: Methadone 120mls daily, supervised daily.
Pharmacy: Lloyds 6-7 Crighton Place, Edinburgh.

Current prescription starting 25th January 2019 for 28 days, next due 22nd February.

I would be grateful for you accepting the transfer to your team of this chap who has been resident in the North East for over a year but remained on the list at Muirhouse Medical Group; he has recently been removed from their list which has resulted in him registering locally to his tenancy with Mill Lane Surgery. He's been resistant to changing to the north east and his care being moved to Links Place citing fear of bumping into people who may pose a threat to him. He has drug debts of about £1500 - to a couple of dealers and is fearful of retributions having already been attacked in Muirhouse last year. He was witness to and gave evidence at murder trial - Dunoon- 9 years ago when living there, still feels under threat if ever he crossed paths with any of those involved again, this is unlikely but he still fears reprisals via their friends

Regarding drug stability despite being prescribed methadone 120ml he has continued to use regular heroin and cocaine on top of his prescription citing various social stressors for his drug use. Daily heroin use, mainly smoked but sometime injected, remains registered at Muirhouse Medical Group though says he "feels paranoid visiting this area due to a previous attack but also doesn't feel safe in Leith where he lives, historic drug debts, over £1000 and his giving evidence at the murder trial in Dunoon.

Thomas says he's trying to reduce his heroin use with a view to giving 'clean samples' but this has been an ongoing discussion with no change appointment to appointment. He did have contact with C.G.L. at West Pilton but his engagement was poor.

Social: has a drug debt of about £1500 - to a couple of dealers and fearful of retributions having already been attacked in Muirhouse area last year. Current drug use reported as 1 1/2 bags (0.3) g

NHS
Lothian

daily, not in a position to stop currently even with increased methadone dose as he feels it helps relax him, also takes Diazepam 10mg "to help if he has to go out".

As far as I'm aware he is currently single and has no children.

Should you require any further information then please don't hesitate to contact me.

Yours sincerely,

Chris Storey
C.P.N. (Addictions) / Nurse Team Manager (Acting)
Substance Misuse Service

C.c. Dr R Harrison, Mill Lane Surgery, 4 Mill Lane, Edinburgh, EH6 6TL

NHS
Lothian

Referrals/Transfer
Iain MacLeod
Substance Misuse Service
North East Recovery Hub
5 Links Place
Edinburgh
EH6 7EZ

Date: 25th January 2019

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Regarding drug stability despite being prescribed methadone 120ml he has continued to use regular heroin and cocaine on top of his prescription citing various social stressors for his drug use. Daily heroin use, mainly smoked but sometime injected, remains registered at Muirhouse Medical Group though says he "feels paranoid visiting this area due to a previous attack but also doesn't feel safe in Leith where he lives, historic drug debts, over £1000. Witness to and gave evidence at murder trial - Dunoon- 9 years ago when living there, still feels under threat if ever he crossed paths with any of those involved again, this is unlikely but he still fears reprisals via their friends. Thomas says he's trying to reduce his heroin use with a view to giving 'clean samples'.

Social: has drug debts of about £1500 - to a couple of dealers and fearful of retributions having already been attacked in Muirhouse area last year. Current drug use reported as 1 1/2 bags (0.3g) daily, not in a position to stop currently even with increased methadone dose as he feels it helps relax him, also takes Diazepam 10mg "to help if he has to go out". Today maintained on methadone 120ml daily.

Should you require any further information then please do not hesitate to contact us if required.

Yours sincerely,

Chris Storey
C.P.N. (Addictions) / Nurse Team Manager (Acting)
Substance Misuse Service

C.c. Dr R Harrison, Mill Lane Surgery, 4 Mill Lane, Edinburgh, EH6 6TL

NHS Lothian

Dr R Harrison
Mill Lane Surgery
4 Mill Lane
Edinburgh
EH6 6TL

Substance Misuse Service

Date: 26th February 2019

Dear Dr Harrison

Re: Thomas Macintyre, 12/7 Dryden Gait, Edinburgh, EH7 4QS.
CHI: 0407813233

Prescriptions prescribed by the Substance Misuse Service: Methadone 120mls daily, supervised daily.
Pharmacy: Lloyds 6-7 Crighton Place, Edinburgh.

I understand that you have taken over the opiate replacement prescribing for the above named chap who will be seeing Heather Preston.

I've closed his case at the Substance Misuse Service in North West Edinburgh and thank you for taking over his care.

Should you require any further information then please don't hesitate to contact me.

Yours sincerely,

Chris Storey
C.P.N. (Addictions) / Nurse Team Manager (Acting)
Substance Misuse Service

Substance Misuse Service - North West Edinburgh
Craigroyston Health Clinic
1b Pennywell Rd
City of Edinburgh EH4 4TZ
0131 315 2121

Edinburgh **Health and Social Care** Partnership

Private & Confidential

Mr Thomas MacIntyre
12/7 Dryden Gait
Edinburgh
EH7 4QS

KH/MH
Date dictated: Thursday 8th October 2020
Ref: 0407813233

Dear Thomas,

Due to unforeseen circumstances I will have to cancel our appointment on Monday 12th October 2020 at 1:00pm, but I have rescheduled another appointment for you which will take place on Monday 19th October 2020 at 2:00pm (Mill Lane Surgery).

Please note that I have already put your prescription into the Pharmacy to start on the 12th October 2020.

I look forward to meeting with you on the 19th October.

Yours Sincerely,

Kirsty Holliday
Community Mental Health Charge Nurse (Addictions)

NHS Lothian, Addiction Treatment & Recovery Care
North East Recovery Hub
5 Links Place
Edinburgh
EH6 7EZ
0131 554 7516 (option 1) or 0131 536 6207.

NHS Lothian

Royal Edinburgh and Associated Services
Forensic (Legal) Medical Service

Custody Examination Record

Name	Thomas Macintyre,	Date of Arrest	02/12/2013.
Date of Birth	04/07/1981.	Time of Arrest	02⁰⁰.
CHI Number			
Gender	(Male) / Female / Other	Date of Examination	02/12/2013.
		Place of Examination	Livingston.
Address	1/1 Greenacre, Edinburgh,	Time Requested	/
		Examination Start Time	1515
		Examination End Time	1535.
GP Details	Boroughloch.	Consent for Examination	Y / N
	Edinburgh.	Consent to Access TRAK	Y / N
	Dr Smith.	Consent to Access ECS	(Y) / N
	0131 229 ~~7835~~	Adult Protection	Y / N
	7529.	Child protection	Y / N

to (touch) get in ok BP re: medication.

Examining Clinician	MICHAL HAM	Circle CFN	(FME).

Reason for Exam							
Alcohol		S297		FTBD		ABI	
Drugs		S4 RTA		FFR		Other	
Medication	✓	S5 RTA		FFC			
Mental Health	~✓			FFI			
Injury				FFT			

Custody Outcome									
FTBD	(Y) / N	FFR	(Y) / N	FFC	(Y) / N	FFI	(Y) / N	FFT	(Y) / N

BP:	128/85	HR:	81	RR:	12	Temp:	/
SpO2:	99	BrAC:	/	BM:	/	GCS:	15

Allergies		Urine Drug Screen	
Urinalysis		HCG:	

NHS Lothian

Royal Edinburgh and Associated Services
Forensic (Legal) Medical Service

Custody Examination Record (Continuation Sheet)

Please use new sheet for each Examination

Page:

Name	Thomas Mackintyre	Date of Birth	04/07/1881.
Examination Date	02/12/2013	Time	1515.

Arrest re:- Domestic Incident. He's been drinking last night.
In custody for court tomorrow.
In property. Dosulepin 3×75 mg nocte
Quetiapine 25mg ×3 Quant 1 evening.
He is also claiming to be on OxyContin 5mg TDS.
Propabeline 100 mg TDS (to be confirmed)
R flare-ing- chronic pain.
Nov other.
Drugs - ϕ.
No alcohol problems. Not withdrawing.
Dx- hx of psychosis. (people after him - better on meds but still hearing "better and worse days"). Complaints → → anxiety + increased paranoia while in cells.
On assessment: cooperative, slightly anxious, not psychotic, not suicidal. rational, fully oriented T/P/P.
Paramount: mood ok. No DSH for past 12/12. → No suicidal ideation at present. No plans, problems.
100% competent and responsible for his actions.
Physically well. Pupils = 3mm PEARL.
Chest - clear.
Heart I+II ↑ D.
1555. Dr McCulloch GP, confirmed OxyContin (he is not bothered about)
Meds: Given 2×25 mg Quetiapine -
Px - Quetiapine, Dosulepine, - Good compliance Propabeline confirmed by Pharmacy.
Verify - Propabeline.
He is not interested in Px OxyContin - to be 300 mg in 3 divided doses to be left out
Observe

Examination Finish Time:

Signature: Michael Mann Print Name: MICHAEL MANN.

NHS Lothian

Royal Edinburgh and Associated Services
Forensic (Legal) Medical Service

Custody Examination Record

Name	Thomas Macintyre,	Date of Arrest	02/12/2013.
Date of Birth	04/07/1981.	Time of Arrest	02⁰⁰.
CHI Number			
Gender	(Male) / Female / Other	Date of Examination	02/12/2013.
		Place of Examination	Livingston.
Address	1/1 Greenacre, Edinburgh,	Time Requested	/
		Examination Start Time	1515
		Examination End Time	1535.
GP Details	Boroughloch.	Consent for Examination	Y / N
	Edinburgh.	Consent to Access TRAK	Y / N
	Dr Smith.	Consent to Access ECS	(Y) / N
	0131 229 ~~7835~~	Adult Protection	Y / N
	7529.	Child protection	Y / N

to (touch) get in ok BP re: medication.

Examining Clinician	MICHAL HAM	Circle CFN	(FME).

Reason for Exam							
Alcohol		S297		FTBD		ABI	
Drugs		S4 RTA		FFR		Other	
Medication	✓	S5 RTA		FFC			
Mental Health	~✓			FFI			
Injury				FFT			

Custody Outcome									
FTBD	(Y) / N	FFR	(Y) / N	FFC	(Y) / N	FFI	(Y) / N	FFT	(Y) / N

BP:	128/85	HR:	81	RR:	12	Temp:	/
SpO2:	99	BrAC:	/	BM:	/	GCS:	15

Allergies		Urine Drug Screen	
Urinalysis		HCG:	

NHS Lothian

Royal Edinburgh and Associated Services
Forensic (Legal) Medical Service

Custody Examination Record (Continuation Sheet)

Please use new sheet for each Examination

Page:

Name	Thomas Mackintyre	Date of Birth	04/07/1881.
Examination Date	02/12/2013	Time	1515.

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Verify - Propabeline.
He is not interested in Px OxyContin - to be 300 mg in 3 divided doses to be left out
Observe

Examination Finish Time:

Signature: Michael Mann Print Name: MICHAEL MANN.

NHS Lothian

Royal Edinburgh and Associated Services
Forensic (Legal) Medical Service

Custody Examination Record

23

Page: 1

Name	Thomas Macintyre	Date of Arrest	22/2/14
Date of Birth	4/7/87	Time of Arrest	2220
CHI Number	3233		
Gender	(Male) / Female / Other	Date of Examination	23/2/14
		Place of Examination	SLPS
Address	1/1 Greenacre Edinburgh	Time Requested	
		Examination Start Time	0600
		Examination End Time	0615
GP Details	Boroughloch Medical Centre	Consent for Examination	(Y) / N
		Consent to Access TRAK	(Y) / N
		Consent to Access ECS	(Y) / N
		Adult Protection	Y / (N)
		Child protection	Y / (N)

Examining Clinician	Colin Baphia	Circle (CFN) / FME

Reason for Exam							
Alcohol		S297		FTBD		ABI	
Drugs		S4 RTA		FFR		Other	
Medication		S5 RTA		FFC			
Mental Health				FFI	✓		
Injury				FFT			

Custody Outcome					
FTBD Y / N	FFR Y / N	FFC Y / N	FFI Y / N	FFT Y / N	

BP:	132/82	HR:	93	RR:	13	Temp:	36.6
SpO2:	99	BrAC:	0.33	BM:	—	GCS:	15

Allergies	NKDA	Urine Drug Screen	
Urinalysis		HCG:	

NHS Lothian

Royal Edinburgh and Associated Services
Forensic (Legal) Medical Service

Custody Examination Record

Name	Thomas Macintyre	Date of Birth	04/07/81.

1. History 2. Past Medical History 3. Past Psychiatric History 4. Drug/Alcohol History 5. Examination 6. Diagnosis 7. Plan

ATOP re: NKA.

PMH: Nil.

Rx: Dosulepin - 75g TDS.
Seroquel - 50g TDS
Gabapentin - 300 TDS.

PPH: Depression diagnosed in 2008.
Suffers from paranoia -
Has had 2x hospital admissions - last one in 2009 (Argyle + Bute). Has overdosed in the past - number of years ago. History of self harm.
CPN - fortnightly visits - due to see Kevin Braes on Monday. No current thoughts of suicide / self harm.

Drugs: Nil.

Alcohol: binge type - but not dependence

Exam: Alert, oriented. Slightly 'bleary eyed', but coherent - No concerns re: mental health

Plan: Routine roundale obs.
Meds to be prescribed if staying.

Referred to FME Yes / (No)

Signature: [signature] Print Name: C. BAPTIE

NHS Lothian

Royal Edinburgh and Associated Services
Forensic (Legal) Medical Service

23

Custody Examination Record (Continuation Sheet)

Please use new sheet for each Examination

Page:

Name	Thomas MacIntyre	Date of Birth	4/7/81
Examination Date	23/2/14	Time	14.00

Asked to see as has now been arrested
Police are attempting to get his partner to bring him oxycodone to St Leonards.
Initially seen yesterday for "FFI"
BP 148/89 Pulse 105 SpO^2 99%
Temp 37.4
Pain killers due to being impaled on metal spike in August - scarring from subsequent operations evident.
Denies any use of street drugs.
States depression "not to bad" at present.
Sees CPN every 2 weeks due to see tomorrow.
No thoughts DSH/Suicide at present.
Appears a little anxious but happy to wait until GPM for medications.

Plan
Prescribe from ECS

Examination Finish Time: 14.15

Signature: [signature] Print Name: PETER MANSON

23

PRISONER MEDICATION MANAGEMENT RECORD

Custody Officer:		**Date:** 23 2 14
Prisoner Name: Thomas McIntyre		**DOB:** 4/7/81
Custody No.:	**Cell No.:** 23	**Risk Status:** low
Diagnosis (FME): depression + analgesia for pain.		
Management Plan/Remarks: Prescribe from ECS		

DRUG PRESCRIPTION RECORD (If more than 5 types continue on next record sheet)

Name of Medication	Quantity Prescribed	Times (suggested 0600, 1200, 1800 and 2400)				
1. Gabapentin	300mg	0600	1800	2400		
2. Quetiapine	50mg	0600				
3. Quetiapine	100mg	1800				
4. Dosulepin	225mg (3x75mg)	1800				
5.						

by Doctor (full name)

Address (if not FME) Attn Mann PETER MANSON (S6048)

DRUG ADMINISTRATION RECORD

(Time and date, plus shoulder numbers of person administering and of corroborating person)

Drug Number (as prescription record)	Time	Date	No.	Corr	Time	Date	No.	Corr	Time	Date	No.	Corr
1	1800	23/2	MA		2400	23/2	ES		0600	24/2		
2	0600	24/2	—									
3	1800	23/2	MA									
4	1800	23/2	MA									

DISCONTINUED/SURPLUS MEDICATION

Drug Number (as prescription record)	Date/Quantity	Drug Production Bag No.	Production Register No.

White copy - original attach to Custody Record

Blue copy accompanies transferred prisoner

Pink copy accompanies surplus medication

Green copy FME copy

CURRENT ASSESSMENT

Date of Assessment: 16.09.16

Surname: MACINTYRE
First name: THOMAS
DOB:
CHI: 0407813233
or affix patient ID label

1. Assessor Details Referred by: Dr McCutcheon, GP

Assessing team: NWCMHT	Time of assessment (24hr clock): 1300	Location of assessment: Craigroyston HC
Primary assessor: Tracy McGuire		Designation: CMHN
2nd assessor: Lyn Ferry		Designation: CMHN

2. Alerts (e.g. Allergies, safety issues)

3. Diagnosis/ICD 10 (if known)

4. Legal status	MHA Section	Expiry date

5. History Of Presenting Complaint

CURRENT ASSESSMENT NAME: **CHI:**

Person's view of current situation inc usual ways of coping:

Feels his mental health is deteriorating and describes a 3 week history of increased difficulty in getting out of the house. Identifies a recent event as a trigger – Thomas told us he was involved in an altercation in April of this year in his home town of Dunoon when he was stabbed. He is currently experiencing increased feelings of paranoia, feeling he needs to protect himself as he is at risk of being attacked. He has missed some appointment recently as felt unable to leave the house, using some 'street valium' to feel calm enough to leave the house today,

Current crisis plan? Yes ☐ No x☐

Carer's view of current situation (including carer's usual role):

Does carer live at same address? Yes ☐ No ☐

Other relevant information re current situation (e.g. collateral from other agencies)

6. Social Circumstances

Self care / home management / finance/ debt / risk of homelessness

Meaningful activity / educational history / employment history / employment at risk? / leisure pursuits

Relationships inc Gender Based Violence

Lives in private sector lease flat, sometimes staying with his sister in Dunoon when struggling. Currently feels unable to go out without using some Diazepam and feels he want to carry a weapon to protect himself. Friends help with shopping on alternate days and Thomas does not go out alone. He describes constantly checking that his doors and windows are secure and keeps various weapons around the house to 'protect myself'. Spends most of his day watching TV and using hsi mobile for facebook etc.

Thomas told us he is in receipt of benefits and manages his money well. He feels able to manage his home independently and there was evidence of good self care today.

Last relationship ended 2-3 years ago, remains on good terms with his ex partner and she checks up on him on occasion.

Thomas has 2 children and one step son from a previous relationship; this ex partner lives in USA with children and Thomas only has contact via skype/facebook. He hopes to have some direct contact with them next year if his mental health improves; he is unable to travel to the States to visit them due to his criminal record.

7. Physical Health, Medication

Medical History / Current Physical Health Concerns

Impaled his arm on a metal spike and still has pain from this.

Current Medication (Including Over The Counter Medicines, Note Name, Frequency, Dosage, Concordance)

Quetiapine 50mg MR, max 300mg

Trazadone 150mg nocte

Tramadol 50mg qds

Lyrica 200mg bd

Note Preferred Local Pharmacy

Sources Of Information: Service User ☐ Carer ☐ GPx☐ Pharmacist ☐ Notes ☐ Other ☐

Specify Other:

8. Alcohol / Substance Use

Alcohol Use (Note Frequency, Weekly Number Of Units):

Other Substance Use (Note Type, Quantity, Frequency, Route Of Administration):

Currently states he is avoiding alcohol as it lowers his mood

Utilises Valium which he purchases on occasion to allow him to go out. Previous substance misuse, most recently Heroin 'about a week ago'

Risk Of Dependence / Withdrawal: Yes ☐ No x☐

Details of Withdrawal Risk

Prescribed Substitute? Yes ☐ No ☐ Details

If Yes: Details Of Who Dispenses:

Never Smoked ☐ Ex-Smoker.☐ Current Smoker x☐ Number Of Cigarettes Per Day _____

If Smoker: Brief Intervention Given? Yes ☐ No ☐

9. Current Mental State

Appearance & behaviour,
Speech & communication
Sleep pattern / energy levels / motivation /appetite
Mood, inc suicidal ideation
Thought content / abnormal beliefs / thought disorder).
Abnormal experiences
Obsessions / compulsion / checking / rituals
Concentration / attention span / memory,

Thomas was slightly tense initially and asked that we enter and leave the room before him to avoid there being anyone behind him. He relaxed and communicated well and was a good historian. Concentration and eye contact were good throughout the interview and a rapport was established without difficulty.

Thomas describes his sleep as poor, unable to sleep for more than 2 hours at a time, waking with a start and feeling fearful. Appetite reduced, no weight loss he is aware of at present. Rates his mood as a 3-4 out of a possible 10. He describes suicidal thoughts several times a day but denies any planning or intent, describing his children as significant protective factors.

No psychotic symptoms described or apparent. Thomas feels the need to check the security of his property throughout the day and night but does not feel this is a compulsion/obsession.

