Psychological Service

NHS Forth Valley
Psychological Services
No 2 The Bungalows, Stirling Road
LARBERT
FK5 4SE

PRIVATE & CONFIDENTIAL
Ms Ashley Young
26 Dunvegan Drive
Falkirk
FK2 7UG

Our Ref:	GF/GF
CHI No	0410840505
Enquiries to:	
Email:	fv.psymailbox@nhs.scot
Telephone:	01324 574321
Date:	08/07/2025

Dear Ms Young

Following your referral to this department we recently wrote to you to ask you to contact us to arrange an assessment but we have not yet heard from you.

As part of your assessment session, the person you speak with will talk to you about what they think is the most appropriate support for you. There will then be a wait before your treatment starts. Unfortunately for some types of treatment this wait can be up to 28 months. However we are working to reduce this, and for some types of treatment the wait is much shorter.

To arrange an assessment appointment please call 01324 574321. You will be offered a choice of dates and times to ensure that the appointment suits you. We are also able to offer appointments by telephone, Near Me (video call) or face to face.

If we do not hear from you within 14 days we will assume that you do not want treatment from our department and you will be discharged.

Yours sincerely

Linda McAuslan
Lead Nurse Psychological Therapies/APTS Manager

NHS RESOURCES

You will find details of other resources that you might find helpful at our website:
https://nhsforthvalley.com/health-services/az-of-services/mental-health-unit/mh-ld-team-information/adult-psychological-therapies/

NHS 111- telephone 111 if you or someone you know needs urgent care, but it's not life threatening. It is staffed by Mental Health Nurses who can provide specialist advice on mental health issues, such as:

- existing mental health problems, worsening symptoms, or experiencing a mental health problem for the first time
- self-harm that does not appear to be life threatening or someone wanting to self-harm
- signs of possible dementia
- domestic violence or physical, sexual or emotional abuse

NHS Inform Self-help guides- Both physical and mental self help guides can be found at NHS Inform:
https://www.nhsinform.scot/self-help-guides

NHS Forth Valley Leaflets- Webpage developed by NHS Forth Valley, which offers downloadable information on a wide range of commonly experienced mental health difficulties:
https://www.selfhelpguides.ntw.nhs.uk/forthvalley/

Mental Health Resources- Webpage developed by NHS Forth Valley which offers local and national emotional and mental health well-being resources:
http://nhsforthvalley.com/health-services/know-who-to-turn-to-when-you-are-ill/mental-well-being/

ADDITIONAL RESOURCES:

Breathing Space- a free, confidential phone service for anyone in Scotland over the age of 16 who is experiencing low mood, depression, anxiety, or a crisis related to mental health.
Telephone- 0800 83 85 87 (evenings and weekends)
https://breathingspace.scot

Samaritans- Support to manage your emotional wellbeing and promote the well-being of others. They can also be contacted if you are experiencing a crisis related to your mental health.
Telephone- 116 123 (24hrs)
www.samaritans.org
jo@samaritans.org

Silver Line Scotland- Telephone service providing support and advice specifically for older people.
Telephone- 0800 470 80 90 (24 hours)

Childline – A confidential, non-judgemental support line for anyone under the age of 19 who is struggling with their mental health. There are also links on the website to type a message if this is easier.
Telephone- 0800 1111
www.childline.org.uk

Macmillan Cancer Support- Support for those diagnosed with cancer and their families, including free access to an online community and an online chat service.
Telephone- 0808 808 0000 (Mon – Sun 8am to 8pm)
https://www.macmillan.org.uk/cancer-information-and-support/get-help/emotional-help

Pain Concern- **S**upport for those struggling with chronic pain.
https://painconcern.org.uk
Telephone- 0300 123 0789 (Mon 2-4pm, Fri 10am-12 noon, 2pm - 4pm)
Email: help@painconcern.org.uk

Carers Centre- Information for carers of all ages.
Telephone- 01324 611510
http://centralcarers.org/

CC:
Dr A Cheema
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

Urgent Outpatient Clinic Note

Name: **Ashley Young**
CHI: **0410840505**

Registered GP Name: CHEEMA, AAMNAH
Registered GP Practice: Carron Medical Centre

Clinic attended: Clinical Psychology

Clinic (From PAS): APTS Groups
Date/Time of clinic: Mon 15 Dec 2025 10:00
Lead clinician for clinic: APTS Groups

Presenting Complaint, Investigations, Results, Diagnosis:

Dear Dr Cheema,

This is to inform you that Ms Young has now been discharged from the Adult Psychological Therapies Service due to non-attendance.

Ms Young was due to attend her appointment for Emotional Resources Group Information Session on 15th December at 10am however, did not attend and our service has no record of cancellation or contact from Ms Young.

Given that we have not heard from Ms Young we assume she no longer wishes to use the service and will respect her wishes by discharging her, which is in accordance with our non-attendance policy.

She is welcome to seek re-referral in the future.

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

Kind regards,

Victoria Sime
Psychological Therapist

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Victoria Sime on Mon 29 December 2025 at 11:32
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

Adult Psychological Therapies Services

NHS Forth Valley
Psychological Services
No 2 The Bungalows
Stirling Road
Larbert
FK5 4SE

PRIVATE & CONFIDENTIAL
Ms Ashley Young
26 Dunvegan Drive
Falkirk
FK2 7UG

Our Ref:	AY/JC
CHI No	0410840505
Enquiries to:	Clinical Psychology
Email:	fv.psychologygroups@nhs.scot
Telephone:	07929 730116
Date:	07/11/2025

Dear Ms Young

Emotional Resources Group in Psychology

As you might be aware, you have recently been referred to the Emotional Resources Group (ERG) in the Adult Psychological Therapies Service. Please find enclosed more information on what the ERG is and how it can help you.

Every individual that has been referred to an ERG is asked to attend a **group** information session first. This is to help gain a better understanding of what the ERG is so that an informed decision can be made as to whether this is the best treatment option for them at this time. Please note that it is necessary to attend an information session prior to attending an ERG group.

We would like to invite you to attend one of our next information sessions which are held both online and face-to-face. We kindly ask you to **contact us on 07929 730116 or by emailing fv.psygroups@nhs.scot within 10 days** of the date on this letter to tell us your preference, and to book a place on one of these sessions.

If we do not hear from you within the 10 day period, we will assume you do not wish to attend an Emotional Resources Group and you will be discharged from the whole service.

If this group is not suitable at this time, please give me a call to discuss the options available to you. If you do not attend this group and we do not hear from you then we will assume that you no longer require support from our service and you will be discharged from the **Adult Psychological Therapies Service** in line with NHS Policy.

If you have any further questions, please do not hesitate to contact the department on the number provided above.

We look forward to hearing from you.

Yours sincerely

Julie Carter
Groups Co-ordinator
Psychology Services

CC:
Dr A Cheema
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

Adult Psychological Therapies Services

NHS Forth Valley
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PRIVATE & CONFIDENTIAL
Ms Ashley Young
26 Dunvegan Drive
Falkirk
FK2 7UG

Our Ref:	AY/JC
CHI No	0410840505
Enquiries to:	Clinical Psychology
Email:	fv.psychologygroups@nhs.scot
Telephone:	07929 730116
Date:	11/12/2025

Dear Ms Young

This is an appointment letter to confirm your place on the Emotional Resources Group Information Session which is scheduled for:

Monday 15th December 2025 at 10am – 11.30am
Bungalow 3, The Bungalows, Stirling Road, Larbert, FK5 4AE

This information session will last around 90 minutes, which includes time to view the facilities we would be using as well as to ask us questions. Please report to reception when you arrive and they will direct you to the room.

If, for some reason, you are no longer able to attend this information session, please contact us by calling **07929 730116** or emailing **fv.psychologygroups@nhs.scot** as soon as possible.

If you do not attend this session and do not contact the department, we will assume you no longer wish to attend an Emotional Resources Group and you will be discharged from the whole Psychology service.

We look forward to seeing you.

Yours sincerely

Julie Carter
Groups Co-ordinator
Psychology Services

CC:
Dr A Cheema
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

Urgent Outpatient Clinic Note

Name: **Ashley Young**
CHI: **0410840505**

NHS Forth Valley

Registered GP Name: CHEEMA, AAMNAH
Registered GP Practice: Carron Medical Centre

Clinic attended: Clinical Psychology

Clinic (From PAS): APTS Falkirk Assessment
Date/Time of clinic: Wed 23 Jul 2025 10:00
Lead clinician for clinic: APTS Falkirk Assessment

Presenting Complaint, Investigations, Results, Diagnosis:

Thank you for referring Ashley Young to Adult Psychological Therapies Services (APTS). I am writing to inform you that Ashley engaged in a triage assessment and reported that her difficulties are related to active trauma symptoms, emotional dysregulation, difficulty with her sense of self and being in relationship, racing thoughts, and unresolved grief. We agreed that she will be added to the APTS trauma pathway and as a result has been added to the waiting list for our Emotional Resources Group with a view to engaging in one-to-one therapy on completion of this course (next steps to be agreed with the group facilitators). We will be in touch in due course.

Best wishes,
Angela Ramsay
Counsellor

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Angela Ramsay on Wed 23 July 2025 at 17:41
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

Psychological Services
Psychology Services

NHS Forth Valley
Psychological Services
Mayfield Building
Falkirk Community Hospital
FALKIRK
FK1 5QE

PRIVATE & CONFIDENTIAL
Ms Ashley Young
26 Dunvegan Drive
Falkirk
FK2 7UG

Our Ref:	AY/JC
CHI No	0410840505
Enquiries to:	Clinical Psychology
Email:	fv.psychologygroups@nhs.scot
Telephone:	07929 730116
Date:	12/08/2025

Dear Ms Young

Emotional Resources Group in Psychology

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Every individual that has been referred to the ERG is asked to attend a **group** information session first. This is to help gain a better understanding of what the ERG is so that an informed decision can be made as to whether this is the best treatment option for them at this time.

Please note that it is now necessary to attend an information session prior to attending an ERG group.

We would like to invite you to attend one of our next information sessions which are held both online and face-to-face. We kindly ask you to **contact us on 07929 730116 or by emailing us on fv.psychologygroups@nhs.scot within 10 days** of the date on this letter to tell us your preference, and to book a place on one of these sessions.

If you have any further questions, please do not hesitate to contact the department on the number provided above.

We look forward to hearing from you.

Yours sincerely

Julie Carter
Groups Co-ordinator
Psychology Services

CC:
Dr A Cheema
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

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PRIVATE & CONFIDENTIAL
Ms Ashley Young
26 Dunvegan Drive
Falkirk
FK2 7UG

Our Ref:	AY/EMcD
CHI No	0410840505
Enquiries to:	Psychological Services
Email:	fv.psymailbox@nhs.scot
Telephone:	01324 574321
Date:	17/07/2025

Dear Ms Young

An appointment has been made for you as follows-

Date: **Wednesday 23rd July 2025**
Time: **10.00am**
With: **Angela Ramsay**

This appointment is a Near Me *powered by Attend Anywhere* appointment which enables you to have your consultation online via a video call. Instead of travelling to your appointment, you enter the clinic's waiting area online. The health service is notified when you report online and your clinician will join you when ready. There is no need to create an account. No information you enter is stored.

To attend your appointment go to:

https://nhs.attend.vc/PsychologicalTherapy

More information is available online regarding Near Me, appointments at
https://nhsforthvalley.com/health-services/near-me-video-consultations/

Encls: Information sheets re the Near Me service and patient confidentiality.

Yours sincerely

Psychological Services

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Carron Medical Centre
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Our Ref:	GF/GF
CHI No	0410840505
Enquiries to:	
Email:	fv.psymailbox@nhs.scot
Telephone:	01324 574321
Date:	24/06/2025

Dear Ms Young

As you will be aware you were recently referred to this department. In order to get people the most appropriate input as quickly as possible, we assess all people referred to our service. An assessment is an initial discussion about the current issues that are affecting you and what help you are looking for. This will help us to get a better understanding of what type of support may benefit you. We have different types of support available, including online treatment, group treatment and individual treatment.

As part of your assessment session, the person you speak with will talk to you about what they think is the most appropriate support for you. There will then be a wait before your treatment starts. Unfortunately for some types of treatment this wait can be up to 28 months. However we are working to reduce this, and for some types of treatment the wait is much shorter.

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Yours sincerely

Linda McAuslan
Lead Nurse Psychological Therapies /APTS Manager

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www.samaritans.org
jo@samaritans.org

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https://www.macmillan.org.uk/cancer-information-and-support/get-help/emotional-help

Pain Concern - Support for those struggling with chronic pain.
https://painconcern.org.uk
Telephone- 0300 123 0789 (Mon 2-4pm, Fri 10am-12 noon, 2pm - 4pm)
Email: help@painconcern.org.uk

Carers Centre - Information for carers of all ages.
Telephone- 01324 611510
http://centralcarers.org/

CC:
Dr A Cheema
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

RADIOLOGY REPORT - FORTH VALLEY ROYAL HOSPITAL

Booking No:- 40124956 **Exam Date:-** 18/03/2025

Patient:- YOUNG ASHLEY

CHI:- 0410840505

PATIENT ADDRESS:- 26 Dunvegan Drive, Falkirk, FK2 7UG

Date of Birth:- 04/10/1984 **Sex:-** Female

Referring Consultant:- CHEEMA, DR A, GP CARRON MEDICAL PRACTICE
Referring Department:- CHEEMA, DR A, GP CARRON MEDICAL PRACTICE

Reported as part of the Scottish National Radiology Reporting Service

Clinical Indications
Clinical Details :
repeated chest infections , ongoing cough and sputum production , copd
Provisional Diagnosis :
? cause

–

XR Chest
Compared to 07/11/2022.

Normal cardiomediastinal contours. No focal active lung pathology.

–

Reported by
Dr James Drummond
GMC 7451799
Consultant Radiologist
NHS GGC
Email: snrrs@gjnh.scot.nhs.uk

Verified on 20/03/2025

Urgent Clinical Note

Name: **Ashley Young**
CHI: **0410840505**

NHS Forth Valley

Registered GP Name: CHEEMA, AAMNAH
Registered GP Practice: Carron Medical Centre

Referral Management related Clinical Note

Recorded by: Ronan Breen / Respiratory Medicine (AQ)
Recorded on: 25 February 2025 10:11

Presenting Complaint, Investigations, Results, Diagnosis:

Thanks for referring this lady who is clearly difficult to manage. I have read your referral and also the clinic letter from Dr Skwarski. I think he mentioned chronic bronchitis but spirometry doers not show obstructed airways. So by definition she does not have COPD. I think what he was expressing was the idea that she is a chronic sputum producer as a consequence of smoking.
I therefore do not think she should be on trelegy. The suggestion of incruse was to see if this would reduce sputum production and if she did not find that helpful then I would have just stopped it and not escalated further.
I note no bacterial growth in recent sputum. I would also send for AFB and get a new CVXR (last 2022).
I do not see that we are going to add anything in addition to the 2023 clinic review. Smoking cessation is the only treatment she needs from what I can see.
I know such cases are difficult to manage and so am happy to discuss (ronan.breen@nhs.scot).

Ronan Breen (cons)

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Ronan Breen on Tue 25 February 2025 at 10:16
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

NHS Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT	YOUNG,ASHLEY
UNIT NUMBER	0410840505
PATIENT'S ADDRESS	26 DUNVEGAN DRIVE, FALKIRK
CONSULTANT	Dr Aamnah Cheema
DOB	04/10/1984
SEX	Female
WARD AND HOSPITAL / GENERAL PRACTICE	Dr Aamnah Cheema, Carron Medical Centre
SAMPLE TYPE OF LATEST SPECIMEN	Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST	npt risperidone
COPY DETAILS	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3-6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO_2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO_2 10.5-13.5 kPa	INSPIRED OXYGEN %
07/12/23 16:15	647026C	16.15							

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO_2 22-29 mmol/l	OSMOLALITY 275-295 mosm/kg H_2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 iu/l 37°C	AST 0-45 iu/l 37°C	ALT 0-55 iu/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130) iu/l 37°C	γGT 0-40 (female) iu/l 37°C

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-30 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) iu/l 37°C

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.00 mu/l	FREE T4 9.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l target levels are risk dependent
23/08/22 09:48	500924C						7.1		
09/11/23 15:22	597040H						4.8		
07/12/23 16:15	647026C					**2.1**	5.1	**0.9**	3.2
18/02/25 09:22	828639G						5.2		

Filing Range from: 18/02/2025 to: 23/08/2022 Page 1 of 1

Date of Report 18/02/2025 22:57

0410840505
Young, Ashley Naida
04/10/1984 F FK2 7UG
26 Dunvegan Drive
LANGLEES Tel:
Practice Nurse 8034
Carron MC V25652

97%
18.2.25.
MRC – 3.
PF – 350 l/min.

Today's date:

How is your COPD? Take the COPD Assessment Test™ (CAT)

This questionnaire will help you and your healthcare professional to measure the impact that COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. Your answers and test score can be used by you and your healthcare professional to help improve the management of your COPD and gain the greatest benefit from the treatment.

For each item below, place a mark (X) in the box that best describes your current situation. Please ensure that you only select one response for each question.

Example: I am very happy [0 **X** 2 3 4 5] I am very sad

			SCORE
I never cough	[0 1 2 3 4 X 5]	I cough all the time	5
I have no phlegm (mucus) on my chest at all	[0 1 2 3 X 5]	My chest is full of phlegm (mucus) 'green'	4
My chest does not feel tight at all	[0 1 2 3 4 X]	My chest feels very tight	5
When I walk up a hill or a flight of stairs I am not out of breath	[0 1 2 3 X 5]	When I walk up a hill or a flight of stairs I am completely out of breath	4
I am not limited to doing any activities at home	[0 1 2 3 X 5]	I am completely limited to doing all activities at home	4
I am confident leaving my home despite my lung condition	[0 1 X 3 4 5]	I am not confident leaving my home at all because of my lung condition	2
I sleep soundly	[0 1 2 3 X 5]	I do not sleep soundly because of my lung condition	4
I have lots of energy	[0 1 X 3 4 5]	I have no energy at all	2

Damp / Mould.

TOTAL SCORE 20

Scan to Document

Summer – improves.

Winter – worse.

Smoke 20 or more daily.

Tabuig.

daily X 10 daily.

Worse night/am.

Sputum 13/2 → nil

3rd.

20.1.2020.

20.1.2020.

[redacted]

Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
19-Jun-2025

REFERRAL LETTER

MEDICAL IN CONFIDENCE

0410840505 CHI No: 0410840505

101036823335L

Unique Care Pathway Number: 101036823335L

REFERRAL TO

Psychological Therapy ServicesR2V2
FV Psychological Therapies_F

Consultant / receiving practitioner and/or **specialty clinic**

Stirling Community Hospital
Livilands Gate
Town Centre
Stirling FK8 2AU
Telephone: 01786 434000

Hospital and **hospital address**

Hospital location code.
V201H

Urgency of Referral **Routine Referral**

Administrative Information

Age in Years:40
Patient has special requirements:No
Has the patient ever been a looked after child?:No
Is this patient currently subject to any other detention order?:No
Employment: Occupations
Ethnic Origin: Not Stated

PATIENT DETAILS

Surname	Young
Forename(s)	Ashley
Title	-
Sex	Female
Previous Surname	-
Date of birth	04-Oct-1984
CHI no.	0410840505

Patient's address

26 Dunvegan Drive
LANGLEES
Falkirk
FK2 7UG

Contact number(s)

Voice: 07708 559515

REFERRING HCP DETAILS

Name:	Stephen Wallace
Organisation name:	Carron Medical Centre (25652) (25652)
Specialty:	- (-)

Organisation address

Ronades Road
Bainsford
Falkirk
FK2 7TA
Voice: 01324 619940

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: Complex Trauma / CPTSD

Comment: Moderate

Examinations and Investigations

Acceptance?:	Yes, information sharing accepted.	-
What are the patients goals & expectations from this referral?:	please can you consider the above pt for input from your service, attended practice today wishing to be re-referred following prior referral made by CADs following discharge from their service, summary of consult below ' pcmhn encounter: attended practice for mh review, app booked short notice due to a prior cancellation pt reported ex-addict, been clean for past few years, previously under CADs, dx Jan '23 with indication of referral to psychology due to trauma pt reported history of trauma stemming to childhood, sexually abused when 10 years old, reports resulted in developing drug use issues from an early age more recently partner died 3 years ago due to drug related issues pt reported more recent trigger with her sister using drugs, pt had to contact social services regarding her due to concern regarding sister's children, reported rushing back of memories pertaining to her own experience and subsequent flashbacks/nightmares, reports daily currently with poor sleep pt looking for referral to psychology, noted from previous referral Jan 2023 wasn't ready to engage at this point'	-
Outline of current difficulties / reason for referral i.e. current symptoms and impact on daily functioning.:	as above	-
Previous Mental Health difficulties:	as above	-
Intervention/Other Referral Details:	as above	-
Risk of self harm?:	Low risk of self harm	-
History of self harm?:	Yes	-
Details of self harm:	not reported upon contact but from cursory review of records appears behaviour in past	-
Any current Suicide ideation?:	No	-
Risk to others?:	No	-
Known aggression towards healthcare staff?:	No	-
History of substance abuse?:	Non theraputic drugs	-
Details of substance abuse, frequency & amount.:	previous history of substance misuse, previously open to CADs discharged Jan'23, reports abstinance for past 4 years	-
Forensic History?:	No	-
Risk of self-neglect?:	No	-
Any history of non-compliance (with treatment or meds)?:	Yes	-
Details of non-compliance:	reported not been taking px MH medication for past year, given substance use history does not want to consider medication	-
Have they been referred to other agencies?:	No	-
Can the patient leave the house?:	Yes	-
Details leaving house:	no issues	-
Any past or current child protection concerns?:	Yes	-
Details child concerns:	reported previously when using substances lost children from her care	-
Will this person have difficulty attending appointments?:	No	-
The client is an Armed Forces Veteran, who is experiencing psychological difficulties associated with their service?:	No	-
There is a significant and imminent medical risk to the life and/or the health of the client due to a physical heath condition and a psychological assessment and/or intervention is warranted to mitigate the associated risk?:	No	-
A psychological assessment and/or intervention is warranted in order to mitigate the imminent risk of a hospital admission and/or increased restrictions. This is most likely in Learning Disabilities & Forensic Services.:	No	-
There is imminent jeopardy of residential care placement break down and a psychological assessment and/or intervention is warranted to mitigate the associated risk.:	No	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Medical history

Pre-existing Conditions (High Priority)

Description	Laterality	Modifier	Extension	Date Started
Chronic obstructive pulmonary disease	-	-	Resp Cons does not agree with COPD diagnosis (clinic note dated 25th Feb 2025). Change to Chronic Bronchitis.	28-Jul-2023
Chronic bronchitis (Bilateral)	-	-	-	27-Jul-2023
Backache, unspecified	-	-	-	01-Jan-2021
[X]Post - traumatic stress disorder	-	-	-	01-Jan-2019
Overdose of drug	-	-	-	24-Jan-2018
Overdose of drug	-	-	-	12-Jan-2013
Drug dependence	-	-	-	01-Jun-2007
Anxiety with depression	-	-	-	01-Feb-2003

Past Procedures (High priority)

Description	Laterality	Extension	Date Recorded
CIN I - mild dyskaryosis	-	-	23-Feb-2012

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	Drug code	Formulation	Dosage	Frequency	Last Issued	
Acepiro Effervescent tablets 600 mg	-	84 TABLET	1 ONCE DAILY	-	-	-
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	-	60 DOSE	ONE PUFF DAILY	-	-	-
Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose	-	2*1 INHALER	2 Puffs Take as required	-	-	-
Fluoxetine Hydrochloride Capsules 40 mg	-	1*30 capsule	ONE TO BE TAKEN ONCE A DAY	-	-	-
Risperidone Tablets 3 mg	040201030AAACAC	28 tablet	ONE TO BE TAKEN AT NIGHT	-	-	-
Mirtazapine Tablets 15 mg	-	28 tablet	ONE TABLET TO BE TAKEN AT NIGHT	-	-	-

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

No recent medications recorded

Clinical warnings

Additional relevant information

Signature of referring doctor (or other professional) **Date** 19-Jun-2025

NHS
Forth Valley
Microbiology

SURNAME: YOUNG 26 DUNVEGAN DRIVE FALKIRK	FORENAME: ASHLEY	UNIT No.: 0410840505	
		DATE OF BIRTH: 04/10/1984	SEX: F
CONSULTANT: ANP Kirsten Finlays	WARD: ANP Kirsten Finlayson 25652_ G.P.: oCarron Medical Centre		
CLINICAL DATA: ongoing chest symptoms			

Pyogenic Culture
No Lower Respiratory Tract pathogens isolated
Test performed by UKAS accredited medical laboratory No.10825.

EXAMINATION	LAB No.	AUTHORISED	
Pyogenic Culture	MG786798B	Vanessa Colquhoun	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Sputum	11/02/2025	11/02/2025	13/02/2025

NHS
Forth Valley
Microbiology

SURNAME: YOUNG 26 DUNVEGAN DRIVE FALKIRK	FORENAME: ASHLEY	UNIT No.: 0410840505	
		DATE OF BIRTH: 04/10/1984	SEX: F
CONSULTANT: ANP Kirsten Finlays	WARD: ANP Kirsten Finlayson 25652_ G.P.: oCarron Medical Centre		
CLINICAL DATA: copd cough +++			

Pyogenic Culture

No Lower Respiratory Tract pathogens isolated
Test performed by UKAS accredited medical
laboratory No.10825.

EXAMINATION	LAB No.	AUTHORISED	
Pyogenic Culture	MG773977S	Leanne Aitchison	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Sputum	04/12/2024	04/12/2024	05/12/2024

NHS Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: YOUNG,ASHLEY		UNIT NUMBER: 0410840505
PATIENT'S ADDRESS: 26 DUNVEGAN DRIVE, FALKIRK		
CONSULTANT: Dr Aamnah Cheema	DOB: 04/10/1984	SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr Aamnah Cheema, Carron Medical Centre		SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: .	COPY DETAILS	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 85-150 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 900 nmol/24h	Urine DOPAMINE less than 3300 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH₂O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 160-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-50 mmol/24h	Urine URATE 1.5-4.5 mmol/24h	

27/07/22 14:23	452644R	Ferritin	20	ug/L	(15 - 200)
09/11/23 15:22	597040H	Hrs Post Dose The	INGST		
		Sample Time Theo.	15.22		
		Theophylline	6	mg/L	(10 - 20)
23/11/23 12:02	619934B	Hrs Post Dose The	INGST		
		Sample Time Theo.	12.02		
		Theophylline	9	mg/L	(10 - 20)
07/12/23 16:14	647024A	Hrs Post Dose The	INGST		
		Sample Time Theo.	16.14		
		Theophylline	<2	mg/L	(10 - 20)
14/12/23 15:03	689063A	Hrs Post Dose The	INGST		
		Sample Time Theo.	15.03		
		Theophylline	<2	mg/L	(10 - 20)

Date of Report 14/12/2023 23:05

NHS Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: YOUNG,ASHLEY | UNIT NUMBER: 0410840505

PATIENT'S ADDRESS: 26 DUNVEGAN DRIVE, FALKIRK

CONSULTANT: Dr Gordon Muircroft | DOB: 04/10/1984 | SEX: Female

WARD AND HOSPITAL / GENERAL PRACTICE: Dr Gordon Muircroft, Carron Medical Centre | SAMPLE TYPE OF LATEST SPECIMEN: Serum

CLINICAL DETAILS REFERRING TO LATEST REQUEST: NPT | COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3-6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO_2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO_2 10.5-13.5 kPa	INSPIRED OXYGEN %
07/12/23 16:15	647026C	16.15							

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO_2 22-29 mmol/l	OSMOLALITY 275-295 mosm/kg H_2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
24/05/22 15:06	325798W			135	**HAEM**	107	3.3	55	>59
26/05/22 06:21	329051Z			135	4.3	105	3.0	56	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 iu/l 37°C	AST 0-45 iu/l 37°C	ALT 0-55 iu/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130) iu/l 37°C	γGT 0-40 (female) iu/l 37°C
24/05/22 15:06	325798W		HAEM	13	5	70	36	110	
26/05/22 06:21	329051Z		18	16	6	62	35	105	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-30 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) iu/l 37°C
24/05/22 15:06	325798W			2.24	2.33	1.19			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.00 mu/l	FREE T4 9.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l target levels are risk dependent
23/08/22 09:48	500924C						7.1		
09/11/23 15:22	597040H						4.8		
07/12/23 16:15	647026C					**2.1**	5.1	**0.9**	3.2

24/05/22 15:06	325798W	C-Reactive Prot.	**16**	mg/L	(0 - 5)
26/05/22 06:21	329051Z	C-Reactive Prot.	**14**	mg/L	(0 - 5)

Filing Range from: 07/12/2023 to: 24/05/2022

Date of Report 07/12/2023 22:02

NHS Forth Valley
Haematology

NHS Forth Valley

Patient		Patient Ref. Number	
YOUNG, ASHLEY 26 DUNVEGAN DRIVE FALKIRK		0410840505	
		Date Of Birth: 04/10/1984	Sex: F

Doctor/Location	Consultant/GP	Date/Time Specimen Received
Carron Medical Centre Dr Gordon Muircroft	Dr Gordon Muircroft	07/12/2023 18:38

Clinical Data: NPT

Sample Type: Blood

HbA1c IFCC 38 mmol/mo (a)
(a) Target for good Diabetic Control is 48-59 mmol/mol

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 ^{9}/L	Report Date/Time
							07/12/2023 22:24

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
			Miscellaneous	456584	07/12/2023 16:15

Lab Ref: CARR - MUIR

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10 ^{9}/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 8	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
18-Feb-2025

REFERRAL LETTER

MEDICAL IN CONFIDENCE

0410840505 CHI No: 0410840505

101035638090S

Unique Care Pathway Number: 101035638090S

REFERRAL TO

KRZYSZTOF SKWARSKI (Consultant)
Respiratory MedicineAQ
FV Respiratory - General

Consultant / receiving practitioner and/or **specialty clinic**

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

Hospital and **hospital address**

Hospital location code.
V217H

Urgency of Referral

Routine Respiratory General Referral

Administrative Information

Please indicate suitability for Near Me or Telephone consult (preference Near Me):Unknown
Patient has special requirements:No
Employment: Occupations
Ethnic Origin: Not Stated

PATIENT DETAILS

Surname	Young
Forename(s)	Ashley
Title	-
Sex	Female
Previous Surname	-
Date of birth	04-Oct-1984
CHI no.	0410840505

Patient's address

26 Dunvegan Drive
LANGLEES
Falkirk
FK2 7UG

Contact number(s)

Voice: 07708 559515

REFERRING HCP DETAILS

Name:	Susan Davis
Organisation name:	Carron Medical Centre (25652) (25652)
Specialty:	- (-)

Organisation address

Ronades Road
Bainsford
Falkirk
FK2 7TA
Voice: 01324 619940

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: Ongoing SOB, Phlegm, COPD 'exacerbatons'.

Comment: I saw this patient today as GP had recommended a COPD review with Practice Nurse. Patient on methadone, ex heroin user. I find myself unable to suggest a way forward and would appreciate you reviewing and/or further advice regarding her ongoing SOB, phlegm and 'exacerbations' from frequent presentation at GP/ANP resulting in antbiotic and/or steroids. Today CAT 30, MRC 3, sats 97%.
Last letter dated 8/7/23 from Dr Skwarski gives diagnosis of Chronic Bronchitis, PFT from Jan 2023 had been 'normal range'. Recommendation from this appt was change to Incruse Ellipta instaed of ICS and SABA. This was done however previous Practice Nurse at review in Oct 2023 changed inhaler to Trelegy 92/55/22 as patient stating Incruse 'did nothing'. Overuse of SABA an ongoing issue '10 or more times a day'. Continues to smoke upwards of 20 cigs daily.
Multiple visits to ANP/GPs since Resp Appt in July 2023 resulting in 6 x prednisolone, 6 x doxycycline, 2 x amoxycillin, 3 x clarithromycin.
Was put on uniphylline late 2023 but since stopped. CXR for 'chronic cough' in Nov 2022 normal. States constant 'green sputum', C&S on 13/2/25 showed nil infection.
GP commenced Acepiro on 11/2/25, states 'doing nothing'. Declined winter vaccines this year, has had in past winters. States not intending to stop smoking 'gave up heroin, I'll maybe give up smoking some day but not now'. I Informed patient today that as on triple therapy inhaler and now Acepiro, multiple episodes of ABs/steroids since last Resp review then time to ask Resp for review appt or advice. Patient warned to expect a resounding stop smoking recommendationfrom Resp Cons as may be only way to improve symptom control.
I very much appreciate your input regarding this patient. Many thanks, Susan.

Examinations and Investigations

Is a 12 lead ECG:	Not done	-
Recent CXR:	Not done	-
FBC:	Not Recorded	-
Urea and Electrolytes:	Not Recorded	-
LFT:	Not Recorded	-
TFT:	Not Recorded	-
Lipid Profile:	Not Recorded	-
Glucose:	Not Recorded	-

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
103	57				08-Jan-2025
127	73				04-Dec-2024
110	70				21-Feb-2023
110	75				31-Aug-2022
117	79				23-Aug-2022
		165.1	99.2		18-Feb-2025
		171	99	33.86	08-Jan-2025
		171	99	33.86	04-Dec-2024
		171	85	29.07	21-Feb-2023

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Pre-existing Conditions (High Priority)

Description	Laterality	Modifier	Extension	Date Started
Chronic obstructive pulmonary disease	-	-	-	28-Jul-2023
Backache, unspecified	-	-	-	01-Jan-2021
[X]Post - traumatic stress disorder	-	-	-	01-Jan-2019
Overdose of drug	-	-	-	24-Jan-2018
Overdose of drug	-	-	-	12-Jan-2013
Drug dependence	-	-	-	01-Jun-2007
Anxiety with depression	-	-	-	01-Feb-2003

Past Procedures (High priority)

Description	Laterality	Extension	Date Recorded
CIN I - mild dyskaryosis	-	-	23-Feb-2012

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	Drug code	Formulation	Dosage	Frequency	Last Issued	
Acepiro Effervescent tablets 600 mg	-	84 TABLET	1 ONCE DAILY	-	-	-
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	-	60 DOSE	ONE PUFF DAILY	-	-	-
Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose	-	2*1 INHALER	2 Puffs Take as required	-	-	-
Fluoxetine Hydrochloride Capsules 40 mg	-	1*30 capsule	ONE TO BE TAKEN ONCE A DAY	-	-	-
Risperidone Tablets 3 mg	040201030AAACAC	28 tablet	ONE TO BE TAKEN AT NIGHT	-	-	-
Mirtazapine Tablets 15 mg	-	28 tablet	ONE TABLET TO BE TAKEN AT NIGHT	-	-	-

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	Drug code	Formulation	Dosage	Frequency		
Doxycycline Hyclate Capsules 100 mg	-	8 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY	-	-	42 Days
Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose	-	200 dose	2 Puffs Take as required	-	-	42 Days
Doxycycline Hyclate Capsules 100 mg	-	8 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY	-	-	42 Days
Prednisolone Tablets 5 mg	0603020T0AAACAC	40 tablet	EIGHT TO BE TAKEN EACH MORNING	-	-	5 Days
Rigevidon Tablets	-	63 tablet	1 Tab Daily	-	-	62 Days
Doxycycline Hyclate Capsules 100 mg	-	8 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY	-	-	42 Days
Tranexamic Acid Tablets 500 mg	0211000P0AAACAC	60 tablet	TAKE TWO TABLETS THREE OR FOUR TIMES DAILY FOR UP TO 4 DAYS	-	-	42 Days

Clinical warnings

Description	Comment	Date Recorded
Heavy smoker - 20-39 cigs/day	-	18-Feb-2025
Current smoker	-	18-Feb-2025
Current smoker	-	08-Jan-2025
Current smoker	-	04-Dec-2024
Heavy smoker - 20-39 cigs/day	-	01-Aug-2023

Alcohol status: Units per day: ? (not known)

Exercise status: Not Known

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Augmentin	-	-	-	-

Additional relevant information

Signature of referring doctor (or other professional) **Date** 18-Feb-2025

NHS Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT	YOUNG,ASHLEY
UNIT NUMBER	0410840505
PATIENT'S ADDRESS	26 DUNVEGAN DRIVE, FALKIRK
CONSULTANT	Dr Gordon Muircroft
DOB	04/10/1984
SEX	Female
WARD AND HOSPITAL / GENERAL PRACTICE	Dr Gordon Muircroft, Carron Medical Centre
SAMPLE TYPE OF LATEST SPECIMEN	Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST	uniphyllin
COPY DETAILS	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 85-150 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 900 nmol/24h	Urine DOPAMINE less than 3300 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH₂O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 160-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-50 mmol/24h	Urine URATE 1.5-4.5 mmol/24h	

19/05/22 13:47	317222R	Ferritin	10	ug/L	(15 - 200)
27/07/22 14:23	452644R	Ferritin	20	ug/L	(15 - 200)
09/11/23 15:22	597040H	Hrs Post Dose The	INGST		
		Sample Time Theo.	15.22		
		Theophylline	6	mg/L	(10 - 20)
23/11/23 12:02	619934B	Hrs Post Dose The	INGST		
		Sample Time Theo.	12.02		
		Theophylline	9	mg/L	(10 - 20)
07/12/23 16:14	647024A	Hrs Post Dose The	INGST		
		Sample Time Theo.	16.14		
		Theophylline	<2	mg/L	(10 - 20)

Date of Report 07/12/2023 23:05

NHS Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT	YOUNG,ASHLEY
UNIT NUMBER	0410840505
PATIENT'S ADDRESS	26 DUNVEGAN DRIVE, FALKIRK
CONSULTANT	Dr Gordon Muircroft
DOB	04/10/1984
SEX	Female
WARD AND HOSPITAL / GENERAL PRACTICE	Dr Gordon Muircroft, Carron Medical Centre
SAMPLE TYPE OF LATEST SPECIMEN	Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST	theophyllin increase
COPY DETAILS	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 85-150 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 900 nmol/24h	Urine DOPAMINE less than 3300 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH₂O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 160-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-50 mmol/24h	Urine URATE 1.5-4.5 mmol/24h	

19/05/22 13:47	317222R	Ferritin		10	ug/L	(15 - 200)
27/07/22 14:23	452644R	Ferritin		20	ug/L	(15 - 200)
09/11/23 15:22	597040H	Hrs Post Dose The	INGST			
		Sample Time Theo.	15.22			
		Theophylline		6	mg/L	(10 - 20)
23/11/23 12:02	619934B	Hrs Post Dose The	INGST			
		Sample Time Theo.	12.02			
		Theophylline		9	mg/L	(10 - 20)

Date of Report 23/11/2023 23:05

NHS Forth Valley Haematology

NHS Forth Valley

Patient		Patient Ref. Number	
	YOUNG, ASHLEY 26 DUNVEGAN DRIVE FALKIRK		0410840505
		Date Of Birth	04/10/1984
		Sex	F

Doctor/Location	Consultant/GP	Date/Time Specimen Received
Carron Medical Centre Dr Gordon Muircroft	Dr Gordon Muircroft	09/11/2023 18:34

Clinical Data	Sample Type
NPT + theophylline	Blood

HbA1c IFCC 35 mmol/mo (a)
(a) Target for good Diabetic Control is 48-59 mmol/mol

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 ^{9}/L	Report Date/Time
							09/11/2023 22:24

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
			Miscellaneous	973338	09/11/2023 15:22

Lab Ref: CARR - MUIR

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10 ^{9}/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 8	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

NHS Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: YOUNG,ASHLEY	UNIT NUMBER: 0410840505
PATIENT'S ADDRESS: 26 DUNVEGAN DRIVE, FALKIRK	
CONSULTANT: Dr Gordon Muircroft	DOB: 04/10/1984 — SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr Gordon Muircroft, Carron Medical Centre	SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: NPT + theophylline	COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 85-150 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 900 nmol/24h	Urine DOPAMINE less than 3300 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH₂O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 160-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-50 mmol/24h	Urine URATE 1.5-4.5 mmol/24h	

19/05/22 13:47	317222R	Ferritin		10	ug/L	(15 - 200)
27/07/22 14:23	452644R	Ferritin		20	ug/L	(15 - 200)
09/11/23 15:22	597040H	Hrs Post Dose The	INGST			
		Sample Time Theo.	15.22			
		Theophylline		6	mg/L	(10 - 20)

Date of Report 09/11/2023 23:05

NHS Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT	YOUNG,ASHLEY
UNIT NUMBER	0410840505
PATIENT'S ADDRESS	26 DUNVEGAN DRIVE, FALKIRK
CONSULTANT	Dr Gordon Muircroft
DOB	04/10/1984
SEX	Female
WARD AND HOSPITAL / GENERAL PRACTICE	Dr Gordon Muircroft, Carron Medical Centre
SAMPLE TYPE OF LATEST SPECIMEN	Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST	NPT + theophylline
COPY DETAILS	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3-6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO_2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO_2 10.5-13.5 kPa	INSPIRED OXYGEN %
19/05/22 13:47	317221V	13.47	4.1						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO_2 22-29 mmol/l	OSMOLALITY 275-295 mosm/kg H_2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
08/03/22 11:29	884166X			137	4.5	105	3.0	59	>59
24/05/22 15:06	325798W			135	**HAEM**	107	3.3	55	>59
26/05/22 06:21	329051Z			135	4.3	105	3.0	56	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 iu/l 37°C	AST 0-45 iu/l 37°C	ALT 0-55 iu/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130) iu/l 37°C	γGT 0-40 (female) iu/l 37°C
24/05/22 15:06	325798W		HAEM	13	5	70	36	110	
26/05/22 06:21	329051Z		18	16	6	62	35	105	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-30 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) iu/l 37°C
08/03/22 11:29	884166X						0.83		
24/05/22 15:06	325798W			2.24	2.33	1.19			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.00 mu/l	FREE T4 9.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l target levels are risk dependent
08/03/22 11:29	884166X	0.75							
23/08/22 09:48	500924C						7.1		
09/11/23 15:22	597040H						4.8		

24/05/22 15:06	325798W	C-Reactive Prot.	**16**	mg/L	(0 - 5)
26/05/22 06:21	329051Z	C-Reactive Prot.	**14**	mg/L	(0 - 5)

Date of Report 09/11/2023 22:02

NHS
Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
YOUNG 26 DUNVEGAN DRIVE FALKIRK	ASHLEY	0410840505
	DATE OF BIRTH: 04/10/1984	SEX: F

CONSULTANT: ANP Kirsten Finlays

WARD: ANP Kirsten Finlayson 25652_

G.P.: oCarron Medical Centre

CLINICAL DATA: cough despite antibs/steroids

Pyogenic Culture

No Lower Respiratory Tract pathogens isolated
Test performed by UKAS accredited medical
laboratory No.10825.

