BOX 069

84646102537

1202543472

Daniel

Egan

12.02.1954

Vol 1

No Paperwork ☐

INVERCLYDE ROYAL HOSPITAL

Clinical Notes

Specimen
Date Time Signed

Hospital:
Unit No:
Surname:
Forename(s):
Address:
Date of Birth:
Sex:

1202543472
EGAN
DANIEL ANTHONY
12/02/1954 M
H C Rothesay

BLOOD / C.S.F.

Ward / Clinic:
Consultant:

For G.P. Use
G.P. Name:
Address:

Lab. No.	Tests Required

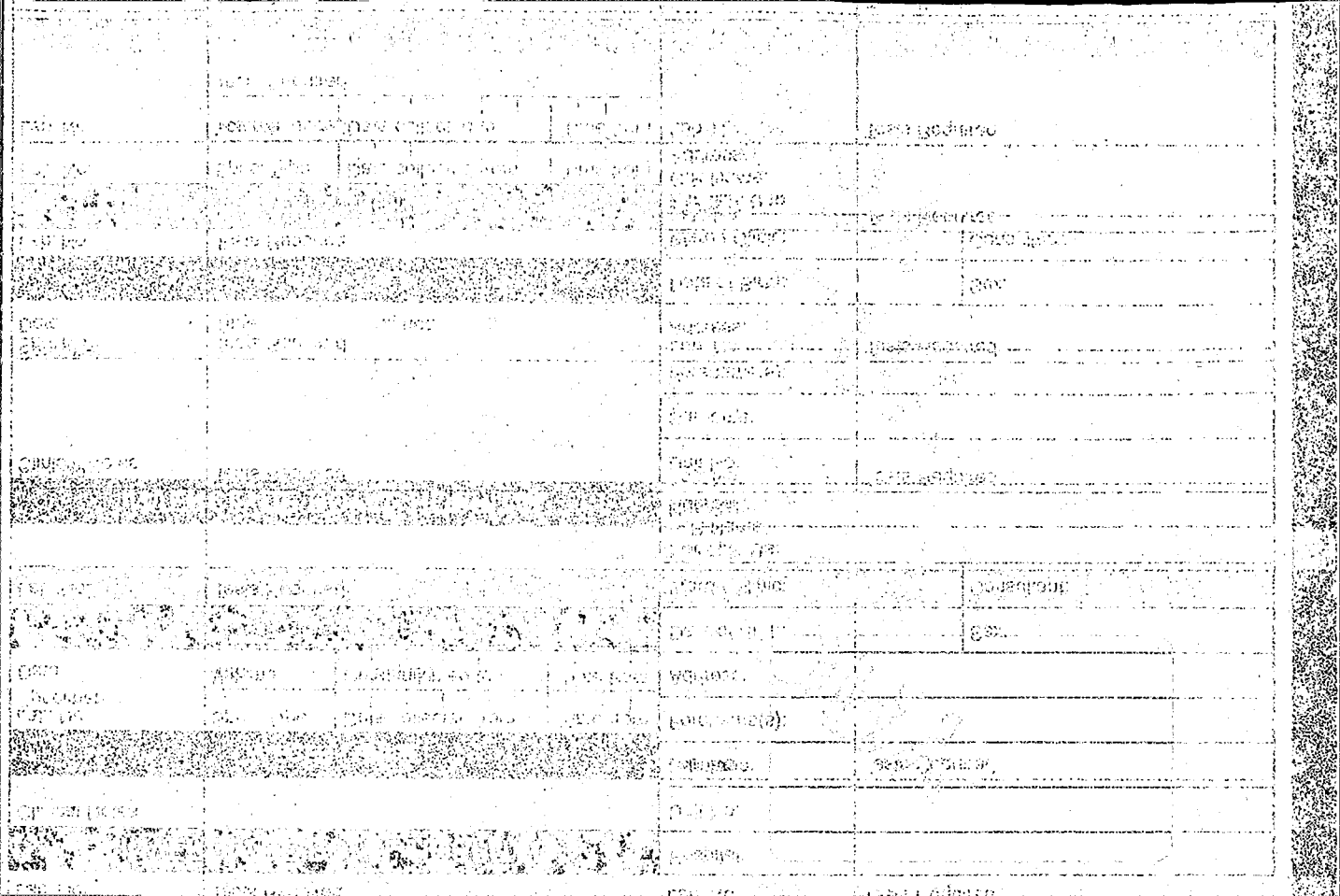
FAECES / URINE

Lab. No.	Spec. Type	Date collected from	Time from
	Volume	Date collected to	Time from
	Tests Required		

Lab. No.	Tests Required

BIOCHEMISTRY

HAEMATOLOGY



INVERCLYDE ROYAL HOSPITAL

Clinical Notes

Specimen
Date Time Signed

Hospital:
Unit No:
Surname: EGAN
Forename: DANIEL ANTHONY
Address: H C Rothesay

1202543472
12/02/1954 M [redacted]48

Date of Birth: Sex:
Ward / Clinic: Consultant:

For G.P. Use
G.P. Name:
Address:

BLOOD / C.S.F.

Lab. No.	Tests Required

FAECES / URINE

Lab. No.	Spec. Type	Date collected from	Time from
	Volume	Date collected to	Time from
	Tests Required		

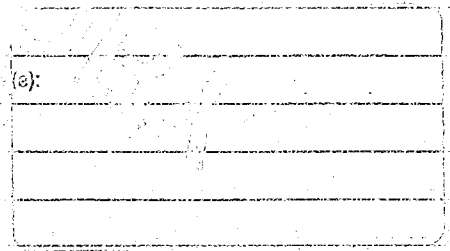
BIOCHEMISTRY

Lab. No.	Tests Required

HAEMATOLOGY

Lab. No.	Tests Required

HAEMATOLOGY


(a):

INVERCLYDE ROYAL HOSPITAL

Clinical Notes

Specimen
Date Time Signed

Hospital:

Unit No:

Surname:

Forename(s):

Address:

1202543472
EGAN
DANIEL ANTHONY
12/02/1954 M ~~06/08/2008 14:48~~
H C Rothesay

Date of Birth: Sex:

Ward / Clinic: Consultant:

For G.P. Use
G.P. Name:
Address:

BLOOD / C.S.F.