10. Risk Screening	
Current Risk To Self: Suicide, Self Harm, Driving Inc. Previous Suicide Attempts / Deliberate Self Harm Does not consider himself to be at risk although acknowledges previous history of self harm by cutting and accidental overdose in 2009. Previously spent time in hospital in the West for depression	**Yes** ☐ No x☐ **Unknown** ☐
Risk To Others: Forensic History, Aggression, Violence, Driving, Access To Weapons, Supervision Failure Experiences thoughts of needing to attack others before they attack him but this has lessened recently and does not think he would act on this. Forensic history: numerous custodial sentences for assault and breech of the peace, no current charges pending and was last in prison in 2012. States that he keeps various weapons around his property for protection and is often tempted to take one with him when he goes out, currently managing to not do so	**Yes** ☐ No ☐ **Unknown x**☐
Risk To Children: Neglect, Abuse, is risk due to mental state - child included in suicide plans, delusional thoughts / psychotic depression? **A consultant psychiatrist should be directly involved in all clinical decision making for service users who may pose a risk to children.** Children live in USA, contact via mobile/facebook only at present	**Yes** ☐ No x☐ **Unknown** ☐
Health Visitor Informed?	Yes ☐ No ☐ Contact Details
Social Work Informed?	Yes ☐ No ☐ Contact Details:
Risk From Others Abuse, Exploitation, Domestic Violence Past history of fights/assaults and has been attacked with an axe previously. Feels he remains at risk of further assault GBV Routine Enquiry Assessed Yes ☐ No ☐ Data Entered Onto TRAK: Yes ☐ No ☐	**Yes** ☐ No ☐ **Unknown** ☐**x**

CURRENT ASSESSMENT **NAME:** **CHI:**

Risk **Can neglect his personal hygiene, responds to prompts from friends**	**Yes** ☐ No ☐ **Unknown** ☐

Risk Of Physical Impairment Memory, Sensory	**Yes** ☐ Nox ☐ **Unknown** ☐
Risks relevant to service providers (e.g. Risks to staff, circumstantial or environmental risks identified for visiting staff) Agreeable to contact out with his home at present, doesn't consider himself to be a risk to service providers	**Yes** ☐ No ☐ **Unknown x**☐

Risk Summary (include any ticked yes and any **action if boxes ticked unknown**)
Statement of risk; identify triggers, or other context; state protective factors or management strategies

History of traumatic life events.

Ongoing feelings of paranoia around further assaults and the need to protect himself.

Good support network of friends and one sister in Dunoon, keen to make changes to his life and to engage with CMHT

Immediate Risk Plan (also add to management plan below)

Risk of poor engagement if feels unable to leave the house for appointments. History of substance misuse.

Sources of information available / used:

Service user ☐ carer ☐ family ☐ police ☐ 3rd party ☐ TRAK☐ Other ☐ Specify other:

CURRENT ASSESSMENT **NAME:** **CHI:**

Is Level 2 Risk Assessment indicated? Yes ☐ No ☐	**Responsible team:**

11. Summary & Plan **Refer also to 'History'**

Person's desired immediate outcome(s):

To make changes to his current lifestyle, improve his mental health to allow him to be well enough to have direct contact with his children again

Carer's desired immediate outcome(s):

N/A

Summary of assessment (inc. Summary of risk assessment, current needs)

Recent history of deterioration of mental health with an increase in feelings of paranoia and suicidal thoughts. Previously felt unable to engage with support due to difficulties in leaving his home, feel motivated to try again as there is some hope that he may see his children again next year if mental health stable.

Formulation /diagnosis

Management plan (Inc Plan to manage identified risks)

Further appointment to complete assessment process

Medical review with Dr Wolff to be arranged

Discussed with:

Referred to: CMHT ☐ IHTT ☐ In-patient service* ☐ GP ☐ Other ☐ (specify):

***If referred for psychiatric admission, is person medically suitable?** Yes ☐ No ☐ N/A ☐

Comment:

Thomas Macintyre
04078133235

SHARING INFORMATION & GIVING CONSENT
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Signed _____ Print name THOMAS MACINTYRE

Discussed with _____ Print name K HOLLIDAY

Date 30/3/21.

Photocopy for Patient

To be filed in care plan section of mental health notes

Name: Thomas Macintyre CHI: 0407813233

CLIENT INFORMATION SHEET

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DRUG USE

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As a general guideline, if you use cannabis you can be ***barred from driving for 6 months.***

If you regularly use or are dependent on amphetamines, heroin, morphine, methadone, cocaine LSD, ecstasy (or other so-called "designer" drugs) you can be ***barred from driving for 12 months.***

GROUP 2 LICENCE – HEAVY GOODS, PUBLIC SERVICE VEHICLES

If you regularly use or are dependent on **ANY** of the drugs mentioned above, you can be ***barred from driving for 3 years*** during which time no evidence of dependence or continuing use must occur before the licence can be restored.

In every case, whether you hold Group 1 or Group 2 licence, a medical examination will be required – including ***negative*** urine screen for drugs of abuse.

SEIZURES

- If you have suffered a seizure or seizures as a result of your drug or alcohol misuse, **a period of 12 months off the road, free of seizures, will be required** with a Group 1 licence.
- If you have suffered seizure or seizures as a result of your drug or alcohol misuse and hold a Group 2 licence **you are barred from driving by law.**

	Y	N		Y	N		Y	N		Y	N
Has a vehicle	☐	☒	Has a licence	☐	☒	Drives	☐	☒	Is banned	☐	☒

NOTE: The service has a responsibility to report any patient who continues to use a vehicle while intoxicated with drugs or alcohol, or while at risk of seizure, to the police and/or DVLA. If you have been barred from driving because of the above and then been re-licensed and then start using drugs again, **YOU MUST STOP DRIVING AND NOTIFY DVLA**, Medical Branch, Drivers Medical Unit, DVLA, Longview Road, Morrison, Swansea, SA99 1TU Tel. 08760 600 0301

Keyworker signature _____ Date 30/3/21

Client signature _____ Date 30/3/21

Dalteparin Prescribing Guidance
Counselling Sheet

NHS Lothian

Patient name and CHI number (affix sticky label here)	Please tick boxes to indicate that information has been given to patient/guardian. This form should be signed by both the patient/guardian and professional providing the information. File signed form in patient's notes.
0407813233 Thomas Maclntyre	

☑	Explain indication for therapy.
☑	Explain expected duration of therapy.
☑	Inform patient of dose and the strength of syringe which they will be supplied with.
☑	Administration: • Demonstrate how to use prefilled syringe and how to administer • If possible allow patient (or teach relative/carer) to inject a dose and observe their technique • Administer at roughly the same time each day • If a carer is doing the administration it is recommended that they wear gloves to perform the injection.
☑	Advise patient that a missed dose will increase the risk of further blood clots and that strict compliance is essential.
☑	If appropriate advise the patient to stop taking other antiplatelets, anticoagulants or NSAIDs.
☑	Always tell the doctor, dentist or pharmacist that you take dalteparin.
☑	Bleeding risk: • Advise patient of bleeding risk. • Seek immediate medical attention if significant bleeding or head injury sustained. • Avoid risks from falls/injury – need to take care with hobbies/leisure activities and avoid contact sports. • Advise on the dangers of excess alcohol (increased risk of fall and bleed)
☐ N/A	• Contact practice or district nurse and arrange for doses to be administered (informing them of dose, duration and when to commence). • Share above information with patient.
☑	Arrange OPD appointment if required and inform patient of date and time.
☑	Inform patient to obtain repeat prescription from GP.
☑	Provide patient with an information leaflet on administration of dalteparin. Provide patient with a yellow sharps box

Counselling given by: [illegible] P.J. HOLDS WORTH (name and profession)

Counselling received and understood by: ..... (patient or guardian)

Date counselling given 04/04/21

Name: CHI:

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Keyworker signature _____ Date 06/11/24

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Signed _____ Print name THOMAS MACINTYRE

Discussed with Jennie Hammett Print name JENNIE HAMMETT.

Date 06/11/24

Photocopy for Patient

To be filed in care plan section of mental health notes

07717 473593

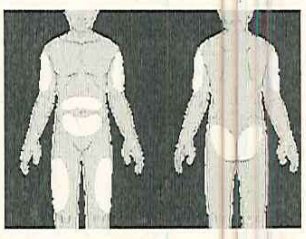
Administration Chart and Admin Checklist

Name: Thomas McIntyre Address: 12/7 Dryden Gait CHI: 0407813233 Mobile Phone: 07544046462 Care Manager: NERH Clinic: Buvidal	(V) Checklist completed prior to first dose of Buvidal ( ) Informed consent form completed ( ) Patient information booklet/sheet given ( ) Buvidal in stock/ordered from pharmacy ( ) Buprenorphine naive patients given dose of Espranor ( ) GP notified and request to add ECS ( ) Pharmacy contacted to cancel any existing prescription ( ) Appropriate fitness to drive advice given ( ) Pregnancy test completed if appropriate Transfer from Highland

Buvidal Dose (Please circle to indicate dose)	Weekly / Monthly	Weekly / Monthly	Weekly / Monthly	Weekly / Monthly	Weekly / Monthly
	8mg	8mg	8mg	8mg	8mg
	16mg 64mg	16mg 64mg	16mg 64mg	16mg 64mg	16mg 64mg
	24mg 96mg	24mg 96mg	24mg 96mg	24mg 96mg	24mg 96mg
	32mg 128mg	32mg 128mg	32mg 128mg	32mg 128mg	32mg 128mg
	160mg	160mg	160mg	160mg	160mg
Due date	06/11/24	04/12/24	08/01/25	05/02/25	05/03/25
Date given	06/11/24	11/12/24	08/01/25	05/02/25	05/03/25
Injection side/site *	L Arm.	L Arm	R Arm	L Arm	R Arm
Signature and name					
Optional Field					

*Injection sites: should be rotated between sites in the buttock (bu), thigh (th), abdomen (ab) or upper arm (ua) with a minimum of 8 weeks before re-injection at previously used injection site. Injections on the waistline or within 5 cm of the naval should be avoided

Daily dose Buprenorphine	Dose of weekly Buvidal	Dose of monthly Buvidal
2-6mg	8mg	
8-10mg	16mg	64mg
12-16mg	24mg	96mg
18-24mg	32mg	128mg – 160mg



Patient Name:	Patient CHI:	Date of appointment	Note completed	Appointment requested	Prescription ordered	Prescription taken to pharmacy
Last toxicology date: 06/11/24		06/11/24	✓	✓	✓	✓
Last 6 monthly review date:		11/12	✓	✓	✓	✓

Name: Thomas Macintyre CHI:

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Signed _____ Print name THOMAS MACINTYRE

Discussed with Jennie Hammett Print name JENNIE HAMMETT.

Date 06/11/24

Photocopy for Patient

To be filed in care plan section of mental health notes

Referrals

NHS Lothian - Referral Letter

Referral To	Mental Health Edinburgh - Adult Psychiatry (North West) L Edinburgh Adult Psychiatry
Urgency of referral	Routine
Date of referral	23/03/2015
Date submitted	24/03/2015
UCPN	101008935410P

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

26-1 WEST PILTON PARK
EDINBURGH
LOTHIAN
EH4 4EE

Voice (Mobile) : 07413608180

REFERRING PRACTITIONER DETAILS

Name:	Dr Nora Lynch (GMC: 7071078)
Practice:	Muirhouse Medical Group (70662)
Phone:	Voice : 0131 537 4343

Practice address

Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

CLINICAL INFORMATION

Reason for Referral: transfer of care

Main Referral Text:

Dear Colleagues

You may have already received information about this patient who I understand was seeing CPN Kevin Clazie at Tollcross with depression and paranoia. He needs follow up locally now having moved from that area to this one. He is on Dosulepin 75mg, 3 at night; Gabapentin 300mg, one 3 times a day; Quetiapine 50mg mr, two in the morning and one at night and Tramadol 50mg, one tablet 6 hourly as required. He has seen the psychiatrist previously and his prescription stemmed from there. His CPN had been talking to him about a medication review recently but now he has moved out of the area we will need to take over his care. I would be grateful for your care of this patient.

Yours sincerely

Dr Nora Lynch
GP ST3

Investigations

Description	Result	Date
Assessment by CPN : true		

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Endogenous depression	Continuing	Extra coding added as pt episode type and priority number entered incorrectly in original entry.	20/03/2015	20/03/2015
[X]Depressive episode, unspecified	First ever		21/11/2008	21/11/2008

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED		20/03/2015		20/03/2015

Quetiapine 50mg modified-release tablets	tablet	TWO IN THE MORNING AND ONE AT NIGHT	20/03/2015	20/03/2015
Gabapentin 300mg capsules	capsule	1 TABLET THREE TIMES DAILY	20/03/2015	20/03/2015
Dosulepin 75mg tablets	tablet	THREE AT NIGHT	20/03/2015	20/03/2015

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dosulepin 75mg tablets	tablet	THREE AT NIGHT		20/02/2015		20/02/2015
Gabapentin 300mg capsules	capsule	1 TABLET THREE TIMES DAILY		20/02/2015		20/02/2015
Quetiapine 50mg modified-release tablets	tablet	TWO IN THE MORNING AND ONE AT NIGHT		20/02/2015		20/02/2015
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED		20/02/2015		20/02/2015
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED		27/01/2015		27/01/2015
Quetiapine 50mg modified-release tablets	tablet	TWO IN THE MORNING AND ONE AT NIGHT		27/01/2015		27/01/2015
Gabapentin 300mg capsules	capsule	1 TABLET THREE TIMES DAILY		27/01/2015		27/01/2015
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Contact Details

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EDINBURGH
LOTHIAN
EH4 4EE

Voice (Mobile) : 07413608180

REFERRING PRACTITIONER DETAILS

Name:	Dr Hayley Harris (GMC: 6088053)
Practice:	Muirhouse Medical Group (70662)
Phone:	Voice : 0131 537 4343

Practice address

Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

CLINICAL INFORMATION

Reason for Referral: request for CPN

Main Referral Text:

Dear Colleague

I wonder whether you would consider sending Mr Macintyre a further appointment for a CPN please. He was seen on 5/1/2016 in Dr Wolff's clinic following a several year history of low mood, paranoid ideas, agoraphobia in the context of a difficult childhood, traumatic life offence and a previous diagnosis of borderline personality traits. His medication was altered and it was felt that he might benefit from a CPN and possible graded exposure to his stresses however unfortunately his agoraphobia got the better of him and he was unable to attend the CPN appointments made for him and he was discharged without being seen.

He has been to see me on several occasions now and feels he would be able to attend if he was very kindly offered further appointments.

Many thanks for any assistance you can offer Thomas in the meantime. His current medication includes Pregabalin 200mg BD, Quetiapine 300mg daily, Tramadol 50mg TDS and Trazadone 150mg at night.

Yours sincerely

Dr Hayley Harris

Investigations

Description	Result	Date
Assessment by CPN : true		

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Endogenous depression	Continuing	Extra coding added as pt episode type and priority number entered incorrectly in original entry.	20/03/2015	20/03/2015
[V]Accentuation of personality traits	First ever	Borderline Personality Traits	05/02/2013	05/02/2013
[X]Depressive episode, unspecified	Continuing		10/05/2011	10/05/2011
Alcohol dependence syndrome	First ever		30/01/2009	30/01/2009

[X]Depressive episode, unspecified	First ever	21/11/2008	21/11/2008

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lyrica 200mg capsules (Pfizer Ltd)	capsule	ONE TABLET(S) TWICE A DAY FOR[more]		16/06/2016		16/06/2016
Trazodone 150mg tablets	tablet	1 TABLET AT NIGHT		12/01/2016		10/06/2016
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED.		20/03/2015		10/06/2016
Quetiapine 50mg modified-release tablets	tablet	300MG MAX DAILY IN DIVIDED DOSES		20/03/2015		10/06/2016

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED.		20/03/2015		17/05/2016
Fucidin H cream (LEO Pharma)	gram	TWICE A DAY THINLY		21/04/2016		21/04/2016
Trazodone 150mg tablets	tablet	1 TABLET DAILY AT NIGHT FOR 14 DAYS		21/04/2016		21/04/2016
Pregabalin 100mg capsules	capsule	ONE THREE TIMES A DAY		02/02/2016		10/06/2016
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED.		20/03/2015		18/04/2016
Trazodone 150mg tablets	tablet	1 TABLET AT NIGHT		12/01/2016		17/05/2016
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED.		20/03/2015		24/03/2016
Quetiapine 50mg modified-release tablets	tablet	300MG MAX DAILY IN DIVIDED DOSES		20/03/2015		24/03/2016
Pregabalin 100mg capsules	capsule	ONE THREE TIMES A DAY		02/02/2016		24/03/2016

Additional information

Smoking history (Encounters):Current smoker Date recorded:05-Jan-2016

Alcohol history (Encounters):Drinks occasionally Date recorded:05-Jan-2016

NHS Lothian - Referral Letter

Referral To	Mental Health Edinburgh - Adult Psychiatry (North West) L Edinburgh Adult Psychiatry
Urgency of referral	Routine
Date of referral	11/08/2016
Date submitted	12/08/2016
UCPN	101011932276R

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

26-1 WEST PILTON PARK
EDINBURGH
LOTHIAN
EH4 4EE

Voice (Mobile) : 07413608180

REFERRING PRACTITIONER DETAILS

Name:	Dr. Hazel McCutcheon (GMC: 6053774)
Practice:	Muirhouse Medical Group (70662)
Phone:	Voice : 0131 537 4343

Practice address

Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

CLINICAL INFORMATION

Reason for Referral:	Paranoid Ideas.
Main Referral Text:	Thank you for seeing this 35yr old man, please see attached referral from 23rd June 2016. Thomas tells me that he has tried to phone CPN Tracey Maguire as he is now back from his sisters in Dunoon and feels able to commit to seeing a CPN. He continues to have paranoid ideas and has often had episodes where he describes himself as crying in a corner feeling life is not worthwhile. He ultimately managed to get in touch with Tracey and she has said that after we refer him she will be able to contact him relatively quickly. Thank you for your review.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Endogenous depression	Continuing	Extra coding added as pt episode type and priority number entered incorrectly in original entry.	20/03/2015	20/03/2015
[V]Accentuation of personality traits	First ever	Borderline Personality Traits	05/02/2013	05/02/2013
[X]Depressive episode, unspecified	Continuing		10/05/2011	10/05/2011
Alcohol dependence syndrome	First ever		30/01/2009	30/01/2009
[X]Depressive episode, unspecified	First ever		21/11/2008	21/11/2008

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED.		20/03/2015		08/08/2016
Quetiapine 50mg modified-release tablets	tablet	300MG MAX DAILY IN DIVIDED DOSES		20/03/2015		08/08/2016
Lyrica 200mg capsules (Pfizer Ltd)	capsule	ONE TABLET(S) TWICE A DAY FOR[more]		16/06/2016		08/08/2016

Trazodone 150mg tablets	tablet	1 TABLET AT NIGHT	12/01/2016	08/08/2016

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED.		20/03/2015		13/07/2016
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED.		20/03/2015		10/06/2016
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED.		20/03/2015		17/05/2016
Quetiapine 50mg modified-release tablets	tablet	300MG MAX DAILY IN DIVIDED DOSES		20/03/2015		10/06/2016
Pregabalin 100mg capsules	capsule	ONE THREE TIMES A DAY		02/02/2016		10/06/2016
Trazodone 150mg tablets	tablet	1 TABLET AT NIGHT		12/01/2016		17/05/2016

Additional information

Smoking history (Encounters):Current smoker Date recorded:05-Jan-2016

Alcohol history (Encounters):Drinks occasionally Date recorded:05-Jan-2016

NHS Lothian - Referral Letter

Referral To	Mental Health Edinburgh - Adult Psychiatry (North West) L Edinburgh Adult Psychiatry
Urgency of referral	Routine
Date of referral	17/07/2017
Date submitted	19/07/2017
UCPN	101014070592O

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

26-1 WEST PILTON PARK
EDINBURGH
LOTHIAN
EH4 4EE

Voice (Mobile) : 07476980829

REFERRING PRACTITIONER DETAILS

Name:	Dr Hayley Harris (GMC: 6088053)
Practice:	Muirhouse Medical Group (70662)
Phone:	Voice : 0131 537 4343

Practice address

Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

CLINICAL INFORMATION

Reason for Referral: Increasing paranoia

Main Referral Text:

I wonder whether you would consider taking Mr MacIntyre on to your waiting list for an appointment. He was referred back last August 2016 and was placed on a long waiting list and then failed to attend when given an appointment in April 2017.

He is a 36yr old gentleman with a past history of alcohol dependence, possible borderline personality disorder, depression and drug misuse. His current medication includes Trazodone 150mgs at night, Lyrica 200mgs twice daily for neuropathic pain, Tramadol 50mgs one tablet 6 hourly, Quetiapine 300mgs max in daily divided doses.

Unfortunately he has relapsed and started smoking heroin for the last year, approximately 3g daily. He is also using street valium to help with anxiety and paranoia. He is hardly drinking any alcohol and has support from one of his friends.

He reports that this friend fell out with him and that is the reason he wasn't able to attend Craigroyston but now they have made up and he does have facilities for attending appointments and he knows that he would need to do this if he was taken on again.