EXAMINATION	LAB No.	AUTHORISED	
Pyogenic Culture	MG688525K	Katie Smith	
NATURE OF SPECIMEN	**DATE COLLECTED**	**DATE RECEIVED**	**DATE REPORTED**
Sputum	11/10/2023	11/10/2023	13/10/2023

General Medicine/Respiratory Medicine
Locum Consultant: Dr Kris Skwarski
Tel:

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

Dr C Manners
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

Date Dictated:	08/07/2023
Date Typed:	13/07/2023
Our Ref:	KS/AG
CHI:	0410840505

Dear Dr C Manners

Ashley Young DOB: 04-10-1984
26 Dunvegan Drive Falkirk FK2 7UG

Diagnosis:

1. Current smoker
2. Chronic Bronchitis
3. No evidence of airways obstruction
4. Ex-heroin and cocaine user - stopped 21 months ago - not on Methadone

Thank you very much for referring this lady to the clinic. You referred her on account of recurrent chest infections. This is actually not chest infections that she is having, but this is a chronic bronchitis which she has due to chronic smoking habit. She is producing quite a lot of phlegm mainly in the morning. She had a CTPA scan of her chest which showed no evidence of bronchiectasis in May last year. Chest x-ray from November last year is normal as well.

On examination her chest sounded clear.

Her pulmonary function test from January 2023 was all within the normal range. Today values were slightly lower than previously but she found the test quite difficult and painful.

She is taking Salbutamol and Clenil but finds that not really useful at all. However when she takes her boyfriend's Spiriva Respimat that helps her. This is quite common in patients with chronic bronchitis who smoke and you might want to consider prescribing her Incruse Ellipta rather than Salbutamol and Clenil.

Otherwise there are no red flags and no other issues than the smoking issue and she needs to give up smoking. I congratulated her that she managed to stay clear from heroin and cocaine. That is a very positive finding. I think that she will try to stop smoking and all efforts should be made to help her doing that. Otherwise as I said there are no red flags and I have discharged her from further follow up.

Yours sincerely

Dictated and electronically checked by:

Dr Kris Skwarski
Locum Respiratory Consultant

Psychological Therapies
Behavioural Psychotherapy

NHS Forth Valley
Psychology Services
No 2 The Bungalows, Stirling Road
LARBERT
FK5 4SE

PRIVATE & CONFIDENTIAL
Ms Ashley Young
26 Dunvegan Drive
Falkirk
FK2 7UG

Our Ref:	GF/GF Opt 2
CHI No	0410840505
Enquiries to:	
Email:	fv.psymailbox@nhs.scot
Telephone:	01324 574321
Date:	10/02/2023

Dear Ms Young

Following your referral to this department we recently wrote to you to ask you to contact us to arrange an assessment but we have not yet heard from you.

As part of your assessment session, the person you speak with will talk to you about what they think is the most appropriate support for you. There will then be a wait before your treatment starts.

To arrange an assessment appointment please call 01324 574321. You will be offered a choice of dates and times to ensure that the appointment suits you. We are also able to offer appointments by telephone, Near Me (video call) or face to face.

If we do not hear from you within 14 days we will assume that you do not want treatment from our department and you will be discharged.

Yours sincerely

Dr Sally Rankine
Head of Adult Mental Health Psychology

NHS RESOURCES

You will find details of other resources that you might find helpful at our website:
https://nhsforthvalley.com/health-services/az-of-services/mental-health-unit/mh-ld-team-information/adult-psychological-therapies/

NHS 111- telephone 111 if you or someone you know needs urgent care, but it's not life threatening. It is staffed by Mental Health Nurses who can provide specialist advice on mental health issues, such as:

- existing mental health problems, worsening symptoms, or experiencing a mental health problem for the first time
- self-harm that does not appear to be life threatening or someone wanting to self-harm
- signs of possible dementia
- domestic violence or physical, sexual or emotional abuse

NHS Inform Self-help guides- Both physical and mental self help guides can be found at NHS Inform:
https://www.nhsinform.scot/self-help-guides

NHS Forth Valley Leaflets- Webpage developed by NHS Forth Valley, which offers downloadable information on a wide range of commonly experienced mental health difficulties:
https://www.selfhelpguides.ntw.nhs.uk/forthvalley/

Mental IIealth Resources- Webpage developed by NIIS Forth Valley which offers local and national emotional and mental health well-being resources:
http://nhsforthvalley.com/health-services/know-who-to-turn-to-when-you-are-ill/mental-well-being/

ADDITIONAL RESOURCES:

Breathing Space- a free, confidential phone service for anyone in Scotland over the age of 16 who is experiencing low mood, depression, anxiety, or a crisis related to mental health.
Telephone- 0800 83 85 87 (evenings and weekends)
https://breathingspace.scot

Samaritans- Support to manage your emotional wellbeing and promote the well-being of others. They can also be contacted if you are experiencing a crisis related to your mental health.
Telephone- 116 123 (24hrs)
www.samaritans.org
jo@samaritans.org

Silver Line Scotland- Telephone service providing support and advice specifically for older people.
Telephone- 0800 470 80 90 (24 hours)

Childline – A confidential, non-judgemental support line for anyone under the age of 19 who is struggling with their mental health. There are also links on the website to type a message if this is easier.
Telephone- 0800 1111
www.childline.org.uk

Macmillan Cancer Support- Support for those diagnosed with cancer and their families, including free access to an online community and an online chat service.
Telephone- 0808 808 0000 (Mon – Sun 8am to 8pm)
https://www.macmillan.org.uk/cancer-information-and-support/get-help/emotional-help

Pain Concern- **S**upport for those struggling with chronic pain.
https://painconcern.org.uk
Telephone- 0300 123 0789 (Mon 2-4pm, Fri 10am-12 noon, 2pm - 4pm)
Email: help@painconcern.org.uk

Carers Centre- Information for carers of all ages.
Telephone- 01324 611510
http://centralcarers.org/

CC:
Dr Y Lim
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

Psychological Therapies
Behavioural Psychotherapy

NHS Forth Valley
Psychology Services
No 2 The Bungalows, Stirling Road
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PRIVATE & CONFIDENTIAL
Ms Ashley Young
26 Dunvegan Drive
Falkirk
FK2 7UG

Our Ref:	GF/GF
CHI No	0410840505
Enquiries to:	
Email:	fv.psymailbox@nhs.scot
Telephone:	01324 574321
Date:	27/01/2023

Dear Ms Young

As you will be aware you were recently referred to this department. In order to get people the most appropriate input as quickly as possible, we assess all people referred to our service. An assessment is an initial discussion about the current issues that are affecting you and what help you are looking for. This will help us to get a better understanding of what type of support may benefit you. We have different types of support available, including online treatment, group treatment and individual treatment.

As part of your assessment session, the person you speak with will talk to you about what they think is the most appropriate support for you. There will then be a wait before your treatment starts.

To arrange an assessment appointment please call 01324 574321. You will be offered a choice of dates and times to ensure that the appointment suits you. We are also able to offer appointments by telephone, Near Me (video call) or face to face.

Yours sincerely

Dr Sally Rankine
Head of Adult Mental Health Psychology

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Carers Centre - Information for carers of all ages.
Telephone- 01324 611510
http://centralcarers.org/

CC:
Dr Y Lim
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

NHS Forth Valley

Substance Use Service
Falkirk Community IIospital
Westburn Avenue
FALKIRK
FK1 5QE

CONFIDENTIAL
Ms Ashley Young
26 Dunvegan Drive
Falkirk
FK2 7UG

Date:	25/01/2023
Date Dictated:	25/01/2023
Your Ref:	0410840505
Our Ref:	GM/LP
Enquiries to:	
Email:	fv.cadsprescribing@nhs.scot
Telephone:	01324 673670

Dear Ms Young

I am writing to confirm that you have now been discharged from our service as discussed at your last appointment.

The referral has been completed for Psychology, so you should here from them in due course.

I would like to take this opportunity to wish you well for the future and your ongoing recovery.

Yours sincerely

Dictated and electronically checked by:

Gemma Marshall
Clinical Nurse Specialist

CC:
Dr Y Lim
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

NHS Forth Valley

Substance Use Service
Falkirk Community IIospital
Westburn Avenue
FALKIRK
FK1 5QE

CONFIDENTIAL
Dr Y Lim
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

Date:	18/01/2023
Date Dictated:	12/01/2023
Your Ref:	0410840505
Our Ref:	JJ/LMcF
Enquiries to:	Julie Jack
Telephone:	

Dear Dr Y Lim

Ashley Young DOB: 04-10-1984
26 Dunvegan Drive Falkirk FK2 7UG

Ashley attended this morning for ANP review at FCH.
Currently prescribed
Risperidone 3mg at night.
Mirtazapine 15mg nocte.
Omeprazole 20mg daily.
Piroxicam 20mg daily.
Fluoxetine 60mg daily.
Salbutamol inhaler 2 puffs as required.
Clenil Modulite 1 puff BD.

Long history with psychiatry, and has been known to services for a number of years.

Mental Health Diagnosis- PTSD, opiate dependence syndrome, depression.

Physical Health Diagnosis ? Musculoskeletal condition, 5 months postpartum. Drug /Alcohol use, BAC- no drug/alcohol usage, completed MAT treatment in August 2022. Sleep- no issues. Diet- no issues.

Background
Ashley has three elder children and a 5-month baby girl Naida, there is social work contact and there is a meeting arranged for 19th January to discuss potentially removing Naida from the child protection register. Ashley is keen to access psychological therapy to address previous trauma. Ashley is excited as her eldest son's partner is due a baby in May and is going to be a grandmother. Ashley is now holding recovery meetings within 218 rehab and is keen to pursue a job in drug counselling in the future, continues to engage with C/A and has a sponsor, in a new relationship with a man whom she met at a recovery meeting. Appearance and behaviour- Ashley presented as very well dressed and appropriate for the climate, she was happy to engage with me, good eye contact, and rapport. Speech- normal rhythm, tone, and volume. Mood- subjectively rates as 10/10, objectively euthymic in mood. Thought form- no loosening of association or pressure of speech. Thought content- no delusional thoughts, phobias, or overvalued ideas. Perception- no abnormal disturbances. Cognition- not formally assessed, however, appears grossly intact. Denies any suicidality/self-harm.

Plan

- Ashley is keen for a referral to psychology to address previous trauma, ANP will refer her via SCI gateway.
- Ashley will now be formally discharged from CADS.

Yours sincerely

Dictated and electronically checked by:

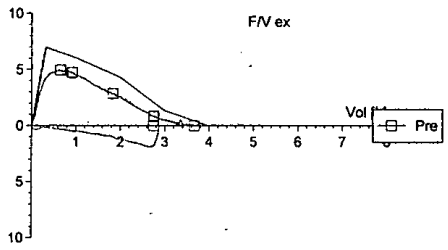
Julie Jack
Advanced Nurse Practitioner

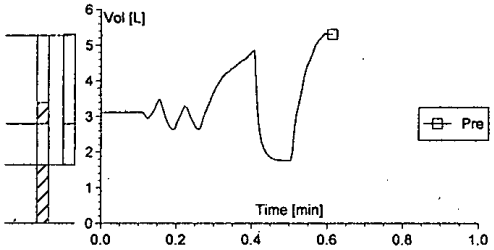
CC:

Respiratory Laboratory
Forth Valley Royal Hospital

NHS Forth Valley

Last Name:	Young	First Name:	Ashley
Identification:	0410840505	Date of Birth:	04/10/1984
Gender:	female	Age:	38 Years
Physician:		Height:	167.7 cm
Smoking status:	Current Smoker	Weight:	85.0 kg
		BMI:	30 kg/m²
Ward:	--	Operator:	Kevin





Visit date		Pred LL 06.01.23	Pred UL 06.01.23	Test 06.01.23	% Pred	SR
Substance						
Dose						
FEV 1	L	2.61	3.91	2.75	84.1	-1.30
FVC	L	3.18	4.81	3.67	92.2	-0.63
FEV 1 % FVC	%			74.86		
FEV 1 % VC MAX	%	71.43	91.54	74.86	90.7	-1.18
MEF 50	L/min	151	368	172	66.5	-1.32
MEF 25	L/min	40	152	50	61.1	-1.16
PEF	L/min	330	507	298	71.2	-2.24
O2-Saturation (p)	%					
VT	L	0.61	0.61			
VC IN	L	2.93	4.31	3.55	98.1	-0.16
VC EX	L	2.93	4.31	3.67	101.3	0.11
IC	L	2.47	2.47	2.52	101.8	
ERV	L	1.15	1.15	1.16	100.3	
TLCO Single Breath	mmol/(min*kPa)	6.12	10.34			
KCO_SB	mmol/(min*kPa*L)	1.17	1.86			
Hb	g(Hb)/dL					
TLCOc Single Breath	mmol/(min*kPa)	6.12	10.34			
KCOc_SB	mmol/(min*kPa*L)	1.17	1.86			
VA Single Breath	L	4.37	6.53			
NO	ppb					
Nasal Exhaled NO	ppb					

Physiologist Comments

Steroid inhaler and Salbutamol not taken today. Good patient effort although technique variable. Best PEF 318L/min although ?maximal.
Chest tight during inspiration, struggled to obtain inspiratory loop.

Report- Spirometry shows FEV1, FVC and FEV1/VC% within normal limits, asthma not excluded.
Reported by K Hay
Chief Respiratory Physiologist

NHS Forth Valley

NHS Forth Valley Radiology Report

Patient Name:	Young, Ashley	Exam Date:	07/11/2022
Patient ID:	0410840505	Consultant:	GP REQUESTOR
Patient Date of Birth:	04/10/1984	Report Date and Time:	11/11/2022 10:34:19
Patient Address	26 DUNVEGAN DRIVE FALKIRK STIRLINGSHIRE FK2 7UG	Referring Dept/Location:	LIM, DR Y C, LOCUM GP CARRON MEDICAL CENTRE

Accession: V213765448701, Examination Date: 07/11/2022, Examination: XR Chest:

Indication:
Clinical Details :
chronic cough for 6/12
Provisional Diagnosis :
?sinister chest pathology

Findings:
XR Chest: PA erect chest X-ray.

Normal cardiac and mediastinal contours.
No evidence of collapse or consolidation.

Reported by Kasia Snelling,
Advanced Radiographic Practitioner HCPC: RA38766
Medica Reporting Ltd.

Report Date: 11/11/22

If you are a clinician and have a query on this report, please call Medica on 01424 377 901 or email clinical@medicagroup.co.uk

Final Report By: Kasia Snelling Medica Radiographer HCPC RA38766 at 11/11/2022 10:34:19 .

Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
24-Feb-2023

REFERRAL LETTER

MEDICAL IN CONFIDENCE

0410840505 CHI No:0410840505

101028846976T

Unique Care Pathway Number: 101028846976T

REFERRAL TO

Respiratory MedicineAQ
FV Respiratory - General

Consultant / receiving practitioner and/or **specialty clinic**

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

Hospital and **hospital address**

Hospital location code.
V217H

Urgency of Referral

Routine Respiratory General Referral

Administrative Information

Please indicate suitability for Near Me or Telephone consult (preference Near Me):Suitable for a Phone Consultation

Patient has special requirements:No

Employment: Occupations

Ethnic Origin: Not Stated

PATIENT DETAILS

Surname	Young
Forename(s)	Ashley
Title	-
Sex	Female
Previous Surname	-
Date of birth	04-Oct-1984
CHI no.	0410840505

Patient's address

26 Dunvegan Drive
LANGLEES
Falkirk
FK2 7UG

Contact number(s)

Voice: 07708 559515

REFERRING PRACTITIONER DETAILS

Name: Dr. Gordon Muircroft (GMC: 2750596)

Practice: Carron Medical Centre (25652)

Phone: Voice: 01324 619940

Practice address:

Ronades Road
Bainsford
Falkirk
FK2 7TA

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: recurrent LRTI

Comment: this patient has required x8 courses of abx in the last 6 months for recurrent LRTI. CXR is normal. cough today was dry. last sputum was may 22 - no pathogens. Last spirometry - no clear conclusions. pt has a hx of smoking crack cocaine and heroin though she reports not to have done this for around a year. given frequency of presentations I was wondering about ?bronchiectasis or if there has been some damage from aforementioned smoking hx. Pt continues to smoke cigarettes.

Examinations and Investigations

Is a 12 lead ECG:	Not done	-
Recent CXR:	Not done	-
FBC:	Not Recorded	-
Urea and Electrolytes:	Not Recorded	-
LFT:	Not Recorded	-
TFT:	Not Recorded	-
Lipid Profile:	Not Recorded	-
Glucose:	Not Recorded	-

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
110	70				21-Feb-2023
110	75				31-Aug-2022
117	79				23-Aug-2022
120	75				11-May-2022
		171	85	29.07	21-Feb-2023

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Pre-existing Conditions (High Priority)

Description	Laterality	Modifier	Extension	Date Started
Backache, unspecified	-	-	-	01-Jan-2021
[X]Post - traumatic stress disorder	-	-	-	01-Jan-2019
Overdose of drug	-	-	-	24-Jan-2018
Overdose of drug	-	-	-	12-Jan-2013
Drug dependence	-	-	-	01-Jun-2007
Anxiety with depression	-	-	-	01-Feb-2003

Past Procedures (High priority)

Description	Laterality	Extension	Date Recorded
CIN I - mild dyskaryosis	-	-	23-Feb-2012

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	Drug code	Formulation	Dosage	Frequency	Last Issued	
Buvidal Prolonged Release Solution For Injection 96 mg/0.27 ml pre-filled syringe	-	1 pre-filled disposable injection	CONTACT SUBSTANCE USE SERVICE / SEE CLINICAL PORTAL	-	-	-
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	28 capsule	ONE CAPSULE DAILY	-	-	-
Piroxicam Capsules 20 mg	1001010R0AAABAB	28 capsule	ONE CAPSULE DAILY	-	-	-
Risperidone Tablets 3 mg	040201030AAACAC	28 tablet	ONE TO BE TAKEN AT NIGHT	-	-	-
Fluoxetine Hydrochloride Capsules 20 mg	0403030E0AAAAAA	84 CAPSULE	THREE CAPSULES DAILY	-	-	-
Mirtazapine Tablets 15 mg	-	28 tablet	ONE TABLET TO BE TAKEN AT NIGHT	-	-	-

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	Drug code	Formulation	Dosage	Frequency		
Clarithromycin Tablets 500 mg	0501050B0AAADAD	1*14 tablet	ONE TO BE TAKEN TWICE A DAY FOR SEVEN DAYS	-	-	42 Days
Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose	-	1 inhaler	2 Puffs As directed	-	-	42 Days
Soprobec Inhaler 200 micrograms/dose	-	200 dose	1 PUFF TWICE DAILY	-	-	100 Days
Clarithromycin Tablets 500 mg	0501050B0AAADAD	14 tablet	ONE TO BE TAKEN TWICE A DAY	-	-	42 Days

Clinical warnings

Smoking status: Number per day: ?(not known)

Description	Comment	Date Recorded
Current smoker	-	21-Feb-2023
Current smoker	in for review. says cough improved with antibiotics, but on completion of course worsened again. green sputum, feeling SOBOE.	31-Aug-2022
Current smoker	-	23-Aug-2022

Alcohol status: Units per day: ?(not known)

Exercise status: Not Known

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Augmentin	-	-	-	-

Additional relevant information

Signature of referring doctor (or other professional) **Date** 24-Feb-2023

Gynaecology Department
:
Tel:

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr G Muircroft
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

Date Dictated:	28/09/2022
Date Typed:	28/09/2022
Our Ref:	/
CHI:	0410840505

Dear Ms Young

You have been referred to our gynaecology services by your GP to discuss laparoscopic (keyhole) sterilisation.

Unfortunately, due to the ongoing COVID-19 pandemic, we are currently working on a significant backlog of scheduled operations and clinic appointments.

This means that routine clinic appointments to discuss procedures such as laparoscopic sterilisation will not be able to be offered for some time and any surgical procedures agreed at such an appointment may also be subject to longer waiting times than usual.

While we are happy to put you on a waiting list for these appointments, if your GP is not able to fulfil your contraceptive needs in the meantime, our colleagues in sexual health would be available to see you in the interim to offer expert advice about other contraceptive options. Many of these alternatives are actually more effective than sterilisation and carry less risk. You can contact our sexual health services direct on 01324 673 554 (Mon – Fri 08:30 – 12:30).

Contacting the sexual health department will not alter your status on our waiting list. When in due course, you do receive a clinic appointment letter, if you no longer require this appointment please contact the number on the letter to cancel.

We apologise for the delay and thank you for your understanding and support at this challenging time.

Kind regards

Yours sincerely

Dictated and electronically checked by:

Gynaecology Department
:
Tel:

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

Ms Ashley Young
26 Dunvegan Drive
Falkirk
FK2 7UG

Date Dictated:	28/09/2022
Date Typed:	28/09/2022
Our Ref:	/
CHI:	0410840505

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We apologise for the delay and thank you for your understanding and support at this challenging time.

Kind regards

Yours sincerely

Dictated and electronically checked by:

CC:
Dr G Muircroft
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

M

SCI Store - Forth Valley - Patient Result Report

Report ID: HR452813B/08/22 **Sample Collected:** 23/08/2022 09:48:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
Ashley Young Name Changed	0410840505	04/10/1984	37	MUIRCROFT, GORDON	Carron Medical Centre	Prahbu, Dr. L.	(FANC) zAnte Natal Clinic

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Muircroft, Dr. G.	(5629) Dr Gordon Muircroft	HR452813B/08/22	Routine	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Blood	23/08/2022 09:48:00	23/08/2022 13:44:00	23/08/2022 15:55:29	Active

Report

Full Blood Count Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	139	120 - 150	g/L	
White Blood Count	7.7	4.0 - 10.0	10^9/L	
Platelet Count	298	150 - 410	10^9/L	
Red Blood Count	4.53	3.8 - 4.8	10^12/L	
Mean Cell Volume	94.7	83.0 - 101.0	fl	
Packed Cell Volume	0.429	0.36 - 0.46		
Mean Cell Haemoglobin	30.7	27.0 - 32.0	pg	
Mean Cell Haemoglobin Conc.	324	315 - 345	g/L	
Neutrophil Count	3.6	2.0 - 7.0	10^9/L	
Lymphocyte Count	**3.3**	**1.0 - 3.0**	**10^9/L**	**A**
Monocyte Count	0.5	0.2 - 1.0	10^9/L	
Eosinophil Count	0.3	0.02 - 0.5	10^9/L	
Basophil Count	**0.0**	**0.02 - 0.1**	**10^9/L**	**A**
Nucleated Red Blood Cells	0.00		10^9/L	

Hb A1c Cumulative

Description	Value	Range	Unit	Normalcy Notes
HbA1c IFCC	35		mmol/mol	(IFCC)

Test Comments
(IFCC) Target for good Diabetic Control is 48-59 mmol/mol

Last 3 users to access this result

Name	System	Location	Time
wsmorse	wsmorse	wsmorse	23/08/2022 22:29:54
WS Unit Test	UnitTestApp	SG033827	23/08/2022 19:00:09
BadgerNet	Local	BadgerNet	23/08/2022 16:19:39

Printed By: Karen Malcolmson on 02/09/2022 14:17:31

NHS Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: YOUNG,ASHLEY | UNIT NUMBER: 0410840505

PATIENT'S ADDRESS: 26 DUNVEGAN DRIVE, FALKIRK

CONSULTANT: Dr Gordon Muircroft | DOB: 04/10/1984 | SEX: Female

WARD AND HOSPITAL / GENERAL PRACTICE: Dr Gordon Muircroft, Carron Medical Centre | SAMPLE TYPE OF LATEST SPECIMEN: Serum

CLINICAL DETAILS REFERRING TO LATEST REQUEST: NPT | COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3-6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO_2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO_2 10.5-13.5 kPa	INSPIRED OXYGEN %
19/05/22 13:47	317221V	13.47	4.1						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO_2 22-29 mmol/l	OSMOLALITY 275-295 mosm/kg H_2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
05/07/21 13:18	449055V			141	4.7	105	6.4	100	54
08/03/22 11:29	884166X			137	4.5	105	3.0	59	>59
24/05/22 15:06	325798W			135	**HAEM**	107	3.3	55	>59
26/05/22 06:21	329051Z			135	4.3	105	3.0	56	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 iu/l 37°C	AST 0-45 iu/l 37°C	ALT 0-55 iu/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130) iu/l 37°C	γGT 0-40 (female) iu/l 37°C
05/07/21 13:18	449055V		21	18	5	73	43	101	16
24/05/22 15:06	325798W		HAEM	13	5	70	36	110	
26/05/22 06:21	329051Z		18	16	6	62	35	105	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-30 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) iu/l 37°C
05/07/21 13:18	449055V						0.79		
08/03/22 11:29	884166X						0.83		
24/05/22 15:06	325798W			2.24	2.33	1.19			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.00 mu/l	FREE T4 9.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l target levels are risk dependent
05/07/21 13:18	449055V						6.2		
08/03/22 11:29	884166X	0.75							
23/08/22 09:48	500924C						7.1		

24/05/22 15:06	325798W	C-Reactive Prot.	**16**	mg/L	(0 - 5)
26/05/22 06:21	329051Z	C-Reactive Prot.	**14**	mg/L	(0 - 5)

Filing Range from: 23/08/2022 to: 05/07/2021 Page 1 of 1

Date of Report 23/08/2022 22:02

Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
07-Nov-2022

REFERRAL LETTER

MEDICAL IN CONFIDENCE

0410840505 CHI No:0410840505

101027897625X

Unique Care Pathway Number: 101027897625X

REFERRAL TO

Respiratory MedicineAQ
FV Respiratory - General

Consultant / receiving practitioner and/or **specialty clinic**

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

Hospital and **hospital address**

Hospital location code.
V217H

Urgency of Referral

Routine Respiratory General Referral

Administrative Information

Please indicate suitability for Near Me or Telephone consult (preference Near Me):Unknown
Patient has special requirements:No
Employment: Occupations
Ethnic Origin: Not Stated

PATIENT DETAILS

Surname	Young
Forename(s)	Ashley
Title	-
Sex	Female
Previous Surname	-
Date of birth	04-Oct-1984
CHI no.	0410840505

Patient's address

26 Dunvegan Drive
LANGLEES
Falkirk
FK2 7UG

Contact number(s)

Voice: 07708 559515

REFERRING PRACTITIONER DETAILS

Name: Dr. Yuet Chern Lim (GMC: 7271936)
Practice: Carron Medical Centre (25652)
Phone: Voice: 01324 619940

Practice address:

Ronades Road
Bainsford
Falkirk
FK2 7TA

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: spirometry

Comment: Pt who is a smoker with recurrent chest infections x5 in the past 3 months. ?obstructive lung disease. No response to trial of steroid inhalers. chronic cough.

Many thanks

Examinations and Investigations

Is a 12 lead ECG:	Not done	-
Recent CXR:	Not done	-
FBC:	Not Recorded	-
Urea and Electrolytes:	Not Recorded	-
LFT:	Not Recorded	-
TFT:	Not Recorded	-
Lipid Profile:	Not Recorded	-
Glucose:	Not Recorded	-

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
110	75				31-Aug-2022
117	79				23-Aug-2022
120	75				11-May-2022

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Pre-existing Conditions (High Priority)

Description	Laterality	Modifier	Extension	Date Started
Backache, unspecified	-	-	-	01-Jan-2021
[X]Post - traumatic stress disorder	-	-	-	01-Jan-2019
Overdose of drug	-	-	-	24-Jan-2018
Overdose of drug	-	-	-	12-Jan-2013
Drug dependence	-	-	-	01-Jun-2007
Anxiety with depression	-	-	-	01-Feb-2003

Past Procedures (High priority)

Description	Laterality	Extension	Date Recorded
CIN I - mild dyskaryosis	-	-	23-Feb-2012

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	Drug code	Formulation	Dosage	Frequency	Last Issued	
Buvidal Prolonged Release Solution For Injection 96 mg/0.27 ml pre-filled syringe	-	1 pre-filled disposable injection	CONTACT SUBSTANCE USE SERVICE / SEE CLINICAL PORTAL	-	-	-
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	28 capsule	ONE CAPSULE DAILY	-	-	-
Piroxicam Capsules 20 mg	1001010R0AAABAB	28 capsule	ONE CAPSULE DAILY	-	-	-
Risperidone Tablets 3 mg	040201030AAACAC	28 tablet	ONE TO BE TAKEN AT NIGHT	-	-	-
Fluoxetine Hydrochloride Capsules 20 mg	0403030E0AAAAAA	84 CAPSULE	THREE CAPSULES DAILY	-	-	-
Mirtazapine Tablets 15 mg	-	28 tablet	ONE TABLET TO BE TAKEN AT NIGHT	-	-	-

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	Drug code	Formulation	Dosage	Frequency

Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose	-	1 inhaler	2 Puffs As directed	-	-	42 Days
Clenil Modulite Cfc-free inhaler 200 micrograms/actuation	-	1 inhaler	1 Puff Twice daily	-	-	42 Days
Amoxicillin Capsules 500 mg	-	15 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	-	5 Days
Clenil Modulite Cfc-free inhaler 200 micrograms/actuation	-	1 inhaler	1 Puff Twice daily	-	-	0 Days
Prednisolone Tablets 5 mg	0603020T0AAACAC	40 tablet	EIGHT TO BE TAKEN EACH MORNING	-	-	42 Days
Doxycycline Hyclate Capsules 100 mg	-	8 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY	-	-	50 Days

Clinical warnings

Smoking status: Number per day: ?(not known)

Description	Comment	Date Recorded
Current smoker	in for review. says cough improved with antibiotics, but on completion of course worsened again. green sputum, feeling SOBOE.	31-Aug-2022
Current smoker	-	23-Aug-2022

Alcohol status: Units per day: ?(not known)

Exercise status: Not Known

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Augmentin	-	-	-	-

Additional relevant information

Signature of referring doctor (or other professional) **Date** 07-Nov-2022

NHS Forth Valley

Substance Use Service
Falkirk Community IIospital
Westburn Avenue
FALKIRK
FK1 5QE

CONFIDENTIAL
Dr G Muircroft
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

Date:	05/08/2022
Date Dictated:	22/07/2022
Your Ref:	0410840505
Our Ref:	JJ/LMcF
Enquiries to:	Julie Jack
Telephone:	

Dear Dr G Muircroft

Ashley Young DOB: 04-10-1984
26 Dunvegan Drive Falkirk FK2 7UG

Currently prescribed
Buvidal 96mg monthly injection.
Risperidone 3mg at night.
Mirtazapine 15mg nocte.
Omeprazole 20mg daily.
Piroxicam 20mg daily.

Ashley attended this morning for ANP review at FCH.

Extensive history with psychiatry has been known to services for a number of years.

Mental Health diagnosis
PTSD, opiate dependence syndrome, depression.

Physical Health Diagnosis
? Musculoskeletal condition. Approx 36 weeks and 5 days pregnant with a girl, EDD 12/8/22, however, Ashley reports that she is going into the hospital on 27/7/22 for a sweep of membranes.

OFT's
Recent drug test appropriate to treatment. Verum test today carried out today.

Sleep
Reports really poor likely related to late stages of pregnancy coupled with the heat.

Diet
Reports that she is eating well.

Physical observations- B/P 122/79, P 62, T 36.7, o2 95%, Weight 14st 9lbs-BMI 32.9.

Presented really well, with no evidence of intoxication or withdrawals. Lives alone in her own local authority housing has 3 elder children and has contact with the 2 younger children, eldest lives in Leeds with her father. Is currently not in a relationship but has developed a good friendship with her elder children's father. Ashley has intimated that she might breastfeed her baby. Has remained on the full dose of Buvidal and will wait until after her pregnancy before considering a reduction.

Ashley is on the appropriate benefits. Avril from Aberlour has been attending her home to go through parenting skills with her.

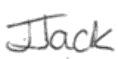
Appearance and behaviour
Casually dressed appropriately for the climate, happy to engage with me, Good eye contact, and reactive. Speech- Normal rhythm, tone, and volume. Mood- subjectively rates as 8/10, objectively euthymic in mood. Thought form- no loosening of association or pressure of speech. Thought content- no delusional thoughts, phobias, or overvalued ideas. Perception- no abnormal disturbances. Cognition- intact. Denies any suicidality.

Plan

- Ashley continues to be supported through her pregnancy by one of our senior nurses, social worker (Anne Grant) has conducted a pre-birth planning meeting with the High-risk midwifery team (Willow Team), and it is expected that the baby will remain in the hospital for 72 hours after birth for withdrawal observations. Ashley has progressed well throughout the pregnancy and there has been no evidence of drug use, therefore as expected she will be taking the baby home after the period of observation in the hospital.
- Social work will organise a post-birth meeting as necessary. It was indicated in the last review for GP to discontinue Fluoxetine as was not compliant with this, could this please be actioned.
- Review in 3 months.

Yours sincerely

Dictated and electronically checked by:



Julie Jack
Advanced Nurse Practitioner

CC:

Forth Valley Royal (Maternity)
Matenity Unit
Forth Valley Royal, Stirling Road, Larbert, FK5 4WR. Tel: 01324 566 000.