Lab. No.	Tests Required

Lab. No.	Tests Required

FAECES / URINE

Lab. No.	Spec. Type	Date collected from	Time from
	Volume	Date collected to	Time from
	Tests Required		

BIOCHEMISTRY

Lab. No.	Tests Required

Lab. No.	Tests Required

HAEMATOLOGY

Lab. No.	Tests Required

BIOCHEMISTRY

MALE

SURNAME: EGAN

CHRISTIAN NAMES: DANIEL

ADDRESS: 1 DUNCAN ST

Date of Birth: 12 2 54

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
	L	11 FLEMING TERR · IRVINE	
17.4.2000		Takes the Heroin.	
		3-6 BAGS/DAY. 3/365 ago last.	
		Dec 1995 is the history.	
		In and out prison FEB 17th	
		and on heroin since then and	
		still dealing.	
CB		Bed with diarrhoea, hot scold	
		sweats	
		METHADONE MIXTURE.	
		1mg/1ml. D/30	
		20mls! — 280mls — daily	
		20mls dose.	
		THIORIDAZINE · 50mgm nocte.	
Spoke with DR BOYD last night and			
given 20mgm CHLORDIAZEPOXIDE.			
THIS MAY WELL BE DR BOYDS			
PATIENT			
		ISSUED WITH · ABOVE.	
		56 THIORIDAZINE. 25mgm	
		LOPERAMIDE · 18 [illegible]	

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

MEDICAL RECORD CARD

Form G.P. 7 (Scotland)

Printed for HMSO Scotland, GP7, R.P.(53791)
CODE 355-2044

ATE	*C *F	CLINICAL NOTES	DIAGNOSIS

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

c/o Rankin
1 Duncan St Tir QER

LOMOND & ARGYLL PRIMARY CARE NHS TRUST
Accident / Emergency Form

Islay
Rothesay
Dunoon
Campbeltown
Lochgilphead

Hospital: 2000/.968

Surname: Egan
Forenames: Daniel
Birth Surname:

Address: 11 Fleming View IRVINE
Patient's Own Occupation:

Postcode: [redacted] Sex: M
Marital status:
Religion:

[redacted]mily Doctor: Surname: DR. Boyd
Initials:

[redacted]dress: H/C

[redacted]stcode:
Telephone No.:

Accident / Emergency: Date of Attendance: 16/4/00
Previous Attendance at this Hospital Yes / No
In / Out Patient:
Year:

Time of Attendance: 19.40
Reason for Attendance: Coming off heroin (smoking

Date of Injury or illness: 16/4/00
Time of Injury:
Type (Code):
Source of Referral:

Road Traffic Accident Place:
Details:

Home Accident Probable Cause:

To be completed by Medical Officer after seeing patient

Dear Doctor

The above named patient attended Accident and Emergency Department today.

Diagnosis: Coming off heroin (smoking).

X-ray film / ECG shows

Treatment given: [illegible] on cold turkey – now [illegible]++ [illegible] requesting a [illegible] – given [illegible] 10mg x4 caps

Drugs days supply of has been given.

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

Would you please arrange

Discharge Codes: Please circle

1 Admission	3 Refer to GP	5 Died	7 Irregular Discharge
2 Discharge	4 Transfer to other Hospital (see below)	6 Refer to OP clinic (see below)	8 DOA

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

Follow up	Not arranged	Arranged	To be arranged

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

Medical Officers Name (in block letters): DR C-BAYD
Signature of Medical Officer: [signature]

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

GP copy Pink - Medical Records copy Yellow - Health Visitors copy Blue - Treatment card copy White

Cambridgeshire NHS
Health Authority

Kingfisher House, Kingfisher Way, Hinchingbrooke Business Park, Huntingdon, Cambs PE29 6FH ☐
Tel: 01480 398500 Fax: 01480 398501

18 Vinery Road, Cambridge, CB1 3DX ☐
Tel: 01223 477766 Fax: 01223 412144

To QAH HA

The attached relates to a patient removed

to your area on 23/1/01

NHS no. 6364577423

With compliments

EAD

MALE **SUMMARY OF TREATMENT CARD**

Surname	Forename(s)
EGAN	DANIEL.

Address 16. PORSON COURT. LOAMPIT VALE, LEWISHAM SE13 7BJ

N.H.S. Number	Date of Birth
	12.02.1954

DATE	CLINICAL NOTES
	(S)
1973	DRUG ABUSE
1-5-92	#L+SCAPHOID.
1998	Offered DETOXIFICATION from Amphets, alcohol, cannabis + Heroin
2000	Medical marked at #(4)

DATE	CLINICAL NOTES

...me	Forenames
EGAN	DANIEL
...e of Birth	National Health Service Number
12.2.1954	636 457 7423

EGAN
DOB:12/02/1954 DANIEL 636 457 7423 A
~~20 School Close~~ QER
~~Cheveley~~ 05/06/2000
~~Newmarket~~
~~Suffolk~~
~~CB8 9EN~~ DISP Y RPP F 4 SEX (M)
F/ 026 ~~LAL Baxter~~
~~GP: DR MR SLOWE~~ 472

EGAN
DOB:12/02/1954 DANIEL 636 457 7423 A
16 Forson Court QAH
Loampit Vale 23/01/2001
London
SE13 7BJ DISP N RPP SEX (M)
F/ 1461 JH Parker
GP: DR EA PAWLOWSKA 1637

Occupations

SEA - 1254196
142 - 36/4832

MALE

D/B 13-12-1916

SURNAME	CHRISTIAN NAMES
Egan	Daniel

ADDRESS 144, Camden Street. C.5.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
20/7/54		[illegible]	
		[illegible]	
28/5/55			
30/3/55		[illegible]	[illegible]
		[illegible]	
1/10/55		[illegible]	
8/10/55		[illegible]	[illegible]
		[illegible]	
13/10/57		[illegible]	
1/7/76		I.C	
		[illegible] MO.	