Many thanks

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Endogenous depression	Continuing	Extra coding added as pt episode type and priority number entered incorrectly in original entry.	20/03/2015	20/03/2015
[V]Accentuation of personality traits	First ever	Borderline Personality Traits	05/02/2013	05/02/2013
[X]Depressive episode, unspecified	Continuing		10/05/2011	10/05/2011
Alcohol dependence syndrome	First ever		30/01/2009	30/01/2009
[X]Depressive episode, unspecified	First ever		21/11/2008	21/11/2008

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Quetiapine 50mg modified-release tablets	tablet	300MG MAX DAILY IN DIVIDED DOSES		20/03/2015		05/07/2017
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED.		20/03/2015		05/07/2017
Lyrica 200mg capsules (Pfizer Ltd)	capsule	ONE TABLET(S) TWICE A DAY FOR[more]		16/06/2016		05/07/2017
Trazodone 150mg tablets	tablet	1 TABLET AT NIGHT		12/01/2016		05/07/2017

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED.		20/03/2015		01/06/2017
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED.		20/03/2015		03/05/2017
Quetiapine 50mg modified-release tablets	tablet	300MG MAX DAILY IN DIVIDED DOSES		20/03/2015		01/06/2017
Lyrica 200mg capsules (Pfizer Ltd)	capsule	ONE TABLET(S) TWICE A DAY FOR[more]		16/06/2016		03/05/2017
Trazodone 150mg tablets	tablet	1 TABLET AT NIGHT		12/01/2016		03/05/2017

Additional information

Smoking history (Encounters):Current smoker Date recorded:05-Jan-2016

Alcohol history (Encounters):Drinks occasionally Date recorded:05-Jan-2016

Case Notes

*This form should be used only to assist you in keying information directly onto the Scottish Drug Misuse Database. It **MUST NOT** be mailed to ISD. Such action constitutes a breach of the Data Protection Act 1998.*

SMR2Sa ASSESSMENT REPORT *Introduced April 2008*

1) PERSONAL DETAILS

First Name THOMAS Surname MACINTYRE

Date of Birth

Local Ref Gender Male ☒ Female ☐ City/Town EDINBURGH.

CHI Number 0407613233 Postcode EH14 4EE

ETHNIC GROUP

White

Scottish ☒ Other British ☐ Irish ☐ Other White ☐ *(specify)* _____

Asian, Asian Scottish or Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Other Asian ☐ *(specify)* _____

Black, Black Scottish or Black British

African ☐ Caribbean ☐ Other Black ☐ *(specify)* _____

Mixed Background

Any *(specify)* _____

2) PRESENTING INFORMATION (OF THIS EPISODE)

MAIN SOURCE OF REFERRAL

- Self ☐
- Health
  - GP ☐
  - Primary Care ☐
  - Mental Health ☐
  - Other ☐
- Social work
  - Criminal Justice ☐
  - Child and Family ☐
  - Other ☐
- Criminal Justice
  - DTTO ☐
  - Arrest Referral ☐
  - Drug Court ☐
  - Prison ☐
  - Other ☐
- Voluntary service ☐
- Education ☐
- Housing ☐
- Other *(specify)* CGL

CO-OCCURING HEALTH ISSUES
Tick all that apply

- Drug related physical health ☒
- Mental health ☒
- Alcohol ☒
- Other (specify) _____

3) CURRENT CONTACT WITH THIS SERVICE / REFERRAL TO OTHER SERVICES

Institution code SHSS

Contact name/worker name Abigail White.

Date contact first made (this episode only, include letter/phone referrrals) 16/09/13

Date first appointment offered 16/09/13

Date this assessment completed (if assessment not completed, date last seen) 09/09/13.

Is client being actively treated/cared for by this agency? Yes ☒ No ☐

If no, please provide reason (tick all that apply)

- Received required support ☐
- Unplanned discharge ☐
- Disciplinary discharge ☐
- In prison ☐
- Deceased ☐

Date of Discharge ☐☐☐☐☐☐

- Currently on agency waiting list ☐
- Other (specify) _____

Has client been referred to another drug treatment of rehabilitation service? Yes ☐ No ☒

If yes, please provide details Name _____ Institution Code ☐☐☐☐☐ Date of referral ☐☐☐☐☐☐

Name _____ Institution Code ☐☐☐☐☐ Date of referral ☐☐☐☐☐☐

Has client been referred to a moving on/reintegration service Yes ☐ No ☒

If yes, *please provide details*

- Employability of similar ☐
- Education/training ☐
- Housing ☐
- Social Work ☐
- Other *(specify)* _____

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4) PREVIOUS CONTACT WITH SERVICES

Previous contact with any drug treatment services Yes ☐ No ☐

If yes, year of last contact ☐☐☐☐ ?

Age when help first sought ☐☐ years ?

5) AGE PROFILE

Age when first started using illicit drugs 12 years

Age at onset of problem illicit drug use 28 years

6) PRESCRIPTION DRUGS PROFILE - Give details of current prescription related to treatment of addiction

Is the client currently on prescription? Yes ☒ No ☐ Not known ☐

Details verified? Yes ☒ No ☐

	Drug name	Daily dosage (mg)
Main drug	TRAMADOL	150 mg
Drug 2	TRAMADOL	50 mg (one tablet 6 hourly)
Drug 3		
Drug 4		
Drug 5		

7) ILLICIT DRUGS PROFILE (PAST MONTH) - Including solvents & OTC medicine taken inappropriately

Used in past month? Yes ☒ *show details* No ☐ *go to section 8*

	Drug name	Route(s) e.g. IV/ IM/ smoke/ swallow/ inhale/ snort How often i.e. daily/ most days/ weekends/ weekly/ fortnightly/ monthly				In a 'typical' drug using day	
		Main route	How often	Other route	How often	Quantity e.g. mg/ ml/oz/binge	Spend £
Main Drug	HEROIN	ORAL	DAILY	NO.		.2.	?
Drug 2							
Drug 3							
Drug 4							
Drug 5							

8) INJECTING/ SHARING DETAILS

EVER	Yes	No	IN THE PAST MONTH	Yes	No
Injected	☐	☒	Injected	☐	☐
If no go to section 9					
Always used new equipment first	☐	☐	Always used new equipment first	☐	☐
Used a needle or syringe that someone else has used	☐	☐	Used a needle or syringe that someone else has used	☐	☐
Lent someone else a needle or syringe which client has used	☐	☐	Lent someone else a needle or syringe which client has used	☐	☐
Used the same spoon, filter or water as someone else	☐	☐	Used the same spoon, filter or water as someone else	☐	☐

Age first injected ☐☐ years

9) BLOOD BORNE VIRUSES

Ever tested for:	Yes	No	Date of last test m m y y y y
Hepatitis B	☐	☐	☐☐☐☐☐☐
Hepatitis C	☐	☐	☐☐☐☐☐☐ ?
HIV	☐	☐	☐☐☐☐☐☐

	Yes	No
Has client been at risk since last test?	☐	☒
Has client completed a course of vaccination for Hep B?	☐☐ ?	

10) ALCOHOL PROFILE (PAST MONTH)

Consumed alcohol? Yes ☒ *show details* No ☐ *go to section 11*

How often did client have an alcoholic drink?

Every day	☐	5 - 6 days per week	☐
3 - 4 days per week	☐	1 - 2 days per week	☐
2 - 3 days per month	☐	about one day a month	☒

In a typical day how many units did the client usually have?

06 units

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11) SOCIAL PROFILE (CURRENT)

ACCOMMODATION

- Owned/ Rented ☒
- Supported accommodation (drug related) ☐
- Residential rehabilitation ☐
- In prison ☐
- Homeless - Temporary/ Unstable accommodation/ Hostel ☐
- Homeless - Roofless ☐
- Other (*specify*) _____

LEGAL SITUATION
Tick all that apply

- None ☐
- Case pending ☐
- DTTO ☐
- On probation/ subject to supervision order ☐
- In Prison ☐
- Other (*specify*) Paying Fines.

LIVING SITUATION
Tick all that apply

- With spouse/ partner ☐
- With parents ☐
- Alone ☒
- Other (*specify*) _____

LIVING WITH OTHER DRUG USERS

- Yes ☐
- No ☐
- Did not wish to answer ☐

HAS CLIENT BEEN IN PRISON IN PREVIOUS 12 MONTHS?

Yes ☐ No ☒ Did not wish to answer ☐

How long since release _____

Name of Prison of release _____

EMPLOYMENT/ EDUCATION

- Employed (paid or unpaid) ☐
- Support into employment ☐
- Unemployed ☒
- Never employed ☐
- Long term sick/ disabled ☐
- School ☐
- Excluded from school ☐
- Full time education/ training ☐
- In Prison ☐
- Other (*specify*) _____

DRUG USE FUNDED BY
Tick all that apply

- Employment ☐
- Crime ☐
- Debt ☐
- Benefits ☒
- Sex work ☐
- Did not wish to answer ☐
- Other (*specify*) _____

12) DEPENDENT CHILDREN

Does client have dependent children — Yes ☒ No ☐

If yes provide age of each child in table

Is client or their partner pregnant? — Yes ☐ No ☒

Please provide ages	Child one	Child two	Child three	Child four	Child five	Child six
Living with own children						
Own children living elsewhere	X	X	X			
Living with partner's children						

13) LOCAL USE

1	2	3	4	5	6	7	8	9

Recd 16.11.12
URGENT
Non-Psychiatry
Referrals

NHS Lothian - Referral Letter

Referral To	Mental Health Edinburgh - Adult Psychiatry (South Central) L Edinburgh Adult Psychiatry
Urgency of referral	Urgent
Date of referral	13/11/2012
Date submitted	16/11/2012
UCPN	101004485126L

Psychiatry
- Dr Shah

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

18 NEWINGTON ROAD
EDIN8URGH
EH9 ~~1QW~~ 1QS

Voice (Mobile) : ~~07771736690~~

Ramsay

REFERRING PRACTITIONER DETAILS

Name:	Dr. Linda MacCallum (GMC: 2339427)
Practice:	Boroughloch Medical Practice (70732)
Phone:	Voice : 0131 229 7529

Practice address

1 Meadow Place
Edinburgh
EH9 1JZ

SHO
RBM

06/02/13
10.30am
Dr Shah

CLINICAL INFORMATION

Reason for Referral: Depression with self harming

Main Referral Text:

Dear Doctor

I wonder if you could see Mr MacIntyre urgently. He has a long history mental ill health with depression, self harm and alcohol. He presents with increasing depressive and paranoid thoughts since he was released from prison at the end of August 2012.

Mr MacIntyre is originally from Dunoon and has been seen by the mental health services locally in the past regarding the above problems. He was previously registered at the Inverleith surgery until February this year. He then spent a period in prison and was released in August 2012. Since his release Mr MacIntyre has been in homeless accomodation which is at present worsening his depressive symptoms with increasing anxiety, agoraphobia, paranoid thoughts leading to minor self harm (superficial cuts in arms, some of them penetrated to dermis). Mr MacIntyre fortunately does not feel like doing more self-harming than those superficial cuts.

Mr MacIntyre has had his Dosulepin increased to 150mg at night along with Gabapentin 100mg 3 times per day. Mr MacIntyre reports he has been on most antidepressants in the past; he has been intolerant of or unhelped by all of those that he can remember.

Many thanks for seeing him urgently.

Yours sincerely

Dr F Diaz Locum GP

Investigations

Description	Result	Date
New or escalating self harm or risk of self harm :	true	
Escalating mental health deterioration despite GP intervention :	true	
Assessment by Psychiatrist :	true	

Assessment by CPN :	true
Please detail past psychiatric & psychological problems & any previous interventions / treatments :	as per referral text
Family, current social circumstances & other agencies/individuals involved in their care :	socially isolated, no other agencies involved
Details of any previous or current misuse of alcohol, non-prescribed or prescribed drugs :	previous alcohol dependence
Any specific needs related to language, literacy disability or sensory impairment? :	No

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Patient's next of kin		ailsa mcnaughton - partner - 07968130307	03/09/2012	03/09/2012
Laceration - leg		right knee	29/04/2010	29/04/2010
Overdose of drug		amitriptyline	30/06/2009	30/06/2009
Overdose of drug		mst	29/05/2009	29/05/2009
Alcohol dependence syndrome			30/01/2009	30/01/2009
[X]Depressive episode			21/11/2008	21/11/2008
Overdose of drug		paracetamol	17/07/2008	17/07/2008
Child in care		as child	14/02/1995	14/02/1995
Behavioural problem			23/02/1991	23/02/1991
Behavioural problem			09/01/1985	09/01/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Vasectomy NEC			01/01/2010	01/01/2010

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dosulepin 75mg tablets	tablet	2 TABLET AT NIGHT		09/11/2012		09/11/2012
Gabapentin 300mg capsules	capsule	1 CAPSULE THREE A DAY		09/11/2012		09/11/2012
Gabapentin 300mg capsules	capsule	1 CAPSULE THREE A DAY		22/10/2012		22/10/2012
Dosulepin 75mg tablets	tablet	1 TABLET AT NIGHT		22/10/2012		22/10/2012
Dosulepin 75mg tablets	tablet	1 TABLET AT NIGHT		25/09/2012		25/09/2012
Gabapentin 300mg capsules	capsule	1 CAPSULE THREE A DAY		25/09/2012		25/09/2012
Gabapentin 300mg capsules	capsule	1 CAPSULE THREE A DAY		11/09/2012		11/09/2012
Dosulepin 75mg tablets	tablet	1 TABLET AT NIGHT		11/09/2012		11/09/2012
Podophyllotoxin 0.15% cream	gram	AS DIRECTED		11/09/2012		11/09/2012
Dosulepin 75mg tablets	tablet	1 TABLET AT NIGHT		03/09/2012		03/09/2012
Gabapentin 300mg capsules	capsule	1 CAPSULE TWICE A DAY		03/09/2012		03/09/2012

Additional information

Smoking history (Encounters):Current smoker Date recorded:3-Sep-2012

Alcohol history (Encounters):Alcohol intake above recommended sensible limits Date recorded:3-Sep-2012

Patien t Weight in Kilograms:77
Patient Height in Metres:1.81

South West Edinburgh Community Health Partnership

Cambridge Street House
5 Cambridge Street
Edinburgh
EH1 2DY

TEL: 0131 537 8673

NHS Lothian

Thomas Macintyre
Newington Guest House
18 Newington Road
EDINBURGH
EH9 1QS

Date 29 November 2012
Unit 382940
CHI 0407813233

Dear Mr Macintyre

Re: Your Referral to Mental Health Services – Invitation To Make An Appointment

You have been referred to mental health services for an assessment.

TO ARRANGE AN APPOINTMENT, please telephone the Appointments Officer at Cambridge Street House between 9am and 5pm Monday to Friday on:

Telephone number: 0131 537 8673

If you do not contact us within three weeks, i.e. by the 20.12.12 will assume that you do not wish to have an appointment with us. In this circumstance, please make an appointment to discuss matters further with your GP if you wish to be re-referred.

Yours sincerely

Appointments Officer

Cc. Dr MacCallum, Boroughloch Medical Practice

South West Community Mental Health Team

Dr. M Davies, Associate Specialist
Dr. P Shah, Consultant Psychiatrist
Dr. S Smith, Consultant Psychiatrist

Cambridge Street House
5 Cambridge Street
EDINBURGH
EH1 2DY
TEL: 0131 537 8650/8673
FAX: 0131 537 8655

NHS Lothian

Dr McCallum
Boroughloch Health Centre

Date: 05.02.13
Date Dict: 01.02.13
Our Ref: 0407813233

Enquiries to: Mary Johnstone
Direct Line: 0131 537 8673

Dear Dr McCallum

RE: Thomas MacIntyre
18 Newington Road, Edinburgh, EH9 1QS

Diagnosis: **Borderline personality traits ICD10-F60**
Medication: **Gabapetin 300mgs tds**
Dosulepin 225mgs at night
Please start Quetiapine 25mgs at night and 25mgs during the day.

Further to Dr Diaz referral from last November I saw this 31 year old man in Dr Shah's clinic on behalf of Dr Shah today.

By way of background Mr MacIntyre was born and grew up in Dunoon there was no report of any family history mental disorder and he is the only child of his parents union. Mr MacIntyre had a troubled early life in that he was hyperactive and was a truant, thieving and getting into fights at school meaning that he got suspended and expelled and ended his education in a residential special school until the age of 16. He did pass six Standard Grades.

Thereafter he went to join his mother in Michigan in the USA where he remained until 2004, during this period Tommy worked for three years in the US marines but said he went *'AWOL'* when he was told about a posting in Japan which would have meant he had to leave his girlfriend and two young children behind in Michigan.

After separating from his girlfriend he returned to Scotland and his longest job subsequent was 18 months in a call centre. He last worked a year or so ago as a kitchen porter in Fort William before being put in HMP Barlinnie. Tommy has had 6 or 7 custodial jail sentences, always for assault or breach of the peace and his longest sentence was ten months when he breached bail. There are no pending charges. Tommy has an injured right knee after he was assaulted by a man with an axe and is shortly to go to the Golden Jubilee for an orthopaedic opinion on the NHS.

Mr MacIntyre returned to Edinburgh in August 2012 to be with his girlfriend after discharge from Barlinnie Prison and has been living in bed and breakfast homeless accommodation since that time. He and his girlfriend whom he has known for (18 months) are waiting on a Council House. Tommy is unemployed and is in receipt of Employment support allowance but no other benefits.

Tommy said alcohol is 'my problem' as he only gets into fights or other criminal activity when he is drunk. This time he says he only drinks twice a month and his girlfriend doesn't drink. He first started using alcohol in a binge pattern since the age of 12.

He smokes 40 cigarettes a day but denies any illicit drug use and did not find stimulant recreational drugs helpful. However Tommy said that he buys 15 blue valium (i.e 10mgs Diazepam) each week to help with his *'paranoia'*. He buys these from another man who gets a prescription with you.

Psychiatric History is limited in that he had a brief admission to Lochgilped Hospital due to deliberate self harm and low mood a couple of years ago and he took an overdose in 2010. However more recently as Dr Diaz noted there has been a re-emergence of deliberate self harm with cutting of the arms since December, and Tommy himself is most concerned about what he calls *'paranoia'* which is him worrying that he will be assaulted particularly as he was witness for the prosecution in 2011 when a friend of his from Dunoon got murdered. He said he will rarely go out without taking his street valium and indeed took four valiums today so to get to this appointment.

On examination Tommy was co-operative and not hostile or restless with adequate self care and certainly not sedated. He had an old broken nose and there was some recent scratches to both arms as well as long standing tattoos. Tommy's mood was generally a little flat but he was able to smile and he was certainly not melancholic or depressed. Equally there was no elation or symptoms suggestive of psychosis or frank delusional paranoia.

In summary I don't believe this man has a classic mental illness but has been troubled by his early developmental experiences including physical abuse, now manifest as borderline traits.

Tommy and I agreed that he must abstain entirely from alcohol in the future and that he would agree to give up buying street valium if you prescribed him some low dose Quetiapine as noted above.

I have urged him to get out with his girlfriend daily if need be with the use of sedative Quetiapine.

Dr Shah will review him forthwith.

Yours sincerely

Dr Mark Taylor
Locum Consultant Psychiatrist

CC: Dr Diaz Locum GP, Boroughloch MP

South West Community Mental Health Team

Dr. M Davies, Associate Specialist
Dr. P Shah, Consultant Psychiatrist
Dr. S Smith, Consultant Psychiatrist

Cambridge Street House
5 Cambridge Street
EDINBURGH
EH1 2DY
TEL: 0131 537 8650/8673
FAX: 0131 537 8655

NHS
Lothian

Dr MacCallum
Boroughoch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Date: 07.06.13
Date Dict: 07.06.13
Our Ref: 0407813233

Enquiries to: Mary Johnstone
Direct Line: 0131 537 8673

Dear Dr MacCallum

RE: Thomas MacIntyre, 040781
18 Newington Road, Edinburgh, EH9 1QS

Unfortunately Thomas did not attend his appointment with me on 06.06.13. I note his assessment by Dr Taylor previously. I also noted that there was no active intervention that Health Services were engaged in. I have therefore taken the opportunity to discharge him from my clinic.

Yours sincerely

Dr Prem Shah
Consultant Psychiatrist

MH1 – 382940

RGH.

2-14

14 Feb.

NHS Lothian - Referral Letter

Referral To	Mental Health Edinburgh - Adult Psychiatry (South Central) L Edinburgh Adult Psychiatry
Urgency of referral	Routine
Date of referral	14/11/2013
Date submitted	14/11/2013
UCPN	1010062771330

GP1 pnt

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

18 NEWINGTON ROAD
EDINBURGH
EH9 1QS

Voice (Mobile) : 07771736690

REFERRING PRACTITIONER DETAILS

Name:	Dr. Linda MacCallum (GMC: 2339427)
Practice:	Boroughloch Medical Practice (70732)
Phone:	Voice : 0131 229 7529

Practice address

1 Meadow Place
Edinburgh
EH9 1JZ

CLINICAL INFORMATION

Reason for Referral: Paranoia – ?