NHS Forth Valley

Transferred to Postnatal Community Care - PATIENT COPY

Young, Ashley (CHI: 0410840505 | PMS Number: 0410840505)
04 Oct 84 (Age at Birth: 37) | 26 Dunvegan Drive, Falkirk, FK2 7UG | 07708559515 (mobile)
G5 P4+1 | DOB: 29 Jul 22 at 11:48 (38+0/40) | No. of Babies: 1 | Booking BMI: 31.51 | Current BMI: 31.51 | Blood Group: O+ | Hb at 38+0: 147g/L | PN 72hrs | Current Care: Hospital

Postnatal Key Details

Date/time gave birth	29 Jul 22 at 11:48	**Baby 1 Outcome**	Livebirth
Baby 1 Birthweight	2620	**Baby 1 Sex**	Female
Location of birth	Forth Valley Royal (Maternity)	**Primary Language Spoken**	English
Hb (g/dL)	14.7 (29 Jul 22 at 11:37)	**FGM**	None

Internal Transfers

25 May 22 at 09:48	Reason not recorded	29 Jul 22 at 15:36	Reason not recorded

Circle of Care

Delivery plan	Not Known	**Intended Location of Birth**	Forth Valley Royal (Maternity)
Lead Professional	Jacqueline Hill		
Named Midwife	Jennifer McKenzie	**Lead Professional's telephone**	(Not Recorded)
Team	Willow Team	**Named Consultant**	Jacqueline Hill
GP Name	MUIRCROFT, GORDON	**Hospital Contacts**	Maternity Unit Contact numbers can be found in the main menu of the app or website.
GP Address	Ronades Road, Bainsford, Falkirk, FK2 7TA	**GP Practice**	Carron Medical Centre
		GP Practice Code	25652

Transfer of Care Details

Date of Discharge	01 Aug 22	**Transferred By**	Helena MacDonald
How was Transfer done	Face to face	**Discharged From**	Postnatal Ward
		Telephone	07708559515
Discharge Destination	Home (usual residence)	**Baby 1 transferred with mother**	Yes
Mobile Telephone	07708559515		
Baby 1 Details	YOUNG, Naida (2907225685)		

Risk Assessment

Recorded: 29 Jul 22 at 10:26

Risk	(Not Recorded)	**Current Pregnancy**	Intermediate risk of preterm birth
Previous Obstetric	Previous PPH (no blood transfusion)	**Previous Baby**	Previous SGA < 10th centile, Previous Congenital Abnormality
Medical	BMI more than 30, Smoker 20 per day		
Mental Health	Anxiety, Current Depression, Post-traumatic stress disorder	**Gynaecological**	Previous Cervical Surgery
		Anaesthetic	IV drug misuse, Currently prescribed low molecular weight heparin

Secondary PPH

No blood loss has been recorded

Labour and Birth Summary

Number of Babies	1	**Date and Time of Birth**	29 Jul 22 at 11:48
Gestation at Birth	38+0/40	**Onset of Labour**	Spontaneous
Final Type of Birth	Vaginal Birth	**Baby 1 Mode of Birth**	Normal, spontaneous vertex vaginal birth, occipito-anterior
Place of Birth	NHS hospital - Shared (Consultant/GP/Midwife)	**Locations of Birth**	Forth Valley Royal (Maternity)
Placental Birth Method	Controlled Cord Traction	**Placenta Complete**	Apparently Complete
Placenta Appearance	Calcifications	**Sent to Pathology**	No
		Episiotomy	No
Cord Problems	None	**Other Trauma to Vaginal Tract**	Vaginal Lacerations
Tear	1st Degree Tear - Injury to perineal skin only		
Perineum Repair Required	No	**Estimated Blood Loss (mls)**	450
Analgesia/Anaesthetic	Entonox	**1st stage problems**	None
		RoM Duration	0 Hours + 7 Mins
2nd stage problems	None	**Duration of second stage**	0 hrs 1 mins
Duration of first stage	2 hrs 37 mins		
Duration of third stage	0 hrs 7 mins		

Forth Valley Royal (Maternity)
Matenity Unit
Forth Valley Royal, Stirling Road, Larbert, FK5 4WR. Tel: 01324 566 000.

NHS Forth Valley

Medical History

Any Medical Problems None

Surgical History

Previous Anaesthetic(s) (excluding Childbirth) GA
Non-obstetric Operations Other: Abcess removal

Latest Postnatal Observations

Recorded: 01 Aug 22 at 10:56

Blood pressure	100/62	**Temperature (°C)**	36.6
Pulse (bpm)	80	**Breasts**	No problems
Nipples	No problems	**Lochia Amount**	Average
Lochia Description	Dark red	**Uterus**	Firm (Well Contracted)
Perineum	Intact		

Contraception Discussed

Chosen method of contraception	Progesterone only implant, Irreversible method (tubal ligation), Other: to discuss with GP	**Implant inserted**	No
		Contraception Administered	No
Reason implant not inserted	wishes to see GP		

Follow Up Appointments

Anaesthetic follow up required N/A

Additional Information

Additional Notes postnatally well no concerns at discharge. pre discharge meeting completed 01/08

Blood Tests and Results

Blood Tests and Results: 25 May 22 at 14:07

Offered:	(Not Recorded)	**Accepted:**	Blood Group and Rhesus Factor
Results Outstanding:	Blood Group and Rhesus Factor		

Blood Tests and Results: 25 May 22 at 14:08

Offered:	Blood Group and Rhesus Factor	**Accepted:**	Blood Group and Rhesus Factor
Blood Group and Rhesus Factor:	O+		

Blood Tests and Results: 26 May 22 at 06:21

Offered:	CRP, FBC, Liver Function Test, Urea and Electrolytes	**Accepted:**	CRP, FBC, Liver Function Test, Urea and Electrolytes
Results Outstanding:	Albumin, Alk Phos, ALT, AST, Billirubin, Creatinine, CRP, Gamma GT, Haemoglobin, Potassium, Sodium, Total Protein, Urea, Uric Acid, Urine Alb Creatinine Ratio (AC		

Blood Tests and Results: 27 Jul 22 at 14:00

Location:	Antenatal Clinic	**Offered:**	FBC, Ferritin
Accepted:	FBC, Ferritin	**Ferritin:**	20
Hb (g/dL):	15.0	**WCC:**	8.70
Platelets:	216.00		

Blood Tests and Results: 29 Jul 22 at 11:37

Offered:	FBC	**Accepted:**	FBC
Hb (g/dL):	14.7	**WCC:**	13.00
Platelets:	197.00	**MCV:**	93.6

Medication TTOs

TTOs Given Yes

Recorded: 01 Aug 22 at 11:51

Drugs Given Enoxaparin

Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
23-Sep-2022

REFERRAL LETTER

MEDICAL IN CONFIDENCE

0410840505 CHI No:0410840505

101027499258Y

Unique Care Pathway Number: 101027499258Y

REFERRAL TO

GynaecologyF2
FV Gynaecology Referral

Consultant / receiving practitioner and/or **specialty clinic**

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

Hospital and **hospital address**

Hospital location code.
V217H

Urgency of Referral **Routine Gynaecology Referral**

Administrative Information

Please indicate suitability for Near Me or Telephone consult (preference Near Me):Unknown
Patient has special requirements:No
Employment: Occupations
Ethnic Origin: Not Stated

PATIENT DETAILS

Surname	Young
Forename(s)	Ashley
Title	-
Sex	Female
Previous Surname	-
Date of birth	04-Oct-1984
CHI no.	0410840505

Patient's address

26 Dunvegan Drive
LANGLEES
Falkirk
FK2 7UG

Contact number(s)

Voice: 07708 559515

REFERRING PRACTITIONER DETAILS

Name: Dr. Yuet Chern Lim (GMC: 7271936)
Practice: Carron Medical Centre (25652)
Phone: Voice: 01324 619940

Practice address:

Ronades Road
Bainsford
Falkirk
FK2 7TA

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: req for sterilisation

Comment: Dear colleagues,

This patient feels her family is complete. She has 4 children and requested to be referred to yourselves for surgical sterilisation. She has declined other forms of contraception for now. She has an 8 week old baby. Many thanks for your consideration.

Examinations and Investigations

Murmur present:	Not Recorded	-
Is a 12 lead ECG:	Not done	-
Recent CXR:	Not done	-
FBC:	Not Recorded	-
Urea and Electrolytes:	Not Recorded	-
LFT:	Not Recorded	-
TFT:	Not Recorded	-
Lipid Profile:	Not Recorded	-
Glucose:	Not Recorded	-

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
110	75				31-Aug-2022
117	79				23-Aug-2022
120	75				11-May-2022

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Pre-existing Conditions (High Priority)

Description	Laterality	Modifier	Extension	Date Started
Backache, unspecified	-	-	-	01-Jan-2021
[X]Post - traumatic stress disorder	-	-	-	01-Jan-2019
Overdose of drug	-	-	-	24-Jan-2018
Overdose of drug	-	-	-	12-Jan-2013
Drug dependence	-	-	-	01-Jun-2007
Anxiety with depression	-	-	-	01-Feb-2003

Past Procedures (High priority)

Description	Laterality	Extension	Date Recorded
CIN I - mild dyskaryosis	-	-	23-Feb-2012

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	Drug code	Formulation	Dosage	Frequency	Last Issued	
Buvidal Prolonged Release Solution For Injection 96 mg/0.27 ml pre-filled syringe	-	1 pre-filled disposable injection	CONTACT SUBSTANCE USE SERVICE / SEE CLINICAL PORTAL	-	-	-
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	28 capsule	ONE CAPSULE DAILY	-	-	-
Piroxicam Capsules 20 mg	1001010R0AAABAB	28 capsule	ONE CAPSULE DAILY	-	-	-
Risperidone Tablets 3 mg	040201030AAACAC	28 tablet	ONE TO BE TAKEN AT NIGHT	-	-	-
Fluoxetine Hydrochloride Capsules 20 mg	0403030E0AAAAAA	84 CAPSULE	THREE CAPSULES DAILY	-	-	-
Mirtazapine Tablets 15 mg	-	28 tablet	ONE TABLET TO BE TAKEN AT NIGHT	-	-	-

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	Drug code	Formulation	Dosage	Frequency		
Clenil Modulite Cfc-free inhaler 200 micrograms/actuation	-	1 inhaler	1 Puff Twice daily	-	-	0 Days
Prednisolone Tablets 5 mg	0603020T0AAACAC	40 tablet	EIGHT TO BE TAKEN EACH MORNING	-	-	42 Days
Doxycycline Hyclate Capsules 100 mg	-	8 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY	-	-	50 Days
Amoxicillin Capsules 500 mg	-	21 capsule	ONE CAPSULE THREE TIMES DAILY	-	-	42 Days
Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose	-	1 inhaler	2 Puffs As directed	-	-	88 Days
Prednisolone Tablets 5 mg	0603020T0AAACAC	40 tablet	EIGHT TO BE TAKEN EACH MORNING	-	-	5 Days
Inhixa Solution for injection 40 mg/0.4 ml pre-filled syringe	-	42 pre-filled disposable injection	ONCE A DAY UNTIL 6 WEEKS POST NATAL	-	-	42 Days
Buprenorphine Prolonged Release Solution For Injection 96 mg/0.27 ml pre-filled syringe	-	1 pre-filled disposable injection	TO BE USED AS DIRECTED	-	-	-

Clinical warnings

Smoking status: Number per day: ?(not known)

Description	Comment	Date Recorded
Current smoker	in for review. says cough improved with antibiotics, but on completion of course worsened again. green sputum, feeling SOBOE.	31-Aug-2022
Current smoker	-	23-Aug-2022

Alcohol status: Units per day: ?(not known)

Exercise status: Not Known

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Augmentin	-	-	-	-

Additional relevant information

Signature of referring doctor (or other professional) **Date** 23-Sep-2022

Form 6: Record of Child/Young Person's Meeting

Child/Young Person's Name	Unborn Baby Young
Estimated Date of Delivery:	12/08/2022
CHI Number	

Date of Meeting	28/06/2022
Venue	MS Teams

Purpose: Prebirth Child Protection Case Conference

Education Establishment (if applicable)	Stage of Intervention (if applicable)	CSP	Legal Status
N/A		Yes ☐ No ☒	N/A

Name	Designation/Role	Present or Apologies	Report submitted Yes/No
Carolanne Brown	Child Care Review Co-ordinator	Present	N/A
Louise Thomson	Minute Taker	Present	N/A
Anne Grant	Social Worker	Apologies	Yes
Zoe Buchanan	Team Manager	Present	No
Donna Armstrong	Senior Social Worker	Apologies	No
Maree Anderson	Police Family Unit	Present	Yes – restricted
Representative	Falkirk Council Legal Services	Apologies	No
Jennifer Bennie	Midwife, Willow Team	Present	No
Gemma Marshall	CADS	Present	No
Louise McGowan	Student Nurse, NHS (observing)	Present	N/A
Avril McGuire	Aberlour	Present	No
Ashley Young	Mother	Present	No

1. Integrated Summary of Progress and Impact on Child/Young Person

This is a Prebirth Child Protection Case Conference for Unborn Baby Young. The purpose of today's meeting is to gather and update relevant information, and to discuss the strengths, risks and worries to determine whether Unborn Baby Young is at significant risk of harm and requires his/her name to be placed on Falkirk's Child Protection Register. Unborn Baby Young will be subject to a Child's Plan moving forward regardless of whether the decision is for child protection registration or not. Reports received from Social Work, the Police and the GP.

Ms Brown stated she had been unable to speak to Ms Young but she did try to telephone her yesterday. Ms Young commented she doesn't answer calls from unknown telephone numbers. Ms Young attended the meeting today supported by Ms McGuire.

Ms Brown noted there is no legal order in place.

Ms Brown described Unborn Baby Young's wider world which includes her mum, Ashley Young, older brothers and sisters who will be involved in Unborn Baby Young's life. Unborn Baby Young's maternal gran Sandra is also a support.

Ms Brown highlighted the information shared today will be relative and not intrusive. Historical information will be briefly discussed but the purpose of today's meeting is to focus on the present and the future.

It was noted that Anne Grant, allocated social worker, is on annual leave and being represented by Zoe Buchanan, Team Manager.

2. Key Points from Discussion (including any significant events)

Social Work Update

Ms Buchanan updated Unborn Baby Young was allocated to Ms Grant on the basis of prebirth procedures. Form 2bs were received from CADS and Midwifery Services highlighting previous concerns in relation to Ms Young's chaotic lifestyle and substance misuse. Ms Young's older children are not in her care however she has contact with them. It was agreed a prebirth assessment was required and Ms Grant was allocated to undertake this and to get to know Ms Young and her circumstances. During the period Ms Grant has been involved Ms Young has repeatedly said that she wants this pregnancy to be a different experience from her previous experiences of having children. Ms Young feels she missed out on a lot as a mum because of her past choices and feels she is at a stage in her life where she is stronger and able to make better choices. Ms Young has been making really good choices and is open with Ms Grant in terms of safety nets which includes Ms Young's mum and her recovery family. Ms Young and Ms Grant have discussed potential relapse and conversations between them have been positive. An update will be provided today in terms of what needs to be done when the baby arrives to make sure she is safely cared for and appropriate support are in place for Ms Young.

Ms Brown acknowledged Ms Grant's report and assessment and the significant shift in terms of Ms Young's circumstances, motivation, substance use and ability to reflect. Ms Young views this pregnancy as her last chance to get things right and to move forward from previous experiences. Ms Brown asked why now, what is different and why there is a readiness from Ms Young to meaningfully engage with CADS etc. Ms Brown noted there is a lot of information within the social work report to indicate Ms Young is being proactive and seeking out support for herself. Ms Brown asked Ms Young why she feels motivated this time to seek support and where her strength is coming from.

Ms Young stated she was previously a heroin addict which changed to cocaine. Ms Young attends Cocaine Anonymous and noted although she wants to stay clean for the baby, she has to do this for herself. Ms Young advised recovery has been the best thing for her and her life is different. Ms Young stated she wanted to find who she was before addiction but she never found that person as she is gone. Ms Young has found a new person within who has made her who she is today. Ms Young noted she couldn't stay clean for anyone else and she can't promise she won't relapse tomorrow but she doesn't want to and remains focused on recovery. Ms Young added she is done with her previous life and she was fed up of feeling sick and tired. Ms Young has found the Buvidal injection extremely beneficial and stated it has got her to where she is today in terms of her drug recovery.

Ms Brown asked Ms Young about her mental health. Ms Young advised her mental health is currently good and suggested the majority of her mental health difficulties was linked to her drug use. Ms Young stated since she stopped taking substances she hasn't taken any medication for her mental health. Ms Young explained she is coping and everything is and feels different now. Ms Young is not around the same associates and her ex-partner has passed away. Ms Brown commented on the positive change in terms of Ms Young's ability to reflect and on her healthy physical appearance.

CADS

Ms Marshall updated she only started working with Ms Young in February and she sees her once a month when Ms Young receives the Buvidal injection. Ms Marshall hasn't seen Ms Young for the last couple of months because she hasn't been at work when Ms Young has attended. Ms Young is also supported by one of the CADS nursing assistants, Linn Christie. Ms Young hasn't missed a CADS appointment since February and has requested drug tests which are also requested sporadically by Ms Christie. Ms Marshall

confirmed she sees Ms Young once a month to administer Buvidal and Ms Christie sees Ms Young in between.

Ms Marshall advised Ms Young provided a positive pregnancy test in CADS in January and this was the last time she tested positive for cocaine. Ms Young hasn't provided any other positive drug tests other than for cannabis but she has been open regarding this and reports reduced use and only smoking outside. Ms Young is attending Cocaine Anonymous and is engaging with services to help her with substance use and relapsing. Ms Marshall added CADS will continue to offer support with regards to substance use and mental health however Ms Young has always said her mental health has been stable.

Ms Marshall advised she reviews Ms Young's Buvidal injection and she also has appointments with the CADS doctors. Should Ms Young's Buvidal injection require to be changed this would be discussed with the doctor and Advanced Nurse Practitioner (Dr McEwan, Specialist Doctor and Julie Jack ANP there is also a psychiatrist within CADS). Ms Young saw Julie Jack, CADS Advanced Nurse Practitioner at the end of January 2022.

Ms Brown acknowledged Ms Young is no longer associating with drug users and she doesn't go to the chemist so this reduces any risks relating to negative peer influences. Ms Young stated she tends to stay away from everyone as she is not ready to put herself at risk.

Ms Buchanan explained there has been communication with regards to the completion of the IPSU Tool. A couple of sessions will be arranged between social work and CADS outwith the Core Group, specifically to complete the IPSU Tool.

Midwifery Services

Ms Bennie reported Ms Young has 3 older children. Ms Young is 33 weeks and 4 days pregnant with an expected delivery date of 12th August 2022. During Ms Young's prebooking appointment she disclosed information with regards to her past which allowed the midwifery team to gather information and Ms Young's care was passed to the Willow Team. There was a short period of time when the midwifery team struggled to contact Ms Young however it was during the Easter holidays and she was spending time with her older children. Ms Young attended for her 16 week appointment, an anomaly scan and she attended again at 24 weeks. A home visit was completed and Ms Young accepted the referral to Aberlour. Ms Young has continued to allow Jennifer Mackenzie to complete home visits and Ms Young has also accessed Triage. Carol Whitfield, Maternity Care Assistant visited Ms Young yesterday and completed a parentcraft class. Ms Young is open to a refresher class and is keen to breast feed her baby. Ms Whitfield will visit Ms Young again at 37 weeks and they will discuss breastfeeding. Ms Young showed Ms Whitfield baby equipment and she is redecorating a couple of rooms in her house. Ms Young has an appointment tomorrow at the clinic for another growth scan.

Ms Brown asked if 1-1 parent craft classes with Ms Whitfield will be weekly. Ms Bennie advised this depends on what Ms Young wants and requires. Ms Whitfield also works within post-natal care and can carry out home visits following the baby's birth if required. Ms Young commented she only wants a refresher of the parent craft and acknowledges a number of things have changed in terms of baby care.

Ms Bennie advised regular growth scans take place because of Ms Young's history and smoking. Growth scans are currently monthly but can be increased to weekly if required.

Ms Young noted she is expecting a baby girl.

Aberlour

Ms McGuire explained Aberlour will consolidate their support with Ms Whitfield and support Ms Young to practise this if she wishes i.e. if Ms Young wishes support during the first couple of bath times and breast feeding etc. Ms Young has scored well in terms of her mental health and is now able to think about the future with her new baby. Ms Young's engagement with Aberlour has been really good and weekly visits can be increased if required. Ms McGuire added weekly telephone conversations also take place.

Ms McGuire advised Aberlour have completed the IPSU Tool with another mum. Aberlour can be involved in the completion of this because they are in the house and have observational evidence. Aberlour have no concerns regarding Ms Young however she can be head strong at times but she is open to changing her views if evidence presents that challenges her views.

Police

Ms Anderson highlighted the historical contact between Ms Young and the police. Ms Anderson acknowledged the focus is on the present however the past information cannot be ignored. The historical information will not be discussed in any length but information sharing needs to be honest in terms of Ms Young's police involvement during her life. Ms Anderson explained professionals meetings have already taken place when police information has been shared. There is no recent police information with regards to Ms Young and there are no pending cases however there are past areas of concern in terms of substance misuse and domestic abuse involving more than one relationship. Ms Young has been the victim of domestic abuse in the past and there has been offending regarding Ms Young in response to these relationships. The last VPD recorded is from January 2021 and is in relation to a breach of bail conditions in relation to an ex-partner.

Ms Anderson advised there were previous concerns with regards to Ms Young's older children. This was during a time when Ms Young's lifestyle was problematic in relation to drug misuse and offending. Ms Anderson noted Ms Young doesn't have to share the identity of her unborn baby's father but if Ms Young wants information she can do this herself online. Ms Young commented her unborn baby's father will not be involved as her life as he is still chaotic and Ms Young doesn't wish to disclose his identity.

Ms Brown recognised the significant change in terms of the information shared today. Ms Young is at the forefront of the discussion today and is physically healthy and in a better place emotionally.

Supports

Ms Brown noted Ms Young and her ex-partner John have a good friendship and share 3 children together however they haven't always agreed. Ms Young stated she and John only started speaking a year ago and they are going on holiday together with the children on Monday. Ms Young and John co-parent and are very close which is positive.

Ms Brown highlighted John is a good support however it wouldn't be appropriate for him to be considered a protective factor due to his own drug struggles.

Ms Brown acknowledged Ms Young's support from her mum but suggested they haven't always got on. Ms Young stated she and her mum get on well now since Ms Young became clean. Ms Young advised she now has a different relationship with her whole family and she speaks to her mum every day. Ms Young added her mum will be there for her and is happy she is clean.

Ms Young stated she is also supported by her gran and sister along with her 'recovery family' i.e. her drugs recovery sponsor and other positive people in recovery. Ms Young noted she tries to attend recovery meetings every night but realistically when the baby arrives this will be more difficult. Ms Young added however she can attend Zoom online meetings if she needs to.

Ms Young confirmed she has wi-fi in her tenancy and the tenancy is a 2 bedroomed secure Falkirk Council property which will meet her baby's needs. Ms Young added that her older daughter Alex, stays now and again.

Ms Brown asked Ms Young what her older children think about her being pregnant again. Ms Young advised Regan is older and Jack is okay about the pregnancy. Ms Young suggested Alex is a bit jealous and questioning whether she will stay clean. Ms Young added Alex is pushing the boundaries. Ms Brown asked Ms Young how she manages this. Ms Young stated Alex gets grounded. Ms McGuire commented there is an element of Alex emotionally blackmailing her mum and Ms Young is trying to be consistently firm but she finds it difficult to say no. Ms Brown commented Alex will be key for the baby as she will be her big sister. Ms Brown suggested Alex may be questioning why her mum is now putting boundaries in place. Ms Brown added for Ms Young and her baby, firm rules will be required moving forward. Ms Young will manage this and has a support system around her to help her to understand Alex's behaviour. Ms McGuire commented Alex presents as being older and tries to make sense of things. Alex is excited about the baby however Ms McGuire agreed Alex may be questioning why her mum is trying to instil boundaries now. Ms Young acknowledged she wasn't previously a parent to Alex due to her previous substance use and lifestyle.

Ms Brown explained Family Group Decision Making to Ms Young and that this involves the family making a plan in terms of who Ms Young would approach for support if she was struggling. This will be discussed further between Ms Young and Ms Grant and a referral possibly submitted.

Ms Brown acknowledged Ms Grant has mentioned a referral to the Children's Reporter however this will be discussed in more detail with Ms Young and whether this is an appropriate referral.

Ms Young confirmed she is up to date in terms of the benefits she receive and her rent arrears have reduced. Ms Young has applied for a maternity grant and will receive a baby box in the next week or so.

Child Protection Registration

Ms Brown advised it needs to be clear that there are worries but they appear to be in relation to Ms Young's past. There is no current evidence of these concerns which suggests significant harm and Ms Young is currently doing well. However the chronology suggests the potential for harm. Ms Brown acknowledged Ms Grant's recommendation is for child protection registration but asked in light of the information shared today does this still remain the recommendation from Social Work.

Ms Buchanan stated she agreed with Ms Grant's recommendation that Unborn Baby Young's name is placed on Falkirk's Child Protection Register. Ms Buchanan acknowledged Ms Young's honesty and that she has shown insight into her past lifestyle however Ms Young has relapsed in the past. The plan of support needs to be appropriate to help Ms Young if she is struggling and to prevent a possible relapse from escalating and resulting in harm to baby.

Ms Anderson noted it has not been an easy decision for her to make with regards to child protection registration. Ms Anderson acknowledged Ms Young's honesty however she requires to maintain a healthy lifestyle and sustain this. Ms Anderson advised of her recommendation that Unborn Baby Young's name is placed on Falkirk's Child Protection Register given the past concerns. Ms Anderson noted her hope that registration is only for a short time and Ms Young is able to sustain the positive changes and the plan reviewed following the baby's birth.

Ms Bennie acknowledged the changes Ms Young has made to her life and that she doesn't want to go back to her previous lifestyle. Ms Bennie stated there have been a number of changes in terms of the family dynamics and having a new baby is stressful. Ms Bennie agreed with child protection registration, hopefully for only a short period of time.

Ms Marshall stated she has found the decision regarding child protection registration difficult. Ms Young has been engaging really well and she recognises the risk of relapse. Ms Marshall noted however this will never change and there will always be a risk of Ms Young relapsing. Having the extra support in terms of child protection registration will be beneficial to ensure the situation is going well and continues to go well once the baby arrives.

Ms McGuire agreed with child protection registration. Ms McGuire noted this gives an extra level of protection particularly during the post birth period as this will be a difficult time.

Ms Brown advised she supported Unborn Baby Young's name being placed on Falkirk's Child Protection Registration. Ms Brown noted significant risk of harm is not currently evidence but there is real evidence within the chronology if Ms Young were to relapse, this would escalate very quickly to significant and possibly immediate risk of harm. Ms Brown explained the categories of registration:-

Potential Risk of Emotional Harm
Potential Risk of Physical Harm
Potential Risk of Parental Mental Health
Potential Risk of Parental Drug Misuse

Ms Brown advised Ms Young she has 21 days to appeal this decision.

3. Views of the Child/Young Person on Progress

Baby Young is not born yet and will not be able to articulate her views or opinions at birth due to her age. However, it is envisaged that like any child their age, she would want to live in a safe, healthy, and clean home environment

where all her basic care needs are met by primary care givers. She will also want to be not exposed to substance misuse, emotional abuse, poor parental mental health or physical abuse.

4. Views of Parent/Carer on Progress

Ms Young attended the meeting. Ms Young stated she wants to stay clean for her and the baby but she has to do this for herself as she can't stay clean for anyone else. Ms Young advised recovery has been the best things for her and her life is different however she can't promise she won't relapse tomorrow but she doesn't want to. Ms Young stated the Buvidal injection has been great for her and got her where she is today.

Ms Young advised her mental health is good right now and feels the majority of her mental health issues were a result of substance use. Ms Young noted she is trying her hardest to stay away from previous associates as she doesn't feel ready to put herself at risk.

Ms Young has repeatedly said to Ms Grant that she wants this experience to be different from her previous experiences of having children. Ms Young feels she missed out on a lot because of past choices. Ms Young feels she is at a stage in her life where she is stronger and able to make better choices. Ms Young has recently been making really good choices and has been open with Ms Grant in terms of safety nets.

5. Decisions

See Form 4 for details.

6. Is everyone in agreement with the decisions? – If not, please specify areas of disagreement

Everyone at the review was in agreement with the decisions.

Chairperson/Lead Professional Signature

Signature: C Burn **Date: 14/07/2022**

Date, Time and Venue of Next Meeting (if applicable): _____

Additional Distribution List

Name	Designation

Form 4: Child/Young Person's Plan

Date of Meeting: 28th June 2022

Child/Young Person's Name	UB YOUNG
Date of Birth	EDD 12/08/2022
CHI Number	
Date Plan Updated	28/06/2022

Type: Prebirth Child Protection Case Conference – Child Protection Plan

Legal Status & Why **N/A**	**Nursery/School** **(if applicable)**	**Does the child require a Co-ordinated Support Plan?**
		Yes ☐ No

Reason for Meeting:

To share relevant information to determine whether Unborn Baby Young is at significant risk of harm and requires a Child Protection Plan.

Summary of Strengths & Risks and What this means for the child:

STRENGTHS

- Ms Young is attending CADS, is prescribed Buvidol and receives regular injections
- CADS report Ms Young has returned negative tests since Dec 2021 by planned and random testing
- Ms Young attends all appointments with CADS Nursing Assistant
- Ms Young has been attending Cocaine Anonymous for the past 6 months
- Ms Young attends CA group meetings most evenings and her sponsors have confirmed her attendance and commitment to being drug free
- Ms Young has engaged with SW assessment
- Ms Young is engaging with Aberlour Perinatal Service
- Ms Young has accepted and acknowledged the negative impact of her drug addiction on all areas of her children's care and development
- Ms Young has extended family support from her mum, grandmother
- Ms Young is prepared for baby's arrival with clothes and equipment
- Ms Young now has a permanent tenancy

- Ms Young is on good terms with her ex-partner and father of her children
- Ms Young has regular and unsupervised contact with Jack and Alexandra
- Ms Young's mental health is currently assessed as good and not requiring a referral to Peri mental Health Service

RISKS

- Ms Young's 27year drug addiction
- Ms Young's experiences of being accommodated
- Ms Young's chaotic and unstable lifestyle
- Ms Young does not have the full time care of her older children
- Child Protection registration for older children
- Older children have been accommodated
- History of noncompliance/engagement with services
- Ms Young's adversarial relationship with Social Work and drug agencies
- History of poor parenting in relation to her older children
- Ms Young's last experience of parenting a vulnerable baby was several years ago
- Ms Young's significant offending history
- Domestic abuse with previous partner as an accuser and perpetrator
- UBB paternity is unknown
- Ex-partner JB's history of drug addiction
- Previous poor home conditions
- Older children were not immunised
- Ms Young admission she needs to attend CA meeting every night which could impact of the care of a newborn
- Ms Young's poor judgements when entering into new relationships with males
- Older children's Chronologies identify patterns of concern and highlights the number of times successive assessments undertaken and showed no consistent change

What do we want to happen? *	What do we need to do?	Who will do it?	How often will it be done?	Progress so far
Safe Unborn Baby Young to be safe and protected from the potential	Unborn Baby Young's name to be placed on Falkirk's Child Protection Register under the categories of:- Potential Risk of Emotional Abuse	Carolanne Brown`	28/06/2022	

What do we want to happen? *	What do we need to do?	Who will do it?	How often will it be done?	Progress so far
risks/harm of parental drug and substance abuse Ms Young to continue to engage with drug service in efforts to be drug free Unborn Baby Young to receive nurturing and affectionate safe predictable care	Potential Risk of Physical Abuse Potential Drug Misuse Potential Parental Mental Health Current assessment is for Unborn Baby Young to go home with her mum following her birth with a robust support plan in place. If there is evidence of increased risk, prior to her birth alternative care will be discussed with Ms Young. Prior to Unborn Baby Young's discharge there will be a prebirth planning meeting involving, Health, CADS, Social Work and Ms Young to discuss the plan moving forward. **NB: Discharge plans will continue to be discussed within multi-agency Core Group.** Core Group meetings to be arranged in 15 days, then 6 weekly thereafter. Ms Young will attend online supported by Ms McGuire. Anne Grant will continue as the allocated social worker. Weekly announced and unannounced social work visits will be undertaken in line with Child Protection Plan. Avril McGuire will continue as the allocated worker from Aberlour. Ms	 Social Work Ashley Young CADS Health Social Work Ashley Young Co-ordinated by Social Work Anne Grant Anne Grant Avril McGuire Ashley Young	 Update at Prebirth Planning meeting prior to bay's discharge Prior to Unborn Baby Young's discharge 12/07/2022 @ 2.00 pm then 6 weekly Ongoing Weekly	

What do we want to happen? *	What do we need to do?	Who will do it?	How often will it be done?	Progress so far
	McGuire will feed into the Parenting Capacity Assessment and provide support in relation to: • parental support, back to basics childcare. • Mental health scoring tool • Bathing • Parent/child Attachment Aberlour support is currently weekly but can be increased if required. Weekly phone calls will continue. Ms McGuire will link in with Carol Whitfield, Maternity Care Assistant. Anne Grant has started the Parenting Capacity Assessment which will continue for 12 weeks. Outcome will be discussed at the next Case Conference along with the recommendations from this. Ms Young has scored positively in the health scoring tool and showed a secure attachment to her unborn baby. With regards to the IPSU Tool there will be sessions agreed within the multi-agency team and firmed up at the 15 day Core Group. This will be a live working multi-agency tool which	Avril McGuire Avril McGuire Anne Grant Noted Social Work-Anne Grant CADS- Gemma Marshall	Focus of work Updated at next Review Weekly/ Update at 6 weekly Core Groups/Pre-discharge meeting Minimum Fortnightly 12 weeks/ Update at next Review Discussed/reviewed regularly within multi agency Core Groups. ASAP following Review/Update at	

What do we want to happen? *	What do we need to do?	Who will do it?	How often will it be done?	Progress so far
	will be discussed within regular Core Groups. Ms Young's prescribing nurse at CADS is Gemma Marshall. Ms Young sees Ms Marshall monthly for Buvidal and also to review drug use/mental health. Linn Christie, CADS Nursing assistant provides ongoing support to Ms Young. Sporadic drug tests will continue and determined by CADS and Ms Young. Ms Young has linked in with Cocaine Anonymous daily. Ms Young has identified this as a good support for her and she will also continue to use this support alongside her recovery family. **NB- this is usually via Zoom calls and some in person groups.** There will be further discussions with Ms Young and her mum in terms of what support she can offer. **NB-A referral to Family Group Decision Making has been agreed.**	 CADS- Gemma Marshall Ashley Young Linn Christie Ashley Young Gemma Marshall Linn Christie Ashley Young Ashley Young Anne Grant Ashley Young Maternal Gran- Sandra Young Anne Grant	Core group on 12/07/22 Monthly Monthly Update at Core Groups. Daily/ Update at next Review ASAP following Review/ Update at next Review	

What do we want to happen? *	What do we need to do?	Who will do it?	How often will it be done?	Progress so far
	Anne Grant has referenced a referral to the Children's Reporter. There will be further discussion between Ms Young and Ms Grant in terms of whether this is an appropriate referral.	Ashley Young	ASAP following Review/ Update at next Review	
Healthy Unborn Baby Young will be physically and emotionally healthy	The named midwife is Jennifer Mackenzie, Willow Team.	Jennifer Mackenzie	Until transfer is made to health visiting, usually up to 7 days following baby's discharge home	
	Ms Young will attend a pregnancy growth scan tomorrow which will determine the frequency of these between now and baby's birth. **NB-this is usually 4 weekly up until birth**	Ashley Young Midwifery Services Jennifer MacKenzie	29/06/2022	
	Carol Whitfield Midwifery Care Assistant has completed a 1-1 Parentcraft refresher with Ms Young. Ms Whitfield will visit Ms Young at 37 weeks to discuss breast feeding. **NB- Carol can also provide post-natal support if required**	Carol Whitfield Ashley Young	Update at next Review	
	Midwifery Services will complete visits up until 7 days after the baby is home to monitor baby's health and development and mothers health.	Midwifery Services	Up to 7 days following baby's discharge home	
		Health	ASAP	

What do we want to happen? *	What do we need to do?	Who will do it?	How often will it be done?	Progress so far
	The allocated Health Visitor within Carron Medical Practice requires to be identified and invited to Core Groups. Ms Young will receive a baby box when she is approximately 35 weeks pregnant. A maternity grant has been applied for. **NB- Ms Young stated she is receipt of all appropriate benefits,**	Social Work Health	When 35 weeks pregnant	

What will if this plan does not work: Alternative care to be identified if Ms Young relapses or disengages with services. A referral to Children's Reporter to be discussed with parents and if deemed appropriate a referral will be made to Reporter recommending Compulsory measures of care.

Do we need to change the legal status? ☒ **Yes** No

If yes, why: Referral to Children's Reporter in view of the known history and potential risks to UBB as a result

Views of the child/young person: N/A

Baby Young is not born yet and will not be able to articulate her views or opinions. However, it is envisaged that like any child their age, she would want to live in a safe, healthy, and clean home environment where all her basic care needs are met by primary care givers. She will also not want to be exposed to substance misuse, emotional abuse, poor parental mental health or physical abuse.

Views of the parents/carers:
Ms Young attended the meeting. Ms Young stated she wants to stay clean for her and the baby but she has to do this for herself as she can't stay clean for anyone else. Ms Young advised recovery has been the best things for her and her life is different however she can't promise she won't relapse tomorrow but she doesn't want to. Ms Young stated the Buvidal injection has been great for her and got her where she is today.

Ms Young advised her mental health is good right now and feels the majority of her mental health issues were a result of substance use. Ms Young noted she is trying her hardest to stay away from previous associates as she doesn't feel ready to put herself at risk.

Ms Young has repeatedly said to Ms Grant that she wants this experience to be different from her previous experiences of having children. Ms Young feels she missed out on a lot because of past choices. Ms Young feels she is at a stage in her life where she is stronger and able to make better choices. Ms Young has recently been making really good choices and has been open with Ms Grant in terms of safety nets.

	Name	Agency	Address	Telephone Number & Email
Lead Professional	Anne Grant	Children's Services – Social Work Services	Brockville Est C&F Team	01324 506070

Plan completed by: Carolanne Brown on behalf of the PBCPCC **Designation:** Child Care Review Co-ordinator

Copy given to (*please list*)

Date next plan review due:

Signed: C Brown **Date: 14/7/2022**

Form 4B: Child Protection Registration

Child/Young Person's Name	Unborn Baby Young
EDD	12/08/22
CHI Number	
Date Plan Updated	28/06/22

Concern(s) Identified			**Comments**
Domestic Abuse	☐ Yes	☒ No	
Parental Alcohol Misuse	☐ Yes	☒ No	
Parental Drug Misuse	☒ Yes	☐ No	Potential Risk
Non-Engaging Family	☐ Yes	☒ No	
Parental Mental Health Problems	☒ Yes	☐ No	Potential Risk
Child Placing Themselves at Risk	☐ Yes	☒ No	
Sexual Abuse	☐ Yes	☒ No	
Child Sexual Exploitation	☐ Yes	☒ No	
Forced or Dangerous Labour	☐ Yes	☒ No	
Trafficking	☐ Yes	☒ No	
Physical Abuse	☒ Yes	☐ No	Potential Risk
Emotional Abuse	☒ Yes	☐ No	Potential Risk
Neglect	☐ Yes	☒ No	
Other Concern(s)	☐ Yes	☒ No	

Department of Acute Medicine
Consultant: Dr Lindsay Reid
Tel: 01324 567462

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

Dr G Muircroft
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

Date Dictated:	12/07/2022
Date Typed:	13/07/2022
Our Ref:	LR/MK
CHI:	0410840505

Dear Dr G Muircroft

Ashley Young DOB: 04-10-1984
26 Dunvegan Drive Falkirk FK2 7UG

I write following Ms Young's presentation to Forth Valley Royal Hospital in May. I apologise that you have not received any information with regard to this admission, the notes appear to have been misplaced within the system.