Dr. David Gordon

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

DATE	*C *P	CLINICAL NOTES	DIAGNOSIS
14/1/66		[illegible]	
		[illegible]	[illegible]
7/2/66		[illegible]	
15/2/66		? [illegible] → [illegible]	
14/2/66			
18/12/67	P	[illegible]	
27/1/68			
27/3/68		[illegible]	
21 NOV 1968		[illegible]	
		[illegible] (L) [illegible]	
28 MAR 1969		O.M. - [illegible]	
5 SEP 1969		[illegible] (R) [illegible] (L).	
	c	[illegible]	
		[illegible]	
		[illegible] (L)	
		[illegible]	

MALE

SURNAME	CHRISTIAN NAMES

ADDRESS

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
7/10/54		N.o.B.	
25/2/55		Adenoids. Constip.	
12/4/55		[illegible]	
14/11/56		Calamine Lotion	
24/1/57		(V)	
		[illegible] 22/7/57	
13/11/57		[illegible]	
[illegible]		Bc. [illegible]	
		[illegible] 28/4/57	
25/10/58		[illegible]	
13/10/58		Sorry	
18/10/58		Bc Mylanta	
21/2/59 F			
11/5/59		[illegible] Effect 's4	

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
24/5/60		[illegible]	
14/7/61		[illegible]	
24/10/64		[illegible]	[illegible]
		[illegible]	
8/2/65		[illegible]	[illegible]
		[illegible]	[illegible]
		[illegible] → Y'hill	[illegible]
		[illegible]	[illegible] 1934
		[illegible]	
24/2/65		[illegible]	
2/7/65		[illegible] →	BOV [illegible]
19/8/65		[illegible]	
26/8/65			
1/9/65			
8/9/65			
15/9/65			
22/9/65			
29/9/65			
6/10/65			
13/10/65			
20/10/65			
24/10/65	F		

* In C.F. Column, which is for cases of certified inc[...]

MALE

SURNAME | CHRISTIAN NAMES

ADDRESS

DATE	*C	CLINICAL NOTES	DIAGNOSIS
30 NOV 78		cf.	
12 OCT 1978		Pedrinlons Indis.	Gordern
8-1-73.		pubic lice stm quellada 1% (100 mls)	
		unemployed - depressed	valium 5mg (60)

which is for cases of certified incapacity only, practitioners

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS

* ... Column, which is for cases of ...

MALE

SURNAME	CHRISTIAN NAMES
Egan	Daniel A.

ADDRESS		Date of Birth		
	30 Alexander Rd.	12	2	54

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
24.9.76		Sep Specialist advised him to seek Medical Advice about his compulsive stealing Court Case coming up in Oct [illegible] Street,	5th [illegible]
28/9/76		Psch: Appt. req	
5/12/85	C	Enquiry [illegible]	
19/12/85	CF		

Dr. G. L. Smith

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

Date 20 - 3 - 73

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

MEDICAL RECORD CARD

FORM E.C.7a (Scotland)

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

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

MALE	Surname	Forenames
	EGAN	DANIEL

Address

CHEVERTON

National Health Service Number	Date of Birth
	46yr.

Date	★	CLINICAL NOTES
6.6.00	CH	(1) Moved to daughter from Glasgow.
		Long term (H) addiction - none for 1/12.
		Depression
		- mood ↓ sleep ↓ weepy, suicidal thoughts
		↑ dothiepin to 75 mg. See 2w.
		(2) Old colles # (L) - v poor position
		-> poor function.
		Cert 1/12 "depression, wrist injury"
16.6.00		DNA
22.6.00	(V)	In a bit of a state.
		Managing well without drugs but cannot
		return to Glasgow.
		Wants wife to come down - also (H) addiction
		Tearful but rational. Upset and anxious
		but not really depressed.
		Stop Tx. Agree to write re housing

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

Produced in the UK by The Stationery Office Ltd, D0004961, 1/98, 36625.

Form FP7

Date	☆	CLINICAL NOTES

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

Sols [redacted] 5. 6. 2000

MALE

Surname	Forenames
EGAN	DANIEL A.

Address: 20 SCHOOL CLOSE, CHAWLEY CB8 9EN

National Health Service Number	Date of Birth
	12. 2. 54 (S)

Date	★	CLINICAL NOTES
2/6/00. URGENT.		Moved down from Scotland. Family up North. Family S. Services involved – assaulted by him. Drug addict until 5-6/52 ago. – smoking heroine. Depressed. – sleep disturbance. Unemployed – tearful. – old # (L) wrist. Living with daughter. Cap dothiepin 25mg. ī nocte (60). See 2/52 Drs.
9.8.00		# ankle – [illegible] not healing. Friends S. d/paid help. Re Co-codamol
24.8.00		DNA – ~~despite~~ appt being fitted in specially as it was so urgent. 20 MINS late.

→ OVER

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

Form FP7

Produced in the UK by Tactica Solutions, D0028395, 2/00, 36625

Date	★	CLINICAL NOTES
24.8.00		Med 4 Im # ankle.
		other conditions old wrist injury
		previous heroin addiction
14.9.00		Pop off ankle.
		Still pain. To be expected at this stage.
		Rx Diclo 75
		Co-codamol
		Cast 6/52 "#ankle"
19.10.00		further improvement
		Heel pain. C 3/52 "ankle #".
		Adv to look for work.
9.11.00		Moving to London.
		Probably work wind up
		Cast to 1/12/00 "ankle #".

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

MALE

Surname: EGAN

Forenames: DANIEL

Address: 16 PORSON COURT LOMAIT VALE SE3

National Health Service Number:

Date of Birth: 12.2.1954.

Date	★	2001 CLINICAL NOTES
22/1/01		involved in fight 19/1/01
emerg		at night
	-	beaten up by 3 or more
		people after an argument
	-	no LOC, but was on the
		ground
		- hit with something
		kicked - ? chest ? head
		hit on the head upto
		? wrist
		- able to go home
	-	has not reported this
		to the police
	-	stayed at home & rest
		mad.
		c/o sore chest, knee
		pain now

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

Produced in the UK by Tactica SOLUTIONS, D0035864, 7/00, 36625

Form FP7

Date	★	CLINICAL NOTES
		O/E 130/80 65kg 5'11 [illegible] injuries: face scratches superficial (L) mouth forehead cheek cut on the occiput ~2.5cm long - crusted blood chest - tender (R) ribs ~ 10-12 ? # swollen (R) hypochondrium - tender - refused to lie down (pain) - (L) shoulder - neck superficial scratch - (R) knee - [illegible] O/E scratches, leg (L) leg bruise [illegible] 15cm [illegible] close to [illegible]

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

MALE

Surname: Cegon

Forenames: Daniel

Address

National Health Service Number

Date of Birth

Date	★	CLINICAL NOTES
22/1/01		(47) → repeated V/E
Lmony		nobelines
		ries c̄ restness
		PMH
		Drugs nil
		Allergy - nil
		S - 12 cigg / day
		ETOH - ~40u / week
		FH nil
		Rx Diclof SR 75 mg
		Tab (40

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

Form FP7

Produced in the UK by Tactica SOLUTIONS, D0039590, 11/00, 36625

Date	★	CLINICAL NOTES

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

MALE

Surname: EGAN

Forenames: DANIEL

Address: 16. PORSON COURT, LOAMPIT VALE, LEWISHAM SE13 7BJ.