Main Referral Text: This gentleman would like some help with his paranoia. He says he has stopped all his drinking and diazepam and denies any cannabis use. He is currently getting analgesia for a recent injury to his arm. He is keen to try to get some help for his paranoia so he can go out and about and not need to drink or take drugs. I would be grateful for your assessment and advice on further management

Investigations

Description	Result	Date
Assessment by CPN :	true	
Would the patient consider participating in Group Therapy if appropriate? :	No	
Details of any previous or current misuse of alcohol, non-prescribed or prescribed drugs :	Alcohol and drug use currently under control. Says no alochol or diazepam recently	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Laceration of arm		right - loss of soft tissue	21/08/2013	21/08/2013 ? ?
Closed traumatic dislocation lunate (volar)		right	21/08/2013	21/08/2013
Post-traumatic wound infection NEC			13/05/2010	13/05/2010
Laceration - leg		right knee	29/04/2010	29/04/2010
Overdose of drug		amitriptyline	30/06/2009	30/06/2009
Overdose of drug		mst	29/05/2009	29/05/2009
Alcohol dependence syndrome			30/01/2009	30/01/2009
[X]Depressive episode			21/11/2008	21/11/2008
Overdose of drug		paracetamol	17/07/2008	17/07/2008
Child in care		as child	14/02/1995	14/02/1995

Behavioural problem	23/02/1991	23/02/1991
Behavioural problem	09/01/198S	09/01/198S

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Vasectomy NEC			01/01/2010	01/01/2010

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Gabapentin 300mg capsules	capsule	1 CAPSULE THREE A DAY		06/12/2012		24/10/2013
Quetiapine 2Smg tablets	tablet	2 TABLETS DURING DAY AND 1 TA[more]		27/03/2013		13/11/2013
Dosulepin 7Smg tablets	tablet	3 TABLETS AT NIGHT		27/03/2013		13/11/2013

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Pregabalin S0mg capsules	capsule	TAKE ONE TWICE DAILY THEN INC [more]		13/11/2013		13/11/2013
Oxycodone Smg capsules	capsule	TAKE ONE AS REQUIRED, UP TO F [more]		13/11/2013		13/11/2013
Oxycodone Smg capsules	capsule	TAKE ONE AS REQUIRED, UP TO F [more]		04/11/2013		04/11/2013
Oxycodone 10mg modified-release tablets	tablet	1 TABLET TWICE DAILY		11/09/2013		11/09/2013

Additional information

Smoking history (Encounters):Current smoker Date recorded:27-Aug-2013

Alcohol history (Encounters):Alcohol intake above recommended sensible limits Date recorded:27-Aug-2013

Patient Weight in Kilograms:77

Patient Height in Metres:1.81

South West Primary Care Mental Health

Cambridge Street House
5 Cambridge Street
Edinburgh EH1 2DY

Tel: 0131 537 8650
Fax: 0131 537 8655

NHS Lothian

Thomas Macintyre
Newington Guest House
18 Newington Road
EDINBURGH
EH9 1QS

Date: 26 November 2013
Ref: KC/ML
CHI No: 407813233

Enquires to: Lorraine King
Referrals Co-ordinator
Direct Line: 0131 537 8665
Extension: (4)8665

Dear Mr Macintyre

As you are aware you have been referred to the Primary Care Mental Health Team. Your referral was discussed on 12th November 2013 and you have been accepted for an initial assessment by Kevin Clazie, Community Psychiatric Nurse. Unfortunately, there is currently a waiting list of approximately 12-14 weeks to be seen.

If you would like an appointment, please contact us by the date below.

20th December 2013
on telephone number 0131 537 8651 – Monday to Thursday; 9am – 2pm

If we do not hear from you within the six weeks then we will assume that you no longer wish for an appointment and we will remove you from our waiting list and discharge you back to the care of your GP.

If you feel in need of support before you receive an appointment the following services may be of help:

Breathing Space	0800 83 85 87 (6pm – 2am)
Mental Health Assessment Service	0131 537 6463 (24 hours)
NHS 24	08454 24 24 24 (24 hour)
Samaritans	0131 221 9999 (9am – 10pm)
Saneline	020 7375 1002 (6pm – 11pm)
Edinburgh Crisis Centre	0808 801 0414 (24 hours)
Living life to the full	www.livinglifetothefull.com

Yours sincerely

Administration – Cambridge Street House.

Copy: Dr MacCallum, Boroughloch Medical Practice, 1 Meadow Place, EH9 1JZ
Kevin Clazie, CPN, Tollcross Health Centre, 10 Ponton St, Edinburgh, EH3 9QQ.

South West Primary Care Mental Health

Cambridge Street House
5 Cambridge Street
Edinburgh EH1 2DY

Tel: 0131 537 8650
Fax: 0131 537 8655

NHS Lothian

Thomas MacIntyre
1/1 Greenacre
EDINBURGH
EH14 3JG

Date: 20.12.13
Ref: KC/ML
CHI No: 0407813233

Enquires to: Lorraine King
Referrals Co-ordinator
Direct Line: 0131 537 8665
Extension: (4)8665

Dear Mr MacIntyre

We would like to offer you the following appointment with Kevin Clazie, Community Psychiatric Nurse, on:

10th February 2014 at 12 noon

in Tollcross Health Centre, Ponton Street, Edinburgh, EH3 9QQ

You must confirm on receipt of this letter that you will be able to attend for your appointment. Please contact Kevin Clazie on **0131 536 9780** (or leave a message on the answer phone) to confirm that this appointment is suitable and that you will be able to attend. **If you do not, you will be discharged back to the care of your GP.** Your appointment will last up to 60 minutes.

It would be helpful if you could complete the enclosed questionnaire and bring it with you to your appointment.

Yours sincerely

Administration – Cambridge Street House

Copy to Kevin Clazie, Community Psychiatric Nurse, Tollcross Health Centre, Ponton Street, Edinburgh, EH3 9QQ
Dr McCallum, Boroughloch Medical Practice, 1 Meadow Place, EH9 1JZ

Mr Thomas MacIntyre

1/1 Greenacre

Edinburgh

EH14 3JG

Tollcross Health Centre
1st Floor
Ponton Street
EDINBURGH
EH3 9QQ
Tel: 0131 536 9780

3 July, 2014

CHI NO 0407813233

Dear Thomas

I am sorry that you were unable to attend your last appointment on 5th June 2014 .

Please can you call me if you require another appointment.

If I do not hear from you within 10 days of the date of this letter I will assume you do not require an appointment and I shall discharge you back to the ongoing care of your GP. Please do not hesitate to contact your GP in future should you feel re-referral would be helpful.

Yours sincerely

Kevin Clazie
Primary Care Community Mental Health Nurse

Dr Smith, Boroughloch Medical Practice.

Called.
Appt
Monday July.
1200.
KC
Kevin Clazie

South West Local Health Partnership

Kevin L.Clazie
Primary Care Community Psychiatric Nurse

Tollcross Health Centre
Ponton Street
Edinburgh
EH3 9QQ

NHS Lothian

Date: 17 September 2014
Our Ref: pccpn.klc.

Enquiries to Kevin L.Clazie
Direct Line 0131- 536 9780

E-mail: Kevin.clazie@nhslothian.scot.nhs.uk

Housing Support Team
Edinburgh City Council

Dear Sir / Madame

Re: Thomas MacIntyre , 1/1 Greenacre EDINBURGH EH14 3JG

I am writing at the request of Mr MacIntyre to support his application for re housing. I have known Mr MacIntyre in my professional capacity since February 2014. Mr MacIntyre has suffered from episodes of depression on and off for many years. Mr MacIntyre also has difficulties with Paranoia, severe anxiety and has been diagnosed with Borderline Personality Traits (2013)

Mr MacIntyre has been having domestic difficulties with his girlfriend of 4 years for some time now; this has caused them to split. There have been incidents of domestic violence. Mr MacIntyre and his girlfriend have tried to reconcile their differences and have attempted to live together but this has proven to be unsustainable. Mr MacIntyre now needs to leave this accommodation.

Mr MacIntyre has previously been in temporary B&B accommodation and this was exceedingly stresstul tor him and in no way beneficial to his mental health. Due to Mr MacIntyres difficulties with anxiety paranoia and depression, living in accommodation which is shared with others can be distressing, this is particularly the case when those individuals are unknown or change frequently. When Mr MacIntyre feels particularly paranoid he can become aggressive and he has required police intervention due to this. This may be considered a risk if he is in shared accommodation with individuals were there is a high / frequent turnover.

I am certain that if Mr MacIntyre could be supported by a move to accommodation that is suited to his particular needs it would have the effect of improving his mental health and wellbeing.

Should further information be helpful in assisting with Mr MacIntyre's housing situation please do not hesitate to contact me on the number above.

Yours sincerely,

Kevin L.Clazie
Primary Care Community Psychiatric Nurse

South West Local Health Partnership

Kevin L.Clazie
Primary Care Community Psychiatric Nurse

Tollcross Health Centre
Ponton Street
Edinburgh
EH3 9QQ

NHS Lothian

To whom it may concern

Date: 13 October 2014
Our Ref: pccpn.klc.

Enquiries to Kevin L.Clazie
Direct Line 0131- 536 9780

E-mail: Kevin.clazie@nhslothian.scot.nhs.uk

Dear Sir / Madame

Re: Thomas MacIntyre , 1/1 Greenacre EDINBURGH EH14 3JG

I am writing at the request of Mr MacIntyre to give some information on his current circumstances and mental health difficulties. I have known Mr MacIntyre in my professional capacity since February 2014. Mr MacIntyre has suffered from episodes of depression on and off for many years. Mr MacIntyre also has difficulties with paranoia, severe anxiety.

Mr MacIntyre's has had an exacerbation of his mental health difficulties recently and has meant that he is rarely leaving the house and is having great difficulty with attending appointment.

I hope that this can be taken into account when looking at any sanctions that may be accorded to Mr MacIntyre for missed appointments.

Yours sincerely,

Kevin L.Clazie
Primary Care Community Psychiatric Nurse

South West Local Health Partnership

Tollcross Health Centre
Ponton Street
Edinburgh
EH3 9QQ

NHS Lothian

Patient Discharge

Dr Smith
Boroughloch Medical Practice
1 Meadows' Place
Edinburgh

Date: 18 February 2015

Enquiries to: Kevin Clazie
Direct Line: 0131- 536 9780

E-mail: Kevin.Clazie@nhslothian.scot.nhs.uk

COPY

Dear Dr Smith

Re: Mr Thomas MacIntyre, 27 West Pilton , Edinburgh
CHI: 0407813233

Diagnosis / Presenting problem: Paranoia, Anxiety, Low mood, binge alcohol use, Childhood adversity, relationship difficulties, diagnosed personality disorder

Referring Clinician: Dr Linda McCallum , Boroughloch Medical Practice.

Sessions:	
First session	10.02.14
Sessions in total	5 Attended 4 DNA
Last session	14.01.15

Scores	PHQ 9	GAD 7	CORE 34
Initial	20	20	90
Middle	x	x	x
End	x	x	x

Intervention
Assesment and sign posting to various agencies. Medication advice to GP.

Medication at discharge
Quetiapine 50 mg x 3 daily, Dothiepine 225mg daily , Gabapentine 300mg x 3 daily , Tramadol 50mg 3-4 daily as required for wrist pain.

Course of Sessions
Thomas did not make use of the appointments that we had in a particularly constructive way, there were considerable gaps between our appointments and Thomas required to either be contacted by the surgery or myself to arrange further appointments. He struggled to follow up on the services that I sign posted him to and although he was polite and active during our meetings he was not pro active out with.

Plan
Thomas to refer himself to Pilton Health Project for possible counselling
Thomas to re refer himself to the housing support officer Kevin Hamilton at West Pilton gardens.
I will refer Thomas to the NW sector Mental Health services to ask that they review his antidepressant medication as he has requested.

Yours sincerely

Kevin L. Clazie
Primary Care Community Psychiatric Nurse

South West Local Health Partnership

Tollcross Health Centre
Ponton Street
Edinburgh
EH3 9QQ

NHS Lothian

Patient Discharge

Mental Health Referral Coordinator
North West Edinburgh
Royal Victoria Hospital

Date: 18 February 2015

Enquiries to: Kevin Clazie
Direct Line: 0131- 536 9780

E-mail: Kevin.Clazie@nhslothian.scot.nhs.uk

Dear Colleagues

Re: Mr Thomas MacIntyre, 27 West Pilton , Edinburgh
CHI: 0407813233

Diagnosis / Presenting problem: Paranoia, Anxiety, Low mood, binge alcohol use, childhood adversity, relationship difficulties, diagnosed personality disorder

I am writing to request a medication review for this young gentleman, who has recently moved in to your area and registered at Muirhouse Medical Group. Mr MacIntyre was at one stage under the care of Dr Shah in the SW of the city , but due to circumstances I am unsure if they ever met.

Mr MacIntyre was seen and assessed by Dr Mark Taylor in 2013 and there is an assessment letter on file.

Mr MacIntyre is currently reporting low mood, loss of appetite and social withdrawal. He has a history of binge drinking but does not feel that this is the problem at the moment. Mr MacIntyre is currently taking Dosulepin 225mg but feels that the effect of this has lessened and would like to discuss alternative antidepressant medication. Mr MacIntyre reports to have previously been on various antidepressants, but I can only assume that this was when he was younger in Dunoon as I can see no record of this in his notes. To my knowledge Mr MacIntyre has not used / bought diazepam for some time know and continues on quetipine 50mg x 3 daily this was started by Dr Taylor as an alternative sedative, and increased to its current dosage by his GP.

Yours sincerely

Kevin L. Clazie
Primary Care Community Psychiatric Nurse

NW Edinburgh Community Health Partnership

Clermiston Health Clinic
7 Rannoch Terrace
Edinburgh EH4 7ES

Tel. No. 0131 339 5620
Fax No. 0131 339 3971

NHS Lothian

Dr Lynch
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date typed: 01.04.15
Date dictated: 01.04.15
CHI Number: 0407813233
Our Ref: PJS/HB/382940

Dear Dr Lynch

Re: Thomas Macintyre, DOB 04.07.81, 26-1 West Pilton Park, Edinburgh EH4 4EE

Thank you for your recent referral on Thomas. I note that you have a view that his CPN had been talking about a medication review; however I note that he was discharged from Kevin Clazie's caseload in December 2014.

I would be grateful if you could provide us with more information regarding his current mental state and the reason for specialist input. I look forward to hearing from you in due course.

Yours sincerely

Dr Premal J Shah
Consultant Psychiatrist

NW Edinburgh Community Health Partnership

Clermiston Health Clinic
7 Rannoch Terrace
Edinburgh EH4 7ES

Tel. No. 0131 339 5620
Fax No. 0131 339 3971

NHS Lothian

Dr Lynch
Muirhouse Medical Group
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date typed: 29.04.15
Date dictated: 29.04.15
CHI Number: 0407813233
Our Ref: PS/HB/382940

Dear Dr Lynch

Re: Thomas Macintyre, DOB 04.07.81, 26-1 West Pilton Park, Edinburgh EH4 4EE

Unfortunately, we have not heard back from you following my letter dated 01.04.15 requesting more information about Mr Macintyre's current mental state and the reason for specialist input. I would be grateful if you could provide us with a response in the next three weeks. If we do not hear from you by the end of June, we will assume that Mr Macintyre does not require an appointment and shall not be sending him an appointment for seeondary care services.

Yours sincerely

Dr Premal J Shah
Consultant Psychiatrist

NW Edinburgh Community Health Partnership

Clermiston Health Clir.
7 Rannoch Terrace
Edinburgh EH4 7ES

NHS Lothian

Tel. No. 0131 339 5620
Fax No. 0131 339 3971

Mr Thomas MacIntyre
26/1 West Pilton Park
EDINBURGH
EH4 4EE

Date typed: 13th July 2015
Unit: 382940
CHI Number: 0407813233

Dear Mr MacIntyre

Re: Your Referral to Mental Health Services
Outpatient Opt-in Service

You have been referred to mental health services for an assessment.

TO OPT-IN TO THE SERVICE, please telephone the Referral Co-Ordinator at

The Clermiston Unit between 9am and 5pm Monday to Friday on:

Telephone number: (0131) 338 0861

Please be advised the above number is an answering service with messages being checked frequently throughout the day. Following this your referral will be directed to the relevant service and an appointment will be sent out in due course.

If you do not contact us within three weeks of the date of this letter, we will assume that you no longer wish an appointment, and your GP will need to re-refer you.

Yours sincerely,

Appointments Officer

CC: Dr Lynch, Muirhouse M.G., Muirhouse M.C., 1 Muirhouse Avenue, Edinburgh, EH4 4PL.

Decision @ meeting PS letter to GP
31/03/15

NHS Lothian - Referral Letter

Referral To	Mental Health Edinburgh - Adult Psychiatry (North West) L Edinburgh Adult Psychiatry
Urgency of referral	Routine
Date of referral	23/03/2015
Date submitted	24/03/2015
UCPN	101008935410P

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

26-1 WEST PILTON PARK
EDINBURGH
LOTHIAN
EH4 4EE

Voice (Mobile) : 07413608180

REFERRING PRACTITIONER DETAILS

Name:	Dr Nora Lynch (GMC: 7071078)
Practice:	Muirhouse Medical Group (70662)
Phone:	Voice : 0131 537 4343

Practice address

Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

CLINICAL INFORMATION

Reason for Referral: transfer of care

Main Referral Text:

Dear Colleagues

You may have already received information about this patient who I understand was seeing CPN Kevin Clazie at Tollcross with depression and paranoia. He needs follow up locally now having moved from that area to this one. He is on Dosulepin 75mg, 3 at night; Gabapentin 300mg, one 3 times a day; Quetiapine 50mg mr, two in the morning and one at night and Tramadol 50mg, one tablet 6 hourly as required. He has seen the psychiatrist previously and his prescription stemmed from there. His CPN had been talking to him about a medication review recently but now he has moved out of the area we will need to take over his care. I would be grateful for your care of this patient.

Yours sincerely

Dr Nora Lynch
GP ST3

Investigations

Description	Result	Date
Assessment by CPN :	true	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Endogenous depression	Continuing	Extra coding added as pt episode type and priority number entered incorrectly in original entry.	20/03/2015	20/03/2015
[X]Depressive episode, unspecified	First ever		21/11/2008	21/11/2008

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED		20/03/2015		20/03/2015
Quetiapine 50mg modified-release tablets	tablet	TWO IN THE MORNING AND ONE AT NIGHT		20/03/2015		20/03/2015
Gabapentin 300mg capsules	capsule	1 TABLET THREE TIMES DAILY		20/03/2015		20/03/2015
Dosulepin 75mg tablets	tablet	THREE AT NIGHT		20/03/2015		20/03/2015

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dosulepin 75mg tablets	tablet	THREE AT NIGHT		20/02/2015		20/02/2015
Gabapentin 300mg capsules	capsule	1 TABLET THREE TIMES DAILY		20/02/2015		20/02/2015
Quetiapine 50mg modified-release tablets	tablet	TWO IN THE MORNING AND ONE AT NIGHT		20/02/2015		20/02/2015
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED		20/02/2015		20/02/2015
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED		27/01/2015		27/01/2015
Quetiapine 50mg modified-release tablets	tablet	TWO IN THE MORNING AND ONE AT NIGHT		27/01/2015		27/01/2015
Gabapentin 300mg capsules	capsule	1 TABLET THREE TIMES DAILY		27/01/2015		27/01/2015
Dosulepin 75mg tablets	tablet	THREE AT NIGHT		27/01/2015		27/01/2015

NW Edinburgh Community Health Partnership

Clermiston Health Clinic
7 Rannoch Terrace
Edinburgh EH4 7ES

Tel. No. 0131 339 5620
Fax No. 0131 339 3971

NHS Lothian

Dr Lynch
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date typed: 01.04.15
Date dictated: 01.04.15
CHI Number: 0407813233
Our Ref: PJS/HB/382940

Dear Dr Lynch

Re: Thomas Macintyre, DOB 04.07.81, 26-1 West Pilton Park, Edinburgh EH4 4EE

Thank you for your recent referral on Thomas. I note that you have a view that his CPN had been talking about a medication review; however I note that he was discharged from Kevin Clazie's caseload in December 2014.

I would be grateful if you could provide us with more information regarding his current mental state and the reason for specialist input. I look forward to hearing from you in due course.

Yours sincerely

Dr Premal J Shah
Consultant Psychiatrist

NW Edinburgh Community Health Partnership

Clermiston Health Clinic
7 Rannoch Terrace
Edinburgh EH4 7ES

Tel. No. 0131 339 5620
Fax No. 0131 339 3971

NHS Lothian

Dr Lynch
Muirhouse Medical Group
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date typed: 29.04.15
Date dictated: 29.04.15
CHI Number: 0407813233
Our Ref: PS/HB/382940

Dear Dr Lynch

Re: Thomas Macintyre, DOB 04.07.81, 26-1 West Pilton Park, Edinburgh EH4 4EE

Unfortunately, we have not heard back from you following my letter dated 01.04.15 requesting more information about Mr Macintyre's current mental state and the reason for specialist input. I would be grateful if you could provide us with a response in the next three weeks. If we do not hear from you by the end of June, we will assume that Mr Macintyre does not require an appointment and shall not be sending him an appointment for secondary eare services.