I did not meet Ms Young directly but from the Portal system I believe she presented with shortness of breath and a cough during her pregnancy. She underwent a CTPA to exclude PE. This scan was negative and showed some mild atelectasis in her right middle lobe. She had mildly elevated inflammatory markers. She received a course of amoxicillin.

Apologies again for the delay in this correspondence reaching you.

Please do not hesitate to contact me if you require any further information.

Many thanks, and with very best wishes,

Dictated and electronically checked by:

Dr Lindsay Reid
Consultant in Acute & General Medicine

Form 4: Child/Young Person's Plan

Date of Meeting:

Child/Young Person's Name	UBB YOUNG
Date of Birth	EDD 4.08.2022
CHI Number	
Date Plan Updated	17-6-22

Type: Review Child Protection Case Conference – Child Protection Plan

Legal Status & Why **N/A**	**Nursery/School** **(if applicable)**	**Does the child require a Co-ordinated Support Plan?**
		Yes ☐ No

Reason for Meeting: Review Child Protection Case Conference 8 June 2022

Summary of Strengths & Risks and What this means for the child:

STRENGTHS

- Ms Young is attending CADS, is prescribed Buvidol and receives regular injections
- CADS report Ms Young has returned negative tests since Dec 2021 by planned and random testing
- Ms Young attends all appointments with CADS Nursing Assistant
- Ms Young has been attending Cocaine Anonymous for the past 6 months
- Ms Young attends CA group meetings most evenings night and her sponsors have confirmed her attendance and commitment to being drug free
- Ms Young has engaged with SW assessment
- Ms Young is engaging with Aberlour Perinatal Service
- Ms Young has accepted and acknowledged the negative impact of her drug addiction on all areas of her children's care and development
- Ms Young has extended family support from her mum, grandmother
- Ms Young is prepared for baby's arrival with clothes and equipment
- Ms Young now has a permanent tenancy
- Ms Young is on good terms with her ex partner and father of her children

- Ms Young has regular and unsupervised contact with Jack and Alexsandra
- Ms Young's mental health is currently assessed as good and not requiring a referral to Perimental Health Service

RISKS

- Ms Young's 27year drug addiction
- Ms Young's experiences of being accommodated
- Ms Young's chaotic and unstable lifestyle
- Ms Young does not have the full time care of her older children
- Child Protection registration for older children
- Older children have been accommodated
- History of non compliance/engagement with services
- Ms Young's adversarial relationship with Social Work and drug agencies
- History of poor parenting in relation to her older children
- Ms Young's last experience of parenting a vulnerable baby was several years ago
- Ms Young's significant offending history
- Domestic abuse with previous partner as an accuser and perpetrator
- UBB paternity is unknown
- Ex partner JB's history of drug addiction
- Previous poor home conditions
- Older children were not immunised
- Ms Young admission she needs to attend CA meeting every night which could impact of the care of a newborn
- Ms Young's poor judgements when entering into new relationships with males
- Older children's Chronologies identify patterns of concern and highlights the number of times successive assessments undertaken and showed no consistent change

What do we want to happen? *	What do we need to do?	Who will do it?	How often will it be done?	Progress so far
Safe UBB to be safe and protected from the risks/harm of parental drug and substance abuse	Recommendation for UBB's name to be placed on Falkirk Council CP Register Child's Plan to be developed Core group meetings to be arranged	PBCPCC TAC	28 June 2022 then 3 month Review	

What do we want to happen? *	What do we need to do?	Who will do it?	How often will it be done?	Progress so far
	Weekly announced and unannounced visits in line with Child Protection proceedings.	Anne Grant SW	15 day Initial Core group then 6 weekly	
	Discharge meeting to take place	Midwife to undertake visits in line with discharge protocol then care to be transferred to Health visitor	Daily for first 10 days On going assessment and review pre/post birth	
	A referral to be made to the Children's Reporter for Compulsory Supervision Order to offer a measure of legal protection	Anne Grant SW	Post birth	
Ms Young to continue to engage with drug service in efforts to be drug free	Ms Young to engage in drug testing CADS to complete an IPSU assessment	CADS Ms Young Gemma Marshall CADS	Through arranged and random testing For Review CP Case Conference	
UBB to receive nurturing and affectionate safe predictable care	Ms Young to engage with services in relation to her parenting capacity and implement the strategies, advice and guidance designed to strengthen her parenting skills	Avril McGuire Aberlour Perinatal Service Carol Whitfield Maternity Care Assistant	Immediately and for 12 months post birth As and when required	
Referral to FGDM	To consider strengths and solutions within the family to address the current concerns	Anne Grant	ASAP	

What do we want to happen? *	What do we need to do?	Who will do it?	How often will it be done?	Progress so far
Healthy				

What do we want to happen? *	What do we need to do?	Who will do it?	How often will it be done?	Progress so far
Achieving	.			

What will if this plan does not work: Alternative care to be identified if Ms Young relapses or disengages with services

Do we need to change the legal status? ☒ **Yes** No

If yes, why: Referral to Children's Reporter in view of the known history and potential risks to UBB as a result

Views of the child/young person: N/A

Views of the parents/carers:

	Name	Agency	Address	Telephone Number & Email
Lead Professional	Anne Grant	Children's Services – Social Work Services	Brockville Est C&F Team	01324 506070

Plan completed by: Anne Grant **Designation:** Social Worker

Copy given to (*please list*)

Date next plan review due:

getting it right for every child in Forth Valley

Signed: Anne Grant **Date:** **15/6/22**

This section only to be completed for Child Protection

Concern(s) Identified			Comments
Domestic Abuse	Yes	☐ No	
Parental Alcohol Misuse	☐	No	
Parental Drug Misuse	☒ Yes	☐ No	
Non-Engaging Family	☒ Yes	☐ No	
Parental Mental Health Problems	☒ Yes	☐ No	
Child Placing Themselves at Risk	☐ Yes	☒ No	
Sexual Abuse	☐	No	
Child Exploitation	☐	☒ No	
Physical Abuse		☐ No	
Emotional Abuse		☐ No	
Neglect	☒ Yes	☐ No	
Other Concern(s)	☐		

Falkirk Council

Falkirk Child Protection Committee

GIRFEC GETTING IT RIGHT FOR EVERY CHILD FALKIRK

PRE-BIRTH ASSESSMENT TOOL

To be used in conjunction with the pre-birth guidance document and the pre- birth check list.

1.1 Name of social worker/ person completing assessment	**Anne Grant**
1.2 Date assessment started	12 May 2022
1.3 Date assessment completed	17 June 2002
1.4 SWIS/LIQUID LOGID number:	**143245**

2.0 Areas to cover

2.1	Name of Mother: Name of Father: Mother's Date of Birth: Father's Date of Birth:	Ashley Young Unknown 04/10/1984
	Expected date of delivery:	12.08.2022
2.2	Household/Family Composition Any siblings or other significant adults living with or going to be actively involved in care of the baby?	Ashley Young
2.3	Reason for assessment Please list referral source and date referral received as well as brief details of the concerns noted.	Mother is pregnant and has a long standing history of drug abuse and non engagement with agencies. She has 3 older children who were accommodated and who live with their father. Assessment required in line with Forth Valley Pre birth Planning Protocols 11/2/22. Form 2A submitted by Linn Christie CADS nursing assistant s. 2/3/22 Form 2B submitted by Jennifer Arnott Midwife
2.4	Who has contributed to the assessment	Jennifer Arnott Midwife through a joint visit to Ms Young Avril McGuire Aberlolur - joint visit to Ms Young Gemma Marshall -email and telephone discussion

	and in what form did this take i.e telephone discussion/joint home visit or office appointment with one or both parents? Please list the names, agency and relationship to parents/siblings/ unborn baby PLEASE ENSURE ANY ADULT SERVICES WORKING WITH EITHER PARENT ARE CONSULTED AND CONTRIBUTE TO THIS ASSESSMENT.	Linn Christie CADS – mail and telephone discussion Jennifer Arnott Midwife Willow Team FVRH Avril Grieve Intense Perinatal Support Worker Aberlour Early Years Outreach Service c/o Laurieston Campus Gemma Marshall CADS Prescribing Practitioner to Ms Young Linn Christie CADS
2.5	INTERAGENCY REFERRAL DISCUSSION (IRD)	IRD 4/3/22

	Please provide the date of the IRD and the names of the participants In line with the Forth Valley GIRFEC Pregnancy Pathway an IRD should take place when a child protection notification of concern (2B) referral is received by social work for an unborn baby. This will ensure appropriate information sharing and integrated working at the earliest opportunity to safeguard the unborn baby. *Please note that an IRD should still take place when older children are open and allocated to Social Work Services. Please add any significant events to the chronology below and refer to any relevant information gathered within the assessment report and your	Zoe Buchanan SW Team Manager Gill Rennie PPU Pauline Miller CP Stirling Community Hospital **Police** Ashley Young - DOB – 04/10/1984 CF; 60 x entries between 2014 and 2021. 14 are domestic in nature. 4 of those has subject as Accused/Suspect – domestic assault against ex-partner (2014), domestic assault of ex-partner and assault of new partner (2020), breach of bail relating to ex-partner (Nov 2020 and Jan 2021). Ex-partner is not John BARLOW 10 x records with subject as witness/complainer – domestic incidents with above partner between 2014 – 2021 including assaults, thefts, threatening and abusive behaviour IVPD; Appears on 27x logs between 2014 and 2021. As perpetrator; 9 logs As SoC; 18 logs All logs are domestic incidents between Ashley Young and ex-partner (not John Barlow). Logs include, domestic assault, S38CJLSA'10, theft and a number of no crime incidents. SID; 14 x logs from 2014 – 2021. 1 log regarding a domestic between Young and Ex-partner. The remaining logs are all w.r.t. Young being involved with controlled drug supply. PNC/CHS; 0 pending 13 previous including offences of theft and dishonesty, MDA1971, Assault and offending on bail. Not currently subject of any bails or associated conditions. STORM 2 calls – nothing of relevance Jack Waddell Barlow - DOB – 14/01/2008 CF; 16 x CFs 2015-2022. None are domestic. As accused in 11x. Assaults, vandalism, general disorder, hate crimes (Racial) Currently suspect for a S2 SOSA'09 attempted rape, CF0028430322. Enquiry ongoing. IVPD;

	analysis of risk and need.	46 entries 2014 – 2021. As perpetrator – racially abusing a local family, fighting with another pupil, vandalising a house As subject of concern – predominantly relating to numerous domestic incidents between mum and ex-partner (Not John Barlow) SID; N/T PNC/CHS; 1 pending, Assault to injury – Referred to children's reporter PCS00033301/22. STORM N/T Alexandra Neida Young - DOB – 28/01/2009 CF; N/T IVPD; 35x entries. 2014 – 2022. As perpetrator –assaulting others As SoC – victim of assaults and receiving a sexual image from a friend Other incidents relating to numerous domestic incidents between mum and ex-partner (Not John Barlow) SID; N/T PNC/CHS; N/T STORM N/T
		Health The family are known to NHS Forth Valley child protection department. 12.18- Substance Use worker submitted Form 2b Notification of child protection concern- Ashley reported Alexandra has seen her father "shooting up" and showed a worker videos of Alexandra stating she "doesn't want to be here" and wants to "kill herself" 05.21- Substance Use worker submitted Form 2b Notification of child protection concern. Ashley has been involved with the Substance Use Service for a number of years and has recently been taking cocaine fortnightly which is evident in her drug tests. Alexandra was reported to be living with her mother after choosing not to stay with her father and has been excluded from school. 11.02.22- Substance Use worker submitted Form 2b Notification of child protection concern. Ashley is prescribed a monthly Buvidal injection (used to treat dependence of opioids such as heroin or morphine). Her last drug screening was positive for cocaine although she denies this. It

		is reported she hasn't used heroin since September 2021. 22.02.22- Midwife submitted Form 2b Notification of child protection concern. It is documented Ashley's 3 children have previously been on the child protection register, Jack and Alexandra now live with their father and her oldest son is reported to live in England. Ashley did not want to disclose father of unborn baby's details and advised she is not in a relationship. Extensive history with Psychiatry and has been known for a number of years. Has been diagnosed with PTSD, opiate dependence syndrome (harmful use of cocaine) and depression. Involved with CADS since 2010 and has had sporadic engagement with this service. 2014- ED attendance- overdose of heroin, diazepam, mirtazepine, gabapentin and alcohol 2-15- On a drug testing and treatment order, involved with criminal justice 2018- ED attendance- overdose 2019- ED attendance- overdose injected cocaine into groin 2020- Discussed at MARAC Attended antenatal appointment 02.03.22, next appointment 14.03.22. Jack 04.18-GP referral to CAMHS Alexandra Nil relevant health information to share
		Education N/A **Outcome of IRD** Pre Birth Assessment to be undertaken Joint Health and SW visit PBCPCC to be convened
2.6	Previous Children –	Reagan Barlow 4/08/2002 Jack Barlow 14/01/2008 Alexsandra Barlow/aka Young 28/1/2009

	Do the parents together or individually have other children? If so, please note their names and DOB. Have any of these children previously, or are currently, on the CP register or are Looked After at Home or Away from Home? Has there been any previous child protection referrals and investigations? Please add any significant events such as siblings previous/current episodes of registration/being looked after or any child protection investigations to the unborn baby's chronology. Past or current sibling concerns should be referenced within the assessment and analysis of risk.	No Previous CP Registration/LAAFH Jack – LAAFH 27/10/09 to 15/4/10 CP register 30/12/09 – 11/3/10 Alexsandra LAAFH 27/10/09 – 18/12/12 CP register 14/3/13- 2/4/13

3.0 CHRONOLOGY

3.1 Chronology of Significant Events for the unborn baby, parents or any other children of either parent.

please include any relevant information about parents i.e. episodes of domestic violence, police reports, an overview of relevant information for any older siblings i.e. CP investigations, periods of CP registration, episodes of being looked after etc.

Date of Entry	Date of event	Event	Impact/Outcome	Source
17/2/22	17/2/22	Form 2B received after mother shared information at Booking in Appt. Disclosed long standing drug abuse and 3 older children removed from her care	Further assessment in view of mother's known history	Health
10/3/22	10/3/22	IRD held	PBA to be undertaken Joint visit with SW and Health PBCPCC to be convened	Multi agency meeting
12/5/22	12/5/22	Allocated for PBA		
17/5/22	17/5/22	J/V with Anne Grant SW and Jennie Arnott Midwife Pregnancy confirmed to be further along by 5 weeks than previously thought	Discussed PBA and PBCPCC with Ms Young	SW Health

4.0 Assessment of the parent(s) and the potential risk to the child

See checklist of questions to consider below:

	• Partner support • Whether this was a planned or unplanned pregnancy • Feelings of mother about being pregnant • Feelings of partner / putative father about the pregnancy • Any issues about dietary intake • Any issues about medicines or drugs taken before or during pregnancy • Alcohol consumption • Smoking • Current health status of other children • Chronic or acute medical conditions or surgical history • Psychiatric history – especially depression and self-harming • Housing/Finance
4.1	**Summary of parents relationships; strengths and any risk factors?**
	Ms Young advised this is an unplanned pregnancy as a result of a very brief "random" relationship with a male she has refused to name and has no contact with. According to Ms Young he lives in the local community and is aware of her pregnancy but has not made any approaches to her and she does not intend him to be involved Ms Young advised her relationship with ex partner (John Barlow) and father of their 2 children Alexandra and Jack is supportive and that while he will not have active role in the care of the baby he will provide support to her in relation to their shared children Ms Young described she separated from John Barlow fifteen years ago having moved through acrimony and difficulties when they were together to a situation where they are now mutually supportive of each other in their efforts to be drug free. While Mr Barlow is the main carer for their children they move between their two homes with Ashley spending overnights but not Jack Ms Young advised she separated from an ex partner and he died in May 2022 describing their relationship as volatile, abusive and one where drugs were involved Ms Young has admitted to making poor choices when it comes to her relationships but has stated she has no intention on forming another relationship and want to focus on the care of UBB
4.2	**Do either of the parents have any health issues that may impact on their capacity to care for a baby?**
	There are no current known health concerns. Ms Young was recently admitted to FVRH with a chest infection, was treated with antibiotics and discharged home. Ms Young is generally physically healthy but in the past, her physical health has been compromised due to her drug use. She has also suffered the effects of unstable mental health associated with her drug use. She has been known to Psychiatric Services and on 3 occasions attempted overdoses between 2014-2019 at one time injection heroin into her groin

4.3	**Summary of relevant background history of parents - i.e. care experienced, previous periods of incarceration, past trauma etc**
	Ms Young has had a long association with SW. She is care experienced and described a troubled childhood where she refused school, was disruptive and difficult to manage due to her antisocial behaviour which resulted in her being referred to the Children's Reporter eventually being accommodated away from home in the Good Shepherd Residential Unit in Bishopton leaving at aged 16. Prior to that she had been accommodated firstly in foster care which broke down due to her disruptive behaviour and then in Woodside Children's Unit in Clackmannan. LAAC reviews which took place during Ms Young's time in The Good Shepherd refers to her inability to control anger, target vulnerable females, use of aerosols and delayed emotional development and limited social skills. Reference was also made to her poor attachment with her mother all of which presents a picture of the level of trauma she experienced in her teenage years and which continued well into her adult years. Ms Young's relationship with agencies has frequently been adversarial and confrontational Ms Young met her ex partner and father of her children John Barlow in the Good Shepherd and became pregnant by him just before her 17th birthday. Both lived between each other's homes before Ms Ashley secured a homeless tenancy in Falkirk when she left the Unit which she found difficult to maintain Ms Young has described how both regularly used Heroin and this was a recurring issue throughout their relationship as young adults. She advised Mr Barlow had made several attempts to help her be drug free but she had never been able to sustain this while she was in the relationship or after they separated Ms Young has spoken frankly about her lifestyle and behaviours which started off using aeoroles and then hard drugs which have dominated most of her life which resulted in her children being removed from her care and brought her to the attention of the Criminal Justice System
4.4	**Are there any risk factors from either/both parents or anyone living within the same household as the family? i.e. substance misuse, history of violence, domestic abuse.**
	There is no adult currently living in the home who would be considered as presenting a risk in the home. There is information within social work files in relation to behavioural issues with Ms Young's older children who are open cases to SW and with whom she has regular contact
4.5	**Do any of the parents have a history of offending If so, what is the parent(s) view about the offences and what is the possible impact of the offending on the parent(s) capacity to safely care for a baby**
	As the information from the IRD highlights Ms Young has an extensive and prolific offending history which has involved being an accuser and perpetrator of domestic abuse with a previous partner who is now deceased. Other offences also included incidents of theft and dishonesty. She is not currently known to the criminal justice system.

	A significant number of incidents have involved multiple domestic abuse/violence in her last relationship with an ex partner (not J Barlow) Ms Young acknowledges she has never attended or accepted support for anger management or counselling but reports she is involved with Cocaine Anonymous and Recovery Scotland which also deals with these issues as part of their programmes and she has shown some insight in how to better deal with conflict Ms Young has been very frank in discussing the level of her offending and has acknowledged the impact on her older children. She stated she did not know how to "be a proper mum" and described how she feels she lost most of their childhood due to her lifestyle which was predominately affected by her drug use. She has also stated her drug addiction has "ruined her life" but says she is focused on working with agencies to effect more positive change and does not feel her previous offending presents a risk to the safety of UBB Ms Young has stated she has cut all ties with individuals who were in her drug network and feels this has been instrumental in her being able to address her offending behaviour as well as her addiction
4.6	**Parents Circumstances – Are there any issues/risks that need to be considered in this assessment i.e. homelessness, debt, unemployment?**
	Ms Young's present tenancy was initially homeless accommodation but this is now a permanent tenancy. I have asked a SWA to refer Ms Young to the Welfare Benefits Adviser and also Falkirk Council's Debt Adviser to assist her with her finances as she has some outstanding charges for utilities
4.7	**Home Conditions - Are there any concerns about the home conditions for the baby?** **Has this been a past issue or is it a current concern?**
	While home conditions are currently adequate there a single bed in the living room which Alexsandra sleeps on when she stay's overnights with Ms Young who is also in the process of decorating a bedroom for UBB. She has also been supported to remove rubbish from the front entrance of the property Home conditions have been a concern in the past Ms Young will need her focus her attention in this area
4.8	**Learning disability - does any of the parents have a learning disability that may impact on their capacity to care for a baby?**
	Ms Young does not have a learning disability and can read and understand reports
4.9	**Communication – do either of the parents have any communication issues that should be considered as part of this assessment?**

	None
4.10	**Support Network (formal and informal) – What is the quantity and quality of support available to each of the parents on their own or as a family as a whole?**
	Ms Young advised she relies on Mr Barlow for support not only with their children but also in helping her with personal issues and efforts to stay free of drugs. She also reports she has the support of her mother whom she states will be on hand to help with babysitting if she has to attend CA meetings out of the area Ms Young also stated her sponsors at Cocaine Anonymous have been her main source of support in 6 months of being drug free. She has confirmed her contact with CA will continue into the long term. I have had discussion with 2 of Ms Young's sponsors in the organisation and both confirm a high level of engagement and commitment since Dec 2021. They maintain daily phone contact with her as well as seeing her in group sessions and one sponsor lives in the area and stated she has never seen Ms Young under the influence or associating with individuals in the drug culture Mr Barlow currently attends CADS in efforts to address his drug dependency. He is also dealing with the demands of caring for Jack and Alexsandra which may affect his availability to Ms Young
4.11	**What is the parent (s) previous experience of being responsible for caring for children?**
	Ms Young's experience of caring for her older children was significantly affected by her drug use. SW records refer to numerous occasions when the children's care and safety was compromised due to a lack of care. There were concerns about Ms Young's capacity to keep the children safe and meet their emotional needs as well as insecure attachments between the children and Ms Young The three children Regan, Jack and Alexsandra were accommodated via a Child Protection Order in October 2009 with foster carers due to Ms Young's drug addiction and their delayed development. SW reports confirm the two youngest children settled well in foster care despite the separation from Ms Young. The older sibling Reagan initially exhibited challenging behaviour which eventually settled. SW records at that time refer to Ms Young's difficulty in keeping to a contact pattern with the children, often arriving late. An assessment of the quality of contact was reported as Ms Young being ill prepared, discussed her personal problems in the children's presence, was often angry or in low mood which affected the children, was bringing other family to contact and neglecting the children's basic needs, not changing nappies. SW then decided to move contact to Ms Young's home to offer a more relaxed environment. However case notes refers to how she was not always prepared for the children coming to the home, often having no food for them and did not use contact as a means to re establish a relationship with the children. Social Work assessed the prognosis for the children to be reunited with Ms Young was poor and embarked on a plan for alternative care. A parallel plan was also put in place with Mr Barlow who was attending contact, with a view to assess the potential for him to care for them. SW reports refer to him attending contact regularly, had remained substance free, was consistent in dealing with the children's behaviour and of the two parents, he was assessed as being the most reliable and aware of the children's needs.

	Ms Young's views on alternative care are recorded as being in agreement with her oldest son living with Mr Barlow but stated the two younger children should live with her but SW progressed the plan for the children to live with their father. Jack and Alexsandra remain in the full time care of Mr Barlow via the Children's Hearing and their sibling Reagan lives in Leeds is working and according to Ms Young is managing his own life well Both children are known to SW and there have been numerous PCR's received in connection with their behaviour. Specifically: • Alexsandra's involvement in targeting other young females and physically assaulting them • Jack is currently involved in allegations of sexually harmful behaviour towards 2 teenage girls which is being investigated by police • Jack's involvement in several physical assaults on other young people, vandalism and racial hate crimes • School attendance for both children has been a concern Ms Young has no practical experience of caring for her children when they were younger. There is considerable evidence within SW records to confirm she could not meet their developmental needs or provide adequately for them even during the times she was showing some engagement with drug services
4.12	**What is the parent (s) views about professional involvement?**
	Ms Young has been very vocal about how she does not like SW and wants them out of her life. She has an established history of non engagement, non compliance and an adversarial approach with professionals. She has now stated she will work and co-operate with SW and other agencies. She is currently involved with Avril McGuire Aberlour Perinatal Service, has been referred to the Willow Team's maternity care assistant Carole Whitfield and will be subject to consultant led care from 21/6/22. She has attended all her ante natal appointments so far Ms Young has advised me she will do whatever is required by agencies and SW in efforts to keep and care for her baby
4.13	**What is the parent (s) views about the unborn baby?**
	Ms Young advised this is an unplanned pregnancy from a very brief contact with a male she does not wish to identify. She confirmed she had not considered alternatives to the pregnancy and see this as a new beginning and opportunity to be a mother again Ms Young has admitted to making poor choices when it comes to her relationships but has stated she has no intention on forming another relationship and wants to focus on the care of UBB
4.14	**Do the parent (s) have an understanding of the baby's needs and are they able to respond to and meet those needs? Are parents able to identify and appropriately respond to risks?**

	Ms Young has stated she is not up to date with modern thinking on child rearing/parenting admitting much has changed since she had her children. She has advised she is having to learn the theories of modern parenting but is accepting of advice. While it is early days, she is cooperating with Avril McGuire – Aberlour's Perinatal Service who have commenced their involvement over the past 2 weeks Ms Young has also accepted a referral for the Willow Team Maternity Care Assistant. Both these agencies have a direct role in assessing Ms Young's understanding of her responsibilities as mum with a new born and her capacity to meet needs and identify risk. Ms Young's contact with these agencies is still very much in the early days but they will continue to provide SW with regular assessments up to and after birth
4.15	**Any there any other issues that have the potential to adversely affect or benefit the unborn baby?**
	The main issue which is likely to adversely UBB is if Ms Young does not manage to sustain efforts to being drug free or disengage with SW and agencies currently involved Other issues which could adversely affect Ms Young's capacity in meeting the demands of an UBB are the concerns and possible impact on her in relation to Jack and Alexsandra's behaviour which has been documented in this report

5.0 Analysis and conclusions

The assessment should address the following issues:	
5.1	**What are the concerns identified in this assessment?**
	A major barrier which has affected the success of engaging Ms Young has been her adversarial relationship with SW and other agencies. She has been openly critical when concerns about her lifestyle and drug use were raised with her, refusing to accept concerns to the extent she would become verbally aggressive in discussions. Other concerns which have been identified in this assessment : • Ms Young's 27year drug addiction • Ms Young's experiences of being accommodated • Ms Young's chaotic and unstable lifestyle • Ms Young does not have the full time care of her older children • Child Protection registration for older children • Older children have been accommodated • History of non compliance/engagement with services • Ms Young's adversarial relationship with Social Work and drug agencies • History of poor parenting in relation to her older children • Ms Young's last experience of parenting a vulnerable baby was several years ago • Ms Young's significant offending history • Domestic abuse with previous partner as an accuser and perpetrator

	• UBB paternity is unknown • Ex partner JB's history of drug addiction • Previous poor home conditions • Older children were not immunised • Ms Young admission she needs to attend CA meeting every night which could impact of the care of a newborn • Ms Young's poor judgements when entering into new relationships with males • Jack and Alexsandra's Chronologies identify patterns of concern and highlights the number of times successive assessments undertaken showed no consistent change
5.2	**What are the strengths and protective factors identified in this assessment?**
	• Ms Young is attending CADS, is prescribed Buvidol and receives regular injections • CADS report Ms Young has returned negative tests since Dec 2021 by planned and random testing • Ms Young attends all appointments with CADS Nursing Assistant • Ms Young has been attending Cocaine Anonymous for the past 6 months • Ms Young attends CA group meetings most evenings night and her sponsors have confirmed her attendance and commitment to being drug free • Ms Young has engaged with SW assessment • Ms Young is engaging with Aberlour Perinatal Service • Ms Young has accepted and acknowledged the negative impact of her drug addiction on all areas of her children's care and development • Ms Young has extended family support from her mum, grandmother • Ms Young is prepared for baby's arrival with clothes and equipment • Ms Young now has a permanent tenancy • Ms Young is on good terms with her ex partner and father of her children • Ms Young has regular and unsupervised contact with Jack and Alexsandra • Ms Young's mental health is currently assessed as good and not requiring a referral to Perimental Health Service
5.3	**Is there a risk of significant harm for this baby?** **It is crucial to clarify the nature of any risk.** **What is the risk?** **Who poses the risk?** **In what circumstances might this risk exist?** **How effective are any strengths or protective factors likely to be in reality?**
	UBB is vulnerable and will be entirely dependent on a parent for care and safety. For the purpose of this assessment reference has also been made to previous SW reports which highlight concerns about significant harm to Ms Young's children when they were in her care. Ms Young has never had full time care or responsibility for the majority of their childhood but is enjoying a more positive relationship with them The greatest risk to UBB will be if Ms Young relapses in her efforts to remain drug free Ms Young credits Mr Barlow as being her main source of support. However he is making efforts to address his own drug abuse as well as dealing with the challenges of parenting

	Jack and Alexsandra who both have SW involvement. This is likely to affect his availability to Ms Young Ms Young has managed to be drug free since December 2021 and at this time there is no evidence she is using any substances. She claims she has cut ties with any individuals previously known in her drug network. There have been no police or agency referrals of concern since December 2021 and Ms Young is not involved with the Criminal Justice Service. She has shown a level of insight into how her drug addiction and lifestyle adversely affected her children with whom she is now on better terms seeing them regularly and she appears to be committed to change in her life
5.4	**If there is a risk of significant harm to the baby, what changes should be made to optimise the safety and well-being of the baby?**
	• Ms Young needs to evidence on going engagement with professional drug services to confirm her level of progress in being drug free • CADS to provide scheduled and random drug testing and to timeously notify SW of the outcome • Ms Young to meaningfully engage with all professionals
5.5	**What changes <u>must be made</u> to ensure the safety and an acceptable level of care for the baby?**
	• Ms Young needs to remain drug and substance free • Ms Young to engage meaningfully with SW • Ms Young to engage meaningfully with Abelour • Ms Young to engage with the Maternity Care Assistant from Willow Team
5.6	**What is the parents capacity and motivation to make these changes? And, can these changes be made within acceptable timeframes for the baby?**
	Despite Ms Young's motivation to change there is still much which is unknown in relation to her capacity to remain drug free. She has stated her concern for relapse but advised she has a contingency plan should this happen and this would involve alerting SW and for her mother to look after baby Ms Young maintains she is motivated towards positive change because she "was sick and tired "of drugs controlling her life. She stated she had missed so much of her children's childhood she is determined not to do this with UBB and sees this pregnancy as an opportunity for a "new beginning" and has stated she will do whatever SW and agencies ask her to do Ms Young is attending Cocaine Anonymous and attends group meetings and advised baby could accompany her as these sessions have facilities to accommodate children. She also advised her mother would be on hand to care for baby while she attends. Aberlour Perinatal Service will be involved with Ms Young until baby is 1 year old. Specific areas of the 1-1 support will include: • 5 Thrive model - brain development/attachment theory/practical parenting work

	• Current thinking on child care • SMART recovery • CBT and 12 steps for emotional regulation Ms Young has also accepted a referral for the Willow Team Maternity Care Assistant
5.7	**What support and intervention is required prior to the birth of the baby, at birth and following the birth of the baby?**
	• CADS to continue to provide evidence of negative drug tests including random testing • CADS to provide an IPSU assessment • Parenting Capacity to be undertaken ion line with 3rd sector agencies • Ms Young to continue to evidence her engagement with drug services • Ms Young to engage with Aberlour Perinatal Support practitioner • Ms Young to engage with Willow Team Maternity Care assistant • Home conditions to be maintained appropriately • On going support in relation to debt and welfare benefit • Referral to Children's Reporter after birth • Referral to FGDM to consider strengths and solutions within the family to address the current concerns
5.8	**What are the parents views about this assessment and the recommendations?**
	Ms Young is in agreement with the assessment and recommendations
5.9	**Recommendations** 1. **<u>Pre Birth Case Conference</u>** • **Assessment indicates that there is no role for Social Work Services to be involved.**

	2. Unborn baby may be a child in need and a multi-agency Child's plan is required **3. Refer back to Health Services to take the lead role. Midwifery will remain involved and the Health Visitor will provide the Named Person Service following birth (10 days post birth)**
	Please confirm your recommended option and send the completed assessment, signed off by the Team Manager, to the CP Coordinator and Locality Service Manager for consideration <u>prior to 24 weeks of pregnancy</u>. **Recommendations:** **1. <u>Pre Birth Case Conference.</u>** **Assessment indicating that the Unborn baby may be at risk of significant harm.** Form 4 has been attached seperately

6. CP Co-ordinator/Service Manager Decision

Date received by CP Co-ordinator/Service Manager:	
Date reviewed by CP Co-ordinator/Service Manager:	
6.1 Decision:	

getting it right for every child in Forth Valley

Ashley Young. 04/08/84

Form 5: Report for Child/Young Person's Meeting

Child/Young Person's Name	Unborn baby Young
Date of Birth	-
CHI Number	-

Date of Meeting	28/6/22
Venue	MS teams
Date of Previous Meeting	-

Named Person	Contact Details	Agency
-		

Name and Contact Details of person(s) completing form:

Name	Designation	Agency/Contact Details	Date
Dr M Fyall	GP	Carron Medical Centre	24/6/22

Reason for completion: Child Protection (please specify)

Education Establishment (if applicable)	Stage of Intervention (if applicable)	Co-ordinated Support Plan	Legal Status
		Yes ☐ No ☐	Click to select

1. Assessment including updated risk assessment

Mum (Ashley) is under care of Substance use service.
On Fluoxetine 60mg/day, Risperidone 3mg nocte. Mirtazepine 15mg nocte. Methadone (prescribed by substance use service)
Joined our practice in July 21. We've not had contact with her regarding her mental health during that time.

2. Significant events since last review

-

3. Child/young person's views

-

4. Parent/Carer's views

unknown

5. Recommended actions for next plan

-

6. Contributors to Assessment

Name	Designation	Contact Details

getting it right for every child in Forth Valley

7. **Signature:** **M Fyall** **Date:** **24/6/22**

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Form 5: Report for Child/Young Person's Meeting

Child/Young Person's Name	
Date of Birth	
CHI Number	

Date of Meeting	
Venue	
Date of Previous Meeting	

Named Person	Contact Details	Agency

Name and Contact Details of person(s) completing form:

Name	Designation	Agency/Contact Details	Date

Reason for completion: Click to select

Education Establishment (if applicable)	Stage of Intervention (if applicable)	Co-ordinated Support Plan	Legal Status
		Yes ☐ No ☐	Click to select

1. Assessment including updated risk assessment

2. Significant events since last review

3. Child/young person's views

4. Parent/Carer's views

5. Recommended actions for next plan

6. Contributors to Assessment

Name	Designation	Contact Details

7. Signature: ..... **Date:** .....

Laurieston Office
1 James Street, Laurieston, FK2 9PZ
Telephone: 01324 506070

Falkirk Council
Children's Services

Enquiries to: Anne Grant
Telephone: 01324 506070
Date: 24th June 2022

To:
Anne Grant, Zoe Buchanan, Donna Armstrong, Grahamston Children & Families Team
Police Family Unit (report required)
Legal Services
Yvonne Young, Housing Services (report required)

NHS:
Children's Rights Service
Prebirth Planning Service
Willow Midwifery Team (report required)
Gemma Marshall, CADS (report required)
CP Nurse Advisor

Sharefile:
Avril McGuire, Aberlour (report required)

Verbal Invite by Social Worker:
Ashley Young, Mum

Dear Colleague

PREBIRTH CHILD PROTECTION CASE CONFERENCE REVIEW			
Child/Young Person's Name:	Unborn Baby Young	**EDD:**	12/08/22
Parents/Carers Name & Address:	Ashley Young 26 Dunvegan Drive, Falkirk FK2 7UG		
Date/time:	**Tuesday 28th June 2022 @ 1.00 pm**		

You are invited to participate in the above **Child Protection Case Conference**.

Please submit your report (if requested) electronically **5 working days** in advance of date of meeting to corporate.minutetakers@falkirk.gov.uk; *your report should exclude the child/young person's address.* Please note, unless indicated otherwise, your report will be shared with the child/young person and/or parents if this is considered appropriate.

Please confirm your attendance or apologies by email to corporate.minutetakers@falkirk.gov.uk.

This Case Conference will take place as MS Teams meeting, a link and instructions to participate will be sent along with the Report Pack in advance of the meeting.

In event of CP Registration a Core Group will take place within 15 days (the actual date/time will be confirmed at the conference) or CP Registration is continued Core Groups will continue to take place 6 weekly.