National Health Service Number:

Date of Birth: 12.02.1954

Date	★	CLINICAL NOTES

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

Produced in the UK by Tactica SOLUTIONS, D0035864, 7/00, 36625

Form FP7

Date	★	CLINICAL NOTES

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

INVERCLYDE ROYAL HOSPITAL

Clinical Notes: H/O ~~EVOA~~ Drug abuse

Specimen: Urine

Date: . Time: Signed: [illegible].

Hospital:

Unit No:

Surname: EGAN

Forename(s): Daniel

Address:

Date of Birth: 12/02/54 Sex:

Ward / Clinic: Consultant:

For G.P. Use

G.P. Name:

Address: Rothesay HC CLARK.

BLOOD / C.S.F.

Lab. No.	Tests Required
	Drug screen.

Lab. No.	Tests Required

FAECES / URINE

Lab. No.	Spec. Type	Date collected from	Time from
	Volume	Date collected to	Time from
	Tests Required		

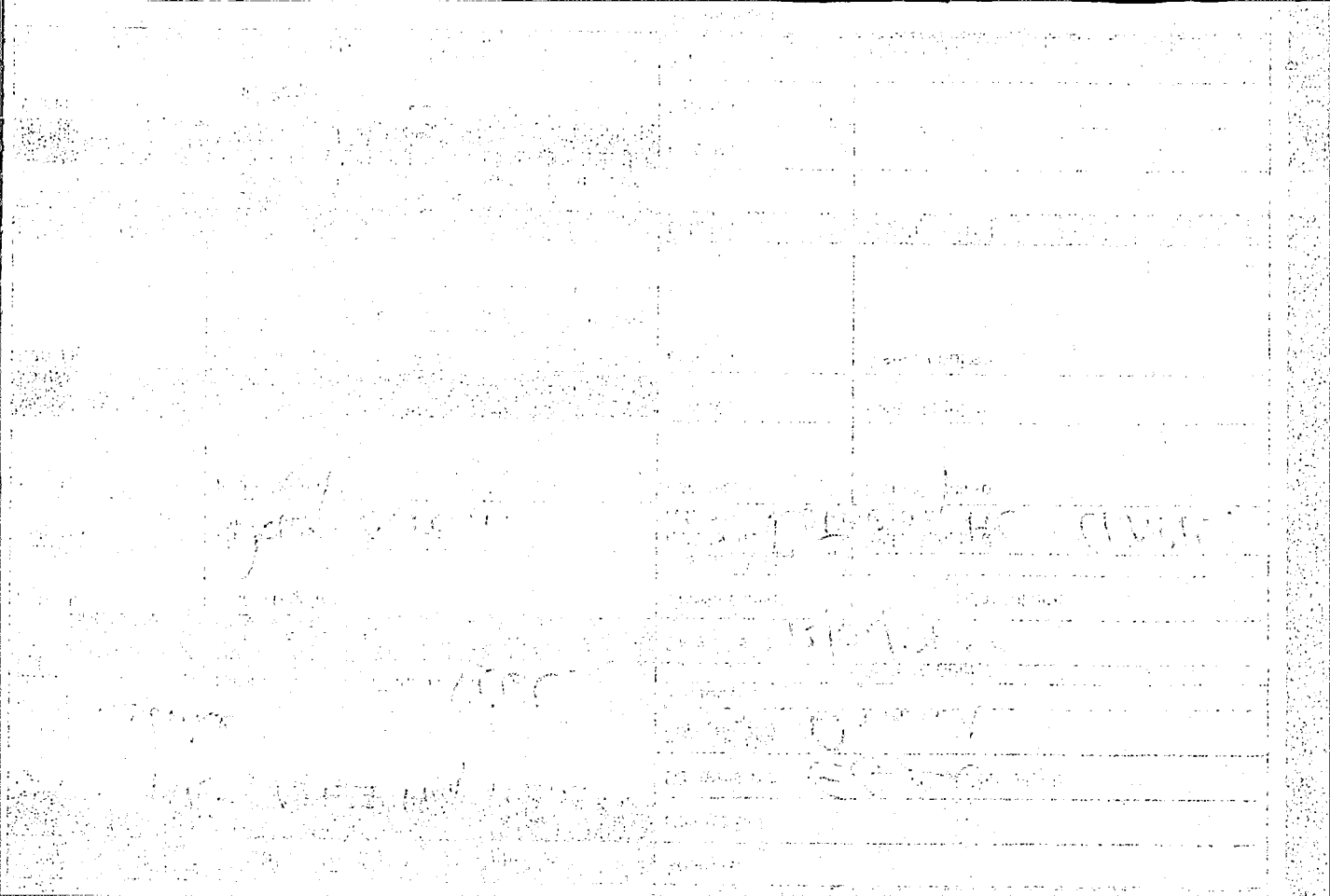
Lab. No.	Tests Required

Lab. No.	Tests Required

Lab. No.	Tests Required

BIOCHEMISTRY

HAEMATOLOGY



INVERCLYDE ROYAL HOSPITAL

Clinical Notes H/O ~~[illegible]~~ Drug abuse

Specimen Urine

Date — Time — Signed [illegible].

Hospital:

Unit No:

Surname: EGAN

Forename(s): Daniel

Address:

Date of Birth: 12/02/54 Sex:

Ward / Clinic: Consultant:

For G.P. Use
G.P. Name: Rothesay HC CLARK.
Address:

BLOOD / C.S.F.

Lab. No.	Tests Required
	Drug screen.

Lab. No.	Tests Required

Lab. No.	Tests Required

FAECES / URINE

Lab. No.	Spec. Type	Date collected from	Time from
	Volume	Date collected to	Time from
	Tests Required		

Lab. No.	Tests Required

BIOCHEMISTRY

HAEMATOLOGY

HAEMATOLOGY

INVERCLYDE ROYAL HOSPITAL

Clinical Notes H/O ~~EVOA~~ Drug abuse

Specimen Urine

Date Time Signed

Hospital:

Unit No:

Surname: EGAN

Forename(s): Daniel

Address:

Date of Birth: 12/02/54 Sex:

Ward / Clinic: Consultant:

For G.P. Use
G.P. Name:
Address: Rothesay HC CLARK.