Yours sincerely

Dr Premal J Shah
Consultant Psychiatrist

NW Edinburgh Community Health Partnership

Clermiston Health Clinic
7 Rannoch Terrace
Edinburgh EH4 7ES

NHS Lothian

Tel. No. 0131 339 5620
Fax No. 0131 339 3971

Mr Thomas MacIntyre
26/1 West Pilton Park
EDINBURGH
EH4 4EE

Date typed: 7th August 2015
CHI Number: 0407813233
Our Ref: 382940

Dear Mr MacIntyre

Thank you for opting in to North West Community Mental Health Service.

You have now been placed on our routine waiting list to be seen at a medical Out Patient clinic, for a mental health assessment and you will be sent an appointment in due course advising of date, time and venue.

Community mental health services within our area, all have lengthy waiting lists and our current waiting time is approx 30 weeks.

Should you have increasing difficulties or concerns related to your mental health within this time, please discuss this further with your GP.

If in the interim, you no longer require an appointment, it would be helpful if you could take the time to contact our service and advise us of this. We would then ensure that you were removed from our waiting list.

Yours sincerely

NW CMHS Admin Team

c.c. Dr Lynch, Muirhouse M.G., Muirhouse M.C., 1 Muirhouse Avenue, Edinburgh.

South West Local Health Partnership

Tollcross Health Centre
Ponton Street
Edinburgh
EH3 9QQ

NHS Lothian

Kevin L.Clazie
Primary Care Community Psychiatric Nurse

Date: 17 September 2014
Our Ref: pccpn.klc.

Housing Support Team
Edinburgh City Council

Enquiries to Kevin L.Clazie
Direct Line 0131- 536 9780

E-mail: Kevin.clazie@nhslothian.scot.nhs.uk

Dear Sir / Madame

Re: Thomas MacIntyre , 1/1 Greenacre EDINBURGH EH14 3JG

I am writing at the request of Mr MacIntyre to support his application for re housing. I have known Mr MacIntyre in my professional capacity since February 2014. Mr MacIntyre has suffered from episodes of depression on and off for many years. Mr MacIntyre also has difficulties with Paranoia, severe anxiety and has been diagnosed with Borderline Personality Traits (2013)

Mr MacIntyre has been having domestic difficulties with his girlfriend of 4 years for some time now; this has caused them to split. There have been incidents of domestic violence. Mr MacIntyre and his girlfriend have tried to reconcile their differences and have attempted to live together but this has proven to be unsustainable. Mr MacIntyre now needs to leave this accommodation.

Mr MacIntyre has previously been in temporary B&B accommodation and this was exceedingly stressful for him and in no way beneficial to his mental health. Due to Mr MacIntyres difficulties with anxiety paranoia and depression, living in accommodation which is shared with others can be distressing, this is particularly the case when those individuals are unknown or change frequently. When Mr MacIntyre feels particularly paranoid he can become aggressive and he has required police intervention due to this. This may be considered a risk if he is in shared accommodation with individuals were there is a high / frequent turnover.

I am certain that if Mr MacIntyre could be supported by a move to accommodation that is suited to his particular needs it would have the effect of improving his mental health and wellbeing.

Should further information be helpful in assisting with Mr MacIntyre's housing situation please do not hesitate to contact me on the number above.

Continued

NHS
Lothian

Yours sincerely,

Kevin L.Clazie
Primary Care Community Psychiatric Nurse

NW Edinburgh Community Health Partnership

Clermiston Health Clinic
7 Rannoch Terrace
Edinburgh EH4 7ES

Tel. No. 0131 339 5620
Fax No. 0131 339 3971

NHS Lothian

Dr Lynch
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date typed: 01.04.15
Date dictated: 01.04.15.
CHI Number: 0407813233
Our Ref: PJS/HB/382940

CASENOTE COPY

Dear Dr Lynch

Re: Thomas Macintyre, DOB 04.07.81, 26-1 West Pilton Park, Edinburgh EH4 4EE

Thank you for your recent referral on Thomas. I note that you have a view that his CPN had been talking about a medication review; however I note that he was discharged from Kevin Clazie's caseload in December 2014.

I would be grateful if you could provide us with more information regarding his current mental state and the reason for specialist input. I look forward to hearing from you in due course.

Yours sincerely

Dr Premal J Shah
Consultant Psychiatrist

Department of Psychology

Royal Edinburgh Hospital
Morningside Terrace
EDINBURGH
EH10 5HF

Date: 9 January 2017

CHI: 0407813233
Our Ref: AS/ea/382940
Tel: 0131 537 6904/5

Mr Thomas MacIntyre
26/1 West Pilton Park
EDINBURGH
EH4 4EE

Dear Mr MacIntyre

As you know, Dr Wolff, Consultant Psychiatrist has referred you to this service. Unfortunately we have a waiting list at the moment and this means there will be a delay of several months before we can offer you an appointment.

I very much regret this situation and assure you that you will be sent an appointment as soon as we are in a position to do so.

I would be grateful if you could keep us informed of any relevant changes in your circumstances, for example, a new address or if you feel you no longer require an appointment. **Unless you inform us of any change of address, we will not be able to contact you with your appointment.**

You will be sent an appointment as soon as possible and Dr Wolff knows that you are now on our waiting list.

Yours sincerely

Anu Shekhar
Clinical Psychologist

c.c Dr G Wolff, Consultant Psychiatrist, Craigroyston Health Clinic
Dr Hepple, Muirhouse Medical Group, 1 Muirhouse Avenue, Edinburgh

Craigroyston Health Clinic
1b Pennywell Road
Edinburgh
EH4 4PH

Telephone 0131315 2026
Facsimile 0131 343 3323

NHS Lothian

Dr G Wolff
Consultant Psychiatrist
Craigroyston Health Clinic
1b Pennywell Road
EDINBURGH

Date typed: 9th May 2017
CHI Number: 0407813233
Our Ref: KD/382940

Dear Dr Wolff

Re: Thomas MacIntyre (04/07/81), 26/1 West Pilton Park, Edinburgh EH4 4EE

Further to your referral of Mr MacIntyre, I sent him an appointment to be seen at Craigroyston Health Clinic on 19 April 2017. Unfortunately, he did not attend this appointment nor has he responded to an 'opt in' letter which I sent thereafter. I am therefore closing his case.

Yours sincerely

Karen Davis

Dr Karen Davis
Clinical Psychologist

Cc Dr Hepple, Muirhouse Medical Group, 1 Muirhouse Ave, Edinburgh

Last seen by Dr Wolff 31/10/16
Dna'd Karen Davis 19/04/17

RECEIVED
20 JUL 2017

382940

(12)

NHS Lothian - Referral Letter

Referral To	Mental Health Edinburgh - Adult Psychiatry (North West) L Edinburgh Adult Psychiatry
Urgency of referral	Routine
Date of referral	17/07/2017
Date submitted	19/07/2017
UCPN	1010140705920

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

26-1 WEST PILTON PARK
EDINBURGH
LOTHIAN
EH4 4EE

Voice (Mobile) : 07476980829

REFERRING PRACTITIONER DETAILS

Name:	Dr Hayley Harris (GMC: 6088053)
Practice:	Muirhouse Medical Group (70662)
Phone:	Voice : 0131 537 4343

Practice address

Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

CLINICAL INFORMATION

Reason for Referral: Increasing paranoia

Main Referral Text:

I wonder whether you would consider taking Mr MacIntyre on to your waiting list for an appointment. He was referred back last August 2016 and was placed on a long waiting list and then failed to attend when given an appointment in April 2017.

He is a 36yr old gentleman with a past history of alcohol dependence, possible borderline personality disorder, depression and drug misuse. His current medication includes Trazodone 150mgs at night, Lyrica 200mgs twice daily for neuropathic pain, Tramadol 50mgs one tablet 6 hourly, Quetiapine 300mgs max in daily divided doses.

Unfortunately he has relapsed and started smoking heroin for the last year, approximately 3g daily. He is also using street valium to help with anxiety and paranoia. He is hardly drinking any alcohol and has support from one of his friends.

He reports that this friend fell out with him and that is the reason he wasn't able to attend Craigroyston but now they have made up and he does have facilities for attending appointments and he knows that he would need to do this if he was taken on again.

Many thanks

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Endogenous depression	Continuing	Extra coding added as pt episode type and priority number entered incorrectly in original entry.	20/03/2015	20/03/2015
[V]Accentuation of personality traits	First ever	Borderline Personality Traits	05/02/2013	05/02/2013

[X]Depressive episode, unspecified	Continuing	10/05/2011	10/05/2011
Alcohol dependence syndrome	First ever	30/01/2009	30/01/2009
[X]Depressive episode, unspecified	First ever	21/11/2008	21/11/2008

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Quetiapine 50mg modified-release tablets	tablet	300MG MAX DAILY IN DIVIDED DOSES		20/03/2015		05/07/2017
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED.		20/03/2015		05/07/2017
Lyrica 200mg capsules (Pfizer Ltd)	capsule	ONE TABLET(S) TWICE A DAY FOR [more]		16/06/2016		05/07/2017
Trazodone 150mg tablets	tablet	1 TABLET AT NIGHT		12/01/2016		05/07/2017

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED.		20/03/2015		01/06/2017
Tramadol 50mg capsules	capsule	1 TABLET 6 HOURLY AS REQUIRED.		20/03/2015		03/05/2017
Quetiapine 50mg modified-release tablets	tablet	300MG MAX DAILY IN DIVIDED DOSES		20/03/2015		01/06/2017
Lyrica 200mg capsules (Pfizer Ltd)	capsule	ONE TABLET(S) TWICE A DAY FOR [more]		16/06/2016		03/05/2017
Trazodone 150mg tablets	tablet	1 TABLET AT NIGHT		12/01/2016		03/05/2017

Additional information

Smoking history (Encounters):Current smoker Date recorded:05-Jan-2016

Alcohol history (Encounters):Drinks occasionally Date recorded:05-Jan-2016

*This form should be used only to assist you in keying information directly onto the Scottish Drug Misuse Database. It **MUST NOT** be mailed to ISD. Such action constitutes a breach of the Data Protection Act 1998.*

SMR25a ASSESSMENT REPORT *Introduced April 2008*

1) PERSONAL DETAILS

First Name THOMAS Surname MACINTYRE

Date of Birth

Local Ref Gender Male ☒ Female ☐ City/Town EDINBURGH.

CHI Number 0140796132733 Postcode EH14 4EE

ETHNIC GROUP

White

Scottish ☒ Other British ☐ Irish ☐ Other White ☐ *(specify)* _____

Asian, Asian Scottish or Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Other Asian ☐ *(specify)* _____

Black, Black Scottish or Black British

African ☐ Caribbean ☐ Other Black ☐ *(specify)* _____

Mixed Background

Any *(specify)* _____

2) PRESENTING INFORMATION (OF THIS EPISODE)

MAIN SOURCE OF REFERRAL

- Self ☐
- Health
  - GP ☐
  - Primary Care ☐
  - Mental Health ☐
  - Other ☐
- Social work
  - Criminal Justice ☐
  - Child and Family ☐
  - Other ☐
- Criminal Justice
  - DTTO ☐
  - Arrest Referral ☐
  - Drug Court ☐
  - Prison ☐
  - Other ☐
- Voluntary service ☐
- Education ☐
- Housing ☐
- Other *(specify)* CGL

CO-OCCURING HEALTH ISSUES

Tick all that apply

- Drug related physical health ☒
- Mental health ☒
- Alcohol ☒
- Other (specify) _____

3) CURRENT CONTACT WITH THIS SERVICE / REFERRAL TO OTHER SERVICES

Institution code SHSS

Contact name/worker name Abigail White.

Date contact first made (this episode only, include letter/phone referrals) 16/05/17

Date first appointment offered 16/05/17

Date this assessment completed (if assessment not completed, date last seen) 09/06/17.

Is client being actively treated/cared for by this agency? Yes ☒ No ☐

If no, please provide reason (tick all that apply)

- Received required support ☐
- Unplanned discharge ☐
- Disciplinary discharge ☐
- In prison ☐
- Deceased ☐
- Currently on agency waiting list ☐
- Other (specify) _____

Date of Discharge ☐☐☐☐☐☐

Has client been referred to another drug treatment of rehabilitation service? Yes ☐ No ☒

If yes, please provide details

Name _____ Institution Code ☐☐☐☐☐ Date of referral ☐☐☐☐☐☐

Name _____ Institution Code ☐☐☐☐☐ Date of referral ☐☐☐☐☐☐

Has client been referred to a moving on/reintegration service Yes ☐ No ☒

If yes, *please provide details*

- Employability of similar ☐
- Education/training ☐
- Housing ☐
- Social Work ☐
- Other *(specify)* _____

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4) PREVIOUS CONTACT WITH SERVICES

Previous contact with any drug treatment services Yes ☐ No ☐

If yes, year of last contact ☐☐☐☐ ?

Age when help first sought ☐☐ years ?

5) AGE PROFILE

Age when first started using illicit drugs 12 years

Age at onset of problem illicit drug use 28 years

6) PRESCRIPTION DRUGS PROFILE - Give details of current prescription related to treatment of addiction

Is the client currently on prescription? Yes ☒ No ☐ Not known ☐

Details verified? Yes ☒ No ☐

	Drug name	Daily dosage (mg)
Main drug	TRAMADOL	150 mgs
Drug 2	TRAMADOL	50 mgs (one to be taken 6 hourly)
Drug 3		
Drug 4		
Drug 5		

7) ILLICIT DRUGS PROFILE (PAST MONTH) - Including solvents & DTC medicine takers inappropriately

Used in past month? Yes ☒ *show details* No ☐ *go to section 8*

	Drug name	Route(s) e.g. IV/ IM/ smoke/ swallow/ inhale/ snort How often i.e. daily/ most days/ weekends/ weekly/ fortnightly/ monthly				In a 'typical' drug using day	
		Main route	How often	Other route	How often	Quantity e.g. mg/ ml/oz/binge	Spend £
Main Drug	TEREON	ORAL	DAILY	NO.		.2.	?
Drug 2							
Drug 3							
Drug 4							
Drug 5							

8) INJECTING/ SHARING DETAILS

EVER	Yes	No	IN THE PAST MONTH	Yes	No
Injected	☐	☒	Injected	☐	☐
If no go to section 9					
Always used new equipment first	☐	☐	Always used new equipment first	☐	☐
Used a needle or syringe that someone else has used	☐	☐	Used a needle or syringe that someone else has used	☐	☐
Lent someone else a needle or syringe which client has used	☐	☐	Lent someone else a needle or syringe which client has used	☐	☐
Used the same spoon, filter or water as someone else	☐	☐	Used the same spoon, filter or water as someone else	☐	☐

Age first injected ☐☐ years

9) BLOOD BORNE VIRUSES

Ever tested for:	Yes	No	Date of last test (m m y y y y)
Hepatitis B	☐	☐	☐☐☐☐☐☐
Hepatitis C	☐	☐	☐☐☐☐☐☐ ?
HIV	☐	☐	☐☐☐☐☐☐

	Yes	No
Has client been at risk since last test?	☐	☒
Has client completed a course of vaccination for Hep B?	☐☐ ?	

10) ALCOHOL PROFILE (PAST MONTH)

Consumed alcohol? Yes ☒ *show details* No ☐ *go to section 11*

How often did client have an alcoholic drink?

Every day	☐	5 - 6 days per week	☐
3 - 4 days per week	☐	1 - 2 days per week	☐
2 - 3 days per month	☐	about one day a month	☒

In a typical day how many units did the client usually have?

☐☐ units

This form should be used only to assist you in keying information directly onto the Scottish Drug Misuse Database. It MUST NOT be mailed to ISD. Such action constitutes a breach of the Data Protection Act 1998.

11) SOCIAL PROFILE (CURRENT)

ACCOMMODATION

- Owned/ Rented ☒
- Supported accommodation (drug related) ☐
- Residential rehabilitation ☐
- In prison ☐
- Homeless - Temporary/ Unstable accommodation/ Hostel ☐
- Homeless - Roofless ☐
- Other (*specify*) _____

LEGAL SITUATION
Tick all that apply

- None ☐
- Case pending ☐
- DTTO ☐
- On probation/ subject to supervision order ☐
- In Prison ☐
- Other (*specify*) Paying Fines

LIVING SITUATION
Tick all that apply

- With spouse/ partner ☐
- With parents ☐
- Alone ☒
- Other (*specify*) _____

LIVING WITH OTHER DRUG USERS

- Yes ☐
- No ☐
- Did not wish to answer ☐

HAS CLIENT BEEN IN PRISON IN PREVIDUS 12 MONTHS?

Yes ☐ No ☒ Did not wish to answer ☐

How long since release _____

Name of Prison of release _____

EMPLOYMENT/ EDUCATION

- Employed (paid or unpaid) ☐
- Support into employment ☐
- Unemployed ☒
- Never employed ☐
- Long term sick/ disabled ☐
- School ☐
- Excluded from school ☐
- Full time education/ training ☐
- In Prison ☐
- Other (*specify*) _____

DRUG USE FUNDED BY
Tick all that apply

- Employment ☐
- Benefits ☒
- Crime ☐
- Sex work ☐
- Debt ☐
- Did not wish to answer ☐
- Other (*specify*) _____

12) DEPENDENT CHILDREN

Does client have dependent children — Yes ☒ No ☐

If yes provide age of each child in table

Is client or their partner pregnant? — Yes ☐ No ☒

Please provide ages	Child one	Child two	Child three	Child four	Child five	Child six
Living with own children						
Own children living elsewhere	X	X	X			
Living with partner's children						

13) LOCAL USE

1 2 3 4 5 6 7 8 9 ☐☐☐☐☐☐☐☐☐

NHS
Lothian

Mr Thomas Macintyre
26-1 West Pilton Park
Edinburgh,
EH4 4EE

Date: 8th September 2017

Dear Thomas,

I am writing to offer you an appointment to attend:

Date: Wednesday 27th September

Time: 1pm

Location: Pennywell Resource Centre

If you cannot attend this appointment please contact the service.

Yours sincerely,

Abigail White
Senior Community Mental Health Nurse in Addictions
North West Substance Misuse Directorate

REC: 27/7/17
RTT: 17/8/17
SCR: CDPS NORTH
MH1: 382940

North West Edinburgh Recovery Service Assessment

Worker: Sarah R	**Interview Date:** 13/7/17	**Completed Date:** 13/7/17
Client Forenames: Tommy **Client Surname:** MacIntyre.		**D.O.B.(dd/mm/year):** 4/7/81 **Gender:** Male ☑ Female ☐
Service ID: NW475 **Referral Source:** GP-Drop In		**Tel:** **Mobile:** 07460919947 **Ethnicity:** White Scottish.
Client Address: 26/1 West Pilton Park **Area:** EH4 4EE		**Co-occurring Health Issues:** Physical Health ☐ Mental ☑ Alcohol ☐ Other (specify) ☐
Previous contact with service: Yes ☐ No ☑ **Date;** **Information Sharing Mandate Signed:** Yes ☑ No ☐		**GP Name/Practice:** Muirhouse M/P Dr Harris.

Why have you accessed this service? (Presenting Issues)

Drugs-heroin.

Involvement with other services: (Social Work, Other Agencies)

CPN - Tracy Maguire @ Craig Royston.

Careers Needs discussed and identified?

Referral to VOCAL Yes (No)

Referral Date	13/7/17	**Admin:**	
Assessment & Care Plan Date	20/7/17	Heat Waiting time No	10499924
Treatment Start Date	20/7/17	SMR25 No	D157581
Attempted Appointments			
Caseworker	Sarah R		

Section 1 – Substance Misuse History

1.1 Current Drinking Pattern:

Consumed alcohol in the last month? Yes ☐ No ☑

If yes how often:

Every Day	☐	*1-2 days/week*	☐
5-6 days/week	☐	*2-3 days/month*	☐
3-4 days/week	☐	*About 1 day/month*	☐

Typical Daily Amount _____ *units*

Units of Alcohol Consumed In The Last Week/Daily

	Yesterday	2 days ago	3 days ago	4 days ago	5 days ago	6 days ago	7 days ago
Morning							
Afternoon							
Evening							
TOTAL							

Is this typical of the last week/month/ > a year?

N/A

Effects of Alcohol use on client: Positive ☐ Negative ☐

Withdrawal Seizures? Yes ☐ No ☐ Details:

Delirium Tremens? Yes ☐ No ☐ Details:

Patients Drinking Goal: Abstinence ☐ Controlled Drinking ☐ Unclear ☐

Last Liver Function Test Details: *(Date of test and results if known)*

N/A

Development of Problematic Drinking:

Previous alcohol problems

15 months abstinent.

2008 - Lost custody of children.