Yours faithfully

Customer & Business Support Officer

Director : Robert Naylor
Address: Sealock House, 2 Inchyra Road, Grangemouth, FK3 9XB
Telephone: 01324 506600
Email: director.childrenservices@falkirk.gov.uk
www.falkirk.gov.uk

Clinical Note + Med Recommendation(s)

Name: **Ashley Young**
CHI: **0410840505**

NHS Forth Valley

Registered GP Name: MUIRCROFT, GORDON
Registered GP Practice: Carron Medical Centre

Maternity related Clinical Note

Recorded by: Imene Merzouki / Midwifery (T2)
Recorded on: 30 May 2022 13:13

Presenting Complaint, Investigations, Results, Diagnosis:

Ferritin 10 requires iron
29 + 3 weeks pregnant
p3+1

1 Medication Recommendation(s):

Clinician making recommendation(s): Imene Merzouki
Designation: Midwife (Hospital)

1 New medication(s):

(NEW) Recommendation 1 of 1: FERROUS FUMARATE

Form: Tablets
Strength: 210 mg
Dose: 1 tab
Freq/Duration: Monday , Wednesday and Friday

Supplied by Hospital?	No
Included in FV Formulary?	Yes
SMC approved?	Yes
Licenced for indication?	Yes

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

N/A

Form completed by: Imene Merzouki on Mon 30 May 2022 at 13:18
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

Emergency Discharge Letter (Authorised)

FVRH Emergency Department
Stirling Road
Larbert
Larbert
Stirlingshire
FK5 4WR

Dept. Contact Details:

G Muircroft
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
Falkirk
FK2 7TA

CHI Barcode: 0410840505

Date of Completion: 26-May-2022

GP Practice

GP Name:	G Muircroft	**GP GMC:**	2750596
GP Practice Address:	Carron Medical Centre Ronades Road Bainsford Falkirk Falkirk FK2 7TA	**GP Practice Code:** **GP Clinic Code:** **GP Telephone:**	2750596/25652 25652/1 01324 619940

Patient Demographics

Patient Name:	YOUNG, Ashley	**Date Of Birth:**	04-Oct-1984
Patient Address:	26 Dunvegan Drive Falkirk FK2 7UG	**Gender:** **CHI No:**	Female 0410840505
Telephone No:	07708559515		

Admission Details

Patient Location:	FVRH Emergency Department	**Admission Date:**	24-May-2022
Admission Care Provider:	Dr Emma Elliott	**Admission Time:**	12:32
Source Of Admission:	Self referral		

Presenting Complaint

DIB lateral flow -ve

Diagnosis

Diagnosis	Site	Laterality
Coronavirus Infection, Unspecified Site		

Procedures

No Procedure Results

Medications

Nil records exist

Discharge Details

Discharge Type:	Admitted	**Discharge Date:**	24-May-2022
Discharge Destination:	Admission to same NHS healthcare provider / hospital - Assessment unit	**Discharge Time:**	22:40

Patient Name: YOUNG, Ashley DOB: 04-Oct-1984 CHI No: 0410840505

Referred To:

Notes for GP

SOB, cough, fevre and vomiting 3/7
On going cough intermittenly since covid 4 months back.
No chest/abdominal pain, bowel constipated, nil urinary symptoms.
29/40 pregnant

O/E well. vitals stable
Resp: NVB, no added sounds, A/E good bilaterally
CVS: s1,s2,o
Abd: soft, lax, non tender
CNS: nad
CXR: unremarkable
CRP 16, WBC 12.9, Neut 11
UE,LFTs unremarkable

D/C home, worseningfeatures discussed, safety netted

-

reviewed - not improved despite oral Rx at home
SOBOE +/- 20 yards
emptied ventolin inh in a few days
Ref Medics for Medics/ obstetrics review

HEYWORTH EM CONS
6057645

Person completing record

Name:	Dr Ainsley Heyworth	**Specialty:**	
Designation or role:	Doctor	**Date completed:**	26-May-2022

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
G Muircroft	GP	Carron Medical Centre

Emergency Discharge Letter (Authorised)

FVRH Emergency Department
Stirling Road
Larbert
Larbert
Stirlingshire
FK5 4WR

Dept. Contact Details:

G Muircroft
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
Falkirk
FK2 7TA

CHI Barcode: 0410840505

Date of Completion: 22-May-2022

GP Practice

GP Name:	G Muircroft	**GP GMC:**	2750596
GP Practice Address:	Carron Medical Centre Ronades Road Bainsford Falkirk Falkirk FK2 7TA	**GP Practice Code:** **GP Clinic Code:** **GP Telephone:**	2750596/25652 25652/1 01324 619940

Patient Demographics

Patient Name:	YOUNG, Ashley	**Date Of Birth:**	04-Oct-1984
Patient Address:	26 Dunvegan Drive Falkirk FK2 7UG	**Gender:** **CHI No:**	Female 0410840505
Telephone No:			

Admission Details

Patient Location:	FVRH Emergency Department	**Admission Date:**	22-May-2022
Admission Care Provider:	Dr Stephen Feltbower	**Admission Time:**	14:32
Source Of Admission:	NHS24		

Presenting Complaint

7 mths pregnant/ DIB

Diagnosis

Diagnosis	Site	Laterality
Wheezing		

Procedures

No Procedure Results

Medications

Nil records exist

Discharge Details

Discharge Type:	With no follow up	**Discharge Date:**	22-May-2022
Discharge Destination:	Private Residence - Usual place of residence	**Discharge Time:**	16:18

Patient Name: YOUNG, Ashley DOB: 04-Oct-1984 CHI No: 0410840505

Referred To:

Notes for GP

Further wheezing causing SOB
Given salbutamol with spacer to aid drug delivery and 5 course of prednisolone to see if settles symptoms.

Person completing record

Name:	Dr Stephen Feltbower	**Specialty:**	
Designation or role:	Consultant	**Date completed:**	22-May-2022

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
G Muircroft	GP	Carron Medical Centre

NHS
Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
YOUNG 26 DUNVEGAN DRIVE FALKIRK	ASHLEY	0410840505
		DATE OF BIRTH: 04/10/1984 — SEX: F

CONSULTANT: Dr Gordon Muircroft

WARD: Dr Gordon Muircroft 5629

G.P.: Carron Medical Centre

CLINICAL DATA: Cough

Pyogenic Culture

No Lower Respiratory Tract pathogens isolated

EXAMINATION	LAB No.	AUTHORISED	
Pyogenic Culture	MG600239M	Victoria McFarlane	
NATURE OF SPECIMEN	**DATE COLLECTED**	**DATE RECEIVED**	**DATE REPORTED**
Sputum	20/05/2022	20/05/2022	22/05/2022

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **positive**

Patient Details

Surname	Young
Forename	Ashley
CHI	0410840505
Date of birth	1984-10-04
Sex	Female
Address	26 DUNVEGAN DRIVE LANGLEES FALKIRK FK2 7UG

Specimen Details

Specimen Processed Date	16-03-2022 12:39
Test Start Date	15-03-2022 04:14
Test End Date	15-03-2022 17:12
GP Practice	25652
Specimen Number	MWZ01294165
Administration Method	

End of Report

Report Date: 16/03/2022

Clinical Note + Med Recommendation(s)

Name: **Ashley Young**
CHI: **0410840505**

NHS Forth Valley

Registered GP Name: MUIRCROFT, GORDON
Registered GP Practice: Carron Medical Centre

Maternity related Clinical Note

Recorded by: Kimberley Yong / Obstetrics and Gynaecology (F1)
Recorded on: 14 March 2022 13:54

Presenting Complaint, Investigations, Results, Diagnosis:

Dear Dr,
I would be grateful if you could prescribe 10 days of Inhixa for Ashley as she has recently tested positive for Covid and is currently 18 weeks pregnant. Based on her booking weight she will require 40mg of Inhixa daily for 10 days.
Many thanks

1 Medication Recommendation(s):

Clinician making recommendation(s): Kimberley Yong
Designation: Specialist Registrar

1 New medication(s):

(NEW) Recommendation 1 of 1: ENOXAPARIN (INHIXA)

Form: Injection
Strength: 40 mg in 0.4mL
Dose: x1
Freq/Duration: Once a day for 10 days

Supplied by Hospital?	No
Included in FV Formulary?	Yes
SMC approved?	Yes
Licenced for indication?	Yes

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Kimberley Yong on Mon 14 March 2022 at 13:56
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

NHS Forth Valley

Substance Use Service
Falkirk Community Hospital
Westburn Avenue
FALKIRK
FK1 5QE

CONFIDENTIAL
Dr G Muircroft
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

Date:	24/01/2022
Date Dictated:	24/01/2022
Your Ref:	0410840505
Our Ref:	JJ/PD
Enquiries to:	Julie Jack
Telephone:	

Dear Dr G Muircroft

Ashley Young DOB: 04-10-1984
26 Dunvegan Drive Falkirk FK2 7UG

Ashley attended this morning for ANP review at FCH.

Currently prescribed
Buvidal 96mg monthly injection.
Risperidone 3mg at night.
Fluoxetine 60mg daily.
Mirtazapine 15mg nocte.
Omeprazole 20mg daily.
Piroxicam 20mg daily.

Extensive history with psychiatry, has been known to services for a number of years.

Mental Health diagnosis- PTSD, opiate dependence syndrome, depression.

Physical Health Diagnosis- ? Musculoskeletal condition. Approx 8 weeks pregnant.

OFT's- Recent drug test 2 weeks ago was positive for cocaine, denies that she had used this. Urinary drug screen was negative today for all substances, we have obtained a verum test today.

Sleep- Reports 3-4 hours undisturbed sleep, wakens with morning sickness.

Diet- Reports being unable to keep food down as she is being sick.

Presented as physically unwell, complaining of being 'chesty' and expectorating green phlegm. Listened into her lungs, appears to be a crackle, likely infection. B/P 111/74, P 84, T 37.9.

Lives lone in own local authority housing, has 3 elder children, has contact with the 2 younger children, eldest lives in Leeds with her father.

Is currently not in a relationship and disclosed 2 weeks ago that she was pregnant, unsure of who the biological father is. Is due to have booking in telephone consultation this afternoon with Willow team midwife, scan due 2nd March. Ashley has intimated that she might breast feed her baby, we discussed stopping the Fluoxetine and initially happy with this plan, however disclosed that although she asks for repeat prescription for this she has not taken it in months, reports that she keeps it on repeat for her in order for her to get her sick line. Has also decided that she will remain on full dose of Buvidal until after her pregnancy then will reduce after.

Appearance and behaviour- casually dressed, however slightly dishevelled and strong body odour evident, happy to engage with me, Good eye contact and reactive.

Speech- Normal rhythm, tone and volume.

Mood- subjectively rates as 6/10, objectively fair mood.

Thought form- no loosening of association or pressure of speech.

Thought content- no delusional thoughts, phobias or overvalued ideas.

Perception- no abnormal disturbances.

Cognition- intact. Denies any suicidality.

Plan
I will eform GP and request an antibiotic for probable URTI.
I will also ask GP to discontinue Fluoxetine on the basis that she has not been compliant with it.
Ashley will be supported through her pregnancy with one of our senior nurses, social work will be advised re pregnancy and there will be a pre birth planning meeting with the High risk midwifery team (Willow Team).
Review in 3 months.

Yours sincerely

Dictated and electronically checked by:

Julie Jack
Advanced Nurse Practitioner

Outpatient Clinic Note + Med Recommendation(s)

Name: **Ashley Young**
CHI: **0410840505**

NHS Forth Valley

Registered GP Name: MUIRCROFT, GORDON
Registered GP Practice: Carron Medical Centre

Clinic attended: General Psychiatry (Mental Illness)

Clinic (From PAS): BAU Contingency ANP Clinic South SMS
Date/Time of clinic: Mon 24 Jan 2022 11:30
Lead clinician for clinic: BAU Contingency ANP Clinic South SMS

Presenting Complaint, Investigations, Results, Diagnosis:

Dear Dr Muircroft,
I reviewed Ashley this morning in my clinic, she was physically unwell with a productive cough and some wheeziness, I wonder if you could please commence her on Amoxicillin, she is also approx. 8 weeks pregnant. I would also indicate that he Fluoxetine prescription is stopped as disclosed that she has not been compliant with it despite requesting repeat prescriptions. A full letter will follow.

2 Medication Recommendation(s):

Clinician making recommendation(s): Julie Jack
Designation: Advanced Nurse Practitioner

1 New medication(s):

(NEW) Recommendation 1 of 1: AMOXICILLIN

Form: Capsules
Strength: 500 mg
Dose: 500mg
Freq/Duration: four times daily please

Supplied by Hospital?	No
Included in FV Formulary?	Yes
SMC approved?	Yes
Licenced for indication?	Yes

1 Medication(s) to stop:

(STOP) Recommendation 1 of 1: FLUOXETINE -- Capsules -- 20 mg

'STOP' Details: please stop this medication.

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Julie Jack on Mon 24 January 2022 at 16:49
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Ashley
CHI	0410840505
Date of birth	1984-10-04
Sex	Female
Address	26 DUNVEGAN DRIVE LANGLEES FALKIRK FK2 7UG

Specimen Details

Specimen Processed Date	13-11-2021 14:24
Test Start Date	11-11-2021 12:00
Test End Date	11-11-2021 12:41
GP Practice	25652
Specimen Number	KNB77327418
Administration Method	self

End of Report

Report Date: 13/11/2021

NHS Forth Valley

Substance Use Service
Falkirk Community Hospital
Westburn Avenue
FALKIRK
FK1 5QE

CONFIDENTIAL
Dr G Muircroft
Carron Medical Centre
Ronades Road
Bainsford
Falkirk
FK2 7TA

Date:	01/09/2021
Date Dictated:	31/08/2021
Your Ref:	0410840505
Our Ref:	VK/AMcC
Enquiries to:	Dr Viran Kansagara
Telephone:	01324 673670

Dear Dr G Muircroft

Ashley Young DOB: 04-10-1984
26 Dunvegan Drive Falkirk FK2 7UG

Diagnosis:
F11.2 Opiate dependence syndrome on methadone treatment Harmful use of cocaine- weekly once by smoking

Current Medication:
Methadone 37ml per day
Risperidone 3mg od
Fluoxetine 60mg daily
Mirtazapine 15mg note

Ashley attended 20minutes late for her appointment I managed to see her briefly with her Keyworker Linn Christie.

Linn updated me that Ashley had been doing reasonably well lately. She has managed to gradually reduce her methadone dose to 37ml per day and is due to reduce further to 35ml per day in the next few days. She admits to weekly use of cocaine by smoking and on enquiring about her triggers/reasons for using she replied by saying "because". She then admitted to liking the high she gets from cocaine use. She reported that she has moved from IV use of cocaine daily to weekly use by smoking. We discussed and agreed for Ashley to further cut down on her frequency of use of cocaine.

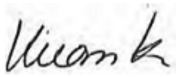
Ashley stated that she needed an increased dose of Risperidone as she has been taking 6mg per day instead of the prescribed 3mg per day dose. She stated that 6mg dose of risperidone helps her better with mood and her sleep. I have explained her the risks of abusing risperidone, including a risk of QTc prolongation with increased risk of ventricular arrhythmia. Her recent ECG was normal. Ashley has agreed to take only the prescribed dose of Risperidone and not buy any additional risperidone from anyone.

Plan:
1. I have cautiously agreed to recommend an increase in the dose of Risperidone to 4mg per day

2 Ashley to not use any additional Risperidone over and above her prescribed dose.
3 Ashley to further reduce the frequency of her cocaine use
4 Ashley to continue with methadone reduction with a view to transfer over to Buprenorphine and then to Buvidal inj
5 Next OPA in 3 months time.

Yours sincerely

Dictated and electronically checked by:



Dr Viran Kansagara
Consultant Psychiatrist

CC:

Ashley Naida Young 04/10/1984 Registration Date: 13/07/2021 0410840505

Previously Registered? Yes/No If so make sure previous records reactivated Date left:
DocMan Folders Yes/No; New Immigrant?

PH: 07512111857	Ethnicity: Not Stated	Marital Status: On/not If not add	Occupation: on/not/NA If not add
Ht: on/not/N/A 170	Wt: on/not on/N/A 20/7/17 93	Smoking: on/not/N/A Cessation advice – 8CAL – add if smoker	Alcohol: on/not/N/A
BP:	Rubella Immune: (Enter as: Not a problem)	Smear (from SCCRS) Females 25-65 only – enter onto records	

Vaccines

✓ 18321 Cov 1ST 25/5/09	Hep A/B	✓ 6/9/85 DTP/P
✓ 4621 - 2nd 6/12/94	MR	✓ 25/10/89 MMR
		✓ 2/5/90 DT/P

Family History:
(Health Administration)

Allergies/SEs
(Active)

Active	Drug Dependence	6/07
	Anx/Dep^n	2/03
	PTSD	1/19 ~~20~~
Past	CIN 1	23/2/12
	Overdose	12/13
		24/1.18

Diary Entry: IHD Hypertension CVA/TIA DM Asthma COPD Heart Failure PVD Warfarin NPT

Ask Patient to Make appointment?	Workflow summary sheet to clinician?	KIS?
e-Notes ~~Arrival~~/None to come Date: 29/7/21 ~~Summarized Date:~~	**Paper Records** ~~Arrival~~/~~None to come~~ Date: ~~Summarized date:~~	**Notes complete** Date: 29/7/21

Date Printed: 13/07/2021 Chase up if no notes at 1month- Date chased up: Pass to GP for action at 2m

Workflow to GM

NHS Confidential: Personal data about a patient

NRS letter issued 13/7/21

ASSIGNMENT FORM

NHS
National Services Scotland

PATIENT ASSIGNMENT TO A NHS GENERAL MEDICAL PRACTICE

- Please use **BLOCK CAPITALS** to complete the form and tick all relevant boxes.
- Failure to complete this form fully may delay locating any medical records promptly.
- All assignments are issued to practices on a strictly rotational basis.
- Patients are expected to remain with the practice for a **minimum of three months**.
- Eligibility to use the NHS services depends mainly on residence in the UK, and on other qualifying provisions set out in the Regulations.
- The patient, or their representative, **must** sign the declaration overleaf.

RECEIVED
24 JUN 2021
BY:.....

PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSILBE)

WILL YOU BE IN THE AREA FOR MORE THAN THREE MONTHS? * YES [✓] NO [ ]

IS THIS YOUR FIRST REGISTRATION WITH A GP PRACTICE IN THE UK? * YES [ ] NO [✓]

SURNAME *: YOUNG

TITLE (Not held on CHI): MISS

MALE * [ ] FEMALE * [✓]

FORENAME *: ASHLEM

MIDDLE NAME *: NAIDA

PREVIOUS SURNAME *:

DATE OF BIRTH *: D 0H M 1 0 Y 1 9 8 4

CURRENT ADDRESS *: 26 DUNNAGAN DRIVE
LANGLEES

POSTCODE *: FK2 7UQ

TOWN OF BIRTH *: FALKIRK

COUNTRY OF BIRTH *: FALKIRK

MOTHER'S MAIDEN NAME *: YOUNG

CONTACT TELEPHONE NUMBER (Not held on CHI): 07512111857
07512111857

PREVIOUS ADDRESS IN THE UK *: 09 KINGSEAT AVE
GRANGEMOUTH

POSTCODE *: FK3 0AA

NAME AND ADDRESS OF PREVIOUS REGISTERED GP PRACTICE IN THE UK *: KERSIEBANK MEDICAL
GRANGEMOUTH

POSTCODE *:

COMMUNITY HEALTH INDEX NUMBER: 0H 10 8H 05 05

NATIONAL HEALTH SERVICE NUMBER: 479 8H 878

IF YOU ARE FROM ABROAD:

DATE YOU FIRST CAME TO LIVE IN THE UK?

IF PREVIOUSLY RESIDENT IN THE UK, DATE OF LEAVING.

YOUR MOST RECENT COUNTRY OF RESIDENCE

IF YOU HAVE SERVED IN THE BRITISH ARMED FORCES:

SERVICE / PERSONNEL NUMBER

ARE YOU A RESERVIST IN ANY OF THE BRITISH ARMED FORCES? YES ☐ NO ☐

DATE OF YOUR ENLISTMENT

DATE OF YOUR LEAVING

IS THIS YOUR FIRST REGISTRATION WITH A GP SINCE LEAVING THE ARMED FORCES? YES ☐ NO ☐

VOLUNTARY CONSENT TO ORGAN DONATION

I authorise the donation of (Please tick the boxes that apply)

any of my organs and tissue ☑ or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

for transplantation after my death.

PATIENT SIGNATURE

DATE 17/06/21

HOW WE USE YOUR INFORMATION

THE INFORMATION YOU HAVE PROVIDED WILL BE USED BY THE GP PRACTICE TO CARRY OUT ITS VARIOUS FUNCTIONS AND SERVICES INCLUDING SCHEDULING APPOINTMENTS, ORDERING TESTS, HOSPITAL REFERRALS AND SENDING CORRESPONDENCE.

YOUR INFORMATION, INCLUDING YOUR NAME, GENDER, DATE OF BIRTH AND ADDRESS, WILL BE PASSED TO NHS NATIONAL SERVICES SCOTLAND WHERE IT WILL BE HELD ON THE COMMUNITY HEALTH INDEX (CHI). THIS INFORMATION IS USED TO REGISTER YOU WITH A GP PRACTICE, TRANSFER YOUR MEDICAL RECORDS BETWEEN GP PRACTICES IN THE UK, MAKE PAYMENTS TO GP PRACTICES FOR MEDICAL SERVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS, MEDICAL EXEMPTION CERTIFICATES AND ENTITLEMENT CARDS.

NHS NATIONAL SERVICES SCOTLAND SHARES INFORMATION ABOUT YOU WITHIN NHSSCOTLAND TO ASSIST IN THE PROVISION AND IMPROVEMENT OF NHS SERVICES AND THE HEALTH OF THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION WHICH COULD IDENTIFY YOU AS A PERSON AND YOUR HEALTH INFORMATION ARE SEPARATED OR ANONYMISED. HEALTH CONDITION AND TREATMENT INFORMATION WHICH COULD IDENTIFY YOU WILL NOT BE USED FOR RESEARCH PURPOSES BY THE NHS UNLESS YOU HAVE CONSENTED TO THIS.

FOR MORE INFORMATION ON HOW NHS NATIONAL SERVICES SCOTLAND USES YOUR PERSONAL INFORMATION VISIT OUR WEBSITE AT WWW.NHSNSS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION IS USED BY THE NHS PLEASE ASK FOR THE LEAFLET 'CONFIDENTIALITY – IT'S YOUR RIGHT', VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT WWW.HRIS.ORG.UK OR ASK YOUR GP SURGERY.

PATIENT DECLARATION

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT AND COMPLETE AND I UNDERSTAND THAT IF IT IS NOT, APPROPRIATE ACTION MAY BE TAKEN.

TO ENABLE NHS NATIONAL SERVICES SCOTLAND TO CONFIRM MY ELIGIBILITY TO LAWFULLY REGISTER WITH A GP AND FOR THE PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME, RELEVANT INFORMATION FROM THIS FORM WILL BE DISCLOSED TO THE NHS BUSINESS SERVICES AUTHORITY, NHS NATIONAL SERVICES SCOTLAND, THE HOME OFFICE, IDENTITY AND PASSPORTS SERVICES, HM REVENUE AND CUSTOMS, THE GENERAL REGISTER OFFICE AND LOCAL AUTHORITIES.

PATIENT / REPRESENTATIVE SIGNATURE * SIGN HERE

REPRESENTATIVE'S NAME (IF APPICABLE)

RELATIONSHIP TO PATIENT (IF APPLICABLE)

DATE

FOR PSD ** / PRACTICE USE ONLY

PRACTICE CODE ** V2565

GP SIGNATURE

Identification seen – Do not take or retain photocopies

GP REFERENCE NUMBER

BIRTH CERT. ☐ STUDENT ID CARD ☐ DRIVING LICENCE ☐ PASSPORT or HC2 Cert ☐ HOME OFFICE APP REG CARD ☐ OTHER specify

INPUT BY:	DATE:	CHECKED BY:

Registration Details - Patient No: 97535

Personal details...		Address details...	
Date of birth	04/10/1984	Post Code	FK3 0AA
Sex	F	House Name Flat No	
Surname	Young	No and Street	9 Kingseat Avenue
Previous Surname		Village	
Forenames	Ashley Naida	Town	Grangemouth
Calling Name	Ashley	County	Stirlingshire
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin			
NHS Number			

HA/HB Details...		Contact details...	
Trading partner	Forth Valley	Home Tel No	
CHI Number	0410840505	Work Tel No	
Registered GP	Dr Azhar Ali (M)	Mobile Number	07707304890
Usual GP	Dr Azhar Ali (M)	E Mail Address	
Residential Inst			
Branch Surgery	Forth Medical Group (Grangemouth)		

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	25/02/2021		

ECS (GP Summary) Consent		AMS\CMS Details	
Patient Consent	Implied Consent (default)	AMS Consent	Yes
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Due Diary Entries		Authorised By	Code
11/09/2021	Medication review	Dr Jambor (F)	8B314

Overdue Diary Entries		Authorised By	Code
	None		

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Health Status

Consultations

09/06/2021	
Additional	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By K Colver) PV46691/ AZ/IM/LUA/C-19 (By K Colver)
-	—
01/06/2021 11:58	Technician Sharon Drummond at Data Entry
History	Outpatient clinic letter received Substance Misuse Services - Falkirk
Comment	Patient currently prescribed Methadone 50ml supervised daily at Well pharmacy. See letter for full details of consultation. Patient is moving to Dunvegan Drive, nearer to her children. Has requested to change to Buvidal injection, substance misuse will facilitate this but she will required a reduction in methadone dose and liver function tests. High risk case - Substance misuse will review in 6 weeks.
Additional	Drugs not issued Methadone 50ml supervised daily.
-	—
24/05/2021 14:44	Pharmacist Karis McKibbin at Docman
History	Failed encounter
Comment	Outpatient clinic letter received psychiatry Psych review in three months. Risperidone dose changed and issued. Tried to phone patient to advise but no answer. RS
Medication	Risperidone Tablets 3 mg *28 tablet ONE TO BE TAKEN AT NIGHT*
Additional	Medication changed Risperidone increased from 2mg to 3mg
-	—
21/05/2021	Mrs Docman Docman at Docman
Additional	Letter encounter ClinicalLetter NHS Forth Valley Psychiatry HCPName
-	—
20/05/2021 12:15	App Marc Stevens at Forth Medical Group
Comment	Did not attend - no reason for F2F appt

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
01/06/2021	**Methadone 1 Mg/Ml Oral solution 1 1 ml**	01/06/2021O	Dr Azhar Ali (M)	REPEAT
24/05/2021	**Risperidone Tablets 3 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	24/05/2021P	Dr Azhar Ali (M)	REPEAT
11/03/2021	**Fluoxetine Hydrochloride Capsules 20 mg** THREE DAILY 84 capsule	02/06/2021P	Dr Azhar Ali (M)	REPEAT
11/03/2021	**Mirtazapine Tablets 15 mg** ONE TABLET TO BE TAKEN AT NIGHT 28 tablet	02/06/2021P	Dr Azhar Ali (M)	REPEAT

Outpatient Clinic Note + Med Recommendation(s)

Name: **Ashley Young**
CHI: **0410840505**

Registered GP Name: ALI, AZHAR
Registered GP Practice: Forth Medical Group

Clinic attended: General Psychiatry (Mental Illness)

Clinic (From PAS): BAU Contingency Dr Claire McIntosh SMS
Date/Time of clinic: Fri 21 May 2021 11:30
Lead clinician for clinic: BAU Contingency Dr Claire McIntosh SMS

Presenting Complaint, Investigations, Results, Diagnosis:

Seen in CADS OP clinic today - full letter to follow.
Please increase risperidone as below from 2-3mg daily. Remains markedly symptomatic due to complex PTSD symptomatology.

1 Medication Recommendation(s):

Clinician making recommendation(s): Claire McIntosh
Designation: Consultant

0 New medication(s):

No new medication recommendation(s) entered/recorded

1 Medication(s) to alter:

(ALTER) Recommendation 1 of 1: RISPERIDONE -- 1 mg -- Tablets

'ALTER' Details: please increase to 3mg daily

2 Follow Up action(s):

(1 of 2): Responsibilty of Secondary Care

Action required: psychiatric review
Frequency/Timescales: in three months

(2 of 2): Responsibilty of Secondary Care

Action required: weekly named nurse input
Frequency/Timescales: weekly

Further Info:

No 'further info' recorded/entered

Form completed by: Claire McIntosh on Fri 21 May 2021 at 14:51
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

NHS Forth Valley
Substance Misuse Services

Substance Misuse Services
Old MRI Suite
Falkirk Community Hospital
Westburn Avenue
FALKIRK
FK1 5QE

Private and Confidential

Dr Azhar Ali
Forth Medical Group
Kersiebank Health Centre
Kersiebank Avenue
Grangemouth

Date	24 May 2021
Your Ref	CHI 0410840505
Our Ref	CM/AMc
Enquiries to	Administration Office
Extension	
Direct Line	01324 673670
E-mail	fv.cadsprescribing@nhs.scot

Dear Dr Ali

Ashley Young (DoB: 04/10/1984) CHI: 0410840505
9 Kingseat Avenue Grangemouth FK3 0AA

I write to let you that I saw Ashley in clinic today the 21st of May 2021. She was half an hour late for her appointment, but presented well and interacted reasonably during the consultation. The service is currently prescribing Ashley methadone 50ml supervised daily which is dispensed at Well Pharmacy. I note your prescriptions of mirtazapine 50mg nocte, fluoxetine 40mg daily and risperidone 2mg nocte.

Ashley denied any recent heroin use, we have a swab positive for heroin from January. She admitted ongoing use of cocaine. She stated that she has stopped injecting on a daily basis and now only smoked once a fortnight. She denied alcohol use stating that the breakup of her relationship had led to less of a requirement for alcohol.

Ashley split from her partner who is also a client of the service at Christmas. She is moving to Dunvegan Drive which is nearer her children. Her twelve year old daughter attended the clinic with her today, Ashley told me that she was currently excluded from school and was choosing to stay with Ashley at the current time. Ashley highlighted there is no current Social Work involvement. Ashley told me that she is fine for money. She has ESA and PIP.

We discussed the following plan:

1. Ashley has requested to visit family in Leeds. We will facilitate a prescription to a Leeds Pharmacy to enable this trip.
2. Ashley has requested to change to Buvidal, the injectable preparation of buprenorphine. We will facilitate this happening with Ashley, she requires to have a reduction in her methadone and liver function tests before this occurs. I think this is a good opportunity to do antipsychotic monitoring and ECG. We discussed healthy lifestyle choices; I am concerned regarding Ashley's recent weight gain and her dietary intake.
3. Ashley voiced a number of ongoing Post Traumatic Stress Disorder symptoms. She has a great deal of disruption in her sleep due to re-experiencing trauma and her wider symptom range fits the picture of complex PTSD. She has requested an increase in risperidone to try

and better control her symptoms which I have sent an e-form to your surgery around. Ashley and I discussed that she requires Psychology input however we do have a firm bedrock for this at the current time.

4. I discussed Ashley's case with her Named Nurse and she has contacted Social Work. Ashley has ongoing drug tests positive for cocaine and I am not sure we could evidence a stable lifestyle for her at the current time. I was concerned that her daughter had had a number of exclusions from school and is now living with Ashley.
5. I would hope to review Ashley in around six week's time; she is a high risk case.

Yours sincerely

(Dictated and electronically checked by Dr Claire McIntosh)

Dr Claire McIntosh
Consultant Psychiatrist

c.c. (Key Worker – file copy)

Registration Details - Patient No: 97535

Personal details...		Address details...	
Date of birth	04/10/1984	**Post Code**	FK3 0AA
Sex	F	**House Name Flat No**	
Surname	Young	**No and Street**	9 Kingseat Avenue
Previous Surname		**Village**	
Forenames	Ashley Naida	**Town**	Grangemouth
Calling Name	Ashley	**County**	Stirlingshire
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin			
NHS Number			

HA/HB Details...		Contact details...	
Trading partner	Forth Valley	**Home Tel No**	
CHI Number	0410840505	**Work Tel No**	
Registered GP	Dr Azhar Ali (M)	**Mobile Number**	07707304890
Usual GP	Dr Azhar Ali (M)	**E Mail Address**	
Residential Inst			
Branch Surgery	Forth Medical Group (Grangemouth)		

Further Information		Upload Consent	
Long/Short stay or Dead		**SCI-DC Consent**	Implied Consent (default)
Date of registration	25/02/2021		

ECS (GP Summary) Consent		AMS\CMS Details	
Patient Consent	Implied Consent (default)	**AMS Consent**	Yes
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Attachments			Authorised By	Code
21/05/2021	**Letter encounter** ClinicalLetter NHS Forth Valley Psychiatry HCPName	D7_02117574.XXX	Mrs Docman	EMISATTACHMENT

Due Diary Entries		Authorised By	Code
11/09/2021	**Medication review**	Dr Jambor (F)	8B314

Overdue Diary Entries		Authorised By	Code
None			

Alerts		Authorised By	Code
None			

Drug Allergies		Authorised By	Code
None			

Non Drug Allergies		Authorised By	Code
None			

Family History		Authorised By	Code
None			

Referrals		Authorised By	Code
	None		

Immunisations		Authorised By	Code
04/06/2021	**Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By K Colver)** PV46691/ AZ/IM/LUA//C-19 (By K Colver)		^ESCT1348325
18/03/2021	**Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By K Colver)** PV46672/ AZ/IM/LUA//C-19 (By K Colver)		^ESCT1348323

Health Status

Other Observations		Authorised By	Code
01/06/2021	**Drugs not issued** Methadone 50ml supervised daily.	Technician Drummond	8B38
24/05/2021	**Outpatient clinic letter received** Substance Misuse Services - Falkirk	Technician Drummond	9N3D2
24/05/2021	**Medication changed** Risperidone increased from 2mg to 3mg	Pharmacist McKibbin	8B316
24/05/2021	**Failed encounter**	Pharmacist McKibbin	9N4
21/05/2021	**Outpatient clinic letter received** psychiatry	Pharmacist McKibbin	9N3D2
20/05/2021	**Did not attend - no reason** for F2F appt	App Stevens	9N42
28/04/2021	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your telephone appointment on Thursday 29 April. One of our clinicians will call you at some point on this day. If you no longer need this telephone appt, please text CANCEL to 07903590746. Please only use the word CANCEL. Unfortunately, no queries can be answered via this service..		9N3G
14/04/2021	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your telephone appointment on Thursday 15 April. One of our clinicians will call you at some point on this day. If you no longer need this telephone appt, please text CANCEL to 07903590746. Please only use the word CANCEL. Unfortunately, no queries can be answered via this service..		9N3G
07/04/2021	**Failed encounter - no answer when rang back**	Dr Brown (M)	9N4C
06/04/2021	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your telephone appointment on Wednesday 07 April. One of our clinicians will call you at some point on this day. If you no longer need this telephone appt, please text CANCEL to 07903590746. Please only use the word CANCEL. Unfortunately, no queries can be answered via this service..		9N3G

Consultations

09/06/2021

Additional	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By K Colver) PV46691/ AZ/IM/LUA//C-19 (By K Colver)

01/06/2021 11:58 Technician Sharon Drummond at Data Entry

History	Outpatient clinic letter received Substance Misuse Services - Falkirk
Comment	Patient currently prescribed Methadone 50ml supervised daily at Well pharmacy. See letter for full details of consultation. Patient is moving to Dunvegan Drive, nearer to her children. Has requested to change to Buvidal injection, substance misuse will facilitate this but she will required a reduction in methadone dose and liver function tests. High risk case - Substance misuse will review in 6 weeks.
Additional	Drugs not issued Methadone 50ml supervised daily.

24/05/2021 14:44 Pharmacist Karis McKibbin at Docman

History	Failed encounter Outpatient clinic letter received psychiatry
Comment	Psych review in three months. Risperidone dose changed and issued. Tried to phone patient to advise but no answer. RS
Medication	Risperidone Tablets 3 mg *28 tablet ONE TO BE TAKEN AT NIGHT*
Additional	Medication changed Risperidone increased from 2mg to 3mg

---

21/05/2021 Mrs Docman Docman at Docman

Additional	Letter encounter ClinicalLetter NHS Forth Valley Psychiatry HCPName

---

20/05/2021 12:15 App Marc Stevens at Forth Medical Group

Comment	Did not attend - no reason for F2F appt
29/04/2021	Anp Derek Crossan (M) at Forth Medical Group
History	tele triage - advises of recurrent sciatic pain, describe shooting pain down left side, nil continence issues, nil leg drag, nil saddle parathesia, mobilising, , nil headaches. nil weight loss urinary symptoms or fever, poly drug misuse hx including cocaine into groin, heroin benzos and amitryptaline - is taking naproxen just now - try nefopam for pain and apointment made to see physiothrpaist - worsening advices given meantime
Medication	Nefopam Hydrochloride Tablets 30 mg *60 tablet TWO TABLETS THREE TIMES A DAY*
07/04/2021	Dr Stephen Brown (M) at Forth Medical Group
Comment	Failed encounter - no answer when rang back
31/03/2021	
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By K Colver) PV46672/ AZ/IM/LUA//C-19 (By K Colver)
26/03/2021 13:46	Anp Amanda Gilmour (F) at Forth Medical Group
History	Telephone consultation in view of coronavirus Back pain radiating down left - no saddle parasthesia or incontinence - States taking PCM and ibuprofen with little effect - is able to mobilise Asking for stronger analgesia
Comment	New patient to practice - see patient transfer summery Given px as documented - advised any stronger needs GP review Worsening advice given APP offered
Medication	Naproxen Tablets 500 mg *112 TABLET ONE TO BE TAKEN TWICE A DAY*
11/03/2021	Dr Adela Jambor (F) at Data Entry
Comment	SR. New patient. Was under psych and CADS but was discharged due to Covid. needs NPT bloods.
Medication	Fluoxetine Hydrochloride Capsules 20 mg *84 capsule THREE DAILY* Mirtazapine Tablets 15 mg *28 tablet ONE TABLET TO BE TAKEN AT NIGHT* Risperidone Tablets 2 mg *28 tablet 1 TAB AT NIGHT*

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
01/06/2021	**Methadone 1 Mg/Ml Oral solution** 1 1 ml	01/06/2021O	Dr Azhar Ali (M)	REPEAT
24/05/2021	**Risperidone Tablets 3 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	24/05/2021P	Dr Azhar Ali (M)	REPEAT
11/03/2021	**Fluoxetine Hydrochloride Capsules 20 mg** THREE DAILY 84 capsule	02/06/2021P	Dr Azhar Ali (M)	REPEAT
11/03/2021	**Mirtazapine Tablets 15 mg** ONE TABLET TO BE TAKEN AT NIGHT 28 tablet	02/06/2021P	Dr Azhar Ali (M)	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
29/04/2021	**Nefopam Hydrochloride Tablets 30 mg** TWO TABLETS THREE TIMES A DAY 60 tablet	29/04/2021P	Anp Derek Crossan (M)	ACUTE
26/03/2021	**Naproxen Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY 112 TABLET	26/03/2021P	Anp Amanda Gilmour (F)	ACUTE
11/03/2021	**Risperidone Tablets 2 mg** 1 TAB AT NIGHT 28 tablet	23/04/2021P	Dr Azhar Ali (M)	REPEAT

NHS Confidential: Personal data about a patient

97535 jz

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☐ Female* ☒ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☒ Will you be in the area for more than 3 months?* Yes ☒ No ☐
(If 'No', please complete a temporary resident form)

Date of Birth* 04-10-1984

Title* MISS

Surname* YOUNG

Forenames* ASHLEY NAIDA

Previous Surname*

email address # ashley44939@gmail.com

Address* 9 KINGSEAT AVENUE GRANGEMOUTH

Postcode* FK3 0AA

Telephone #

Mobile # 07707 306890 07703 309890

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

Community Health Index (CHI) Number*

NHS Number* JNSS 228 9B

The following information can be found on your birth certificate:

Town of Birth* FALKIRK

Country of Birth* SCOTLAND

Registered district of birth (Scotland only) STIRLINGSHIRE

Mother's maiden name YOUNG

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

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

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

MEEKS ROAD SURGERY FALKIRK

Name and address of previous GP Practice in UK*

MEEKS ROAD

Postcode*

Postcode*

If you are from abroad:

Date you first came to live in the UK* DD-MM-YYYY

If previously resident in the UK, date of leaving* DD-MM-YYYY

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date* DD-MM-YYYY

If yes, please provide your address before enlisting*

Are you a Reservist?* ☐ Yes ☐ No

Leaving date* DD-✓-YYYY

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

Postcode*

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonationscotland.org

Any of my organs and tissue ☒ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Notes on tissue - heart valves and corneas come under the 'heart' and 'eyes' boxes respectively so the 'tissue' box covers donating other types of tissue, such as your tendons.