BLOOD / C.S.F.

Lab. No.	Tests Required
	Drug screen.

FAECES / URINE

Lab. No.	Spec. Type	Date collected from	Time from
	Volume	Date collected to	Time from
	Tests Required		

BIOCHEMISTRY

Lab. No.	Tests Required

HAEMATOLOGY

Lab. No.	Tests Required

BIOCHEMISTRY

LOMOND AND ARGYLL
PRIMARY CARE NHS TRUST
ADDICTIONS SERVICES

IMPORTANT INFORMATION FOR THOSE RECEIVING METHADONE

1. I understand that Methadone is addictive and can cause serious harm or death in overdose.
2. I understand that other drugs and/or alcohol in combination with Methadone can cause death.
3. I understand that even small doses of Methadone can cause death if consumed by people who are not dependant on Opiates (do not have a habit). Consumption of even small amounts of Methadone is likely to kill a child.
4. I agree to be responsible for my prescription. I will make sure children cannot have access to it and not to supply it to others under any circumstances. I am aware that lost or missed prescriptions cannot be replaced.
5. I agree to attend appointments as directed and will provide urine samples as requested. Failure to attend appointments may mean that prescriptions will be withdrawn.
6. I shall continue to attend my General Practitioner for my other medical services. I shall not request Opiates, sedatives or sleeping pills from my GP without discussing it with the clinic staff first. I am aware my Methadone may be stopped if this happens.
7. I am aware that I will have to be responsible for attending the chemist within the time slots that they are able to dispense my Methadone. I am aware that any anti social behaviour, theft etc in the chemist shop will mean that my prescription will be withdrawn completely.
8. I understand that Methadone will be administered by the pharmacist on their premises. Alterations for work or holidays etc, (notice is required for holidays outwith this area) may be considered following a period of stability. Any requests to change from daily supervision must be discussed with the Doctor well in advance.

DRIVING

The Road Traffic Act requires drivers to inform the DVLA (Driver Vehicle Licensing Authority) of any disability likely to affect safe driving. The DVLA considers drug use, including the use of prescribed drugs to be a disability.

You should therefore inform the DVLA of your drug use (meaning prescribed and/or street drugs) if you intend to drive. You should also report your drug use to your motor insurance company.

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

Witness..... Date.....

Methadone Handbook	Given	☐
	Not Available	☐
	Refused	☐

NHS
Argyll
& Clyde

Mental Health Directorate

Substance Misuse Clinic

SURNAME: EGAN **FORENAMES:** DANIEL.

DATE OF BIRTH: 12/2/54

OCCUPATION: S/E **CHI.No:** 3472.

ADDRESS: 1 DUNCAN ST,
PORT BANNATYNE
ROTHESAY PA20 0LX

TELEPHONE No:

G P: DR. C. BOYD. **CONSULTANT**

RECORD OF ATTENDANCE

16/10/02	TO DRUG CLINIC.	ON Rx -	Rx = D.H.C ↓	
6/11/02	D.H.C	↓		
19/11/02	M - 30	MLS.		
11/12/02	M - 30	MLS.		
31/12/02	D.N.A.	M - ↓ 20	MLS.	
16/1/03	M - 20	MLS.		
21/2/03	D.N.A.	M - ↓ 10	MLS.	
11/3/03	M - ↑ 15	MLS.		
3/4/03	M - 15	MLS		
24/4/03	D.N.A.	M - ↓ 10	MLS.	
7/5/03	M - 10	MLS.		
29/5/03	M - 10	MLS		
19/6/03	M - 10	MLS.		
3/7/03	M - 10	MLS		
23/7/03	M - 10	MLS.		
12/8/03	M - 10	MLS		
2/9/03	M - 10	MLS		
23/9/03	M - ↑	20 MLS.		

BALLOCHYLE HOUSE, KIRK STREET, DUNOON, ARGYLL, PA23 7DP
Telephone / Fax No. 01369 703289 Mobile: 07775 824476
e-mail : ballochylehouse@btopenworld.com

RECORD OF ATTENDANCE

14/10/03	M - 20 mls.			
4/11/03	M - 20 mls.			
3/12/03	M - 20 mls.			
/ /				

BALLOCHYLE HOUSE, KIRK STREET, DUNOON, ARGYLL, PA23 7DP
Telephone / Fax No. 01369 703289 Mobile: 07775 824476 e-mail : p6@btinternet.com

Scottish Drug Misuse Database

MONITORING OF DRUG MISUSE IN SCOTLAND

SMR24 introduced April 2001

Please read the notes on the back.

1. Is person attending this service for their drug misuse problem:

for the 1st time ever ☐
or
returning after an interval of at least 6 months ☑

Please do not complete a form if neither applies. Exclude letter only and third party contacts.

2. PERSONAL DETAILS

FIRST NAME: DAVID

SURNAME: EWAN

INITIALS: D E N

ISD REF: B 037607

DATE OF BIRTH: 12 02 1954

GENDER: Male ☑ Female ☐

LOCAL REF:

ETHNIC GROUP

White ☑ Black-Caribbean ☐
Indian ☐ Black-African ☐
Pakistani ☐ Black-Other ☐
Bangladeshi ☐ Chinese ☐
Other (specify)

ADDRESS

Street: DUNCAN ST

Area of City/Town: ROTHESAY

City/Town: ISLE OF BUTE

Postal Sector: PA20 9

Please do not enter last two items of postcode

3. PRESENTING INFORMATION (OF THIS EPISODE)

Date contact first made (this episode only) - include letter/phone referrals: 20/05/04

Date of this assessment/ contact: 20/05/04

MAIN SOURCE OF REFERRAL

Self ☐
GP/Primary care team ☑
Criminal justice - social work ☐
Criminal justice - other ☐
Social work - other ☐
Specialist drug service (incl. SW addiction teams) ☐
Other (specify)

PRESENTING ISSUE(S) *Tick all that apply*

Physical health ☐
Mental health ☐
Pregnancy ☐
Legal ☐
Other (specify)

SEEKING PRESCRIPTION ☐

4. DETAILS OF REPORTER

Name of service/practice: BALLOCHYLE HSE

KIRK ST DUNOON

Contact name: ALLEN PATON

Telephone number: 01369 703289

Practice No. or Institution code: C0102

5. PRESCRIPTION PROFILE (CURRENT), give details of current prescription related to drug misuse — None ☐ Not known ☐

	Drug Details		Prescriber (✓)				Weekly consumption	
	Drug Name	Daily dosage (mg)	Person's GP	Specialist service	Prison doctor	Other doctor	No. of days supervised	No. of days unsupervised
Main Drug	METHADONE	30	✓				6	1
Drug 2								
Drug 3								