Previous Periods of Abstinence from Alcohol:

N/A

1.2 Previous treatment with services?

	No	Yes	If yes, year of last contact
Drug Services	✓		
Alcohol Services	✓		

Details:

1.3 Age Profile

	Illicit Drug Use (Years)	Alcohol (Years)
Age when first started using	23	12
Age at onset of problem	35	~~25~~ 27
Age when first sought help	36	N/A

(if no problem drug use go to section 3)

RAC
28/8/17

To Discuss

NW Partnership Meeting
Case Presentation Sheet

Date 27/7/17

(Tommy)

Name Thomas MacIntyre

DoB 4/7/81

Presenting Problem:

Smoking 2.5g heroin day.

Current Prescription:

Quitiapine
Trazodone
Pregabalin

Current Dispensing:

Proposed Outcome:

Assessment for opiate replacement therapy.

Actioned by :

Documented By:

1.4 Prescription Drugs Profile:

Give details of current prescriptions – *only those related to treatment of addictions require to be added to SMR 25a*

None ☑ Not known ☐ Details Verified Yes ☐ No ☑

	Drug Name	Daily dosage (mg)
Main Drug 1		
Drug 2		
Drug 3		
Drug 4		
Drug 5		

Current Pharmacy and dispensing arrangements:

1.5 Illicit Drugs Profile:

Including solvents & OTC medicines taken/used inappropriately

	Drug Name	Route(s) e.g. IV/IM/smoke/swallow/inhale/snort How often i.e. daily/most days/weekends/weekly/fortnightly/monthly				In a "typical" drug using day	
		Main route	How often	Other route	How often	Quantity e.g. mg/ml/oz/binge	Spend £
Main Drug 1	Heroin	Smoke	Daily			3g.	£65
Drug 2	Valium	Oral	Weekly			~~1lb~~ 30mg	£6
Drug 3							
Drug 4							
Drug 5							

*Used in the past month ☑

Is this typical use?

2-3yrs once or twice a month.

7-8 months daily. Keeping away withdrawals

Effects of Substance use on client: Positive ☑ Negative ☐ Gets a bit of stone from Valium.

Drug History:

23-Cocaine, Ecstasy.
5yrs ago - Occasional use - heroin.

Previous Periods of Abstinence from Drugs:

Only 2 days - then relapsed.

Withdrawal Symptoms:						
1.6 Inject/Sharing Details:	**Ever**	**Yes**	**No** ✓	**In the past month**	**Yes**	**No** ✓
	Injected			Injected		
	Always used new equipment first			Always used new equipment first		
	Used a needle or syringe that someone else has used			Used a needle or syringe that someone else has used		
	Lent someone else a needle or syringe that you have used			Lent someone else a needle or syringe that you have used		
	Used the same spoon, filter or water as someone else			Used the same spoon, filter or water as someone else		
	Age first injected ____ years					
	How did you begin injecting? (Friends, partner, self?)					
1.7 Current Injecting:	**When did you last inject?** **How many times in the last week/ month?** **On a typical day, how many times do you inject and where?** **Do you have problems injecting** **Yes ☐ No ☐** If yes include Harm Reduction to Care Plan **Where do you get your needles, where are they kept, how do you dispose of them?**					

1.8 BBV Status

Ever tested?	Yes	No	Date last tested MM/YYYY	Result/Confirmed?
Hep B	✓		04/16	-ve
Hep C	✓		04/16	-ve
HIV	✓		04/16	-ve

Has client been at risk since last test — Yes ☐ No ☑

Has client completed a course of vac for Hep B? — Yes ☑ No ☐

Has client completed a course of vac for Hep A? — Yes ☑ No ☐

Has client received a treatment for Hep B — Yes ☐ No ☑

Has client been tested for STD's? — Yes ☐ No ☑ If Yes when

1.9 Overdose Risk

Have you ever overdosed? Yes ☐ No ☑

If yes, give details (frequency, dates, substances involved, intention, where, who they were with & treatment)

Naloxone Discussed: Yes ☑ No ☐ To be delivered.

Given: Training Delivered: Medication Issued:

Have you ever had an accident or been admitted to hospital in the last 6 months as a result of using drugs (include overdose)?

Yes ☐ No ☑ If yes give details

2 Offending History

2.1 Previous Offending

Number of prior convictions 30 1-5 ☐ 5-20 ☐ 20+ ☑

Have you been to prison before. Yes ☑ No ☐ 2012.

2.2 Conviction Details

Current Offence:

None.

Conviction History (incl. number of convictions last month):

Assaults, Breach of Peace
Shoplifting

Assault or violence: Yes ☑ No ☐

2.3 Current Status

Arrested ☐ Case pending ☐ DTTO ☐ Supervision Order ☐ Prison:

Remand ☐ Sentenced ☐

Post sentence ☐ Other (specify) _____

Section 3 – Medical History – Physical Health *(Post health issues, long standing conditions, disability, current care, general physical state)*

No issues.

Pain in wrist after surgery. - Tramadol

Section 4 – Medical Health – Mental Health *(Post Psychiatric history, ever diognosed with ADHD, Current issues)*

Depression, paranoia - GP support

CPN at Craigroyston

Can become violent during blackouts

Quitiapine
Trazodone
Pregabalin
~~Lorazepam~~

Section 5 – Social Profile

5.1 Accommodation:	Owned/Rented	☑ PSL
	Supported accommodation (drug related)	☐
	Residential rehabilitation	☐
	In prison	☐
	Homeless – Temporary/Unstable accommodation/Hostel	☐
	Homeless – roofless	☐
	Other (specify)	☐
5.2 Living Situation: *(tick all that apply)*	With spouse/partner	☐
	With parents	☐
	Alone	☑
	Other (specify)	☐
5.3 Legal situation: *(tick all that apply)*	None	☑
	Case pending	☐
	DTTO	☐
	On probation/subject to supervision order	☐
	In prison	☐
	Other (specify)	☐
	Any cases pending?	
	Has client been in prison in the last 12 months? Yes ☐ No ☑ Did not wish to answer ☐	
	How long since release?	
	Which prison?	

5.4 Employment/Education: *(tick all that apply)*

Employed (paid/unpaid)	☐	School	☐
Support into employment	☐	Excluded from school	☐
Unemployed	☐	Full time education/training	☐
Never employed	☐	In prison	☐
Long term sick/disabled	☑	Volunteering	☐
		Other (specify)	

5.6 Drug use funded by: *(tick all that apply)*

Employment	☐	Crime	☐
Benefits	☑	Sex work	☐
Debt	☑	Did not wish to answer	☐

Other(specify)

5.7 Relationships:

Living with other drug users?
Yes ☐ No ☑ did not want to answer ☐

Family history of substance misuse?
Yes ☑ No ☐ did not want to answer ☐
Parents used alcohol.

Friends involved with offending?
Yes ☐ No ☑ did not want to answer ☐

Family/ Significant Relationships? (Detail any support/ issues/ problems)
Sean - Good friend

Social Support (Participation in pro-social community activities, mutual aid groups)
N/A

5.8 Employability/Skills: ***Past experience/employment aspirations***

Marines - 4yrs
Office work.
Warehouse work.

5.9 Leisure and Interest

How do you spend your time?
In the house - watch TV.

5.9.1 Personal Goals/ Strengths

Personal goals identified by the client:
Stable on methadone
Eventually abstinent.

Personal strengths identified by the client:
None at present.

Peer Support Experience: Yes ☐ No ☑

5.9.2 Gender Based Violence

Any disclosed abuse? *(physical/sexual/ emotional/ financial/ psychological)*

Yes ☑ No ☐ Did not want to answer ☐

Caseworker Notes:
Physical abuse from step mum.

Section 6 – Childcare Information

Is client or client's partner pregnant?	**Yes** ☐ **No** ☑ If yes give EDD: Midwife's name and contact details:
Does client have dependent children? *(this includes all biological and adopted children under 16 who live at home or elsewhere)* 2 over 16 3 children in America	**Yes** ☑ **No** ☐ *If yes, provide age of each child in table over leaf & children's details below:*

	Child one	Child two	Child three	Child four	Child five	Child six
Full name of child	Isaac					
Date of Birth	24/7/04					
Age of child						
Living with own children						
Own children living elsewhere	✓					
Living with partners children						

Does client have regular contact with children? *(includes care of siblings, partner, family or friends children)*	**Yes** ☐ **No** ☑ *If Yes, complete children's details below.* Over phone/Facebook. Court order sz can have them for 6 weeks in Summer.
Are there any other adults living in the clients house who ever take responsibility for your children?	**Yes** ☐ **No** ☐ *If Yes, give details:* N/A
Is there, or has there ever been in the past, Social Work involvement with the child(ren), including during pregnancy?	**Yes** ☐ **No** ☐ N/A
Are there any other relatives or support agencies in touch with your family who can help support the above children?	**Yes** ☐ **No** ☐ *If Yes, give details:* N/A
Do you need any help looking after children or arranging childcare?	**Yes** ☐ **No** ☐ *If Yes, give details:* N/A
Do your children know about your drug/alcohol use?	**Yes** ☐ **No** ☐ *If Yes, give details:* N/A
Have your children ever witnessed you or others taking drugs or being intoxicated?	**Yes** ☐ **No** ☐ *If Yes, give details:* N/A
Where are your children whilst you are obtaining your alcohol/prescription/illegal drugs?	N/A
Where in your house do you store illegal drugs/prescription drugs/alcohol/drug paraphernalia?	N/A

Disclosure and sharing of information without the person's consent is only acceptable in certain circumstances. For example, if there is reasonable cause or suspect to belief that a child may be at risk of harm this will always override a professional or agency requirement to keep information confidential.

Section 7 – Additional SMR Information

Has client been referred to another drug treatment or rehabilitation service?	**Yes** ☐ **No** ☑ *If Yes, please provide date of referral and name of service referred to:* *Date*.....
Is client being actively treated/cared for by this agency?	**Yes** ☑ **No** ☐ *If No, please provide reason (tick all that apply) and give date of discharge:* __/__/__ Received required support ☐ Unplanned discharge ☐ Disciplinary discharge ☐ In prison ☐ Deceased ☐ Currently on service waiting list ☐ Other (specify)
Has client been referred to a moving on /reintegration service?	**Yes** ☐ **No** ☑ *If Yes, please provide details (tick all that apply)* Employability or similar ☐ Education/training ☐ Housing ☐ Social Work ☐ Other (specify)
Case Worker Comments (anything else you feel important)	
Date assessment completed:	13/7/17
Permission to contact 3 months post discharge for follow up questionnaire	**Yes** ☑ **No** ☐
Assessor's signature:	

Outcomes Star

Star Chart

Drug & Alcohol Star™

The Outcomes Star for drug and alcohol recovery

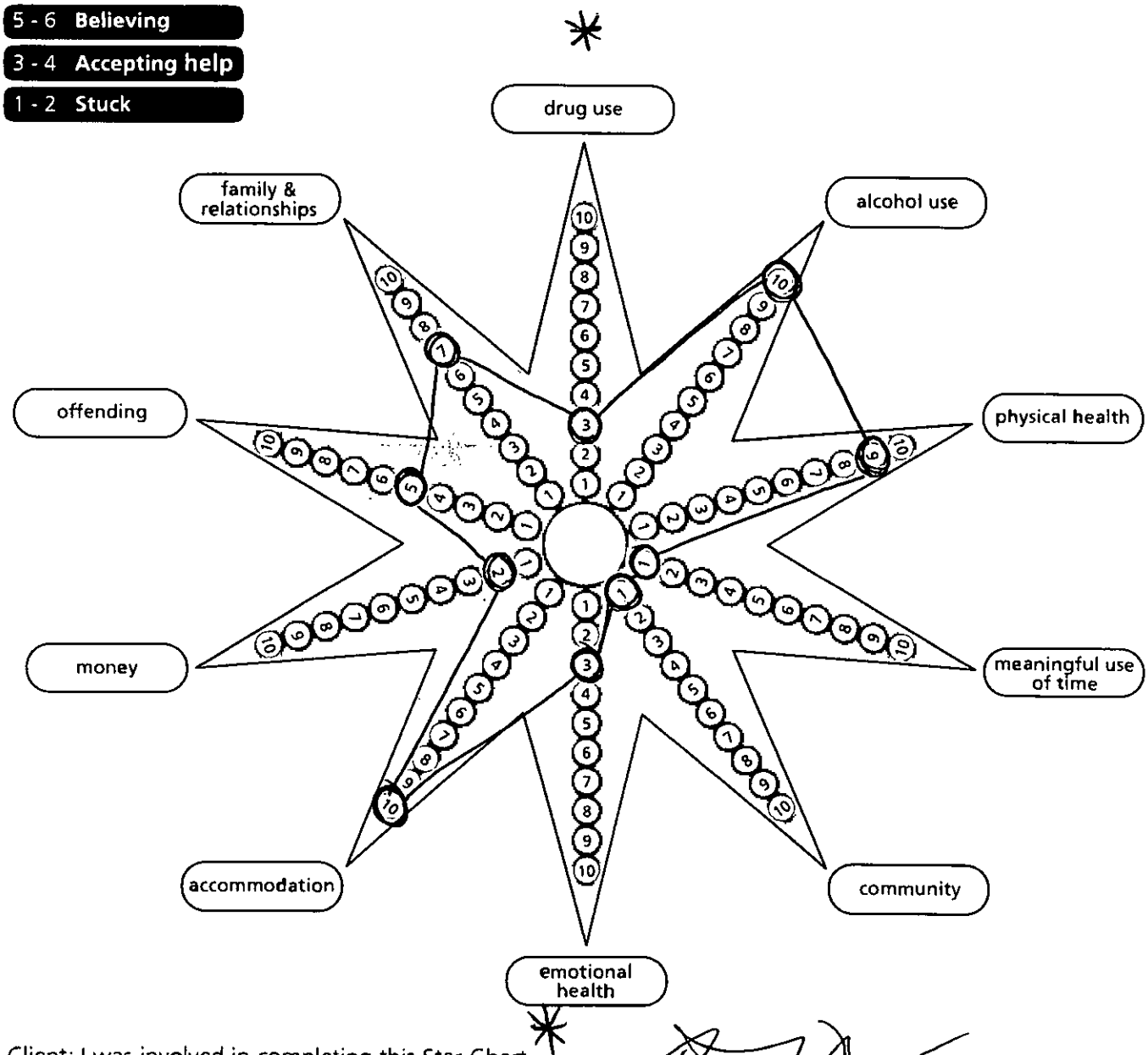
Client Tommy MacIntyre

First ✓ Review Retrospective

Date of completion 20 07 2017.

Completed by Worker and client ✓
Worker alone
Client

9 - 10 **Self-reliance**
7 - 8 **Learning**
5 - 6 **Believing**
3 - 4 **Accepting help**
1 - 2 **Stuck**



Client: I was involved in completing this Star Chart

Star Notes

1 Drug use

3

Smoking 3g heroin daily
Occasional Valium use to get him out of the house.

2 Alcohol use

10

No alcohol use.

3 Physical health

9

Attends GP and CPN appointments. Takes medications as instructed.
Would like to improve fitness.

4 Meaningful use of time

1

Does nothing except smoking drugs in the house by himself.

5 Community

1

Does nothing except smoking drugs, very isolated.

Star Notes

6 Emotional health

3

Depression, anxiety, paranoia.

7 Accommodation

10

6

Happy with accommodation. Takes good care of it.

8 Money

2

In debt to drug dealers.

~~Has~~

9 Offending

6

5

Has shoplifted recently to fund habit.
Feels that without needing to pay for drugs he would not offend at all.

10 Family and relationships

7

Has 2 very good friends and happy with this.
Has a good relationship with children ~~&~~ In contact over phone/facebook.

Action Plan

Priority area and score	Next goal	SMART actions	By who?	By when? (date)
Drug use.	Stabilise on prescription	Complete drug diary. Refer to Substance Misuse Service	Tommy. Sarah	1 week 2 weeks
Drug use.	Reduce drug use	Reduce to 2.5g a day.	Tommy.	1 week.
Emotional health		Attend CPN appointment. -Call to check when.	Tommy.	1 month.
Physical health / Meaningful time.	Improve fitness	Work out in the house. 20 mins every other day.	Tommy	1 week.

Signatures:

Service user [signature] **Date** 20/1/17. **Staff** [signature] **Date** 20/1/17

Outcomes Star

Thomas MacIntyre 26/7/17

Why do I use drugs/alcohol?

Reasons for using

Physical dependency

Stop ~~st~~ withdrawals

Boredom

Mental health

What makes it difficult to change?

Withdrawals

Urges and cravings

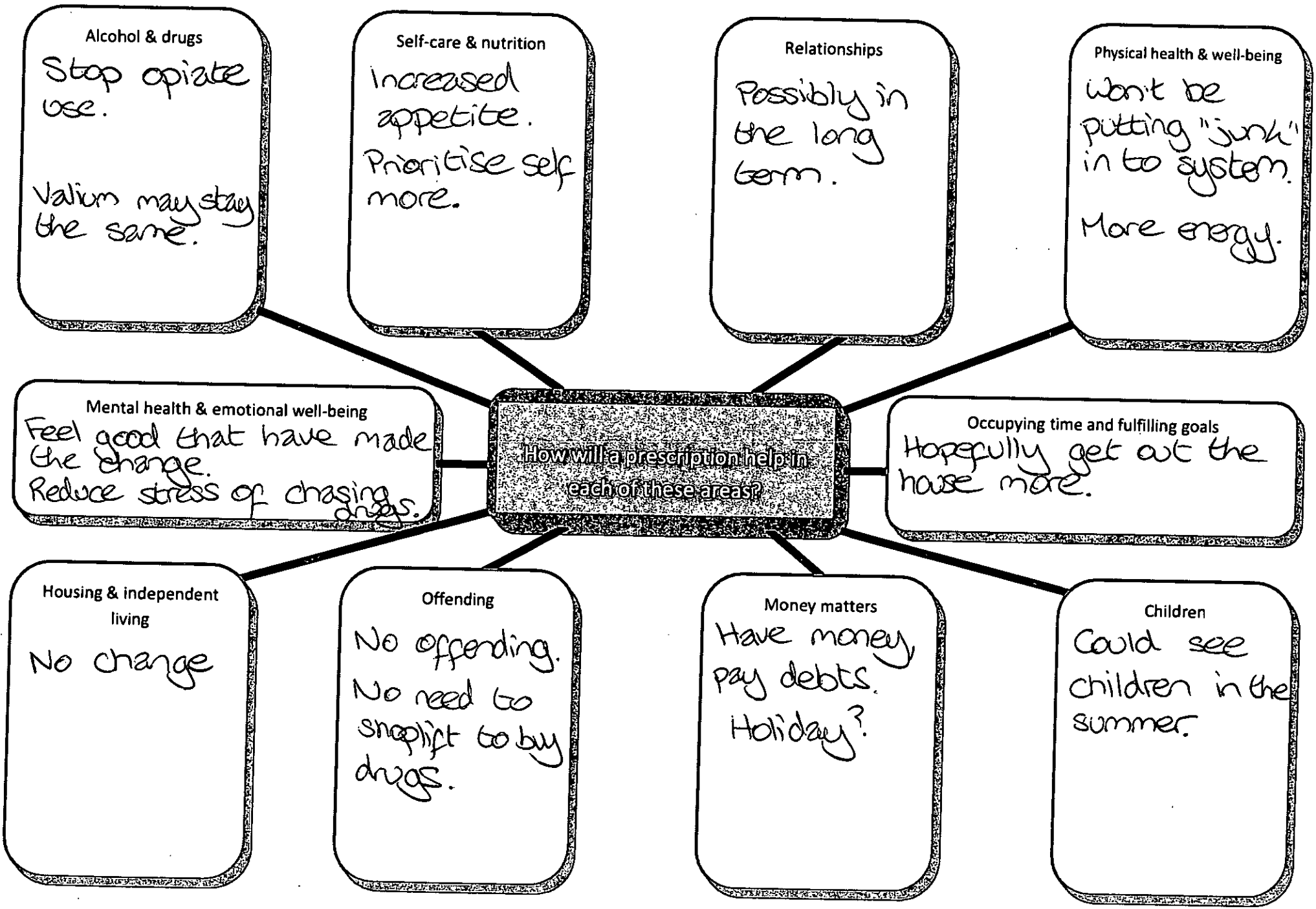
Boredom

Mental health

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Client Name Tommy MacIntyre Keyworker Sarah R Date / /

Thomas MacIntyre 26/7/17



Drug/Drinking Diary

DATE:

Day	Time	Hours Spent	Place	Who I was with	What I did	Money Spent	Consequences	Amount of drugs/units of alcohol taken
Mon 24th		12	HOME	SEAN	SMOKED KIT			2·65
Tues 25th		12	HOME	MYSELF	" "	90		2·65
Wed								
Thurs								
Fri 21st ~~Aug~~		12	Home	MYSELF AARON	" "	100		2·85
Sat 22nd ~~Sept~~		12	HOME	AARON	" "			2·7
Sun 23rd ~~5~~		12	HOME	SEAN	" "	·75		2·8

Information sharing wishes / instructions (if any)

How do I get access to information held about me?