Patient signature A Young Date 22-07-2021

4. HOW WE USE YOUR INFORMATION

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

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

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the NHS Inform website at www.nhsinform.co.uk/rights/ or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature _____ Date 22-02-2021

Representative's name (If applicable) _____

Relationship to patient (If applicable) _____

6. FOR PRACTICE USE

GP reference number _____ - _____ GP name _____

Practice code _____ - _____ Mileage (No.) Road _____ Water _____ Footpath _____

Identification seen - do not take or retain photocopies

Please initial each relevant box (It is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. ☐ Student ID Card ☐ Driving Licence ☑ Passport or HC2 Cert. ☐ Home Office App Reg Card ☑ Other/None - specify _____ Receptionist Initials _____

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

Authorised Practice signature _____ Date 22-2-21

7. OFFICIAL USE ONLY

Input by _____

Checked by _____

Date DD - _____ - YYYY

Practice Stamp

FMcA/CG

04 February 2021

Miss Ashley Young
9 Kingseat Avenue
Grangemouth
FK3 0AA

Dear Miss Young,

You recently notified that you have now moved to the above address in Grangemouth. Unfortunately, this is out with our Practice catchment area and we will write to the appropriate authority in 30 days to request removal of your name from our Practice list.

You would be advised to join another Practice at your earliest convenience and to do this you need only apply at the surgery reception.

If you are unable to find another Practice, then you should contact Practitioner Services on 0345 300 1024 and you will be allocated to a Practice who cover the area where you are now resident.

Yours sincerely,

Dr F McAreavey
GP Partner

REAST MDT OUTCOME: 01-Oct-2020

NHS Forth Valley

YOUNG, Ashley (0410840505)

Questions to be answered: E2/U2-3 glandular breast tissue right UOQ. US guided biopsy 24/09/2020 ? glandular/fibrocystic. Write with results

Clinical Synopsis & Staging:

Relevant Co-morbidities & Previous Medical History:

Patient Awareness of Cancer: Not Aware

Performance Status:

Who will present the case: Miss Marie Stein

Investigation Discuss

US guided Biopsy/FNA	24-Sep-2020

Primary Site / Cancer Type: Breast

Diagnosis: Not Cancer

Cancer Stage:

Proposed Management Plan: Discharged

Treatment Intent:

Clinical Trials:

Clinician responsible for care: Miss Marie Stein

MDT Outcome:

Optimal Treatment Plan:

COVID 19 Priority

- **Surgical:**
- **Radiotherapy:**
- **Sact:**

Actual Treatment Plan: Recommendations from management made on basis of emergency COVID 19 management guideline and association of breast surgery guidelines, updated guidelines 27th April 2020.

Right breast core biopsy 24/09/2020 - Benign Breast Parenchyma,

For discharge. MS will write to patient.

MDT Actions:

Actions	Details	Action By
Write to Patient		Miss Marie Stein

REAST MDT OUTCOME: 01-Oct-2020

NHS Forth Valley

MDT Attendance:

Dr Amanda Paton	Dr William Cheung	Mr Michail Winkler	Nicola Gill
Dr Husam Marashi	Linda Smullen	Mr Subodh Seth	Rachael Slattery
Dr Judith Fraser	Miss Marie Stein	Ms Lucy Khan	Zoe Blain
Dr Sarah Savaridas			

Other - tracy cruickshanks - BCN Barry Loney - CATS administrator Aisha Ghaus - oncology

Please note the above represents the consensus view of the MDT based on the available information and personnel present on the date listed and should be interpreted only for guidance. The proposed management plan is subject to change once further clinical review of this information and discussion with the patient has taken place. It should also be noted that the patient is not necessarily aware of the suggested course of action at this point in time.

Department of General Surgery
Nurse Specialist: Marie Stein
Tel: 01324 566942

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Ashley Young
44 Carmuirs Avenue
Camelon
Falkirk
FK1 4PB

Date Dictated 01 October 2020
Date Typed 05 October 2020

Our Ref MS/CC/F274055
CHI 0410840505

Dear Ms. Young,

Further to your recent right breast biopsy I am pleased to report that this has shown benign breast tissue only. No further treatment or follow up is required. Please remain breast aware and if you have any concerns in the future contact your GP for referral back to the breast clinic.

Yours sincerely

(Dictated and electronically checked by Marie Stein)

Marie Stein
Clinical Breast Nurse Specialist

cc: Dr Fiona Mcareavey, Meeks Road Surgery, 10 Meeks Road, Falkirk, FK2 7ES

Department of General Surgery
Nurse Specialist: Marie Stein
Tel: 01324 566942

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr Fiona Mcareavey
Meeks Road Surgery
10 Meeks Road
Falkirk
FK2 7ES

Date Dictated 24 September 2020
Date Typed 28 September 2020

Our Ref MS/CC/F274055
CHI 0410840505

Dear Dr Mcareavey

Ashley Young 04/10/1984
44 Carmuirs Avenue Camelon Falkirk FK1 4PB

Thank you for referring this 35 year old lady to the breast clinic with a 3 month history of right breast pain. She also feels there is lumpiness in the upper outer quadrant of hr right breast. She had never attended the clinic before and has a family history of breast cancer in her maternal grandmother who was diagnosed age 59. She is premenopausal with irregular periods and Para3. Her medications include Methadone and Fluoxetine. She has no drug allergies and is a smoker.

On examination there were no discrete abnormalities detected in either breast. The symptomatic area of the upper outer quadrant of her right breast felt like diffuse glandular breast tissue. An ultrasound scan was performed and this shows likely glandular and fibrocystic breast tissue. An ultrasound guided biopsy has been taken for confirmation, the results will be discussed at the MDT meeting and we will write to Ashley thereafter.

Yours sincerely

(Dictated and electronically checked by Marie Stein)

Marie Stein
Clinical Breast Nurse Specialist

NHS
Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
YOUNG 44 CARMUIRS AVENUE CAMELON	ASHLEY	0410840505
		DATE OF BIRTH: 04/10/1984 — SEX: F

CONSULTANT: Dr Teresa Cannavina

WARD: Dr Teresa Cannavina 55255

G.P.: Meeks Road Surgery

CLINICAL DATA: Discharge ? inf

Chlamydia trachomatis PCR	Negative
N.gonorrhoeae PCR	Negative

* Chlamydia / Gonorrhoea testing should only be done if there is a clinical indication OR if there is a concern following sexual risk.
* All diagnosed with Chlamydia should have partner notification and be retested at 3-12 months.
* For advice / help contact Central Sexual Health Helpline 01324 673563 (Mon-Fri 2-4pm).

EXAMINATION	LAB No.	AUTHORISED	
Chlamydia & gonorrhoea PCR	MS350469W	Auto authorised	
NATURE OF SPECIMEN	**DATE COLLECTED**	**DATE RECEIVED**	**DATE REPORTED**
Cervical swab	15/09/2020	16/09/2020	21/09/2020

NHS Confidential: Personal data about a patient

NHS
Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.	
YOUNG 44 CARMUIRS AVENUE CAMELON	ASHLEY	0410840505	
		DATE OF BIRTH: 04/10/1984	SEX: F

CONSULTANT: Dr Teresa Cannavina

WARD: Dr Teresa Cannavina 55255

G.P.: Meeks Road Surgery

CLINICAL DATA: Discharge, ? inf

Pyogenic Culture
No pathogens isolated

EXAMINATION	LAB No.	AUTHORISED	
Pyogenic Culture	MG498450G	Lisa Russell	
NATURE OF SPECIMEN	**DATE COLLECTED**	**DATE RECEIVED**	**DATE REPORTED**
High Vaginal swab	15/09/2020	16/09/2020	18/09/2020

Registration Details - Patient No: 24670

Personal details...		Address details...	
Date of birth	04/10/1984	**Post Code**	FK2 7JU
Sex	F	**House Name Flat No**	
Surname	Young	**No and Street**	157 Merchiston Avenue
Previous Surname		**Village**	BAINSFORD
Forenames	Ashley Naida	**Town**	FALKIRK
Calling Name	Ashley	**County**	
Title	Miss	**Nursing Home**	
Birth Surname			
Marital Status			
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Forth Valley	**Home Tel No**	
Registered GP	Dr Fiona McAreavey	**Work Tel No**	
Usual GP	Dr Fiona McAreavey	**Mobile Tel No**	07518105685
Residential Inst		**E Mail Address**	
Branch Surgery		**Next of Kin**	
CHI Number	0410840505	**Next of Kin contact no.**	
NHS Number	47984878	**Carer**	
Assigned Patient	Yes	**Key Code**	

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

Further Information		Upload Consent	
Long/Short stay or Dead		**SCI-DC Consent**	Implied Consent (default)
Date of registration	15/09/2020		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	**Patient Consent**	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
17/01/2020	High risk treatment started Risperidone . Duration =	Mrs Thom	66P5
19/12/2019	CIN I - mild dyskaryosis	Miss McDiarmid	4K23-1
31/01/2019	[X]Post - traumatic stress disorder	Mrs Lynch	Eu431
31/01/2019	[X]Depression NOS	Mrs Lynch	Eu32z-1

Past Problems		Authorised By	Code
25/12/2019	**Overdose of drug** injected cocaine into groin	Mrs Park	SL-5
27/10/2015	**Vaginal discharge symptom**	Mrs Lynch	1A7
28/06/2014	**H/O: deliberate self harm** overdose	Mrs Lynch	146B
07/04/2013	**Cause of overdose - accidental** co-codamol ibuprofen and paracetamol	Mrs Lynch	T8-1
01/01/2013	**[X]Overdose - benzodiazepine** amitriptyline heroin and methadone	Mrs Lynch	U202-6
14/11/2012	**H/O benzodiazepine misuse**	Mrs Lynch	1T3
23/02/2012	**LLETZ - Large loop excision of transformation zone**	Mrs Lynch	7E004-1
14/01/2008	**Spontaneous vaginal delivery**	Mrs Lynch	L20-1
11/12/2007	**[X]Drug addiction - cannabis**	Mrs Lynch	Eu122-1

01/06/2007	**[X]Heroin addiction**	Mrs Lynch	Eu112-2
01/06/2007	**Drug addictn therap-methadone**	Mrs Lynch	8B23-1
21/01/2007	**Miscarriage**	Mrs Lynch	L04-1
29/01/2003	**Postnatal depression**	Mrs Lynch	E204-1
04/08/2002	**Spontaneous vaginal delivery**	Mrs Lynch	L20-1
05/07/1999	**[X]Drug addiction - solvent**	Mrs Lynch	Eu182-1
31/08/1998	**[V]Behavioural problems**	Mrs Lynch	ZV40-1

Health Admin Problems		**Authorised By**	**Code**

Investigations		**Authorised By**	**Code**
15/09/2020	**Virology** (Source: Manually filed) . - Cervical smear - human papillomavirus negative		4K2Q.
15/09/2020	**Cervical Cytology** (Source: Manually filed) . -		4K22.

Values			
Date	**Last Entry**	**Normal Range Indicator**	**Normal Range**
15/09/2020	**Cervical smear - human papillomavirus negative - Cervical smear - human papillomavirus negative**		
15/09/2020	**Cervical smear: negative -**		
19/12/2019	**CIN I - mild dyskaryosis**		

Due Diary Entries		**Authorised By**	**Code**
04/10/2049	**Seasonal influenza vaccination**	Dr McAreavey	65ED.
15/09/2023	**Cervical smear due** SCCRS Recall	Miss Campbell	685F.
28/05/2021	**Medication review**	Mr Saleem	8B314
04/05/2021	**Clinic A monitoring 1st letter**	Mrs Thom	9OS4.

Overdue Diary Entries		**Authorised By**	**Code**
	None		

Alerts		**Authorised By**	**Code**
17/02/2020	**Alert** DO NOT PRESCRIBE DRUGS OF ABUSE WATCH PRESCRIBING	Miss McDiarmid	EMISALERT

Drug Allergies		**Authorised By**	**Code**
	None		

Non Drug Allergies		**Authorised By**	**Code**
	None		

Family History		**Authorised By**	**Code**
	None		

Referrals		**Authorised By**	**Code**
10/09/2020	**8Hn2.: Fast track referral for suspected breast cancer (SCI Gateway Referral)**	Dr McAreavey	8Hn2

Immunisations		**Authorised By**	**Code**
	None		

Health Status	
15/09/2020	**Cervical smear - human papillomavirus negative**
15/09/2020	**Cervical smear result Cervical smear: negative**

Other Observations		**Authorised By**	**Code**

23/02/2021	**Medication requested** - reauthorise 3x repeat items. All were issued on 19/02/21 too erly but reauth for next time has du with psych later this month and in March.	Ms McIntyre	8B3H
19/02/2021	**Medication requested** - Risperidone, Mirtazapine and Fluoxetine - in between accomadation at the moment - will await outcome before asking for NPT checks - issued	Mr Saleem	8B3H
26/11/2020	**Medication requested** - Risperidone, mirtazapine and fluoxetine - timely request. Pt was under psych and CADS but was discharged due to Covid 19. Pt getting dispense weekly meds - had NPT checks for risperidone in Feb 2020 - will add to permissable repeats til due next NPT due.	Mr Saleem	8B3H
23/10/2020	**Medication requested** - risperidone, mirtazapine and fluoxetine. As per entry on 18/08, not taking every day.	Ms Kearney	8B3H
15/09/2020	**Sample sent to lab. for test**	Ms Davis	414
15/09/2020	**Sample sent to lab. for test**	Ms Davis	414
02/09/2020	**Did not attend - no reason**	Dr Duncan	9N42
27/08/2020	**Cervical smear defaulter** Exclusion From SCCRS Until 08/02/2024. Reason: Defaulter	Miss McDiarmid	9O8S
10/06/2020	**Medication requested** risperidone and Mirtazipine. Last issued 4.3.20. D/W PD.Pharmacy said she has been in England last two months, are unsure how she has returned home. The last Rx they issued was in March. Refer to GP for callback	Ms Young	8B3H
04/03/2020	**Medication requested** mirtazepine 15, risperadone 2mg, fluoxetine - send to Lloyds Grahams Road. Seen by CADS Jan 2020. Issued.	Mrs Winchester	8B3H
11/02/2020	**Did not attend - no reason** for smear	Ms Davis	9N42
11/02/2020	**Did not attend - no reason**	Mr Penman	9N42
17/01/2020	**Near-patient testing - enhanced services administration**	Mrs Thom	9kD
16/01/2020	**Medication requested** - Risperidone, Mirtazapine and Fluoxetine. Note Dr McA emis entry below - pt to have medications as dispense weekly. Pt under Psych - last seen by psych on the 10/01/2020.	Mr Saleem	8B3H
16/01/2020	**Notes summary on computer** docman only	Mrs Lynch	9344

Consultations

23/02/2021 12:18	Ms Caroline McIntyre at Acute Request
Comment	Medication requested - reauthorise 3x repeat items. All were issued on 19/02/21 too erly but reauth for next time has du with psych later this month and in March.
19/02/2021 16:16	Mr Osman Saleem at Acute Request
Comment	Medication requested - Risperidone, Mirtazapine and Fluoxetine - in between accomadation at the moment - will await outcome before asking for NPT checks - issued
Medication	Risperidone Tablets 2 mg *28 TABLET ONE TO BE TAKEN AT NIGHT* Mirtazapine Tablets 15 mg *28 tablet ONE TABLET TO BE TAKEN AT NIGHT* Fluoxetine Hydrochloride Capsules 20 mg *84 CAPSULE 3 CAPS DAILY*
22/01/2021 15:19	Mrs Carrie Gault at Data Entry
Comment	Patient called advising was living in temp accomodation - 9 Kingseat Ave, Grangemouth FK3 0AA. Advised as out of our area would be removed in 30 days. If she gets permanent accommodation in that time she will contact with new address and proof of address.
26/11/2020 12:04	Mr Osman Saleem at Acute Request
Comment	Medication requested - Risperidone, mirtazapine and fluoxetine - timely request. Pt was under psych and CADS but was discharged due to Covid 19. Pt getting dispense weekly meds - had NPT checks for risperidone in Feb 2020 - will add to permissable repeats til due next NPT due.
Medication	Risperidone Tablets 2 mg *28 TABLET ONE TO BE TAKEN AT NIGHT* Mirtazapine Tablets 15 mg *28 tablet ONE TABLET TO BE TAKEN AT NIGHT* Fluoxetine Hydrochloride Capsules 20 mg *84 CAPSULE 3 CAPS DAILY*
23/10/2020 15:29	Ms Fiona Kearney at Acute Request
Comment	Medication requested - risperidone, mirtazapine and fluoxetine. As per entry on 18/08, not taking every day.
Medication	Fluoxetine Hydrochloride Capsules 20 mg *84 CAPSULE 3 CAPS DAILY* Mirtazapine Tablets 15 mg *28 tablet ONE TABLET TO BE TAKEN AT NIGHT* Risperidone Tablets 2 mg *28 TABLET ONE TO BE TAKEN AT NIGHT*
16/09/2020	Mrs Lynn Thom at Meeks Road Surgery
Test Request	Fasting Lipids - *Requested*, Full Blood Count - *Requested*, Hb A1c - *Requested*, Liver Function Tests - *Requested*, Urea & Electrolytes - *Requested*
15/09/2020 15:06	Ms Susan Davis at Meeks Road Surgery

Test Request	Chlamydia & Gonorrhoea PCR - *Sampled*
Comment	Sample sent to lab. for test

15/09/2020 15:05	Ms Susan Davis at Meeks Road Surgery
Test Request	C&S (Culture & Sensitivity) - *Sampled*, Chlamydia & Gonorrhoea PCR - *Deleted*
Comment	Sample sent to lab. for test

15/09/2020 14:44	Ms Susan Davis at Meeks Road Surgery
Comment	Cervical smear taken (Spec ID no: 103226000294). c/o smelly discharge, 'terrified' it is due to something wrong with cervix. Hasn't attended for smear since 2011 (LLETZ treatment carried out - CIN 1). Swabs taken today to rule out infection.
Test Request	C&S (Culture & Sensitivity) - *Sampled*, Chlamydia & Gonorrhoea PCR - *Sampled*

15/09/2020 00:00	Miss Claire Campbell at General Practice Surgery
Follow up	Cervical smear due (15/09/2023) SCCRS Recall
Result	Cervical Cytology
	Virology

10/09/2020 14:43	Dr Fiona McAreavey at Meeks Road Surgery
Problem	prior to consult declined to let partner into consult due to covid concerns he appeared under the influence.ongoing pain in right breast, no fiocal lumps-granny breast ca 59 years.
Examination	nad but very tender. difficult to identify skin changes as partner had drawn all over breast with marker as to where he thought there was a lump
Comment	refer
Medication	Risperidone Tablets 2 mg *28 TABLET ONE TO BE TAKEN AT NIGHT*
	Mirtazapine Tablets 15 mg *28 tablet ONE TABLET TO BE TAKEN AT NIGHT*
	Fluoxetine Hydrochloride Capsules 20 mg *84 CAPSULE 3 CAPS DAILY*

10/09/2020 11:33	Dr Fiona McAreavey at Phone Encounter
Problem	right breast lump

02/09/2020 17:34	Dr Patricia Duncan at Meeks Road Surgery
Comment	Did not attend - no reason

02/09/2020 16:15	Dr Teresa Cannavina at Meeks Road Surgery
Comment	1. noticed new breast lumps appt given . 2 also missed smear and would like done smear defaulter - adviced tma with reception when in .

27/08/2020 00:00	Miss Diane McDiarmid at General Practice Surgery
Comment	Cervical smear defaulter Exclusion From SCCRS Until 08/02/2024. Reason: Defaulter

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18/08/2020 12:14	Dr Tushar Desai at Phone Encounter
History	see entry from 10/6 , pt needs her meds , they help her with her mental health , no s/e , stable on them rx

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17/08/2020 11:38	Dr Teresa Cannavina at Meeks Road Surgery
Comment	number not in service.

17/08/2020 11:28	Dr Teresa Cannavina at Meeks Road Surgery
Comment	tried number x 2 not in service.

10/06/2020 13:52	Ms Sonia Young at Acute Request
Comment	Medication requested risperidone and Mirtazipine. Last issued 4.3.20. D/W PD.Pharmacy said she has been in England last two months, are unsure how she has returned home. The last Rx they issued was in March. Refer to GP for callback

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04/03/2020 10:53	Mrs Jill Winchester at Acute Request
Comment	Medication requested mirtazepine 15, risperadone 2mg, fluoxetine - send to Lloyds Grahams Road. Seen by CADS Jan 2020. Issued.

Medication	Fluoxetine Hydrochloride Capsules 20 mg *84 CAPSULE 3 CAPS DAILY* Mirtazapine Tablets 15 mg *28 tablet ONE TABLET TO BE TAKEN AT NIGHT* Risperidone Tablets 2 mg *28 TABLET ONE TO BE TAKEN AT NIGHT*

11/02/2020 12:53	Ms Susan Davis at Meeks Road Surgery
Comment	Did not attend - no reason for smear

11/02/2020 12:51	Mr Brian Penman at Meeks Road Surgery
Comment	Did not attend - no reason

03/02/2020	Mrs Lynn Thom at Meeks Road Surgery
Test Request	Fasting Lipids - *Requested*, Full Blood Count - *Requested*, Hb A1c - *Requested*, Liver Function Tests - *Requested*, Urea & Electrolytes - *Requested*

16/01/2020 14:29	Dr Tushar Desai at Phone Encounter
History	called pt no reply

16/01/2020 14:03	Dr Tushar Desai at Phone Encounter
History	called pt , no reply left message

16/01/2020 10:01	Mr Osman Saleem at Acute Request
Comment	Medication requested - Risperidone, Mirtazapine and Fluoxetine. Note Dr McA emis entry below - pt to have medications as dispense weekly. Pt under Psych - last seen by psych on the 10/01/2020.
Medication	Risperidone Tablets 2 mg *28 TABLET ONE TO BE TAKEN AT NIGHT* Mirtazapine Tablets 15 mg *28 tablet ONE TABLET TO BE TAKEN AT NIGHT* Fluoxetine Hydrochloride Capsules 20 mg *84 CAPSULE 3 CAPS DAILY*

13/01/2020 16:57	Dr Fiona McAreavey at Data Entry
Problem	NOTE PSYCH LETTER- CHAOTIC LIFESTYLE- WEEKLY DISPENSING

10/12/2019 16:36	Dr John Scales at Meeks Road Surgery
History	L breast pain for the past 3 days, some redness. Never before. Sore to touch. Self checks, no lumps.
Examination	p105SR, apyrexial. Tenderness L breast.
Medication	Flucloxacillin Capsules 500 mg *28 CAPSULE ONE CAPSULE TO BE TAKEN FOUR TIMES DAILY*

History	Was being prescribed meds below, see letters in Docman. Has had to change practice.
Medication	Fluoxetine Hydrochloride Capsules 20 mg *90 capsule 3 CAPS DAILY* Mirtazapine Tablets 15 mg *28 tablet ONE TABLET TO BE TAKEN AT NIGHT* Risperidone Tablets 2 mg *28 TABLET ONE TO BE TAKEN AT NIGHT*

10/12/2019 11:58	Dr Tushar Desai at Phone Encounter
History	1 low back pain for 3 days no trauma no urinary bowel complaints taking paracetamol right now try cocodamol and diazepam
Medication	Co-Codamol 30/500 Tablets *50 tablet ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN* Diazepam Tablets 2 mg *15 tablet ONE TABLET TO BE TAKEN UP TO THREE TIMES A DAY WHEN REQUIRED*

History	left breast feels sore and tender skin feels warm hx of 3 days ,
Comment	mastitis ? to attend ES

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
23/10/2020	**Fluoxetine Hydrochloride Capsules 20 mg** 3 CAPS DAILY 84 CAPSULE	19/02/2021P	Dr Fiona McAreavey	REPEAT

23/10/2020	**Mirtazapine Tablets 15 mg** ONE TABLET TO BE TAKEN AT NIGHT 28 tablet	19/02/2021P	Dr Fiona McAreavey	REPEAT
18/08/2020	**Risperidone Tablets 2 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	19/02/2021P	Dr Fiona McAreavey	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
18/08/2020	**Fluoxetine Hydrochloride Capsules 20 mg** 3 CAPS DAILY 84 CAPSULE	10/09/2020P	Dr Fiona McAreavey	ACUTE
18/08/2020	**Mirtazapine Tablets 15 mg** ONE TABLET TO BE TAKEN AT NIGHT 28 tablet	10/09/2020P	Dr Fiona McAreavey	ACUTE
04/03/2020	**Fluoxetine Hydrochloride Capsules 20 mg** 3 CAPS DAILY 84 CAPSULE	04/03/2020P	Dr John Scales	ACUTE
04/03/2020	**Mirtazapine Tablets 15 mg** ONE TABLET TO BE TAKEN AT NIGHT 28 tablet	04/03/2020P	Dr John Scales	ACUTE
04/03/2020	**Risperidone Tablets 2 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	04/03/2020P	Dr John Scales	ACUTE
10/12/2019	**Co-Codamol 30/500 Tablets** ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN 50 tablet	10/12/2019P	Dr Tushar Desai	ACUTE
10/12/2019	**Diazepam Tablets 2 mg** ONE TABLET TO BE TAKEN UP TO THREE TIMES A DAY WHEN REQUIRED 15 tablet	10/12/2019P	Dr Tushar Desai	ACUTE
10/12/2019	**Flucloxacillin Capsules 500 mg** ONE CAPSULE TO BE TAKEN FOUR TIMES DAILY 28 CAPSULE	10/12/2019P	Dr John Scales	ACUTE
10/12/2019	**Risperidone Tablets 2 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	16/01/2020P	Dr John Scales	ACUTE
10/12/2019	**Fluoxetine Hydrochloride Capsules 20 mg** 3 CAPS DAILY 84 CAPSULE	16/01/2020P	Dr John Scales	ACUTE
10/12/2019	**Mirtazapine Tablets 15 mg** ONE TABLET TO BE TAKEN AT NIGHT 28 tablet	16/01/2020P	Dr John Scales	ACUTE

Urgent Clinical Note

CHI: 0410840505 **Patient Name:** Ashley Young

NHS Forth Valley

Registered GP Name: MCAREAVEY, FIONA
Registered GP Practice: Meeks Road Surgery

'Other' Consultation Type: Hazel Somerville

Speciality: Community Sexual and Reproductive Health (F4)
Consultation Date/Time: 09 April 2020 14:25

Presenting Complaint, Investigations, Results, Diagnosis:

For Information Only

Ashley was discussed at the Multi Agency Risk Assessment Conference (MARAC) on 09-04-2020 as an alleged victim of domestic abuse.

A Multi Agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, such as police, health, education, social work, housing, domestic violence services such as women's aid or CEA, where high risk cases are discussed. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.

The MARAC combines up to date risk information with a timely assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic abuse case: victim, children and perpetrator.

Domestic abuse can take many forms such as emotional, financial, physical, sexual or verbal and victims may experience different or multiple forms of abuse throughout their lives.

I am informing you of the above circumstances in order to make you aware of the situation should you have future contact with your patient and to minimise any potential future risk of harm, whether physical or psychological.

Ashley may be unaware of this discussion at MARAC**

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

Please do not hesitate to contact the Gender-Based Violence Team if you wish to discuss the matter further.

Hazel Somerville Gender-Based Violence & Sexual Assault Service Lead
Amanda Jack Gender-Based Violence Nurse Adviser

Telephone: 01324 574366 / 574368

Email: FV-UHB.themeadows@nhs.net

Form Completed by: Hazel Somerville on Thu 09 April 2020 at 14:26

NHS Forth Valley
Substance Misuse Services

Substance Misuse Services
Old MRI Suite
Falkirk Community Hospital
Westburn Avenue
FALKIRK
FK1 5QE

PRIVATE & CONFIDENTIAL

Ashley Young
44 Carmuirs Avenue
Camelon
Falkirk
FK1 4PB

Date	26 March 2020
Your Ref	CHI 0410840505
Our Ref	PD
Enquiries to	Medical Secretaries
Direct Line	01324 673670

Dear Ashley

Currently the Covid-19 pandemic is placing the NHS under huge strain. In order to make sure we have enough staff to look after those who will become unwell, we have had to move many staff away from our usual mental health services. For this reason, we will have to stop the contact you have with your usual CADS nurse.

We are sorry about having to do this, however we need to provide enough staff to look after the most unwell. We will still be operating an emergency service for patients who are experiencing an emergency related to their mental health. If you feel your mental health is severely deteriorating, you can still contact a member of the team.

Prescriptions will continue for patients who currently receive a prescription from Substance Misuse Services.

Substance Misuse Services 01324 673670 (Falkirk)
Substance Misuse Services 01786 468282 (Stirling/Clackmannan)

Due to many staff having to move roles it is unlikely you will be able to see the mental health worker you have previously worked with.

The current situation is very stressful for everyone. There is a list of services on the back of this letter that you can use to support you during this time.

When the pandemic has passed we will be in touch to resume your previous level of contact with mental health services. Until then we hope that you and your loved ones remain safe and well.

With very best wishes

Dr Jim Crabb
Associate Medical Director for Psychiatry

Lorraine Robertson
Head of Mental Health Nursing

Dr Jennifer Borthwick
Head of Psychology Services

Kirstie Stenhouse
AHP Manager Mental Health & Learning Disabilities

Caroline Gill
Head of Nursing for Learning Disabilities

SELF-HELP RESOURCES

The current COVID-19 pandemic will affect us all in different ways: physically, emotionally, socially and psychologically. This is normal. Thus, this is advice is for anyone who is feeling heightened levels of stress and/or anxiety in response to the situation caused by Coronavirus (Covid-19).
Current advice from the NHS regarding coronavirus (COVID-19) can be found at:
www.gov.scot/coronavirus-covid-19/

The following agencies may also help if you want to talk to someone on the telephone about how you are feeling or need information about supporting other people with their feelings:

Breathing Space – 0800 83 85 87 (evenings and weekends) is a free, confidential, phone service for anyone in Scotland over the age of 16, who is experiencing low mood, depression or anxiety. They can also be contacted if you are experiencing a crisis related to your mental health.
www.breathingspacescotland.co.uk

Samaritans – 01698 429411 or 116 123 (24hrs) will provide support to manage your emotional well-being and also provide information to help promote the well-being of others.
www.samaritans.org
jo@samaritans.org

They can also be contacted if you are experiencing a crisis related to your mental health.
NHS 111- telephone 111

You can call NHS 111 if you or someone you know needs urgent care, but it's not life threatening.

For example:
if you have an existing mental health problem and your symptoms get worse
if you experience a mental health problem for the first time
if someone has self-harmed but it does not appear to be life threatening, or they're talking about wanting to self-harm
if a person shows signs of possible dementia
if a person is experiencing domestic violence or physical, sexual or emotional abuse
It is staffed by Mental Health Nurses who can provide specialist advice on mental health issues.
Silver Line Scotland – 0800 470 80 90 (24 hours) – this is a telephone service providing support and advice specifically for older people

Childline - 0800 111 If you know anyone under the age of 19 who is struggling with their mental health at this time, you can direct them to childline. This is a confidential, non-judgemental support line for children and young people. This service also provides email as well as phone contact.
www.childline.org.uk

Diabetes UK – 0141 212 8710 (Mon – Fri 9am to 6pm) is a helpline for emotional support and provides an open forum for advice for individuals with diabetes.

Email: helpline.scotland@diabetes.org.uk
https://www.diabetes.org.uk/about_us/news/coronavirus

Macmillan Cancer Support – provides support for those diagnosed with cancer and their families, including free access to an online community and an online chat service.
Tel: 0808 808 0000 (Mon – Sun 8am to 8pm)
https://www.macmillan.org.uk/cancer-information-and-support/get-help/emotional-help

Chest, Heart and Stroke Scotland - 0808 801 0899 (Mon – Fri 9:30am to 4pm) is free advice line is run by nurses and offers support for a range of chest, heart and stroke diagnoses.
Email: adviceline@chss.org.uk
www.chss.org.uk

Pain Concern - Advice and support for those struggling with chronic pain.
https://painconcern.org.uk
Tel: 0300 123 0789 (Mon 2-4pm, Fri 10am-12 noon, 2pm - 4pm)
Email: help@painconcern.org.uk

You can also access the following self-help material:

NHS Inform Self-help guides – Both physical and mental self help guides can be found at NHS Inform
https://www.nhsinform.scot/self-help-guides

NHS Forth Valley Leaflets – this is a webpage developed by NHS Forth Valley, which offers downloadable information and advice on a wide range of commonly experienced mental health issues and difficulties.
https://www.selfhelpguides.ntw.nhs.uk/forthvalley/

Mental Health Resources - this is a webpage developed by NHS Forth Valley, which offers local and national emotional and mental health well-being resources.
https://nhsforthvalley.com/health-services/az-of-services/mental-health-unit/mental-health-resources/

Carers Centre Information for carers of all ages can be found on-line
http://centralcarers.org/

cc: Dr Fiona Mcareavey, Meeks Road Surgery, 10 Meeks Road, Falkirk, FK2 7ES

NHS Forth Valley
Substance Misuse Services

Substance Misuse Services
Old MRI Suite
Falkirk Community Hospital
Westburn Avenue
FALKIRK
FK1 5QE

Private and Confidential

Dr Fiona Mcareavey
Meeks Road Surgery
10 Meeks Road
Falkirk
FK2 7ES

Date	14 January 2020
Your Ref	CHI 0410840505
Our Ref	CM/PD/V0056601
Enquiries to	Administration Office
Extension	
Direct Line	01324 673654 / 673656
E-mail	FV-UHB.CADSPrescribing@nhs.net

Dear Dr McAreavey

Ashley Young (DoB: 04/10/1984) CHI: 0410840505
44 CARMUIRS AVENUE CAMELON Falkirk FK1 4JP

I write to let you know that I saw the above lady in clinic today, 10th January 2020, in the company of trainee NMP Pamela Ure.

Ashley presented a very animated picture today and admitted being under the influence of cocaine having taken it the morning prior to our appointment.

The service currently prescribes her methadone 80ml supervised daily and I note your recently prescribed risperidone 2mg daily, fluoxetine 60mg nocte and mirtazapine 15mg nocte.

I note that Ashley recently consulted with a breast infection and sore back and you prescribed her diazepam and co-codamol; I would urge caution in the prescription of drugs misuse to this lady at this time.

Ashley updated that she had recently had an increase in her benefits and also a large backdated payment. She has resumed contact with her children, which is done on a supervised basis by her mother.

Also of note is that Ashley attended A&E on Christmas Day under the influence of cocaine having an abnormal reaction to it. She states that since this episode she has stopped injecting cocaine. She also reports being in a domestic violence situation with her partner; we spoke at length about solutions to this.

We discussed the following plan:

1. Ashley stated that your service required contact from CADS prior to issuing any further mental health prescriptions. I have sent an e-form to you asking that you continue her

risperidone, fluoxetine and mirtazapine. I would suggest a very frequent dispensing regime for these medications due to Ashley's chaos.

2. I have asked Ashley to have an ECG.
3. Ashley has requested a holiday prescription to have her methadone supervised in Leeds where she frequently visits her father. She doesn't fit criteria for holiday prescription due to her intoxication today and recent presentation at A&E. I do however appreciate that she is in a very difficult situation and she maintains that she doesn't take heroin or cocaine whilst she is in Leeds. Ashley's engagement with the service has been poor recently. I have asked that she come and see her key worker next week and they determine a plan of working together which can evidence true change in Ashley's case.
4. We had a discussion around the domestic violence that Ashley is suffering and solutions to this.
5. I have asked that Ashley be referred to SIP to give her additional support.
6. I will plan to review Ashley in six weeks time; I would highlight her high risk situation. I would hope that in six weeks we will have a more stable picture so I can better assess her mental health.

Yours sincerely

(Dictated and electronically checked by Dr Claire McIntosh)

Dr Claire McIntosh
Consultant Psychiatrist

c.c. (Key Worker – file copy)
Mental health notes

Urgent Outpatient Clinic Note

NHS Forth Valley

CHI: 0410840505 **Patient Name:** Ashley Young

Registered GP Name: MCAREAVEY, FIONA
Registered GP Practice: Meeks Road Surgery

Clinic attended: General Psychiatry (Mental Illness)

Clinic: FCH - Dr McIntosh Thur am
Date/Time of clinic: Fri 10 Jan 2020 13:30
Lead clinician for clinic: Doctor Claire McIntosh

Presenting Complaint, Investigations, Results, Diagnosis:

Ashley was seen in the CADS Op clinic today. Full letter to follow.
Can you please continue to prescribe risperidone 2mg daily, fluoxetine 60mg daily and mirtazapine 15mg nocte. I would suggest very regular dispensing due to Ashley's current drug use and chaos. She will be reviewed by the CADS nursing team next week, I have asked that a strict care package be put in place.

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form Completed by: Claire McIntosh on Fri 10 January 2020 at 16:37

Emergency Discharge Letter (Authorised)

FE McAreavey
Meeks Road Surgery
10 Meeks Road
Falkirk
Falkirk
FK2 7ES

FVRH Emergency Department
Stirling Road
Larbert
Larbert
Stirlingshire
FK5 4WR

Dept. Contact Details:

CHI Barcode: 0410840505

Date of Completion: 25-Dec-2019

GP Practice

GP Name:	FE McAreavey	**GP GMC:**	4193151
GP Practice Address:	Meeks Road Surgery 10 Meeks Road Falkirk Falkirk FK2 7ES	**GP Practice Code:** **GP Clinic Code:** **GP Telephone:**	4193151/25281 25281/1 01324 619930

Patient Demographics

Patient Name:	YOUNG, Ashley	**Date Of Birth:**	04-Oct-1984
Patient Address:	44 CARMUIRS AVENUE CAMELON Falkirk Stirlingshire FK1 4JP	**Gender:** **CHI No:**	Female 0410840505
Telephone No:	07518105685		

Admission Details

Patient Location:	FVRH Emergency Department	**Admission Date:**	25-Dec-2019
Admission Care Provider:	Dr Emma Elliott	**Admission Time:**	05:16
Source Of Admission:	999 Emergency Services		

Presenting Complaint

OD

Diagnosis

Diagnosis	Site	Laterality
Overactivity		

Procedures

No Procedure Results

Medications

Nil records exist

Discharge Details

Discharge Type:	**Discharge Date:**
Discharge Destination:	**Discharge Time:**

Patient Name: YOUNG, Ashley DOB: 04-Oct-1984 CHI No: 0410840505

Referred To:

Notes for GP

Admitted following injecting ?cocaine into groin
Subsequent dystonic movements of tongue, uncontrollable.
Relaxed in department and given low dose diazepam.