6. AGE PROFILE

Age when first started using illicit drugs: 16 years

Age at onset of problem drug use: 18 years

Age when help was first sought: 20 years

7. ILLICIT DRUGS PROFILE (PAST MONTH), list illicit drugs (include alcohol, solvents & OTC medicine taken inappropriately)

Illicit drug free for the past month (✓) Yes ☐ *go to Injecting / Sharing details* No ☐ *show details below*

	Drug Name	Route(s) e.g. IV / IM / smoke / swallow / inhale / snort: Main route	Route(s): Other route	How often? e.g. daily / most days / weekends / weekly / fortnightly / monthly / less often than monthly	In a 'typical' day: Number of times	In a 'typical' day: Total quantity e.g. G / mg / ml / oz / units / binge	Ceased use? (✓)
Main Drug							
Drug 2							
Drug 3							
Drug 4							
Drug 5							

8. INJECTING / SHARING DETAILS

Ever injected: Yes ☐ No ☐ *go to Social profile*

Age when first injected: 20 years

In the PAST MONTH:

Injected: Yes ☐ No ☐ *go to #*

	Yes	No
Always used new injecting equipment	☐	☐
Always cleaned equipment first	☐	☐
Lent/borrowed/shared: needles/syringes	☐	☐
Lent/borrowed/shared: spoons/water/filters/solutions	☐	☐

Injected into: Arms ☐ *and/or* Elsewhere ☐

Ever:

	Yes	No
lent/borrowed/shared: needles/syringes	☐	☑
lent/borrowed/shared: spoons/water/filters/solutions	☐	☑

9. SOCIAL PROFILE (CURRENT)

LEGAL SITUATION *Tick all that apply*

None ☑
Pre-adjudication - in custody ☐
Pre-adjudication - at liberty ☐
Post-conviction - in custody ☐
Post-conviction - subject to statutory supervision ☐
Other (specify)

PREVIOUSLY BEEN IN PRISON

Yes ☑ No ☐ Did not wish to answer ☐

If within the past 12 months:
- how long since release
- prison of release

EMPLOYMENT STATUS

Never employed ☐
Unemployed (1 year or longer) ☑
Unemployed (less than a year) ☐
Employed ☐
In full-time education ☐
Other (specify)

LIVING *Tick all that apply*

With spouse/partner ☑
With parents ☐
With dependent children ☐
Alone ☐
Other (specify)

ACCOMMODATION

Owned / Rented ☑
Temporary / Unstable accommodation ☐
Supported accommodation (drug-related) ☐
Residential rehab. ☐
In prison ☐
Roofless ☐
Other (specify)

LIVING WITH OTHER DRUG USERS?

Yes ☑ No ☐ Did not wish to answer ☐

10. LOCAL USE 1 2 3 4 5 6

B 037607

This is your copy to retain.

SMR24

Guidelines on monitoring of drug misuse in Scotland

When to complete a form

Complete form SMR24 for every 'new' problem drug user that attends your service, at the first face-to-face contact that provides enough information. Include telephone contacts only if enough information can be obtained. Exclude all letter only and third party contacts.

Who completes forms

All medical practitioners and other professionals who are engaged in the treatment of 'problem drug users'.

Database definitions:

Problem drug user	*Any person who experiences social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and/or dependence of his/her own use of drugs or chemical substances.*
New drug users	*Those attending the service for their drug misuse problem for the first time ever or after an interval of at least six months.*
Illicit drugs	*Any illicit drug including solvents, tranquillisers and over the counter medicines taken inappropriately. Include alcohol only when used in combination with other drugs. Tobacco is excluded.*
Prescribed drugs	Include: *any drug used in the treatment of addiction, i.e. substitute prescribing, drugs to treat withdrawal symptoms, anti-depressants and anti-psychotics.*
	Exclude: *drugs used to alleviate the medical effects of drug misuse, e.g. TB, abscesses, Hep C.*

Please ensure that:

- All the critical data items are complete: initials, date of birth, sex and main illicit drug (unless drug free) or main prescribed drugs. ISD will contact services if any of these are missing or unclear.
- The initials and 4th character are clearly written in capital letters and in the correct order, i.e. first name and then surname.
- If the postal sector is not specified, it is important that other address items are provided. This will allow derivation of the person's council area of residence, in order to meet requirements for local information.
- There are no discrepancies between the routes of the illicit drugs listed and the injecting details, as they both refer to the person's drug using behaviour during the past month.

Examples

5. PRESCRIPTION PROFILE (CURRENT), give details of current prescription related to drug misuse

	Drug Details		Prescriber (✓)				Weekly consumption	
	Drug Name	Daily dosage (mg)	Person's GP	Specialist service	Prison doctor	Other doctor	No. of days supervised	No. of days unsupervised
Main Drug	METHADONE	30 mg		✓			5	2
Drug 2	PROZAC	20 mg	✓				0	7
Drug 3								

7. ILLICIT DRUGS PROFILE (PAST MONTH), list illicit drugs (include alcohol, solvents & OTC medicine taken inappropriately)

Illicit drug free for the past month (✓) Yes ☐ *go to Injecting / Sharing details* No ☐ *show details below*

	Drug Name	Route(s) e.g. IV / IM / smoke / swallow / inhale / snort		How often? e.g. daily / most days / weekends / weekly / fortnightly / monthly / less often than monthly	In a 'typical' day		Ceased use? (✓)
		Main route	Other route		Number of times	Total quantity e.g. G / mg / ml / oz / units / binge	
Main Drug	HEROIN	IV	SMOKE	MOST DAYS	3	1G	
Drug 2	CYCLIZINE	IV		DAILY	1	100 mg	
Drug 3	METHADONE (top up)	SWALLOW		WKLY	1	20 mg	
Drug 4	COCAINE	SNORT		WKNDS	4	1G	✓
Drug 5							

Where to send the forms

Keep the carbonised copy of the form and send the top copy to ISD Scotland in the pre-paid addressed envelopes provided. Partially completed forms can also be returned to ISD, provided the critical items are included (see above)

Detailed guidelines

Detailed guidelines on the completion of form SMR24, including definitions, are available from ISD at the address below or on the national website: **www.drugmisuse.isdscotland.org/sdmd/sdmd.htm**

Enquiries and supplies of forms: (also envelopes and guidelines)

Scottish Drug Misuse Database
Information & Statistics Division
Trinity Park House
South Trinity Road
Edinburgh, EH5 3SQ

Telephone: 0131 551 8221

or forms can be ordered on the national website **www.drugmisuse.isdscotland.org/sdmd/forms.htm**

▽This column is provided for doctors to enter A, V or C at their discretion

FORENAMES

SURNAME

Date	▽	CLINICAL NOTES

AYRSHIRE AND ARRAN HEALTH BOARD

AYRSHIRE AND ARRAN HEALTH BOARD
LABORATORY REQUEST - REPORT

27.NOV. 7019

LAB. NO.