- Information may be in the electronic store, Health care files, Social Work files or Housing files. You can ask to see this information by contacting the Data Protection Officer at one of the following contact numbers:

City of Edinburgh Council 0131 200 2000
East Lothian Council on 01620 827 827
Midlothian Council 0131 270 7500
National Health Service in Lothian
0131 537 6000-

Everyone working for Lothian Local Authorities and NHS Lothian must keep information about you confidential. By law, everyone who receives information from us must keep it confidential unless under exceptional circumstances.

To allow the sharing of information, it is necessary to obtain your informed consent. You may choose not to give consent to the sharing of information, but please be aware that this may result in delays and difficulties in providing services to you.

This leaflet was given to you by:

Name: Sarah Reay

☎ .....

Date 13/2/11

February 2008 Version 5

'SHARING INFORMATION & GIVING CONSENT'

SERVICE USERS GUIDE & CONSENT FORM

Health And Community Care Services

Midlothian

NHS Lothian

EDINBVRGH
THE CITY OF EDINBURGH COUNCIL

East Lothian Council

INTRODUCTION

Community Care and Health Care workers in Lothian are often jointly involved in the care of people living in the community.

Whether we are visiting you in your own home or you are attending your local health centre or hospital, we ask you for information so that you can receive proper care and treatment.

Until now, if more than one person was involved in your treatment and care, it is very likely that you would have been asked for the same information many times.

SHARING INFORMATION

Community Care and Health Care workers in Lothian are aiming to change this. We would like to be able to share relevant information about you with other people who help you get the services you need and make sure that these services are in place as quickly as possible.

In Lothian, we have a secure electronic information store which allows sharing of information between staff across the health and local authority organisations involved in your care.

Before we can do this, we need your permission to let us share information about you. You may decide that you do not wish us to share your personal information – **this is your right**

QUESTIONS YOU MIGHT ASK

Why do you need to share information about me?

- To ensure we collect relevant information only once to support our joint care plans
- To help us monitor and improve services.

Who will you give this information to?

- Anyone who may be directly involved in your care who has a genuine need for it and who is going to use it in your best interests e.g. GP, district nurse, social care worker, occupational therapist or housing worker.
- Anyone else with whom you have agreed that we may share information.

Will everyone know everything about me?

- We will only share information about you with other people involved in your care. Information will not be shared if it is not necessary to this care.
- The law forbids us to share some types of very sensitive information <u>without your consent.</u>

Am I allowed to find out what information is held about me?

- Yes, you are. The <u>Data Protection Act 1998</u> allows you to ask for a copy of all the personal information we have about you.

- ☑ I understand why information needs to be held about me.
- ☑ I understand that information will only be shared for the purposes of assessing my needs and the provision of services to meet those needs as outlined in this leaflet.
- ☑ I consent to the information from this assessment being shared for these purposes, subject to my wishes noted overleaf.
- ☑ I permit / do not permit medical information to be obtained, if required.
- ☑ I understand that I have rights to see records held about me.

Print Name THOMAS MACINTYRE

Signed ..... Date 13-7-17

Basis of authority (if not signed by user):

Received By:

* spoke to Tommy on phone & gave appt * [redacted]

14.

NHS
Lothian

Private & Confidential

Mr Tommy MacIntyre
26/1 West Pilton Park
Edinburgh
EH4 4EE

[redacted]

AW/DG
2nd August 2017

spoke to Tommy on phone

Dear Mr MacIntyre

We have received a referral from your GP. To ensure you are seen as quickly as possible we are no longer operating a waiting list and would invite you to attend **Muirhouse Medical Group, 1 Muirhouse Avenue, Edinburgh on Thursday 10th August 2017 at 2.00pm.**

Please note: no prescription will be given at these drop in sessions.

We look forward to seeing you at Spittal Street.

Yours sincerely

Abby White
Substance Misuse Directorate

Substance Misuse Directorate
Spittal Street Centre, 22/24 Spittal Street, Edinburgh, EH3 9DU
Tel no: 0131 537 8300

9

NHS
Lothian

Dr Hepple
Muirhouse Medical Group
Muirhouse Medical Centre
1 Muirhouse Avenue,
Edinburgh
EH4 4PL

Date: 8th September 2017

Dear Dr Hepple,

Re: Thomas Macintyre, 26-1 West Pilton Park, Edinburgh, EH4 4EE.
CHI: 0407813233

Prescriptions prescribed by the Substance Misuse Service: None.

Prescriptions prescribed by GP Practice: Quetiapine 50mg (300mg max daily in divided doses), Pregabalin 200mg one capsule twice a day for neuropathic pain, Tramadol 50mg (capsules 1 tablet 6 hourly), and Trazadone 150mg tablets (1 tablet at night).

Pharmacy: Dears, Ferry Road or Lloyds, Pennywell Court.

Thomas has attended appointments with the Substance Misuse Service for support and treatment with his opiate dependency after being referred to our service from CGL on the 27.07.17 He has reported he would 'like to be off Heroin and more stable in his mental health'.

Child protection:
In 2005 marriage broke down. Thomas had custody of the children initially and in 2008 the children returned to living with their Mum.
Stepson Jonathan Hill aged 18 years old born in 1998, Thomas 15 years old born in 2001 and Isaac aged 14 years old born in 2003. Thomas did not know there D.O.B's.
Contact is via social media and email.

Childhood:
In care from aged 12 to 16 years old. Stepmum used to batter him. His Mum moved to America when he was 4 years old. He moved to America aged 16 to 23/24 years old.

NHS
Lothian

History of Substance Misuse:
Aged 11 to 12 years old alcohol use and cannabis use.

Current reported drug misuse:
For the last 2 years using Heroin .1 to .2 gram smoked daily for 2/52 weeks or 2-3 times a week uses Methadone 80mls on each occasion. Denies IVDU. .
Valuim 4-6 yellows if goes out. Someone else's prescription.
Has a Naxolone kit.
Prior to using Heroin an alcoholic and last drank in August 2017 (vodka) and was inebriated.
Reporting 18 months ago he stopped drinking prior to this lapse.

Mental health:
Accidental OD in 2010 had prescribed medication and drank alcohol on top of it.
In 2013 tried to stab his chest.
5 years ago DSH cutting of arms has required glue and stitches.
Paranoia and depression.
Reports difficulties leaving the house: checking windows and doors.
CPN CMHT NW Tracey McGuire discharged Thomas he said for having missed appointments.
Denied any intentional OD's.
Denied having DSH ideation and or DSH plans and/or suicidal ideation and/or suicidal plans in his appointments on 16.08 and 30.08.

Physical Health:
In 2003 impaled with a metal spike in right wrist- has metal (pins and screws insitu).
In 2010 -2011 RT knee hit with a camping axe brace fitted and stitched up.
Smoker -40 roll ups a day.

Crime:
Since 9/11 Thomas said he cannot get entry into America because of previous criminal activity.
Thomas informed me that he has been a victim of assulat and stabbings.
Breach of the peace: 2014 and previous for shoplifting unknown date.
Custodial sentence 2012 15months for assault.
No impending court appearances. Fines outstanding, paying out of his benefits.

NHS
Lothian

Appointments:
16.08.17 attended appointment for support and treatment with his opiate dependency with the Substance Misuse Service. Oral swab for drug tox taking. would like a substitute opiate prescription to treat his opiate dependency using Heroin on top of a prescribed Tramadol prescription. Plan: Continue assessment at next appointment in 2/52 weeks time. Tommy to continue to try and cut down his use of illicit non prescribed opiates as he has already.

30.08.17 attended appointment for support and treatment with his opiate dependency with the substance misuse service. Oral swab for drug tox 2nd taken. Drug diary provided. Plan to arrange an appointment with a medic within the service to assess for a medication treatment plan. Next appointment on 27.09.17.

Oral swab for drug toxicology results:
16.08.17 positive to Opiates, Morphine, Codeine, 6MAM (Heroin), Methadone and Benzodiazepines.
30.08.17 positive to Opiates, Morphine, Codeine, 6MAM (Heroin), Cocaine, and Methadone.

I shall keep you informed of his progress. Please do not hesitate to contact us if required.

Yours sincerely,

Abigail White
Senior Community Mental Health Nurse in Addictions
North West Substance Misuse Directorate

Primary Care / Psychological Therapies Service
Initial Assessment

NHS Lothian

Responsible Clinician: Kevin Clazie

Clinician's Phone No: 0131 536 9780

Date assessment commenced: 10.02.14

1. Personal details

Surname	MacIntyre
First name	Thomas
Preferred name	x
CHI	0407813233
Date of birth	04/07/1981
MHI	382940
Address	1/1 Greenacre
	EDINBURGH
Postcode:	EH14 3JG
Telephone no:	07717680246

Sex:	Male					
Title:	Mr					
Surname at birth:	x					
Other previous surname:	x					
Ethnic group:	White Scottish					
1st language	English					
Interpreter required?	Yes		No	x		
Occupation:	Unemployed					
Religion / beliefs:	Not specified					
Address type:	Permanent	x	Temporary			
UK Resident last 12months:	Yes	x	No			

2. GP details

GP	Doctor Linda Maccallum
Practice	Boroughloch Medical Practice
Practice address	1 Meadow Place
	Edinburgh
Postcode:	EH9 1JZ
Telephone no:	0131 229 7529
Fax no	

3. Next of Kin

Surname:	
First name	
Relationship:	Partner of Three years
Address:	As own
Postcode:	
Telephone no:	As own

Alerts

(e.g. Allergies, Safety issues, Routine Enquiry Gender Based Violence issues)

Past history of drug and alcohol abuse

Current court case for assault on two unknown men who he thought were following him

Forensic history (various)

3. Reason for Referral

History of presenting problems (Inc. referrers diagnosis and persons view of problem): Referred by GP Depression with self harm. Long history of alcohol use and increasing paranoid ideas. Recently arrested for assault on two men in the Westerhailes shopping centre who he thought where going to attack him.

Thomas himself is looking for help into why he feels the way that he does and why he does the things that he does. Quite unspecific about this "just need help" At new year had been drinking, girlfriend left to go to the local shop on her return she found Thomas on a pool of blood having stabber himself in the chest, he had no recall of this. He did not require medical help.

Currently has an injury to right forearm received while climbing over a fence to get away from people who he thought where after him, slipped on railing and impaled arm required surgery and plastic surgery (ongoing)

See letter from Dr Taylor dated

4. Assessment

Spiritual beliefs /coping skills and strengths: Previous history of alcohol and drug misuse.

Current Social circumstances: Lives in own tenancy with his girlfriend of three years. Prior to August last year was in homeless accommodation for a year having spent the previous 6 months in Barlinnie Prison. In receipt of benefits. Employment and Support Allowance.

Education / Brief employment history (is the person's employment at risk?): Nil recent employment.

Spent a number of years in the USA. While in the USA was in the armed forces, driver. In Uk worked in a call centre and as a Kitchen Porter.

Self care / Home management : Nil problems

Interests / Social and Leisure pursuits: Few

Early experiences / early social history / relationships with family: see letter Dr Taylor 05.02.13

Originally from Dunoon

Very difficult relation ship with family. Alcohol use in the family +++. Step mother abusive +++. Witnessed and was subject to a number of violent attacks. Does not go home often as usually ends in alcohol ++ and violence.

Current mental state examination (Please include examination of:- Mood, Appearance & Behaviour, Speech & Communication, Sleep pattern/Energy levels/Motivation/Appetite, Concentration/Attention span/Memory recall (Short term and long term memory function), Suicidal ideation (Further details also required in Section 5/Risk assessment), Thought content/Abnormal beliefs/Abnormal experiences/Thought disorder).

Mood: Objectively: Euthymic nil obvious anxiety **Subjectively:** "Not good, cant go on like this"
Appearance & Behaviour: Casually and appropriately dressed, stocky build, short light hair, clean shaven. Appropriate in behaviour, nil aggression noted.
Speech & Communication: Speech normal in rate and content. Open in communication, good historian easy to establish rapport
Sleep pattern/Energy levels/Motivation/Appetite: Sleep poor, uses quetiapine at night to help finds is less helpful than was. Energy OK Motivation poor, appetite OK
Concentration/Attention span/Memory recall: Attention poor. Memory and concentration also poor
Suicidal ideation : Some chronic thoughts of being better of dead. Nil acute intent or plan.
Thought content/Abnormal beliefs/Abnormal experiences/Thought disorder: Occasional thoughts that people are out to get him not constant appear to be anxiety related. Worse after having been drinking alcohol

Name: Thomas Macintyre	CHI: 0407813233

Past Psychiatric history: See letter from Dr Taylor

Any known family psychiatric history: Alcohol problems

Previous Psychological therapies /Self help / Matched care interventions (From whom and when?):
Nil

Physical health issues: Pain in right forearm due to jumping a fence and impaling arm on a spike last year, has had operations on this and is currently in OPD follow up. Receiving Oxycodone for pain. (high risk of addiction)

Current medication (include date when started, include over the counter medicines, name, dosage, concordance, previous medication): Quetiapine 3x 25mg daily. Oxycodone

Current Alcohol use (note quantity, units if known, frequency): Binge drinks a few days at a time

Past history of alcohol excess/ misuse (document details, including any previous treatment, fits/seizures): Past history of alcohol abuse +++ lived homeless 2008 after children taken back to America by their mother.

Risk of dependence/ withdrawal complications: Yes [ ] No [x]

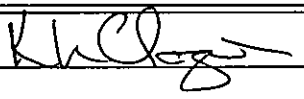
Smoking: Never Smoked [ ] Ex-Smoker [ ] Current Smoker [x] **10-20** per day

Other substance use:

Prescribed opiate substitute? Yes [ ] No [x]

If yes: Details of who prescribes and who dispenses:

Risk of dependence/ withdrawal: Yes [ ] No [x]

Assessor – Name/Grade: Kevin Clazie (6) **Signature:**  **Date:** 10.02.14

5. Risk Screening

Current Risk to self (e.g. suicide, self harm, driving): Yes [ ] No [x] Unknown [ ]

Previous episodes of suicide attempts / previous deliberate self harm: Multiple, started to self harm around the age of 14 till about 16 years of age. Stopped when went to America. Recent incidents of self harm by cuts to arms. Last self harm stabbed self in the chest at new year, found by girlfriend covered in blood, had no recollection of stabbing himself.

Risk to children (e.g. neglect, abuse) Yes [ ] No [x] Unknown [ ]

Is there a risk to children due to mental state? (e.g. child included in suicide plans, delusional thinking/psychotic depression):

Name: Thomas Macintyre	CHI: 0407813233

Contact details Health Visitor: **Contact details Social Services:**

Informed Yes ☐ Date: No ☐ Informed Yes ☐ Date: No ☐

Risk to others Yes [x] No ☐ Unknown ☐

(e.g. Any forensic history, aggression, violence, driving, access to weapons, supervision failure):

Past forensic history,

Current court case due to an attacking two men who he though where following him

Further investigation required? Yes ☐ No [x]

By Whom?

Risk from others (e.g. abuse, exploitation, domestic violence) Yes ☐ No [x] Unknown ☐

GBV Routine Enquiry assessed: Yes [x] No ☐
Data entered onto Pims: Yes [x] No ☐
Further investigation required? Yes ☐ No [x]

By Whom?:

5. Risk Screening (continued)

Risk of neglect (e.g. health, alcohol/substance use, personal): Yes ☐ No ☐ Unknown [x]

Further investigation required? Yes ☐ No ☐

By Whom?

Risk of physical impairment (e.g. memory, sensory): Yes ☐ No ☐ Unknown [x]

Further investigation required? Yes ☐ No [x]

By Whom?

Sources of information available/used: GP [x] Patient [x] Other [x]

If other please specify: Patient Records

Name: Thomas Macintyre	CHI: 0407813233

Third party information documented/filed separately in Case notes: NA ☐ Yes ☐

Is Level 2 Risk Assessment indicated? Yes ☐ No ☐

Responsible Team?:

Assessor – Name/Grade: Kevin Clazie (6) Signature: Date: 10.02.14

6. Summary & plan

Formulation /diagnosis: 32 year old man with a long history of a negating and abusive childhood. Alcohol +++ in the family home and a psychologically and violently abusive father and stepmother. Poor self esteem and emotional coping mechanisms. Mainly deals with emotional upset by use of self harm and alcohol. Some time spent homeless and living on the streets. Has a forensic history due to assaults on others who he thinks are after him. Previously been diagnosed with borderline traits related to childhood adversity.

Does the patient have a treatment preference? Yes ☐ Please Detail below **No** [x]

Patient consents to share information obtained? Yes ☒ Please detail below No ☐

Does the person have information leaflets on the service & code of practice / Patient confidentiality?

Yes ☒ No ☐

Is a crisis plan required? Yes ☐ No ☒

(If Yes please include as part of agreed plan)

Agreed plan (inc. plan to manage identified risks): Discuss with GP , possible increase in Quetipine. 75mg per day up to 150mg per day.

Discussed Dr Smith at Boroughlock, increased, Thomas informed by telephone

Bus pass form completed

Further appointment to continue assessment and look at possible treatment options.

Any actions to be taken by GP: Discussed by telephone see above.

Copy sent to GP

Yes [x] Date: No ☐

Name: Thomas Macintyre	CHI: 0407813233

PHQ9 Score: 20 **GAD7 Score: 20** **DASS Score** (if indicated):

CORE Score: 90 **Total: Other Outcome Scores:**

Patient given information sheet about outcome scores and agreed plan? Yes [X] No [ ]

Assessor – Name/Grade: Kevin Clazie (6) **Signature:** **Date**: 10.02.14

PHQ-9, GAD-7 and CORE Scoring

PHQ-9 scoring

PHQ score	Interpretation (indicative)
0-9	Adjustment disorder/mild depression
10-14	Mild depression
15-19	Moderate/severe depression
> 20	Severe depression

GAD- 7scoring

GAD score	Interpretation (indicative)
5-10	Mild Anxiety
10-15	Moderate Anxiety
15-20	Severe Anxiety

CORE scoring (General Wellbeing function)

CORE score	Interpretation (indicative)	
Severe	85 - 136	
Moderately Severe	68 - 84	
Moderate	51 - 67	
Mild	34 - 50	
Low Level	21- 33	Clinical cut off
Healthy	0 - 20	

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER 04 07 81 32 33

NAME — Thomas MacIntyre.

DATE | SHEET No. 1

DATE	
	* See letter Dr Taylor 2/13. *
13/12/13 1520	Message on my answer service from Thomas asking me to call him back. Called back looking to get Bus pass completed explained unable to do this as not met also not sure he meets criteria. Wishing soon appt due to incident that happened last week. Arrested in Westerhailes shopping centre. "My paranoia caused me to get arrested" Explained need to go and discuss with GP to have referral upgraded. In agreement with this. K.h.Clagin CPN Kevin Clarin
17/12/13 1300	Case discussed at PCLF, assessed in the first instance. Team aware of issues uncertain if adult mental health most appropriate service. Appt 'Rodin' to be sent 10/2/14. K.h.Clagin CPN Kevin Clarin
10/2/14 1530 (1)	Seen for initial assessment today. See CPN assessment sheets. Now out with area and has been asked by surgery to reregister. closed practice Westerhailes partners register him and not sure about the system in Plowville will register at Sighthill practice. PHQ9 20 GAD7 20 CORE 90 Period of very high anxiety [illegible] after new year when chatted off in the shed, can't remember anything about it. Nil diazepam 2 weeks now alcohol mainly stopped occasional binge. Feels quetiapine helped but now taking some

LHB/365

DATE	
	extra. Agreed I will discuss Dr Smith
	Boroughloch GP.
	Bus pass form completed today anxiety+
	on buses gets off frequently.
	Appointment 2 weeks. 24/2/14 1200
	Discussed Dr Smith agrees has to
	re regular, give some time. Agreed
	increase quetiapine 50mg x3 daily.
	Thomas informed re above by phone. K.L.Clogie CPN
	Kevin Clozie
20/2/14	Discussed with CPN Christine McIntosh as
15[00]	may register at Sighthill H.C. K.L.Clogie CPN
	Kevin Clozie
24/2/14	* Did not attend 10 day letter sent K.L.Clogie CPN
12[16]	Kevin Clozie
12[30]	Phone call Dorothy Kelly criminal justice Dept.
	Thomas in "cells" she will call back to let
	me know if he is released or sent to Prison
27/2/14	Re email Dr Smith. K.L.Clogie CPN
0930	Kevin Clozie
3/3/14	No answer on mobile 14[20] K.L.Clogie CPN
14[38]	Kevin Clozie
10/3/14	No answer on mobile K.L.Clogie CPN
0955	Kevin Clozie
1300	No answer on mobile K.L.Clogie CPN
	Kevin Clozie
13/3/14	Phone call to request appointment. "Bad week"
1240	Appt 20/3/14 11am. K.L.Clogie CPN
	Kevin Clozie

O.P. CLINICAL NOTES (Psychiatry)	NUMBER 04 07 81 3233 NAME Thomas MacIntyre.