Person completing record

Name:	Dr Felicity Dobson	**Specialty:**	
Designation or role:	Dentist	**Date completed:**	25-Dec-2019

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
FE McAreavey	GP	Meeks Road Surgery

Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
11-Sep-2020

REFERRAL LETTER

MEDICAL IN CONFIDENCE

0410840505 CHI No:0410840505

101021649602R

Unique Care Pathway Number: 101021649602R

REFERRAL TO

General SurgeryC1
FV Suspected Breast Cancer — **Consultant / receiving practitioner** and/or **specialty clinic**

Forth Valley Cancer Services
NHS Forth Valley — **Hospital**and **hospital address**

Hospital location code.
V001G

Urgency of Referral

Urgent - Suspected Cancer (Breast)

Administrative Information

Patient has special requirements:No

PATIENT DETAILS

Surname	Young
Forename(s)	Ashley
Title	-
Sex	Female
Previous Surname	-
Date of birth	04-Oct-1984
CHI no.	0410840505

Patient's address

44 Carmuirs Avenue
CAMELON
FALKIRK
FK1 4PB

Contact number(s)

Voice: 07518105685

REFERRING PRACTITIONER DETAILS

Name: Dr. Fiona McAreavey (GMC: 4193151)
Practice: Meeks Road Surgery (25281)
Phone: Voice: 01324 619930

Practice address:

10 Meeks Road
Falkirk
FK2 7ES

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: New asymmetrical nodularity that persists at review after menstruation (patients over 35 years)

Examinations and Investigations

Addional Information: Dear Team,

Ashley is a 35 year old lady who has a history of drug addiction and heroin addiction in the past. She has been clean for a period of time. She has been having breast pain right side for 4 months for no obvious reason. She is convinced she has many breast lumps, she came with her partner, he seemed to be under the influence unfortunately today. he had marked many parts of her breast with a felt tip to show where he thought he could feel lumps. She had a general breast examination of a pre-menopausal woman with a bit of lumpiness but no focal particular lumps of concern. She was extremely tender, tenderness did not extend to her axilla. There was puckering or skin changes. I should be grateful for your assessment. -

Of note she is extremely nervous and her grandmother had breast cancer aged 59.

Yours sincerely,

Performance Status: No numerical value -

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Pre-existing Conditions (High Priority)

Description	Laterality	Modifier	Extension	Date Started
Overdose of drug	-	-	injected cocaine into groin	25-Dec-2019
[X]Depression NOS	-	-	-	31-Jan-2019
[X]Post - traumatic stress disorder	-	-	-	31-Jan-2019
H/O: deliberate self harm	-	-	overdose	28-Jun-2014
Cause of overdose - accidental	-	-	co-codamol ibuprofen and paracetamol	07-Apr-2013
[X]Overdose - benzodiazepine	-	-	amitriptyline heroin and methadone	01-Jan-2013
H/O benzodiazepine misuse	-	-	-	14-Nov-2012
[X]Drug addiction - cannabis	-	-	-	11-Dec-2007
[X]Heroin addiction	-	-	-	01-Jun-2007
[X]Drug addiction - solvent	-	-	-	05-Jul-1999

Past Procedures (High priority)

Description	Laterality	Extension	Date Recorded
High risk treatment started	-	-	17-Jan-2020
CIN I - mild dyskaryosis	-	-	19-Dec-2019
Drug addictn therap-methadone	-	-	01-Jun-2007

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

No current medications recorded

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	Drug code	Formulation	Dosage	Frequency		
Mirtazapine Tablets 15 mg	-	28 tablet	ONE TABLET TO BE TAKEN AT NIGHT	-	-	65 Days
Risperidone Tablets 2 mg	040201030AAABAB	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	-	68 Days
Fluoxetine Hydrochloride Capsules 20 mg	0403030E0AAAAAA	84 CAPSULE	3 CAPS DAILY	-	-	65 Days

Clinical warnings

Smoking status: Number per day: ?(not known)

Alcohol status: Units per day: ?(not known)

Exercise status: Not Known

Additional relevant information

Signature of referring doctor (or other professional)	**Date**	11-Sep-2020

NHS Confidential: Personal data about a patient

ASSIGNMENT FORM

PATIENT ASSIGNMENT TO A NHS GENERAL MEDICAL PRACTICE

NHS National Services Scotland

- Please use **BLOCK CAPITALS** to complete the form and tick all relevant boxes.
- Failure to complete this form fully may delay locating any medical records promptly.
- All assignments are issued to practices on a strictly rotational basis.
- Eligibility to use the NHS services depends mainly on residence in the UK, and on other qualifying provisions set out in the Regulations.
- The patient, or their representative, **must** sign the declaration overleaf.

6 NOV 2019

PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

WILL YOU BE IN THE AREA FOR MORE THAN THREE MONTHS? * YES [✓] NO [ ]

IS THIS YOUR FIRST REGISTRATION WITH A GP PRACTICE IN THE UK? * YES [ ] NO [✓]

SURNAME * YOUNG

TITLE (Not held on CHI) MISS MALE * [ ] FEMALE * [✓]

FORENAME * ASHLEY

MIDDLE NAME * NAIDA

PREVIOUS SURNAME *

DATE OF BIRTH * D 04 M 10 Y 1984

CURRENT ADDRESS * 46 CARMUIRS AVENUE
CAMELON
POSTCODE * FK1 4PB

E-MAIL ADDRESS (Not held on CHI) asaiel4493@gmail.com

CONTACT TELEPHONE NUMBER (Not held on CHI)

TOWN OF BIRTH * FALKIRK

MOTHER'S MAIDEN NAME * YOUNG

COUNTRY OF BIRTH * SCOTLAND

PREVIOUS ADDRESS IN THE UK * 129 CARMUIRS AVENUE CAMELON
POSTCODE *

NAME AND ADDRESS OF PREVIOUS REGISTERED GP PRACTICE IN THE UK * WESTBURN MEDICAL
FALKIRK
POSTCODE *

COMMUNITY HEALTH INDEX NUMBER 0410840505

NATIONAL HEALTH SERVICE NUMBER 479 / 84 / 878

IF YOU ARE FROM ABROAD:

DATE YOU FIRST CAME TO LIVE IN THE UK?

IF PREVIOUSLY RESIDENT IN THE UK, DATE OF LEAVING.

YOUR MOST RECENT COUNTRY OF RESIDENCE

IF YOU HAVE SERVED IN THE BRITISH ARMED FORCES:

SERVICE / PERSONNEL NUMBER

ARE YOU A RESERVIST IN ANY OF THE BRITISH ARMED FORCES? YES ☐ NO ☐

DATE OF YOUR ENLISTMENT

DATE OF YOUR LEAVING

IS THIS YOUR FIRST REGISTRATION WITH A GP SINCE LEAVING THE ARMED FORCES? YES ☐ NO ☐

VOLUNTARY CONSENT TO ORGAN DONATION

I authorise the donation of (Please tick the boxes that apply)

any of my organs and tissue ☐ or my

Kidneys ☑ Eyes ☐ Heart ☑ Lungs ☑ Liver ☑ Pancreas ☑ Small bowel ☑ Tissue ☑

for transplantation after my death.

PATIENT SIGNATURE [signature] DATE 05/1/19

HOW WE USE YOUR INFORMATION

THE INFORMATION YOU HAVE PROVIDED WILL BE USED BY THE GP PRACTICE TO CARRY OUT ITS VARIOUS FUNCTIONS AND SERVICES INCLUDING SCHEDULING APPOINTMENTS, ORDERING TESTS, HOSPITAL REFERRALS AND SENDING CORRESPONDENCE.

YOUR INFORMATION, INCLUDING YOUR NAME, GENDER, DATE OF BIRTH AND ADDRESS, WILL BE PASSED TO NHS NATIONAL SERVICES SCOTLAND WHERE IT WILL BE HELD ON THE COMMUNITY HEALTH INDEX (CHI). THIS INFORMATION IS USED TO REGISTER YOU WITH A GP PRACTICE, TRANSFER YOUR MEDICAL RECORDS BETWEEN GP PRACTICES IN THE UK, MAKE PAYMENTS TO GP PRACTICES FOR MEDICAL SERVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS, MEDICAL EXEMPTION CERTIFICATES AND ENTITLEMENT CARDS.

NHS NATIONAL SERVICES SCOTLAND SHARES INFORMATION ABOUT YOU WITHIN NHSSCOTLAND TO ASSIST IN THE PROVISION AND IMPROVEMENT OF NHS SERVICES AND THE HEALTH OF THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION WHICH COULD IDENTIFY YOU AS A PERSON AND YOUR HEALTH INFORMATION ARE SEPARATED OR ANONYMISED. HEALTH CONDITION AND TREATMENT INFORMATION WHICH COULD IDENTIFY YOU WILL NOT BE USED FOR RESEARCH PURPOSES BY THE NHS UNLESS YOU HAVE CONSENTED TO THIS.

FOR MORE INFORMATION ON HOW NHS NATIONAL SERVICES SCOTLAND USES YOUR PERSONAL INFORMATION VISIT OUR WEBSITE AT WWW.NHSNSS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION IS USED BY THE NHS PLEASE ASK FOR THE LEAFLET 'CONFIDENTIALITY – IT'S YOUR RIGHT', VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT WWW.HRIS.ORG.UK OR ASK YOUR GP SURGERY.

PATIENT DECLARATION

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT AND COMPLETE AND I UNDERSTAND THAT IF IT IS NOT, APPROPRIATE ACTION MAY BE TAKEN.

TO ENABLE NHS NATIONAL SERVICES SCOTLAND TO CONFIRM MY ELIGIBILTY TO LAWFULLY REGISTER WITH A GP AND FOR THE PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME, RELEVANT INFORMATION FROM THIS FORM WILL BE DISCLOSED TO THE NHS BUSINESS SERVICES AUTHORITY, NHS NATIONAL SERVICES SCOTLAND, THE HOME OFFICE, IDENTITY AND PASSPORTS SERVICES, HM REVENUE AND CUSTOMS, THE GENERAL REGISTER OFFICE AND LOCAL AUTHORITIES.

PATIENT / REPRESENTATIVE SIGNATURE * [signature] SIGN HERE

REPRESENTATIVE'S NAME (IF APPICABLE)

RELATIONSHIP TO PATIENT (IF APPLICABLE)

DATE

FOR PSD ** / PRACTICE USE ONLY

PRACTICE CODE ** V2528

GP SIGNATURE

Identification seen – Do not take or retain photocopies

GP REFERENCE NUMBER

BIRTH CERT. ☐ STUDENT ID CARD ☐ DRIVING LICENCE ☐ PASSPORT or HC2 Cert ☐ HOME OFFICE APP REG CARD ☐ OTHER specify

INPUT BY:	DATE:	CHECKED BY:

Practitioner Services
A Division of the Common Services Agency

Medical Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel: 0845 300 1661
Fax: 0845 300 1218
www.show.scot.nhs.uk/psd

NHS National Services Scotland

Date 1st April 2019
Your Ref
Our Ref FT/1h

Enquiries FORTH VALLEY TEAM
Extension 7073
Direct Line 0131 275 7073
E-mail

Ms Ashley Young
44 Carmuirs Avenue
Camelon
Falkirk
FK1 4PB

Dear Ms Young

Ms Ashley Young **DOB-CHI: 04/10/84 0505** **NHS No: 479/84/878**

I have to inform you that Westburn Medical Practice, Falkirk Community Hospital, Westburn Avenue, Falkirk, FK1 5SU has requested me to remove your name from its National Health Service list of patients. You are being removed from your General Practice due to your failure to attend appointments.

Your name will be removed from the practice's list on 9th April 2019.

In the circumstances you should take steps to register with a General Practice nearer your home.

A Request for Assignment Form is enclosed for your use if you are unable to find a GP willing to accept you onto their list.

Please return the completed form to this office in the enclosed pre-paid envelope.

Yours sincerely

FORTH VALLEY TEAM

Copy to Practice for information. It would be appreciated if, immediately following expiry of your responsibility, the appropriate medical record was returned to this office quoting the above reference

disability confident COMMITTED

Headquarters
Gyle Square, 1 South Gyle Crescent, EDINBURGH EH12 9EB
Chair Professor Elizabeth Ireland
Chief Executive Colin Sinclair
NHS National Services Scotland is the common name of the Common Services Agency of the Scottish Health Service.

NHS Forth Valley
Substance Misuse Services

Substance Misuse Services
Old MRI Suite
Falkirk Community Hospital
Westburn Avenue
FALKIRK
FK1 5QE

Private and Confidential

Dr Derek Dundas
Westburn Medical Practice
Falkirk Community Hospital
Westburn Avenue
Falkirk
FK1 5SU

Date	18 March 2019
Your Ref	CHI 0410840505
Our Ref	CM/NC/V0056601
Enquiries to	Administration Office
Extension	
Direct Line	01324 673654 / 673656
E-mail	FV-UHB.CADSPrescribing@nhs.net

Dear Dr Dundas

ASHLEY YOUNG (DoB: 04/10/1984) CHI: 0410840505
44 CARMUIRS AVENUE CAMELON FALKIRK FK1 4JP

I write to let you know that I saw the above lady at short notice today the 14th March 2019 as she had previously missed a couple of appointments with me and concerns remained regarding her risks and substance misuse. Her current regime is methadone 80ml daily supervised 7 days out of 7, risperidone 1mg which I have today requested that you increase it to 2mg, fluoxetine 60mg mane and mirtazapine 15mg nocte.

Ashley denied recent use of heroin but admitted ongoing high levels of cocaine use. She described ongoing increases in her PTSD symptomatology and marked variability in her mood. She describes some transient hallucinatory material; at the current time my working diagnosis would be that this relates both to her trauma and her current concerning levels of cocaine use.

We discussed the following plan:

1. We discussed Ashley's care in terms of short and long term plans. In the short term we need to decrease her cocaine use, manage her mental state better and gain her some degree of stability and safety. As such her key worker will see her weekly and work alongside decreasing her cocaine and we will increase her risperidone up to 2mg daily and 3mg if we start to get a better treatment response.
2. Ashley and I discussed she has been in treatment with the Service for a long time. She has had better and worse periods but overall we acknowledged that she has not made the progress that we would have hoped for, we therefore defined a goal of her going to residential rehabilitation which I think given her current situation is required to instil some hope and structure to her treatment journey.
3. I will copy this letter to Dr Zoe Stanley and ask that if she will see Ashley for this purpose. I think it will also be useful to have some guidance and safety and stabilisation work that can be offered for her at this time of crisis.

4. I will also copy this letter to Tom Bennett from the recovery community. I have asked Ashley's key worker Mary to get in touch with him to look at how the recovery community can start to work with Ashley. Ashley is an articulate lady who in better times could prove quite an asset to their Group.
5. I will review Ashley in 6 weeks time; I have a number of concerns about her presentation currently.

Yours sincerely

(Dictated and electronically checked by Dr Claire McIntosh)

Dr Claire McIntosh
Consultant Psychiatrist

c.c. (Key Worker – file copy)
MH File
Dr Zoe Stanley, Psychology
Tom Bennett, Recovery Community

NHS Forth Valley
Substance Misuse Service
Westburn

Substance Misuse Service
Old MRI Suite
Falkirk Community Hospital
Westburn Avenue
FALKIRK
FK1 5QE

NHS Forth Valley

PRIVATE AND CONFIDENTIAL

Date 14/3/19
Our Ref Medication letter
Enquiries to Administration Office
Direct Line 01324 673670
E-mail FV-UHB.CADSPrescribing@nhs.net

Dear Dr

Re:

CHI NO: 0410840505 V0056601
Ashley Young 04/10/1984

44 Carmuirs Avenue
Camelon
FALKIRK
FK1 4JP F

I saw the above named patient in my clinic today. I would be grateful if you would prescribe the following medication:

Risperidone ..... at a dose of 2mg ..... per day.

Comments:

plese contne dr redications as befe

If this is not suitable please contact me on the above number.

Many thanks for your help

Yours sincerely
Dr Claire McIntosh
Consultant Psychiatrist

NHS Forth Valley
Substance Misuse Services

Substance Misuse Services
Old MRI Suite
Falkirk Community Hospital
Westburn Avenue
FALKIRK
FK1 5QE

Private and Confidential

Dr Derek Dundas
Westburn Medical Practice
Falkirk Community Hospital
Westburn Avenue
Falkirk
FK1 5SU

Date	31 January 2019
Your Ref	CHI 0410840505
Our Ref	CM/PD/V0056601
Enquiries to	Administration Office
Extension	
Direct Line	01324 673654 / 673656
E-mail	FV-UHB.CADSPrescribing@nhs.net

Dear Dr Dundas

ASHLEY YOUNG (DoB: 04/10/1984) CHI: 0410840505
44 CARMUIRS AVENUE CAMELON FALKIRK FK1 4JP

I write to let you know that I reviewed Ashley in clinic on 21st January 2019. Due to Ashley's recurrent non attendance I had not in fact seen her since the previous March.

The service continues to prescribe Ashley methadone 80ml supervised daily. You have been prescribing quetiapine at a dose of 150mg which she had been non compliant with at times, for the past week she has taken an excess dose, She tells me that she has been compliant with fluoxetine 40mg daily and mirtazapine 15mg nocte.

Ashley denied any recent heroin misuse and told me she used heroin five times in the last year.

Ashley did describe an increase in trauma symptoms including dreams and flashbacks and a decrease in her mood. She is exceedingly upset about a couple of issues concerning her children; the nature of these has triggered flashbacks to her own trauma.

She stated she felt very broken and voiced marked low mood today. Ashley talked of not wanting to be here but closer questioning revealed future plans and she voiced very much that her daughter is a protective factor for her.

We discussed the following plan:

1. Ashley's diagnoses are Post Traumatic Stress Disorder, depression and substance misuse.
2. We will increase the support package the service is giving her. She will see her key worker towards the end of this week and we will look to involve her in psychology to look at safety and stabilisation work to try and help contain her and her current symptoms.
3. I have sent a handwritten note to your surgery requesting that fluoxetine increases to 60ml to try and help her mood. She tells me that quetiapine doesn't work for her and she has not taken it for 7 days, having previously doubled her dose and subsequently run out. She is amenable to a trial

of risperidone and I have asked you to prescribe this initially at a dose of 1mg per day.

4. I will review Ashley on 4th February. I am very worried about her at the current time and I am keen to put in place a supportive package for her.

Yours sincerely

(Dictated and electronically checked by Dr Claire McIntosh)

Dr Claire McIntosh
Consultant Psychiatrist

c.c. (Key Worker – file copy)
Mental health notes

Registration Details - Patient No: 10456

Personal details...		Address details...	
Date of birth	04/10/1984	**Post Code**	FK1 4PB
Sex	F	**House Name Flat No**	
Surname	Young	**No and Street**	44 Carmuirs Avenue
Previous Surname		**Village**	Camelon
Forenames	Ashley	**Town**	FALKIRK
Calling Name	Ashley	**County**	
Title	Miss		
Birth Surname			
Marital Status			
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Forth Valley	**Home Tel No**	
Registered GP	Dr Derek Dundas	**Work Tel No**	
Usual GP	Dr Derek Dundas	**Mobile Tel No**	07543208426
Residential Inst		**E Mail Address**	
Branch Surgery			
CHI Number	0410840505		
NHS Number			

Next of Kin		Practice Information...	
Name		**Dispensing**	N
Relationship		**Hospital Number**	
Telephone No.		**Records At**	

Distances		Further Information	
Rural Mileage		**Long/Short stay or Dead**	
Blocked Special		**Date of registration**	20/08/2015
Walking Quarters		**Next of Kin**	
Next of kin contact No			
Previous address			

Upload Consent		AMS\CMS Details	
SCI-DC Consent	Implied Consent (default)	**AMS Consent**	Yes
Pharmacy Details	---		
Item Collected Check	Yes		
CMS Suitability Status	-1		
CMS Registration Status	0		

Medical Record

Problems

Active Problems		Authorised By	Code
05/03/2019	High risk treatment started Risperidone . Duration =	Mrs Garai	66P5
31/01/2019	[X]Depression NOS	Mrs Douglas	Eu32z-1
31/01/2019	[X]Post - traumatic stress disorder	Mrs Douglas	Eu431
11/12/2017	Did not attend - no reason	Dr Dundas	9N42
01/06/2007	Drug addictn therap-methadone	Mr Edwards	8B23-1

Past Problems		Authorised By	Code
09/06/2017	**Did not attend - no reason**	Dr Dundas	9N42
18/01/2017	**Did not attend - no reason** for phlebotomy appointment. Tried calling patient and she hung up.	Miss McGuinness	9N42
26/04/2016	**Did not attend - no reason**	Mrs Murray	9N42
05/11/2015	**Did not attend - no reason**	Mrs Murray	9N42
27/10/2015	**Vaginal discharge symptom**	Dr Reid	1A7

28/06/2014	**H/O: deliberate self harm** Overdose	Mr Edwards	146B
07/04/2013	**Cause of overdose - accidental** co-codamol, ibuprofen and paracetamol	Mr Edwards	T8-1
01/01/2013	**[X]Overdose - benzodiazepine** amitriptyline, heroin and methadone	Mr Edwards	U202-6
14/11/2012	**H/O benzodiazepine misuse**	Mr Edwards	1T3
23/02/2012	**LLETZ - Large loop excision of transformation zone**	Mr Edwards	7E004-1
14/01/2008	**Spontaneous vaginal delivery**	Mr Edwards	L20-1
11/12/2007	**[X]Drug addiction - cannabis**	Mr Edwards	Eu122-1
01/06/2007	**[X]Heroin addiction**	Mr Edwards	Eu112-2
21/01/2007	**Miscarriage**	Mr Edwards	L04-1
29/01/2003	**Postnatal depression**	Mr Edwards	E204-1
04/08/2002	**Spontaneous vaginal delivery**	Mr Edwards	L20-1
05/07/1999	**[X]Drug addiction - solvent**	Mr Edwards	Eu182-1
31/08/1998	**[V]Behavioural problems**	Mr Edwards	ZV40-1

Health Admin Problems	**Authorised By**	**Code**

Investigations		**Authorised By**	**Code**
27/07/2017	**Serum lipids** (Source: LAB) .		44O..
27/07/2017	**Blood glucose level** (Source: LAB) .		44TJ.
27/10/2015	**Liver function test** (Source: LAB) .		44D6.
27/10/2015	**(Non Coded Event -)** (Source: LAB) .		
27/10/2015	**Full blood count - FBC** (Source: LAB) .		424..

Values

Date	**Last Entry**	**Normal Range Indicator**	**Normal Range**
27/07/2017	**Serum total cholesterol level 6.1 mmol/l**	..... |	0-5.2
27/07/2017	**Serum triglycerides 1.7 mmol/l**	.....|..	0-2
27/07/2017	**Serum LDL cholesterol level 4 mmol/l**		
27/07/2017	**Serum HDL cholesterol level 1.4 mmol/l**	.....|.....	0.9-2
27/07/2017	**Biochemical test 9.24**		
27/07/2017	**Plasma glucose level 4.9 mmol/l**	.....|...	3.3-5.5
27/07/2017	**Body Mass Index 32.18**	..... |	20-25
27/07/2017	**O/E - weight 93 Kg**		
27/07/2017	**O/E - height 170 cm**	.....|...	10-250
27/10/2015	**Serum total bilirubin level 8 umol/l**	.....|.....	0-17
27/10/2015	**Serum alkaline phosphatase 100 u/L**	.....|..	0-130
27/10/2015	**Serum alanine aminotransferase level 13 iu/l**	.|.....	11-37
27/10/2015	**AST serum level 23 iu/l**	.....|....	12-31
27/10/2015	**Serum total protein 71 g/l**	.....|.....	62-80
27/10/2015	**Serum albumin 43 g/l**	....|.....	36-52
27/10/2015	**Serum potassium 4.8 mmol/l**	.....|.	3.5-5
27/10/2015	**Serum sodium 137 mmol/l**	..|.....	135-145
27/10/2015	**Serum chloride 104 mmol/l**	.....|...	97-107
27/10/2015	**Serum creatinine 88 umol/l**	....|.....	60-130
27/10/2015	**Serum urea level 6.9 mmol/l**	.....|..	2.5-8
27/10/2015	**Glomerular filtration rate >59**		
27/10/2015	**Haemoglobin estimation 134 g/l**	....|.....	117-157
27/10/2015	**Total white cell count 8.3 10^9/l**	.....|....	3.5-11
27/10/2015	**Platelet count 286 10^9/L**	.....|.....	150-440
27/10/2015	**Red blood cell (RBC) count 4.32 10^12/l**	....|.....	3.8-5.2
27/10/2015	**Mean corpuscular volume (MCV) 92.6 fl**	.....|....	81-100
27/10/2015	**Packed cell volume 0.4**	....|.....	0.35-0.47
27/10/2015	**Mean corpusc. haemoglobin(MCH) 31 pg**	.....|....	26.4-34
27/10/2015	**Mean corpusc. Hb. conc. (MCHC) 335 g/L**	....|.....	314-363
27/10/2015	**Neutrophil count 3.6 10^9/l**	...|.....	1.8-7.7
27/10/2015	**Lymphocyte count 4.1 10^9/l**	.....|..	1-4.8
27/10/2015	**Monocyte count 0.4 10^9/l**	.....|.....	0-0.8
27/10/2015	**Eosinophil count 0.2 10^9/l**	....|.....	0-0.45
27/10/2015	**Basophil count 0 10^9/l**	|.....	0-0.2

Attachments			**Authorised By**	**Code**
25/03/2019	**Attachment** REMOVED FROM PRACTICE LETTER TO PTNT	Document1.doc	Mrs Dick	EMISATTACHMENT
25/03/2019	**Attachment** REMOVAL FROM PRACTICE LETTER TO PSD	Document1.doc	Mrs Dick	EMISATTACHMENT
27/02/2019	**Attachment** FINAL FTA LETTER	Document1.doc	Mrs Dick	EMISATTACHMENT
29/01/2019	**Attachment** Cancellation letter	Cancellation letter.doc	Miss Cross	EMISATTACHMENT
25/09/2018	**Attachment** FTA letter 1	Document1.doc	Miss Millar	EMISATTACHMENT
06/02/2017	**Attachment** FTA Letter 1	FTA Letter 1.doc	Mrs Douglas	EMISATTACHMENT

26/09/2016	**Attachment** Overdue Bloods	Document1.doc	Miss McGuinness	EMISATTACHMENT
27/04/2016	**Attachment** FTA Letter 1	FTA Letter 1.doc	Mrs Douglas	EMISATTACHMENT

Due Diary Entries		Authorised By	Code
04/10/2049	**Influenza vaccination**	Dr Dundas	65E..
24/01/2020	**Medication review**	Dr Dundas	8B314

Overdue Diary Entries		Authorised By	Code
	None		

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Family History		Authorised By	Code
	None		

Referrals		Authorised By	Code
	None		

Immunisations		Authorised By	Code
	None		

Health Status

27/07/2017	**Height** 170 cm
27/07/2017	**Weight** 93 Kg
27/07/2017	**Body Mass Index** 32.18 kg/m2

Other Observations		Authorised By	Code
12/03/2019	**Did not attend - no reason (REVIEW)** for phlebotomy appointment	Miss McGuinness	9N42
05/03/2019	**High risk treatment stopped** quetiapine	Mrs Garai	66P6
14/02/2019	**Did not attend - no reason (REVIEW)** for phlebotomy appointment	Miss McGuinness	9N42
24/01/2019	**Medication review done**	Dr Dundas	8B3V
07/12/2018	**Did not attend - no reason (REVIEW)** for phlebotomy appointment	Miss McGuinness	9N42
07/12/2018	**Did not attend - no reason (REVIEW)** smear	Mrs Wardrope	9N42
25/09/2018	**Did not attend - no reason (REVIEW)**	Dr Meek	9N42
20/09/2018	**Did not attend - no reason (REVIEW)**	Miss Cross	9N42
07/09/2018	**Did not attend - no reason (REVIEW)** for phlebotomy appointment on 6th September	Miss McGuinness	9N42
29/08/2018	**Did not attend - no reason** for smear	Ms MacKay	9N42
25/08/2017	**Did not attend - no reason** for smear	Mrs Mair	9N42
28/07/2017	**Drug monitoring done**	Dr Dundas	8BIc
28/07/2017	**Lab. test result normal**	Dr Dundas	418
28/07/2017	**High risk drug monitoring - primary care** bloods reviewed	Dr Dundas	66P7
27/07/2017	**Medication review done**	Dr Dundas	8B3V
03/07/2017	**Did not attend - no reason (REVIEW)** for phlebotomy appointment	Miss McGuinness	9N42
24/05/2017	**Medication review done**	Dr Dundas	8B3V
08/04/2017	**Cervical smear defaulter** Exclusion From SCCRS Until 08/01/2019. Reason: Defaulter	Miss Baird	9O8S
03/02/2017	**Did not attend - no reason (REVIEW)** did	Mrs Murray	9N42
30/01/2017	**Did not attend - no reason (REVIEW)** for phlebotomy appointment. Tried to call pnt, phone just went to answering machine.	Miss McGuinness	9N42
18/10/2016	**Did not attend - no reason**	Dr O'Sullivan	9N42
13/10/2016	**Notes summary on computer**	Mr Edwards	9344
19/05/2016	**Near-patient testing - enhanced services administration**	Mrs Garai	9kD
22/03/2016	**Did not attend - no reason**	Dr O'Sullivan	9N42
06/04/2015	**High risk treatment started** Quetiapine	Mrs Garai	66P5

Consultations

02/04/2019 10:28	Dr Derek Dundas at Telephone Consultation
Comment	Benefits office Julie Boyd calling for updayte n her conditin. DNAover 10 appoints in the last year. Not seen for some time. They will invite her in for review. Will arrange for her to ebremoved due to multiple DNAs.
12/03/2019 13:26	Miss Lesley McGuinness at Westburn Medical Practice
Problem (REVIEW)	**Did not attend - no reason** for phlebotomy appointment
27/02/2019	Mrs Margaret Dick at Westburn Medical Practice
Comment	Final FTA letter sent 27/02/2019
15/02/2019 17:53	Dr Derek Dundas at Data Entry
Comment	Req for quetiapine. CADS have suggested rispiridne. Note had minitroing so unless attends will not be prescribed.
14/02/2019 13:55	Miss Lesley McGuinness at Westburn Medical Practice
Problem (REVIEW)	**Did not attend - no reason** for phlebotomy appointment
07/12/2018 12:48	Miss Lesley McGuinness at Westburn Medical Practice
Problem (REVIEW)	**Did not attend - no reason** for phlebotomy appointment
07/12/2018 10:30	Mrs Michelle Wardrope at Westburn Medical Practice
Problem (REVIEW)	**Did not attend - no reason** smear
25/09/2018	Dr Yvonne Meek at Data Entry
Problem (REVIEW)	**Did not attend - no reason**
History	FTA "smear appt".
20/09/2018	Miss Lucy Cross at Westburn Medical Practice
Problem (REVIEW)	**Did not attend - no reason**
07/09/2018 11:48	Miss Lesley McGuinness at Westburn Medical Practice
Problem (REVIEW)	**Did not attend - no reason** for phlebotomy appointment on 6th September
29/08/2018	Ms Susan MacKay at Westburn Medical Practice
Comment	Did not attend - no reason for smear
24/01/2018 13:35	Dr Derek Dundas at Telephone Consultation
Comment	Brought to A+E last night by police and ambuance. OD previous day. ?Paracet and quetiapine, waving glass bottle and knife, threatening to self harm. Some suicidal thoughts. |Police were contacted after she absconded. They werent interested ijn following her up, she is well known to them. If she makes contact we should encouraged her to reattend A+E.
11/12/2017 17:49	Dr Derek Dundas at Data Entry
Problem (NEW)	**Did not attend - no reason**
Comment	Note below. Called and offerd an appoint however she DNA'd
05/12/2017	Dr Jennifer Meahan at Westburn Medical Practice
History	Hx as per triage call. has borrowed sisters salbutamol today and thinks this helped. clear sputum. no chest pain or haemoptysis. smoker but trying to cut down. no weight loss. viral URTI symptoms this week
Examination	looks well. apyrexial. CRT <2. HR 82 reg, RR 14, Sats 98%. HS I+II+0. Chest clear, talking in full sentences but has just taken salbutamol.
Comment	Discussed options, would like to continue salbutamol and try inhaler. agreed call back for review in 1 week if not resolved. urgent/ OOH if increased SOB. CXR if symptoms do not resolve
Medication	Prednisolone Tablets 5 mg *40 tablet 8 TABLETS DAILY* Salbutamol Cfc-free inhaler 100 micrograms/puff *1 inhaler 2 Puffs As REQUIRED*

05/12/2017	Dr Jennifer Meahan at Telephone Consultation
History	Triage- treated for LRTI 10 weeks ago. ongoing cough. does improve for short periods then returns. now vomiting when coughing for last week. clear sputum. feeling SOB and feverish. headache this week.
Comment	review today
04/10/2017	Dr Anna O'Sullivan at Data Entry
History	one off px for 2 weeks as going to Inverness. HAs organised methadone px with chesmit. agreed px
22/09/2017	Dr Anna O'Sullivan at Data Entry
History	emialed Dr Mcintosh. on annula leave unilt 26th
22/09/2017	Dr Anna O'Sullivan at Westburn Medical Practice
History	1 week ago witness a stabbing. Thoguht partner was hurt as the colour drained but was somone else. She claled police so now 'everyone is saying she is a grass'. NOt sleeping due to nightmares and flashback. Feels brought her PTSD symptom s back. Taking heroin as exta smoking. Not naymre than has been and buying strewet valoium whch isn't woprking. does not like takig them anyway.note hx. also has cough/ sob/ wheeze. feels has chest ifnection
Examination	T37/7sats 98% P101 mild reduced air entryy chest clear.
Comment	ssri/mirtazpeine not been stopped - clarified in letter - looks like has from handwritten. Has not rna out sopx sissued. Advised will not prescrie benzosiazepine.s Suggested one off zopiclone disoense daily but may have ongoing issue once runs out. Will see keyworker and wil email Dr MCIntosh to update. Aware zopilcoje with meds can sedate. treat chest infection. NOT FOR FURTHER ZOPICLONE
Medication	Fluoxetine Hydrochloride Capsules 20 mg *60 capsule 2 PER DAY* Mirtazapine Tablets 15 mg *28 TABLET ONE TABLET TO BE TAKEN AT NIGHT* Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR FIVE DAYS* Zopiclone Tablets 7.5 mg *7 tablet TAKE ONE TABLET AT NIGHT TO HELP SLEEP*
22/09/2017	Dr Anna O'Sullivan at Telephone Consultation
History	1 wqeek wtiness an altercation with somone got stabbed and thought partner was dying. Blood was everywhere. Police were involved. since then not sleeping. Takig more meds and buying street valium but not helping as 'nothing in them'
Comment	appt given
19/09/2017 14:13	Dr Fiona Gregor at Telephone Consultation
History	Straight to answer machine. Message left for her to recontact the surgery
25/08/2017	Mrs Joyce Mair at Westburn Medical Practice (18749)
Comment	Did not attend - no reason for smear
28/07/2017 15:33	Dr Derek Dundas at Data Entry
Comment	High risk drug monitoring - primary care bloods reviewed
Result	Lab. test result normal
Additional	Drug monitoring done
27/07/2017 09:21	Dr Derek Dundas at Westburn Medical Practice
Examination	O/E - height, 170 cm O/E - weight, 93 Kg Body Mass Index, 32.18
Comment	In for bloods, taken from left antecubital fossa.
Medication	Fluoxetine Hydrochloride Capsules 20 mg *60 capsule TAKE 2 DAILY* Mirtazapine Tablets 15 mg *28 TABLET ONE TABLET TO BE TAKEN AT NIGHT WEEKLY DISP* Prazosin Hydrochloride Tablets 1 mg *112 TABLET 4 TABLETS AT NIGHT* Quetiapine Fumarate Tablets 25 mg *120 TABLET TWO TABLETS TWICE DAILY DAILY DISP*
Test Request	Fasting Lipids - *Sampled*, Glucose - *Sampled*
Additional	Medication review done
27/07/2017 09:06	Miss Lesley McGuinness at Westburn Medical Practice
Comment	Dr. Dundas will do.