PATIENT

SURNAME: EGAN | Age: 35 | Sex: M/F | Ward/Dept.

Forename(s): DANIEL | Unit No./Postal Address: 28 JAMES CRES, IRVINE.

DOCTOR

Physician/Surgeon: S. NIXON

Hospital/Postal Address: IRB.

LAB/10

DIRECT FILM: WBC | Monilia | Trichomonas | Gram pos. cocci | neg. cocci | rods | rods | AFB | SEEN | Not Seen

CULTURE YIELDS 1 NO SIGNIFICANT GROWTH 2 3

Sensitive (S) or Resistant (R)

	1	2	3		1	2	3
Ampicillin	....	....	....	Penicillin	....	....	....
Augmentin	....	....	....	Flucloxacillin	....	....	....
Trimethoprim	....	....	....	Erythromycin	....	....	....
Cephradine	....	....	....	Tetracyclines	....	....	....
Cefotaxime	....	....	....	Framycetin	....	....	....
Gentamicin	....	....	....	Chloramphenicol	....	....	....
Ticarcillin	....	....	....	Neomycin	....	....	....
Metronidazole	....	....	....		....	....	....

N.A.D. ☐ SPEAK ☐ APPT. ☐ Rx ☐

NEW DIAGNOSIS:

BACTERIOLOGY 26/11/19 6:45 p.m.

C+S PLEASE

MALE

Surname EGAN

Forenames DANIEL

Date of Birth 12-02-1957

National Health Service Number 636 457 7423

Address 16 PORSON COURT
LOAMPIT VALE
Tel No. SE13 7BJ

Doctor's Name
Sit
PARKER

Authority's Cipher and Stamp

~~Dr. B.~~
~~Lachlan~~

Subsequent Addresses

Tel No.

1 Duncan St.
Part Bannatyne
Rothesay PA20
Tel No. OLY.

Dr C. B.
Boyd

9/2/01

Tel No.

Tel No.

(Note changes and insert year of change)

Occupations	Year	Occupations	Year

SURNAME

FORENAMES

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
EGAN	DANIEL

Address

Date of Birth: 12·2·54

Date	*	Clinical Notes	Diagnosis
8/3/06	T.C.	Confirmed re dates see 2/52	

22/3/06

DRUG PROBLEM CLINIC

On methadone 25 ml
Date started 22-11-02
Concurrent Rx for benzos Y(N).
Missed doses Yes (X2)
Urine screen Q1 Q2 Q3 Q4
HBV status Not tested / Non immune / Immune non infectious / Immune infectious
HBV vaccine No of doses____ Booster Y/N
HCV status Not tested / Ab-ve / Ab+ve PCR-ve / Ab+ve PCR+ve
HIV Not tested / Ab+ve / Ab-ve

X3 week (Mon, Wed Sat).
Daily supervised dispensing (Y)/N
SMR completed (Y)/N
Contraception; Method of choice_____
Topping up Heroin daily for ~ 6/52
Intoxicated - warned,

4 methadone to 35 ml.

NLL

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

Date	*	Clinical Notes	Diagnosis

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

29/9/05.

DRUG PROBLEM CLINIC

On methadone 16 ml
Date started 22-11-02
Concurrent Rx for benzos Y/(N)
Missed doses
Urine screen Q1 ~~Q2~~ Q3 Q4
HBV status Not tested / Non immune / Immune non infectious / Immune infectious
HBV vaccine No of doses_____ Booster Y/N
HCV status Not tested / Ab-ve / Ab+ve PCR-ve / Ab+ve PCR+ve
HIV Not tested / Ab+ve / Ab-ve

x3/week
~~Daily~~ supervised dispensing (Y)/N
SMR completed (Y)/N
Contraception; Method of choice_____
Topping up Yes.

Court date next week

↑ methadone to 20ml.

3/11/05

DRUG PROBLEM CLINIC

On methadone 20 ml
Date started 22-11-02
Concurrent Rx for benzos Y/(N)
Missed doses (x1)
Urine screen Q1 ~~Q2~~ Q3 Q4
HBV status Not tested / Non immune / Immune non infectious / Immune infectious
HBV vaccine No of doses_____ Booster Y/N
HCV status Not tested / Ab-ve / Ab+ve PCR-ve / Ab+ve PCR+ve
HIV Not tested / Ab+ve / Ab-ve

M, W, Sat.
x3/week
~~Daily~~ supervised dispensing (Y)/N
SMR completed (Y)/N
Contraception; Method of choice_____
Topping up Yes occ.

Court on Tuesday

↑ methadone to 25

30/4/05

DRUG PROBLEM CLINIC

On methadone 25 ml
Date started 22-11-2002
Concurrent Rx for benzos Y/(N)
Missed doses
Urine screen ~~Q1~~ ~~Q2~~ Q3 Q4
HBV status Not tested / Non immune / Immune non infectious / Immune infectious
HBV vaccine No of doses_____ Booster Y/N
HCV status Not tested / Ab-ve / Ab+ve PCR-ve / Ab+ve PCR+ve
HIV Not tested / Ab+ve / Ab-ve

x3 M.W.Sat
~~Daily~~ supervised dispensing (Y)/N
SMR completed (Y)/N
Contraception; Method of choice_____
Topping up Yes occ.

Community Service Order

c/r Methadone 25ml

25/01/06.