DATE	SHEET No. 2.

20/3/14 Attended today. Mood low due to fact girlfriend
11 30 walked out two weeks ago on Saturday.
(2) Thomas had been on a 2-3 day alcohol binge the
previous few days on the Friday night he had
been verbally abusive to her and her parent.
Apparently he had also physically grabbed her,
cannot remember much about it only knows
what his girlfriend told him. Now girlfriend is
staying with a friend and unsure if she wants to
go back. Thomas very remorseful apparently
something similar has happened between them before.
Girlfriend had past abusive relationship, also
drunk a little too heavily. She has mentioned
counselling for them both Thomas ok with this
"anything" Thomas some ideas suicide over past
two weeks, nil plan or intent 'just thought'
aware that it would devastate girlfriend "she would
blame herself"
Recent time in cells due to group of neighbours
himself and girlfriend socialising alcohol involved
two men attacked each other one was stabbed 6
times 'OK though' Thomas pulled the man doing the
stabbing off and he accused Thomas of assault.
? will get dropped ? will get charged "common
assault" Council looking into moving one of the
parties involved. Waiting to hear.
Discussed current difficulties, given info
Relationship counselling, EHCA. AVP and Breathing

LHB/365

DATE	
	space and crisis centre. ? Refer back to psych. clinic [illegible] will [illegible] address / if moving
	Mood more reactive during later part of session.
	happy to be given resource leaflets.
	Anxious also related to the future and his mood
	depends on his girlfriend decision. Talked
	about the risks involved with alcohol, to
	himself and to others. Will try and abstain.
	Arranged I will call him week of 31/3/14 to
	make further appt. [signature] CPN
	Kevin [signature]
8/4/14	No answer on mobile [signature] CPN
15 20	Kevin [signature]
9/4/14	No answer on either mobile [signature] CPN
12 10	Kevin [signature]
11/4/14	Spoken to by telephone. Appt 17/4/14 11am
11 20	[signature] CPN
	Kevin [signature]
17/4/14	Mood poor. Some thoughts better of and being here.
11 56	Left note at weekend. No real plan as such.
(3)	"just felt pointless". Ex girlfriend found note as
	she'll coming into the house "to leave". Living
	down the road with a male friend. Upset as
	would like to get back with her. She appears to
	have alcohol problem also.
	Weeks ago went through Dad to home, and
	[illegible] went on alcohol binge. called
	girlfriend abusive [illegible]. Apologised after.
	Given info EDCA and CHL. Consider possible
	Thrive & Survive group, contact Sandra Ferguson.
	Asking about possible change of antidepressant or

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER 0407813233.

NAME Thomas MacIntyre.

DATE	SHEET No. 3.
	increase quetiapine. Directed to see GP.
	continue to keep referral to Psychological under consideration.
	Open appt. I will call once spoke to Dr Sandra Ferguson. K.L.Clazie CPN Kevin Clazie
28/4/14 1020	Discussed Dr Ferguson re Thomas and services. asked if Thomas would consider help from Veterans first point due to his time in American Military. I will ask and get back to Dr Ferguson. K.L.Clazie CPN Kevin Clazie
1/5/14 1610	No answer on mobile phone appears dead. K.L.Clazie CPN Kevin Clazie
7/5/14 1600	Continues no answer. K.L.Clazie CPN Kevin Clazie
13/5/14 1532.	Phone call from Baraefield with Mobile No. called and answered by female who said she was Thomas's partner left message to say I am on AL will contact him after 26 May 14 K.L.Clazie CPN Kevin Clazie
	Message on answer service K.L.Clazie CPN Kevin Clazie
28/5/14 1140	Called back Message left Appt Thurs 5/6/14 1200 K.L.Clazie CPN Kevin Clazie

LHB/365

DATE	
5/6/14	* Did not attend await contact — K L Clagin CPN
1220	Kevin Clarie
3/7/14	No contact from Thomas called practice
1050	Practice Manager will discuss out of area
	status with Dr Smith 10 Day letter — K L Clagin CPN
	Kevin Clarie
4/7/14	Phone call from Thomas appt arranged.
1100	14/7/14 1200. — K L Clagin CPN
	Kevin Clarie
14/7/14	Appt cancelled by staff — K L Clagin CPN
1000	Kevin Clarie
22/7/14	
09.45	Appt arranged 24/7/14 — K L Clagin CPN
	Kevin Clarie
24/7/14	Mood objectively euthymic Subjectively ok 1½
14 50	Relationship not resolved. "Feel like I am being
(4)	pulled along". Some alcohol binges related to
	frustration and boredom. Agrees needs something
	to do "sitting in the house all day"
	Wishes help with alcohol given info alcohol .
	and Western Wales Health Agency.
	Lack of purpose and responsibility. Bad times
	with no alcohol: JSA children to look after
	and driving job. Driving Job could be ideal now
	"No contact with people" Feels anxiety & paranoia
	ok at the moment. Discussed longstanding issues
	and childhood trauma. Dr Ferguson's suggestion of
	Veterans First point Happy to go away and look
	into this. Given helpful Physicians presently
	Loneliness proposal.
	Nil episodes aggression to others, punched wall when drunk
	Open appt call in 4-6 weeks to follow up K L Clagin CPN

70732 L MacCallum

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER 700576136V M 04/07/1981

NAME MacIntyre, Thomas R
1/1 Greenacre,
Edinburgh,
EH14 3JG

CHI 0407813233

DATE	SHEET No. 4
7/8/14 14:00	Phone call from Thomas to request appt. Not followed up on info given, Has been drinking at the weekend. Fell out with ex partner now needs to look for alternative accommodation. Appt given 11/8/14 11am. K Clarke CPN Kevin Clarke
11/8/14 1120	* Did not attend. Await contact. K Clarke CPN Kevin Clarke
~~10/8/14~~ 10/9/14 KC 16:00	Called to request appointment. Appt ~~13~~ 12/9/14 11:00 K Clarke CPN
	Neil Jackson
11/9/14 0930	Call from forensic nurse at St Leonards Police Station - Thomas in cells due to being under influence alcohol and abusive to girlfriend. Will not make appt. K Clarke CPN Kevin Clarke
17/9/14	See email Dr Smith K Clarke CPN Kevin Clarke
18/9/14	Phone call, going to housing today asking for letter of support "can't live together anymore" letter provided. Will contact me once more certain that he can attend appointment. K Clarke CPN Kevin Clarke
9/10/14 16:00	Phone call looking for letter to give to DWP. Missed last sign on so may have benefits stopped. K Clarke CPN Kevin Clarke

LHB/365

DATE	
13/11/14 1000	Phone call to request appt. Appt given 18/11/14 11.00 KClague CPN Kevin Clague
13/11/14 1300	Phone call from NW Neighbourhood support team Kevin Hamilton. Asks for info re Thomas as he has been referred to themselves. Checked with Thomas by telephone, happy for me to talk to Mr Hamilton although did not appear to know about referral to this service. Kevin Hamilton called and given info re Thomas's difficulties. Plans to see Thomas next week. KClague CPN Kevin Clague
18/11/14 1200	Did not attend await contact KClague CPN Kevin Clague
10/12/14 1000	No contact 10 day letter sent to new address. KClague CPN Kevin Clague
23/12/14 11.50	Spoke to by telephone continues to be regular at Boroughloch. Reports to be 'plodding along'. Not made contact with housing support officer. Plan/ Appt in New year. Review and discharge to services in NW. KClague CPN Kevin Clague
5/1/15 1210	Spoken to by telephone. Appt 13/1/15 KClague CPN Kevin Clague
14/1/15 1900	Reports mood low, last 6 weeks in particular wishes to have review of antidepressant. Nil panic anxiety or major paranoia currently. Noticeable weight loss, alcohol nil since new year 2 day binge at that point lost track of about 6 hours

O.P CLINICAL NOTES

(Psychiatry)

CHI: 700576136V M 04/07/1981

NAME: MacIntyre, Thomas R
1/1 Greenacre,
Edinburgh,
EH14 3JG

CHI 0407813233

DATE & TIME	PAGE No.
14/1/15 12⁰⁰	Relationship with ex-girlfriend [illegible]
	Sleep ok appetite poor
	currently settling into new flat. Registered with
	[illegible] Medical Group.
	Not met with support worker from NW Neighbourhood
	Service yet plans to do this given name and
	phone number. Feels would like to go to
	counselling [illegible] given info on [illegible] Counselling
	Service.
	Would like to reactivate Healthy Active Minds referral
	as now [illegible] Park.
	Mood at interview ok pleasant, reactive and
	co-operative.
	Currently [illegible] outstanding issues with legal system
	Plan: Refer to NW [illegible] for review of
	antidepressant medication
	Thomas to contact counselling [illegible] NW Neighbourhood
	[illegible] Health Active Minds Ref.
	Discharge from CPN caseload
	[signature] CPN
	Kevin [illegible]

LHB 365

DATE & TIME

Anxiety Questionnaire (GAD-7)

Name: THOMAS MACINTYRE CHI: 0407813233

Date completed: 10/2/14

Over the last 2 weeks, how often have you been bothered by the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	(3)
2. Not being able to stop or control worrying	0	1	2	(3)
3. Worrying too much about different things	0	1	2	(3)
4. Trouble relaxing	0	1	2	(3)
5. Being so restless that it is hard to sit still	0	1	2	(3)
6. Becoming easily annoyed or irritable	0	1	(2)	3
7. Feeling afraid as if something awful might happen	0	1	2	(3)

20 ~~18~~

Patient Health Questionnaire (PHQ-9)

Name: THOMAS MACINTYRE CHI: 04.07.8138.33

Date completed: 10/2/14

Over the *last 2 weeks* how often have you been bothered by any of the following problems? (Use "✓" to indicate your answers)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	(2)	3
2. Feeling down, depressed or hopeless	0	1	(2)	3
3. Trouble falling asleep or staying asleep or sleeping too much	0	1	2	(3)
4. Feeling tired or having little energy	0	(1)	2	3
5. Poor appetite or overeating	0	1	(2)	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	(2)	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	(3)
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	(3)
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	(2)	3
	add columns	1	+ 10	+ 9
	TOTAL:	20		

10. If you ticked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	
	Not difficult at all
	Somewhat difficult
	Very difficult
	Extremely difficult ✓

PHQ-9, GAD-7 and CORE Scoring

PHQ-9 scoring

PHQ score	Interpretation (indicative)
0-9	Adjustment disorder/mild depression
10-14	Mild depression
15-19	Moderate/severe depression
> 20 (20)	Severe depression

GAD- 7scoring

GAD score	Interpretation (indicative)
5-10	Mild Anxiety
10-15	Moderate Anxiety
15-20 (20)	Severe Anxiety

CORE scoring (General Wellbeing function)

CORE score	Interpretation (indicative)	
Severe (40)	85 - 136	
Moderately Severe	68 - 84	
Moderate	51 - 67	
Mild	34 - 50	
Low Level	21- 33	Clinical cut off
Healthy	0 - 20	

0407813233

CLINICAL OUTCOMES in ROUTINE EVALUATION

OUTCOME MEASURE

Site ID (letters only) (numbers only)

Client ID (numbers only) (1) (numbers only) (2)

Therapist ID

Sub codas

Date form given D D M M Y Y

Age

Male

Female

Stage Completed

S Screening
R Referral
A Assessment
F First therapy session
P Pre therapy (unspecified)
O During therapy
L Last therapy session
X Follow up 1
Y Follow up 2

Stage

Episode

IMPORTANT - PLEASE READ THIS FIRST

This form has 34 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then tick the box which is closest to this.
Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
1 I have felt terribly alone and isolated	0	1	2	3	X 4	4 F
2 I have felt tense, anxious or nervous	0	1	2	3	X 4	4 P
3 I have felt I have someone to turn to for support when needed	4	3	2	1	X 0	0 F
4 I have felt O.K. about myself	4	3	2	X 1	0	1 W
5 I have felt totally lacking in energy and enthusiasm	0	1	X 2	3	4	3 P
6 I have been physically violent to others	X 0	1	2	3	4	0 R
7 I have felt able to cope when things go wrong	4	X 3	2	1	0	3 F
8 I have been troubled by aches, pains or other physical problems	0	1	2	X 3	4	3 P
9 I have thought of hurting myself	0	1	2	X 3	4	3 R
10 Talking to people has felt too much for me	0	1	2	X 3	4	3 F
11 Tension and anxiety have prevented me doing important things	0	1	2	3	X 4	4 P
12 I have been happy with the things I have done	4	X 3	2	1	0	3 F
13 I have been disturbed by unwanted thoughts and feelings	0	1	2	X 3	4	3 P
14 I have felt like crying	0	1	2	X 3	4	3 W

37

Please turn over

Over the last week

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
15 I have felt panic or terror	0	1	2	3	☑ 4	4 P
16 I made plans to end my life	0	☒ 1	2	3	4	1 R
17 I have felt overwhelmed by my problems	0	1	2	☒ 3	4	3 W
18 I have had difficulty getting to sleep or staying asleep	0	1	2	3	☒ 4	4 P
19 I have felt warmth or affection for someone	4	3	2	☒ 1	0	1 F
20 My problems have been impossible to put to one side	0	1	2	3	☒ 4	4 P
21 I have been able to do most things I needed to	☒ 3	2	1	0		3 W
22 I have threatened or intimidated another person	0	☒ 1	2	3	4	1 R
23 I have felt despairing or hopeless	0	1	☒ 2	3	4	2 P
24 I have thought it would be better if I were dead	0	1	☒ 2	3	4	2 R
25 I have felt criticised by other people	0	1	2	☒ 3	4	3 F
26 I have thought I have no friends	0	1	2	☒ 3	4	3 F
27 I have felt unhappy	0	1	2	☒ 3	4	3 P
28 Unwanted images or memories have been distressing me	0	☒ 1	2	3	4	1 P
29 I have been irritable when with other people	0	1	2	3	☒ 4	4 F
30 I have thought I am to blame for my problems and difficulties	0	1	2	☒ 3	4	3 P
31 I have felt optimistic about my future	4	☒ 3	2	1	0	3 W
32 I have achieved the things I wanted to	4	☒ 3	2	1	0	3 F
33 I have felt humiliated or shamed by other people	0	1	☒ 2	3	4	2
34 I have hurt myself physically or taken dangerous risks with my health.	0	1	2	☒ 3	4	3 R

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

13 5 3
13 5 4
9 0

Total Scores

Mean Scores
(Total score for each dimension divided by number of items completed in that dimension)

(W)	(P)	(F)	(R)	All items	All minus R
				90	

O.P CLINICAL NOTES

(Psychiatry)

CHI: 0407813233

NAME: Thomas McIntyre

DATE & TIME		PAGE No.
3/1/16	New Patient Clinic	

HPC: Referred for medication ?N [illegible] CDN

HPC:

- Paranoia and low mood
- Last 3 years struggled to leave house, can't leave house by self
- [illegible], [illegible] of [illegible], [illegible] and [illegible]
- Scared going to get [illegible] up come to him, [illegible] [illegible]
- 2010, [illegible] [illegible] himself and [illegible] [illegible] [illegible]
- [illegible] [illegible] attacked in [illegible] [illegible], [illegible] [illegible] [illegible] [illegible]
- [illegible] [illegible] [illegible] [illegible] [illegible], while [illegible] in [illegible]
- Moved to [illegible] in 2013 for fresh start — [illegible] [illegible]
- Very scared [illegible] go to shop across street — [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
- Feels anxious and [illegible] at home [illegible]
- Keeps [illegible] at door, [illegible] in [illegible], [illegible] [illegible] [illegible] [illegible], keeps [illegible] [illegible], makes feel safer
- Feels at times that people out to get him, [illegible] [illegible] [illegible] and [illegible] [illegible] on [illegible]

- Thinks about [illegible] every day, for ~ 2 years [illegible] [illegible] up with [illegible]
- Feels low every day, can be worse at night, not sure why
- Sleep been [illegible] [illegible] years ~ 3/4 hrs per night,
- Appetite variable, weight stable
- [illegible] [illegible] a [illegible] programme
- Not [illegible] [illegible], [illegible] a [illegible]
- [illegible] [illegible] 6-10am
- Did [illegible] [illegible], still enjoys watching football, [illegible] [illegible], used to [illegible] [illegible]

LHB 365

DATE & TIME

- Thoughts of dying every day, what would others think is main protective factor, no plans to kill self
- OD in 2010 - instead of alcohol, after - rules, not sure of intent
- No self harm currently. 2009-2010 self harm, would have died if very tight grip (cutting arms). Relieved after doing it but happy not seeing harm, takes needed stitches on few times I ...
- No intention of ending life currently
-
- Denies auditory / visual hallucinations
- Gets relief for short time after doing does I wonder but builds up
- More relaxed when with company
- No delusions of reference

Ψ/
- Seen by Dr Taylor 2013 → after going to GP. Referred
- Lithium / mental health hospital 2009 - for 1/52
- Saw Karen Clarke for CBT in 1 year, Tuesday
-
-

Fluoxetine
Citalopram
Mirtazapine
Sertraline
Amitriptyline
Good - helped with depression

PMH / - Physical health generally ok. (Surgery → got bumped when ... in 2010.
- Tramadol and ... for wrist / knee

Meds / - Quetiapine 50mg (BD) → helped at first (started 1mg BD)
→ 4-6 x 10mg Diazepam on day going out
. short duration
- Desvenlafaxine 225mg OD - 3/4 years
- Gabapentin - 300mg ?QD) } (Has helped for ...
- Tramadol -

O.P CLINICAL NOTES

(Psychiatry)

CHI: 0407813233

NAME: Thomas McIntyre

DATE & TIME	PAGE No.

Substance Use/ . Very rarely drinks alcohol now. Not been a problem for
- a few years ago, used to binge drink
- Smoker . 30-40 / day
- Valium, previously used ecstasy, amphetamines, heroin, cocaine, tried all, never felt addicted to any

FHx/ No family hx that aware of

Social / Personal Hx/

. Grew up in Dunoon: [illegible] . [illegible])
stepmum x 2
2 x stepsiblings - 1 died, 1 adult [illegible]
1 x stepbrother

- Childhood [illegible], mum left aged 4
. Mum moved to America aged 4, went to visit aged 16 and [illegible]

. Put in care aged 12 refused to go home, stayed in care until aged 16
. Still talks to biological mum in America
- Was in all boys school via children home, got expelled from [illegible] school for [illegible] + mischief
- 6 standard grades - credit in Maths, rest were good
- Was the [illegible] at school, a lot of fights, [illegible]
. Joined Marines in America for 3-4 years, kicked out for going AWOL

DATE & TIME

- Got married in Morocco. Had 2 x children and stepped to ... Moved over here, ... illegal till 2005 - she was ... in 2008. Still has contact ... to get some ... ... children
- Worked full time for ..., ... jobs ...
- Out of work since 2008, not been able to work ...
- Relationship ... to be ... as a result of ...
- ... up with ... could ... a ...
-

Forensic Hx,
- ... in ... Park ... up ... ex
- test ... 2012
- ... 6 months
- ... times
- Assault / breach of peace
- In context of ..., never been ... since
- No cases pending

Ideas/expectations/...
- Medication main reason for coming today. ...
- ? Counselling
- ? Any other help that can be offered
- Would like to ... with life, ... so ... all the time, ... contact with children
(: Dr ... (GP))

MSE, Casually dressed, smelled of cigarette smoke. Good eye contact, easy rapport. Appeared ... anxious, ... not overly sedated. Mood ... slightly low ... No FTD. Slightly ... ideas ... past. No ... No suicidal ideation ... every day. ... for medication change / help on offer

O.P CLINICAL NOTES

(Psychiatry)

CHI: 0407813233

NAME: Thomas McIntyre

DATE & TIME | PAGE No.

5/11/15

(continued) Imp/ D/W Dr Wolf. Several year hx of low mood, paranoia with hx of agoraphobia and ?ideation possibly linked in context of difficult childhood and traumatic life events.

Agreed with Dr Wolf:

Plan/

1) As keen for change of antidepressant and to improve safety profile suggest trying switch to Trazodone as follows:

Week 1: Reduce Dosulepin to 100mg NOCTE
· Start TRAZODONE at 150mg NOCTE

Week 2: Continue Trazodone at 150mg NOCTE
Reduce Dosulepin to 50mg NOCTE

Week 3: Continue Trazodone at 150mg NOCTE
Stop Dosulepin completely

↳ Trazodone dose can be increased to max of 300mg NOCTE. Explained more for anxiety / sedation than for clinical depression and suggested to Thomas that antidepressant effect likely to be minimal

2) Can increase PRN Quetiapine to max of 300mg Daily in divided doses. Explained to Thomas that this was an off licence use

3) Refer PCCT for CBN ? graded exposure individually / group (?)

4) I will provide Thomas with info re: mental health life skills and encourage to attend

5) D/C to GP

Dr M Campbell CT1 / ST

DATE & TIME