Test Request	Fasting Lipids - *Requested*, Glucose - *Requested*
03/07/2017 Problem (REVIEW)	Miss Lesley McGuinness at Westburn Medical Practice **Did not attend - no reason** for phlebotomy appointment
30/06/2017 12:16 Comment	Dr Derek Dundas at Data Entry Quetiapine withheld until seen for monitoring. Will be restarted when seen for bloods/checks. She has another appoint on Monday. Questiapoine over the weekend but no rom monday unless seen. Spoke with Graham pharamcy.
09/06/2017 16:26 Problem (NEW)	Dr Derek Dundas at Data Entry **Did not attend - no reason**
08/05/2017 13:27 Comment Medication	Dr Derek Dundas at Data Entry Needs bloods done for quetiapine for monitoring. Ill see her in the next few weeks to assess. ?needs groin stab. Lipids and glucose. rev SOS Quetiapine Fumarate Tablets 25 mg *120 TABLET TWO TABLETS TWICE DAILY DAILY DISP*
08/04/2017 00:00 Comment	Miss Holly Baird at General Practice Surgery Cervical smear defaulter Exclusion From SCCRS Until 08/01/2019. Reason: Defaulter
06/02/2017 Additional	Mrs Jennifer Douglas at Externally Entered EMIS attachment reference code FTA Letter 1
03/02/2017 Problem (REVIEW)	Mrs Heather Murray at Westburn Medical Practice **Did not attend - no reason** did
30/01/2017 12:58 Problem (REVIEW)	Miss Lesley McGuinness at Westburn Medical Practice **Did not attend - no reason** for phlebotomy appointment. Tried to call pnt, phone just went to answering machine.
18/01/2017 Problem (NEW)	Miss Lesley McGuinness at Westburn Medical Practice **Did not attend - no reason** for phlebotomy appointment. Tried calling patient and she hung up.
29/11/2016 History	Dr Anna O'Sullivan at Data Entry px changed to 1mg for prazosin
23/11/2016 Comment	Dr Sarah Reid at Telephone Consultation tried calling no answer on phone, message left
18/10/2016 Problem	Dr Anna O'Sullivan at Westburn Medical Practice **Did not attend - no reason**
31/08/2016 Comment Medication	Dr Sarah Reid at Westburn Medical Practice mirtaz has been stopped Prazosin Hydrochloride Tablets 1 mg *30 tablet 1 Tab Daily* Quetiapine Fumarate Tablets 25 mg *120 TABLET TWO TABLETS TWICE DAILY DAILY DISP* Fluoxetine Hydrochloride Capsules 20 mg *30 CAPSULE ONE CAPSULE TO BE TAKEN IN THE MORNING WEEKLY DISP*
06/07/2016 Medication	Dr Sarah Reid at Westburn Medical Practice Quetiapine Fumarate Tablets 25 mg *120 TABLET TWO TABLETS TWICE DAILY DAILY DISP* Fluoxetine Hydrochloride Capsules 20 mg *30 CAPSULE ONE CAPSULE TO BE TAKEN IN THE MORNING WEEKLY DISP*
21/06/2016 History	Dr Anna O'Sullivan at Data Entry to sopt mirtazepine. continue fluoxetine and quetiapine

Medication	Prazosin Hydrochloride Tablets 1 mg *30 tablet 1 Tab Daily*

11/05/2016	Dr Anna O'Sullivan at Data Entry
History	px issued but due quetiapine bloods - glucose cholestreol and bmi check please when attends
Test Request	Cholesterol - *Requested*, Glucose - *Requested*

27/04/2016	Mrs Jennifer Douglas at Externally Entered
Additional	EMIS attachment reference code FTA Letter 1

26/04/2016	Mrs Heather Murray at Westburn Medical Practice
Problem (NEW)	**Did not attend - no reason**

22/03/2016	Dr Anna O'Sullivan at Westburn Medical Practice
Problem	**Did not attend - no reason**

16/03/2016	Dr Campbell Nicol at Data Entry
Medication	Fluoxetine Hydrochloride Capsules 20 mg *30 CAPSULE ONE CAPSULE TO BE TAKEN IN THE MORNING WEEKLY DISP* Mirtazapine Tablets 15 mg *28 TABLET ONE TABLET TO BE TAKEN AT NIGHT WEEKLY DISP* Quetiapine Fumarate Tablets 25 mg *60 tablet TWO TABLETS DAILY DAILY DISP*

31/12/2015	Dr Campbell Nicol at Data Entry
Medication	Fluoxetine Hydrochloride Capsules 20 mg *30 CAPSULE ONE CAPSULE TO BE TAKEN IN THE MORNING WEEKLY DISP* Mirtazapine Tablets 15 mg *28 TABLET ONE TABLET TO BE TAKEN AT NIGHT WEEKLY DISP* Propranolol Hydrochloride Tablets 10 mg *84 tablet 1 TABLET 3 TIMES WEEKLY DISP* Quetiapine Fumarate Tablets 25 mg *60 tablet TWO TABLETS DAILY DAILY DISP*

26/11/2015 09:08	Dr Paul Treon at Westburn Medical Practice
History	in for repeat meds. ALso bitten by a turkey under left eye. Says has had childhood imms - so should be up to date for tetanus.
Examination	small abrasion under left eye socket.
Comment	suggest antimicrobial cream from chemist initially - if becomes red around wound then review.
Medication	Fluoxetine Hydrochloride Capsules 20 mg *30 CAPSULE ONE CAPSULE TO BE TAKEN IN THE MORNING WEEKLY DISP* Mirtazapine Tablets 15 mg *28 TABLET ONE TABLET TO BE TAKEN AT NIGHT WEEKLY DISP* Propranolol Hydrochloride Tablets 10 mg *84 tablet 1 TABLET 3 TIMES WEEKLY DISP* Quetiapine Fumarate Tablets 25 mg *60 tablet TWO TABLETS DAILY DAILY DISP*

05/11/2015	Mrs Heather Murray at Westburn Medical Practice
Problem (FIRST)	**Did not attend - no reason**

27/10/2015	Dr Sarah Reid at Westburn Medical Practice
History	ran out of meds last week, not had any since fri, advised to call if going to run out. sweating ++. takes lots of very strong coffee per day. advised cut down, seeing psych again thurs. was due for bloods due to hair thinning but couldn't get blood. bloods atekn today also for thyroid.
Medication	Fluoxetine Hydrochloride Capsules 20 mg *30 CAPSULE ONE CAPSULE TO BE TAKEN IN THE MORNING WEEKLY DISP* Mirtazapine Tablets 15 mg *28 TABLET ONE TABLET TO BE TAKEN AT NIGHT WEEKLY DISP* Propranolol Hydrochloride Tablets 10 mg *84 tablet 1 TABLET 3 TIMES WEEKLY DISP* Quetiapine Fumarate Tablets 25 mg *60 tablet TWO TABLETS DAILY DAILY DISP* Metronidazole Tablets 400 mg *14 tablet ONE TO BE TAKEN TWICE A DAY*

Problem (FIRST)	**Vaginal discharge symptom**

History	with intercourse and period, very smelly fishy discharge, had for several months. same sexual partner. no abnormal bleeding. given met, advised re:alcohol; and if not settling, for swabs next week with smear
22/09/2015	Dr Ian Scott at Data Entry
History	SR for all meds, completed
20/08/2015 16:19	Dr Derek Dundas at Westburn Medical Practice
Comment	New to the practce. "a lot going on". In to get her meds sorted out. COntacted Graeme Medical Practice who confirms mirt 15 weekly and quetiapine 50mg daily disp. Will arrange this. Under Claire MAciNtosh at CADs. On 80ml meth too from CADS. rev SOS
Medication	Mirtazapine Tablets 15 mg *28 TABLET ONE TABLET TO BE TAKEN AT NIGHT WEEKLY DISP*
	Quetiapine Fumarate Tablets 25 mg *60 tablet TWO TABLETS DAILY DAILY DISP*
	Fluoxetine Hydrochloride Capsules 20 mg *30 CAPSULE ONE CAPSULE TO BE TAKEN IN THE MORNING WEEKLY DISP*
	Propranolol Hydrochloride Tablets 10 mg *84 tablet 1 TABLET 3 TIMES WEEKLY DISP*

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
19/03/2019	**Risperidone Tablets 2 mg** 1 TABLET AT NIGHT 28 tablet	25/03/2019P	Dr Derek Dundas	REPEAT
22/09/2017	**Fluoxetine Hydrochloride Capsules 20 mg** 3 TABLETS DAILY 90 CAPSULE	25/03/2019P	Dr Derek Dundas	REPEAT
22/09/2017	**Mirtazapine Tablets 15 mg** ONE TABLET TO BE TAKEN AT NIGHT 28 TABLET	25/03/2019P	Dr Derek Dundas	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
05/12/2017	**Prednisolone Tablets 5 mg** 8 TABLETS DAILY 40 tablet	05/12/2017P	Dr Jennifer Meahan	ACUTE
05/12/2017	**Salbutamol Cfc-free inhaler 100 micrograms/puff** 2 Puffs As REQUIRED 1 inhaler	05/12/2017P	Dr Jennifer Meahan	ACUTE
04/10/2017	**Quetiapine Fumarate Tablets 25 mg** THREE TABLETS TWICE DAILY 84 tablet	04/10/2017P	Dr Anna O'Sullivan	ACUTE
04/10/2017	**Fluoxetine Hydrochloride Capsules 20 mg** 2 DAILY 30 CAPSULE	04/10/2017P	Dr Anna O'Sullivan	ACUTE
04/10/2017	**Mirtazapine Tablets 15 mg** ONE TABLET TO BE TAKEN AT NIGHT 14 tablet	04/10/2017P	Dr Anna O'Sullivan	ACUTE
22/09/2017	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR FIVE DAYS 15 CAPSULE	22/09/2017P	Dr Anna O'Sullivan	ACUTE
22/09/2017	**Zopiclone Tablets 7.5 mg** TAKE ONE TABLET AT NIGHT TO HELP SLEEP 7 tablet	22/09/2017P	Dr Anna O'Sullivan	ACUTE
24/11/2016	**Prazosin Hydrochloride Tablets 2 mg** 2 Tabs At night 56 tablet	24/11/2016P	Dr Clare McDaid	ACUTE
09/08/2016	**Prazosin Hydrochloride Tablets 1 mg** 1 Tab Daily 30 tablet	31/08/2016P	Dr Clare McDaid	ACUTE
21/06/2016	**Prazosin Hydrochloride Tablets 1 mg** 1 Tab Daily 30 tablet	21/06/2016P	Dr Anna O'Sullivan	ACUTE
16/02/2016	**Fluoxetine Hydrochloride Capsules 20 mg** ONE CAPSULE TO BE TAKEN IN THE MORNING WEEKLY DISP 30 CAPSULE	31/08/2016P	Dr Clare McDaid	ACUTE
16/02/2016	**Propranolol Hydrochloride Tablets 10 mg** 1 TABLET 3 TIMES WEEKLY DISP 84 tablet	16/02/2016P	Dr Derek Dundas	ACUTE
27/10/2015	**Metronidazole Tablets 400 mg** ONE TO BE TAKEN TWICE A DAY 14 tablet	27/10/2015P	Dr Derek Dundas	ACUTE
20/08/2015	**Mirtazapine Tablets 15 mg** ONE TABLET TO BE TAKEN AT NIGHT WEEKLY DISP 28 TABLET	31/12/2015P	Dr Derek Dundas	ACUTE
20/08/2015	**Quetiapine Fumarate Tablets 25 mg** TWO TABLETS DAILY DAILY DISP 60 tablet	31/12/2015P	Dr Derek Dundas	ACUTE
20/08/2015	**Fluoxetine Hydrochloride Capsules 20 mg** ONE CAPSULE TO BE TAKEN IN THE MORNING WEEKLY DISP 30 CAPSULE	31/12/2015P	Dr Derek Dundas	ACUTE
20/08/2015	**Propranolol Hydrochloride Tablets 10 mg** 1 TABLET 3 TIMES WEEKLY DISP 84 tablet	31/12/2015P	Dr Derek Dundas	ACUTE
23/01/2019	**Risperidone Tablets 1 mg** 1 TABLET AT NIGHT 28 TABLET	05/03/2019P	Dr Derek Dundas	REPEAT

27/07/2017	**Quetiapine Fumarate Tablets 25 mg** THREE TABLETS TWICE DAILY DAILY DISP 168 TABLET	17/01/2019P	Dr Derek Dundas	REPEAT
04/10/2016	**Fluoxetine Hydrochloride Capsules 20 mg** TAKE 2 DAILY 60 capsule	17/08/2017P	Dr Derek Dundas	REPEAT
04/10/2016	**Prazosin Hydrochloride Tablets 1 mg** 4 TABLETS AT NIGHT 112 TABLET	17/08/2017P	Dr Derek Dundas	REPEAT
16/02/2016	**Quetiapine Fumarate Tablets 25 mg** TWO TABLETS TWICE DAILY DAILY DISP 120 TABLET	27/06/2017P	Dr Derek Dundas	REPEAT
16/02/2016	**Mirtazapine Tablets 15 mg** ONE TABLET TO BE TAKEN AT NIGHT WEEKLY DISP 28 TABLET	17/08/2017P	Dr Derek Dundas	REPEAT

NHS Forth Valley
Substance Misuse Service

Substance Misuse Service
Old MRI Suite
Falkirk Community Hospital
Westburn Avenue
FALKIRK
FK1 5QE

NHS Forth Valley

PRIVATE AND CONFIDENTIAL

Date Medication letter
Our Ref Administration Office
Enquiries to 01324 673670
Direct Line FV-UHB.CADSPrescribing@nhs.net
E-mail

21/1/19

Dear Dr

Re:

CHI NO: 0410840505 V0056601
Ashley Young 04/10/1984
44 Carmuirs Avenue
Camelon
FALKIRK F
FK1 4JP

I saw the above named patient in my clinic today. I would be grateful if you would prescribe the following medication:

↑ fluoxetine ..... at a dose of ..... 60 mg ..... per day.

Comments:

- please stop quetiapine
- please prescribe risperidone 1mg nocte to augment antidepressant action and treat PTSD.

If this is not suitable please contact me on the above number.

Many thanks for your help

Yours sincerely
Dr Claire McIntosh
Consultant Psychiatrist

NHS Forth Valley
Substance Misuse Services

Substance Misuse Services
Old MRI Suite
Falkirk Community Hospital
Westburn Avenue
FALKIRK
FK1 5QE

Private and Confidential

Dr Derek Dundas
Westburn Medical Practice
Falkirk Communityhospital
Westburn Ave
Falkirk
FK1 5SU

Date	29 March 2018
Your Ref	CHI 0410840505
Our Ref	CM/PD
Enquiries to	Administration Office
Extension	
Direct Line	01324 673654 / 673656
E-mail	FV-UHB.CADSPrescribing@nhs.net

Dear Dr Dundas

ASHLEY YOUNG (DoB: 04/10/1984) CHI: 0410840505
44 CARMUIRS AVENUE CAMELON FALKIRK FK1 4JP

I write to let you know that I saw Ashley in clinic today, 28th March 2018. She had attended the clinic last week stating that she was going to slit her wrists unless I saw her. One of my nursing colleagues saw her the next day and clarified what the difficulty had been.

Ashley is currently on methadone 90ml supervised daily and I note your ongoing prescriptions of quetiapine 150mg daily, mirtazapine 50mg daily and fluoxetine 40mg daily.

Ashley saw a gentleman who abused her when she was young around 6 weeks ago. This has re-traumatised her and she has had difficulty managing her emotions ever since. She described disturbance in her sleep with re-experiencing of abuse and also flashbacks.

Ashley has had a number of other difficult things happen. She has had her brother in law and sister staying with her; they were both actively using substances and required admission to hospital.

Her partner and her 15 year old son have also recently come to stay with her.

We discussed the following plan:

1. I have asked Ashley to have an ECG. If this is not causing any concern I am happy to increase her quetiapine to help manage her traumatic thoughts.
2. She has clearly recently been re-traumatised with an increase in her PTSD symptomatology. She requires safety and stabilisation work and has previously done survive and thrive work. I have emailed psychology for information around this.
3. I will review her in 3 months time.

4. I have asked Ashley's named nurse to establish dialogue with social work regarding Regan staying with Ashley. I have asked that the notes be updated regarding drug testing and these results be shared with social work.

Yours sincerely

(Dictated and electronically checked by Dr Claire McIntosh)

Dr Claire McIntosh
Consultant Psychiatrist

c.c. Bill Corner, Fast Track

Forth Valley CHP
Adult Mental Health Services

Mental Health Liaison Team
Mental Health Unit
Forth Valley Royal Hospital
Stirling Road
LARBERT
FK5 4WR

NHS Forth Valley

Private and Confidential

Dr Derek Dundas
Westburn Medical Practice
Falkirk Community Hospital
Westburn Ave
Falkirk
FK1 5SU

Date 29 January 2018
Your Ref CHI 0410840505
Our Ref V0056601 RJ/CM

Tel 013224 566175
Fax

Dear Dr Derek Dundas

Re: Ashley Young (DoB: 04/10/1984) CHI: 0410840505
44 CARMUIRS AVENUE CAMELON FALKIRK FK1 4PB

Date of Referral:	25th January 2018
Referred by:	AAU, FVRH
Reason for Referral:	Suicidal ideation on the background of paracetamol overdose.
Outcome of Assessment:	Not requiring acute services. Offered an accepted follow up liaison appointment with Dr Ed Shaw on Wednesday 31st January.

I assessed Ashley with my colleague Dr Edward Shaw, ST6 psychiatry on the afternoon of the 25th January in AAU where she had been from the night before following an overdose of 70 paracetamol which she said that the she threw up. On arrival in the Emergency Department she said she took a further overdose of Quetiapine and Mirtazapine but didn't tell staff. She just completed NAC treatment in AAU. From outset of our assessment she was tearful saying that she had been feeling suicidal on the back of chancing upon her childhood abuser in a shop last week. This has brought past abuse issues to the fore. She has self referred to Open Secret and feels that this is the way to deal with past abuse issues; she is awaiting an appointment. There appears to be strains in her relationship with her partner James who appears unsupportive. She expressed anger at him as he has not answered any of her texts or calls. She stated that "He knows that and I want to see him, I'm always there for him but he is never there for me". Complicating her current difficulties she has been taking crack on a daily basis as she said she could not get a hold of any cannabis. She also injected heroin on Monday saying that she took "a half a teenth which made everything worse". She continues to see Bill Connor from DTO team and states that this relationship is very strong and supportive. Other issues recently have been that she has re-engaged with long estranged family in Leeds; she met up with her father and 4 sisters in October. She state that she went down to Leeds over the Christmas period for 2 weeks and thoroughly enjoyed herself; however her partner James was not keen for her to go and seemed somewhat put out by this. This has compounded strain in that relationship. She has been in contact with one of her sisters who invited her back down to Leeds given that she is struggling recently. She is planning to return to Leeds on the 8th February.

Mental state examination

Appearance and Behaviour- casually dressed. Looked tired but was pleasant and engaged well. Minimal eye contact.
Speech- normal
Mood- subjectively low within context of bumping into abuser last week- prior to this she said her mood was fine. Objectively her presentation appeared more emotionally dysregulated rather than depressed.
Thought Form- No thought disorder
Thought content- suicidal ideations persist but denied any ongoing thoughts to repeat recent overdose behaviour and described positive future planning. No delusions or overvalued ideas
Perception- no abnormalities
Cognition- not tested but no issues evident.
Insight- Good.

Plan

She was not requiring acute services. I will liaise with Bill Connor to make him aware of recent contact and recent drug use. It was put to her that perhaps further mental health assessment in a few days time might be of benefit and she agreed; to this end Dr Shaw offered her a follow up appointment for next week.

If you wish to discuss this further please do not hesitate to contact me.

Yours sincerely

Robert Jack
Nurse Practitioner
Department of Liaison Psychiatry (Adult)/IHTT/Out of Hours
Dictated and checked by Mr Jack and signed in his absence.

Forth Valley CHP
Adult Mental Health Services

Mental Health Liaison Team
Mental Health Unit
Forth Valley Royal Hospital
Stirling Road
LARBERT
FK5 4WR

Private and Confidential

Dr Derek Dundas
Westburn Medical Practice
Falkirk Community Hospital
Westburn Ave
Falkirk
FK1 5SU

Date 31 January 2018
Your Ref CHI 0410840505
Our Ref V0056601 ES/CM

Tel 01324 566175
Fax

Dear Dr Derek Dundas

Re: Ashley Young (DoB: 04/10/1984) CHI: 0410840505
44 CARMUIRS AVENUE CAMELON FALKIRK FK1 4PB

You will be aware that Ashley was admitted with an overdose and reviewed by Liaison Psychiatry on the 25th January.

She was offered a follow up appointment in our clinic on the 31st January but unfortunately did not attend.

Given that she has support from Addictions services, seeing Dr McIntosh, and has a close relationship with her keyworker Bill Corner I do not plan to offer her a further appointment from our service.

I have written to her to advise her of this.

Kind regards.

Yours sincerely

Dr Edward Shaw
ST6 to Dr Michael Götz
Department of Liaison Psychiatry (Adult)
Dictated and checked by Dr Shaw and signed in his absence.

c.c Bill Corner, Addiction Worker, FCH, Falkirk

NHS Forth Valley

Mental Health Liaison Team
Mental Health Unit
Forth Valley Royal Hospital
Stirling Road
LARBERT
FK5 4WR

PRIVATE & CONFIDENTIAL

Ashley Young
44 CARMUIRS AVENUE
CAMELON
FALKIRK
FK1 4PB

Date 31 January 2018
Our Ref ES/CM
Your Ref CHI 0410840505
Unit No: V0056601

Tel 01324 566175
Fax 01324 567735

Dear Ashley

You will remember meeting Robert Jack and I in AAU, Forth Valley Royal Hosptial last week.

I was hoping to see you for review today, unfortunately you did not attend. I do not plan to offer you a further appointment as you have support from Bill Corner and Dr McIntosh in place.

If you continue to have difficulties with your mood please contact Bill, your GP or the emergency contacts numbers we suggested when we met.

Kind regards.

Yours sincerely

Dr Edward Shaw
ST6 to Dr Michael Götz
Department of Liaison Psychiatry (Adult)
Dictated and checked by Dr Shaw and signed in his absence.

Immediate Discharge Letter

NHS Forth Valley

Hospital: Forth Valley Royal Hospital, Larbert
Consultant: Barwell, Dr Nick
Specialty: General Medicine
Tel: 01324 566000
Discharging Ward: FVRH - AAU-1

GP Details		Patient Details		Admission Details	
Practice Code:	25883	**Patient CHI No:**	0410840505	**Admission Date:**	24/01/2018
		Patient Hospital No:	S445325		
GP Name:	Dr Derek Dundas	**Surname:**	Young	**Admission Type:**	Emergency - Non-Injury (e.g. Stroke, MI, Ruptured Appendix)
Address: Falkirk Community Hospital, Westburn Avenue, Falkirk, FK1 5SU		**Forename:**	Ashley	**Presenting Complaint:**	Overdose and Poisoning
		Date of Birth:	04/10/1984		
		Address:	44 Carmuirs Avenue, Camelon, Falkirk, FK1 4PB	**Discharge Date:**	25/01/2018
				Discharge To:	Private Residence - No Additional Detail

Diagnosis/Problem List

Xa4eX - Overdose of drug

Additional comment (Progress, Investigations, Procedures, Complications etc)

Dr Dundas,

This lady was admitted to FVRH following an overdose. Presented 24 hour previously and discharged. Initially commenced on Pavrolex due to abdominal tenderness, this was discontinued as bloods unremarkable. No upset in renal or liver function.

On examination - no jaundice, liver flap, stigmata of liver disease. Abdomen soft non tender. Mild epigastric tenderness. Chest clear. HS normal.

ECG - normal sinus rhythm.

Patient reviewed by Psychiatry - Acute psychosocial crisis. Not actively suicidal. Patietn has follow up planned for review at mental health unit 31/1/18 at 11AM.

Patient discharged home.

S Henderson
NP AAU

Results Outstanding (Y/N) If yes, give details:	No

Information to patient/carer (Y/N):	**Patient:** No **Carer (if applicable):** No

Follow up arrangements

There are no Reviews planned

Authorisor's name:	S Henderson	**Authorisor's Signature:**
Authorisor's grade:	Nurse Practitioner	
Read/Approved by:		
Date:	25/01/2018	
Discharge Ward Nurse:		

Validation/Contact Name: Barwell, Dr Nick

THIS IS THE FINAL DOCUMENT

Name: Ashley Young **CHI:** 0410840505

Forth Valley Acute Hospitals Acute Division
Medications Discharge Summary

Name:	Ashley Young	**Patient's Tel No:**	
Address:	44 Carmuirs Avenue, Camelon, Falkirk, FK1 4PB	**Patient's Tel Eve:**	07963994630
Admission Date:	24/01/2018	**Discharge Date:**	25/01/2018

PATIENT ALERTS

Alert Group	Alert	Alert Comment	When Added	Added By
High Risk	IV drug abuser		17/07/2012 15:27:22	Jill Thomson

PATIENT DRUG REACTIONS

CURRENT PRESCRIPTION (all medicines currently prescribed)

**e.g. clinical indication for prescription monitoring*

MEDICINES DISCONTINUED

**** Prescription Not Requested For Discharge ****

DRUG	REASON DISCONTINUED
MEDICINES AS PER JAC	Medicines as per JAC

Nurse check on discharge:

Signature 1: Signature 2:

P1 of 2

NHS24 CONTACT REPORT

PCM ID:	71012801		
CHI:	0410840505	**Caller :** Partner	
Surname:	YOUNG	**Date/Time Call Received:**	24.01.2018 15:25:00
Forename:	ASHLEY	**Date/Time Call Completed:**	24.01.2018 15:34:00
DOB:	04.10.1984		
Gender:	F		
Address:	44 Carmuirs Avenue Camelon FALKIRK FK1 4PB	**Current Location:**	44 Carmuirs Avenue Camelon FALKIRK FK1 4PB
Phone Number:	07745986470	**GP:**	DEREK DUNDAS WESTBURN MEDICAL PRACTICE WESTBURN MEDICAL PRACTICE FALKIRK COMMUNITY HOSP FALKIRK FK015SU
Phone Ext.:			
Special Directions:			
Temporary Resident:	NO		

Call Classification:

CALL SUMMARY:
FINAL ENDPOINT:
Accident & Emergency (ASAP)
REASON FOR CALL:
SUICIDAL 5 DAYS

Confirmed Symptom(s):
#Actively seeking to self harm

PAST MEDICAL HISTORY:

NOTES:

24:01:2018 15:56:36 MILLERK SUICIDAL 4-5/7

GP RECEPTIONTIST ADVISED TO CONTACT OURSELVES FOR ADMISSION TO A+E

PATIENT CURRENTLY SAFE WITH PARTNER WHO STATES CAN KEEP HER SAFE. REFUSING TO SPEAK WITH MYSELF
NO INFORMATION ON KIS - PLEASE UPDATE

ADMITTED TO A+E 23/1/18 BUT ABSCONDED AFTER 4HRS AS BECAME PANICKED / STRESSED

ADVISED A+E ASAP - PARTNER STATES THEY WILL GO THERE AS SOON AS THEY CAN
WORSENING GIVEN

NHS24 CONTACT REPORT

Support Line Notes:

Call ID: 20428312 24.01.2018

NHS Confidential: Personal data about a patient

Emergency Department
Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

Dr DEREK DUNDAS
WESTBURN MEDICAL PRACTICE
WESTBURN AVENUE/MAJORS LOAN FALKIRK
FK1 5QE

Date: 24 Jan 2018

Dear Dr DEREK DUNDAS,

Re: ASHLEY YOUNG, 44 CARMUIRS AVENUE, CAMELON, FALKIRK, FK1 4PB
Date of Birth: 04/10/1984 CHI number: 0410840505

Your patient attended Forth Valley Royal Hospital on the 24 Jan 2018 at 6:47 PM.

The presenting complaint was:	**SUICIDAL**
Triage information:	**FEELING SUICIDAL. TOOK 5 STRIPS OF PARACETAMOL AND A STRIP OF COCODAMOL LAST NIGHT. MH TRIAGE FILLED OUT. TOXBASE PRINTED.**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**SELF HARM - BY AND EXPOSURE TO DRUGS, MEDICAMENTS, OR BIOLOGICAL SUBSTANCES**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	***8 NO ALCOHOL-ADMITTED**
Follow-up:	**3 MEDICAL**
Additional information:	**None**

Yours sincerely,

ANDREW PEACE
CLINICAL FELLOW

NHS Confidential: Personal data about a patient

Emergency Department
Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

Dr DEREK DUNDAS
WESTBURN MEDICAL PRACTICE
WESTBURN AVENUE/MAJORS LOAN FALKIRK
FK1 5QE

Date: 24 Jan 2018

Dear Dr DEREK DUNDAS,

Re: ASHLEY YOUNG, 44 CARMUIRS AVENUE, CAMELON, FALKIRK, FK1 4PB
Date of Birth: 04/10/1984 CHI number: 0410840505

Your patient attended Forth Valley Royal Hospital on the 23 Jan 2018 at 11:39 PM.

The presenting complaint was:	**SUICIDAL**
Triage information:	**SUICIDAL PAST 3 DAYS, YESTERDAY MORNING HAS TAKEN TABLETS, PARACETAMOL, QUETIAPINE, MIRTAZAPINE (UNKNOWN AMOUNT). HAS NOT HAD ANY TABLETS TODAY. THREATENING TO SELF HARM PAST 2 DAYS WITH A KNIFE AND GLASS BOTLLE, NO OBVIOUS SIGNS OF INJURIES. HAS HAD SAME PREV BUT NOT FOR 5 YEARS. BP 106/73, HR 92, SATS 98%, RR 16, TEMP 36.6**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**NONE ASSIGNED IN EDIS**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**13 ALCOHOL-DID NOT WAIT**
Follow-up:	**Not recorded**
Additional information:	**None**

Yours sincerely,

KATHERINE BOOTH
FY2

Forth Valley CHP

Substance Misuse Services
Stirling Community Hospital
Livilands Gate
STIRLING
FK8 2AU

NHS Forth Valley

Private and Confidential
Dr Derek Dundas
Westburn Medical Practice
Falkirk Communityhospital
Westburn Ave
Falkirk
FK1 5SU

Date 11 December 2017
Your Ref CHI 0410840505
Our Ref CM/CM V0056601
Enquiries Administration Office

Extension 01786 434430
E-mail FV-UHB.CADSPrescribing@nhs.net

Dear Dr Dundas

Ashley Young (DoB: 04/10/1984) CHI: 0410840505
44 CARMUIRS AVENUE CAMELON FALKIRK FK1 4PB

I write to let you know I saw the above lady in clinic today, 11th December 2017. She presented well today and we continue to prescribe her methadone 90ml supervised daily. I note your ongoing prescriptions of quetiapine 150mg daily, fluoxetine 40mg mane and mirtazapine 15mg nocte. Ashley has recently stopped taking prazosin.

Ashley denied any recent substance misuse, we in fact only have one drug test since July of this year which is positive for heroin which Ashley disputes. I would comment that she is presenting better which may represent a decrease in her heroin use.

Ashley denied difficulties with her mental health describing it as bearable. She is very positive about the contact she has with her children and also contact she has made with her family who live in Leeds. We discussed the following plan:

1. I have asked Ashley to have an ECG due to the large amounts of QTc prolonging medications she is on.
2. Ashley missed a psychology appointment last week, I will copy this letter to psychology but I have made Ashley very well aware she needs to contact them herself.
3. Ashley has an ongoing chest infection, I have asked her to come and re-consult with you around this. She assures me her BBV testing is up to date and we discussed the importance of having this done particularly when her infections are not healing.
4. Ashley continues to work with the criminal justice service but is not on a criminal justice order. I am unclear regarding her keyworker's plan for transfer.
5. I resigned her bus pass and we plan to see her again in three months time.

Yours sincerely

(Dictated and electronically checked by Dr Claire McIntosh)

Dr Claire McIntosh
Consultant Psychiatrist

c.c. (Key Worker – file copy)
Mental Health Notes
SMS Psychology

Forth Valley CHP
Clinical Psychology Service

Substance Misuse Services
(Old MRI Suite)
Falkirk Community Hospital
Westburn Avenue
FALKIRK FK1 5QE

NHS Forth Valley

Private and Confidential
Dr Claire McIntosh
Consultant Psychiatrist
Substance Misuse Services
Falkirk Community Hospital
Westburn Avenue
Falkirk
FK1 5QE

Date	05 December 2017
Your Ref	CHI 0410840505
Our Ref	ZS/AM/V0056601
Enquiries	Administration Office
Extension	4165
Direct Line	01786 434165

Dear Dr McIntosh

ASHLEY YOUNG DOB: 04/10/1984 CHI: 0410840505
44 CARMUIRS AVENUE, CAMELON, FALKIRK FK1 4PB

Thank you for referring Ashley Young to Substance Misuse Psychology. Ms Young was offered an appointment on Monday 4 December 2017 which was confirmed with her by telephone.

Unfortunately, as Ms Young failed to attend this appointment and did not contact us to cancel or request an alternative appointment time, she will therefore be discharged from our Service.

Please do not hesitate to get in touch if you require any further input or advice in the future.

Yours sincerely

(Dictated and electronically checked by Dr Zoe Stanley)

Dr Zoe Stanley
Consultant Clinical Psychologist

cc: Dr Derek Dundas, Westburn Medical Practice, Falkirk Communityhospital, Westburn Ave, Falkirk FK1 5SU

Re: Ashley Young chi 0410840505

MCINTOSH, Claire (NHS FORTH VALLEY)

Tue 26/09/2017 09:02

To: O'SULLIVAN, Anna (NHS FORTH VALLEY) <anna.o'sullivan@nhs.net>;

Cc: NEARY, Denise (NHS FORTH VALLEY) <denise.neary@nhs.net>; SIMPSON, Heather (NHS FORTH VALLEY) <heather.simpson6@nhs.net>;

Thanks for your email.
I have copied in Denise, her key worker and Heather from psychology who I discussed Ashley with last week.
Ashley is due to move service - I am not sure whether this changes things or not. How we left things last week is that Heather was going to have a chat with Denise about joint working and moving things forward.

I don't have any particular prescribing recommendations - I anticipate Denise and Heather will be doing work around safety and stabilisation.
I will let Denise and Heather liaise and see her and let me know if I need to see her sooner - thanks again for being in touch.

Claire

Dr Claire McIntosh
Consultant Addiction Psychiatrist
Clinical Director Substance Misuse
Substance Misuse Service
Old MRI Suite
Falkirk Community Hospital
Majors Loan
Falkirk
FK1 5QE

01324 673656/673654/673669
Please note: We no longer have a manned reception, a new entry system has been put in place within the Admin Building. As you approach the main entrance, visitors are now asked to use the sliding doors on the right hand side. Just dial x3656 via the intercom and someone will come to meet you. Please remember to sign in at the reception desk.

From: O'SULLIVAN, Anna (NHS FORTH VALLEY)
Sent: 22 September 2017 19:20
To: MCINTOSH, Claire (NHS FORTH VALLEY)
Subject: Ashley Young chi 0410840505

Dear Dr McIntosh
re:Ashley Young chi 0410840505
I just wanted to update you on this lady who is known to you in CADS. I think she is due review in about 4 weeks. She attended today having witnessed a stabbing 1 week ago and thought her partner was hurt (he wasn't but someone else was and she reported to police and is now been told she is a grass). but since then her PTSD symptoms she describes (flashbacks and nightmares) have been worse and she is struggling to sleep. She feels she is back to square one. She is not sucicidal. She has been using street valium which she feels is not working and I have advised against. She is still using heroin but I think you are aware of that. She will see her keyworker next week.
She has stopped her prazosin but is still taking quetiapine, mirtazxpein and sertraline.

I did agreed to px 1 week of zopiclone as a one off and not for further but not sure if there are any other advice/ suggestions until your next review
Kind regards
Dr Anna O'Sullivan

Dr Anna O'Sullivan
Westburn Medical Practice
Westburn Avenue
Falkirk
FK1 5SU
Tel: 01324 623 577

Ashley Young chi 0410840505

O'SULLIVAN, Anna (NHS FORTH VALLEY)

Fri 22/09/2017 19:20

To:MCINTOSH, Claire (NHS FORTH VALLEY) <claire.mcintosh@nhs.net>;

Dear Dr McIntosh
re:Ashley Young chi 0410840505
I just wanted to update you on this lady who is known to you in CADS. I think she is due review in about 4 weeks. She attended today having witnessed a stabbing 1 week ago and thought her partner was hurt (he wasn't but someone else was and she reported to police and is now been told she is a grass). but since then her PTSD symptoms she describes (flashbacks and nightmares) have been worse and she is struggling to sleep. She feels she is back to square one. She is not sucicidal. She has been using street valium which she feels is not working and I have advised against. She is still using heroin but I think you are aware of that. She will see her keyworker next week.
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Dr Anna O'Sullivan

Dr Anna O'Sullivan
Westburn Medical Practice
Westburn Avenue
Falkirk
FK1 5SU
Tel: 01324 623 577

Dr Aubrit and here until 26/9/17

AS

Forth Valley CHP
Substance Misuse Service

Substance Misuse Services
(Old MRI)
Falkirk Community Hospital
Westburn Ave
Falkirk
FK1 5QE

NHS Forth Valley

PRIVATE & CONFIDENTIAL

Date 24/8/17
Our Ref Medication letter
Enquiries to Administration Office
Direct Line 01324673656
E-mail FV-UHB.CADSPrescribing@nhs.net

Dear Dr

Re: Insert patient label

Ashley Young
041084 0505
44 Carmuirs Avenue
Corelon
FK1 4PB

I saw the above named patient in my clinic today. I would be grateful if you would prescribe the following medication:

↑ quetiapine at a dose of 150mg per day.

Comments:

please stop prazosin fluoxetine and mirtazapine same

If this is not suitable please contact me on the above number.

Many thanks for your help.

Yours sincerely

Dr Claire McIntosh
Consultant Psychiatrist

Forth Valley CHP

Substance Misuse Services
Old MRI Suite
Falkirk Community Hospital
Westburn Avenue
FALKIRK
FK1 5QE

Private and Confidential

Dr Derek Dundas
Westburn Medical Practice
Falkirk Communityhospital
Westburn Ave
Falkirk
FK1 5SU

Date	25 August 2017
Your Ref	CHI 0410840505
Our Ref	V0056601/CM/AMc
Enquiries to	Administration Office
Extension	
Direct Line	01324 673654 / 673656
E-mail	FV-UHB.CADSPrescribing@nhs.net

Dear Dr Dundas

Ashley Young (DoB: 04/10/1984) CHI: 0410840505
44 CARMUIRS AVENUE CAMELON FALKIRK FK1 4PB

I write to let you knew that I saw the above lady in clinic today the 24th of August 2017. The service continues to prescribe methadone 90ml supervised daily and you continue to prescribe quetiapine which today I have asked that you increase up to 150mg daily, prazosin which I would be grateful if you would stop prescribing, (I have asked Ashley to reduce it down with the supply she has over the next few days) and fluoxetine 40mg and mirtazapine 15mg which I have asked you to keep prescribing.

I am aware that Ashley is now attending for antipsychotic monitoring due to the changes above I will send her for an ECG after her next appointment.

Ashley presented a flat picture today and continues to use heroin. We discussed numerous issues including low mood that she has and possible ways forward with her treatment. We discussed the following plan:

1. Ashley is continuing to work with the Criminal Justice Service although is not on an order. I will discuss with her keyworker the appropriate point of transfer.
2. Ashley has requested referral to Psychology; I will copy my colleague Dr Zoe Stanley in and would request that she sees Ashley. Ashley does continue to use heroin however we have exhausted a great many treatment avenues and I would be grateful for Psychology's view on her mood and past trauma. Ashley has completed Survive &Thrive and worked with Mandy Music during her Criminal Justice time. It was Ashley's and Mandy's thoughts that the next step would be Psychology and I have in fact tried to refer Ashley in the past and she did not attend. It would be very useful if you could even assess Ashley and offer some thoughts on how we can get her to stop using heroin and move forward. She is better engaged with treatment services than she has been in the past she does however continue to carry a number of risks.

3. I have encouraged Ashley to go back to recovery cafes and engage with Jardine. I will ask her keyworker to support this. I think we need to try and link Ashley into positive peers; she is a bright and articulate lady whom I think could do very well in a different environment.
4. At her request I have increased Ashley's quetiapine and stopped prazosin. We discussed today that it may be Psychology and practical change to help her more than medication she is aware that I am concerned about the many that she is on.
5. Ashley is considering changing to buprenorphine, I am not sure if it is the best step for her.
6. I will see her in two months time and organise an ECG at that point.
7. I have signed her bus pass today.

Yours sincerely

(Dictated and electronically checked by Dr Claire McIntosh)

Dr Claire McIntosh
Consultant Psychiatrist

c.c. Fast Track, Old Ward 1, Stirling Community Hospital
Dr Zoe Stanley, Consultant Psychologist, SMS, Stirling Community Hospital
Mental Health Casenotes