DRUG PROBLEM CLINIC

On methadone 25 ml
Date started 22-11-2002
Concurrent Rx for benzos Y/(N)
Missed doses (x2)
Urine screen Q1 Q2 Q3 Q4
HBV status Not tested / Non immune / Immune non infectious / Immune infectious
HBV vaccine No of doses_____ Booster Y/N
HCV status Not tested / Ab-ve / Ab+ve PCR-ve / Ab+ve PCR+ve
HIV Not tested / Ab+ve / Ab-ve

x3/wk M.W.Sat
~~Daily~~ supervised dispensing (Y)/N
SMR completed (Y)/N
Contraception; Method of choice_____
Topping up Yes

Urinary Sx
Urinalysis Blood MSU ✓

c/r Methadone 25 ml.

Trimethoprim.

National Health

DRUG PROBLEM CLINIC

On methadone 16 ml
Date started 22-11-02
Concurrent Rx for benzos Y/N.
Missed doses ~~None~~ x2
Urine test Q1 Q2 Q3 Q4
HBV status Not tested / Non immune / Immune non infectious / Immune infectious
HBV vaccine No of doses____ Booster Y/N
HCV status Not tested / Ab-ve / Ab+ve PCR-ve / Ab+ve PCR+ve
HIV Not tested / Ab+ve / Ab-ve

x3/week
Daily supervised dispensing Y/N
SMR completed Y/N
Contraception; Method of choice n/a.
Topping up None except alcohol

Court date 9/8.

c/t Methadone 16ml.

18/7/05

3/8/05

DRUG PROBLEM CLINIC

On methadone 16 ml
Date started 22/11/02
Concurrent Rx for benzos Y/N
Missed doses none
Urine screen Q1 Q2 Q3 Q4
HBV status Not tested / Non immune / Immune non infectious / Immune infectious
HBV vaccine No of doses____ Booster Y/N
HCV status Not tested / Ab-ve / Ab+ve PCR-ve / Ab+ve PCR+ve
HIV Not tested / Ab+ve / Ab-ve

Daily supervised dispensing Y/N x 3/week
SMR completed Y/N
Contraception; Method of choice____
Topping up NONE - SOBER TODAY

anxious re: court.

c/t Methadone 16 (448)

1/9/05

DRUG PROBLEM CLINIC

On methadone 16 ml
Date started 22-11-02
Concurrent Rx for benzos Y/N
Missed doses None
Urine screen Q1 Q2 Q3 Q4
HBV status Not tested / Non immune / Immune non infectious / Immune infectious
HBV vaccine No of doses____ Booster Y/N
HCV status Not tested / Ab-ve / Ab+ve PCR-ve / Ab+ve PCR+ve
HIV Not tested / Ab+ve / Ab-ve

x3/week
Daily supervised dispensing Y/N
SMR completed Y/N
Contraception; Method of choice____
Topping up Yes None for past 5/7

Court date 4 or 17/10
Sober.

c/t Methadone 16 (448)

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

1202543472
EGAN
DANIEL ANTHONY
12/02/1954 M 02/03/2005 15.29
34592 Dr R. Clark
H C Rothesay

National Health Service Number

Surname (Block Letters)	Forenames

2/3/05

DRUG PROBLEM CLINIC

On methadone 16 ml
Date started 22/11/02
Concurrent Rx for benzos Y/N (N circled)
Missed doses None
Urine test ~~Q1~~ Q2 Q3 Q4
Hep B status / Hep C status } Declined

x3/week ~~Daily~~ supervised dispensing Y/N (Y circled)
SMR completed Y/N (Y circled)
Contraception discussed Y/N n/a
Topping up

Sleep problem
Advised re alcohol

c/T Methadone 16ml (336)

23/3/05

DRUG PROBLEM CLINIC

On methadone 16 ml
Date started 22/11/02
Concurrent Rx for benzos Y/N (N circled)
Missed doses None
Urine test ~~Q1~~ Q2 Q3 Q4
Hep B status / Hep C status } Declined

x3/week ~~Daily~~ supervised dispensing Y/N (Y circled)
SMR completed Y/N (Y circled)
Contraception discussed Y/N n/a.
Topping up Nil.

c/T Methadone 16ml (320)

12/4/05

DRUG PROBLEM CLINIC

On methadone 16 ml
Date started 22-11-02
Concurrent Rx for benzos Y/N (N circled)
Missed doses
Urine test ~~Q1~~ Q2 Q3 Q4 (TODAY)
Hep B status / Hep C status } Declined.

x3/week ~~Daily~~ supervised dispensing Y/N (Y circled)
SMR completed Y/N (Y circled)
Contraception discussed Y/N n/a
Topping up

Awaiting Court case (14/12 ago)
Sober

c/T Methadone 16 ml (352)

4/5/05

DRUG PROBLEM CLINIC

On methadone 16 ml
Date started 22-11-02
Concurrent Rx for benzos Y/N (N circled)
Missed doses (x1)
Urine test ~~Q1~~ ~~Q2~~ Q3 Q4
HBV status Not tested / Non immune / Immune non infectious / Immune infectious
HBV vaccine No of doses 0 Booster Y/N
HCV status Not tested / Ab-ve / Ab+ve PCR-ve / Ab+ve PCR+ve
HIV Not tested / Ab+ve / Ab-ve

x3/week ~~Daily~~ supervised dispensing Y/N (Y circled)
SMR completed Y/N (Y circled)
Contraception; Method of choice n/a
Topping up No

c/T Methadone 16ml (432)

15/6/05 N DRUG CLINIC - AS ABOVE [illegible]

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

PRINTED FOR ASTRON, B33902 1/04 (017302)

Date	*	Clinical Notes	Diagnosis

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

10/11/04

DRUG PROBLEM CLINIC

On methadone 20 ml — Daily supervised dispensing (Y/N)
Date started 22-11-02 — SMR completed (Y/N)
Concurrent prescription for benzodiazepines (Y/N)
Missed doses None — Topping up
Urine test Q1 Q2 ~~Q3~~ ~~Q4~~
Hep B status } Declined testing
Hep C status }

c/T Methadone 20ml

RMN

1/12/04

DRUG PROBLEM CLINIC

On methadone 20 ml — Daily supervised dispensing (Y/N)
Date started 22-11-02 — SMR completed (Y/N)
Concurrent prescription for benzodiazepines (Y/N)
Missed doses (x2) — Topping up Yes (x1) bag heroin
Urine test Q1 Q2 ~~Q3~~ ~~Q4~~
Hep B status
Hep C status

↓ Methadone 18ml (378)

RMN.

22/12/04

DRUG PROBLEM CLINIC

On methadone 16 ml — Daily supervised dispensing (Y/N)
Date started 22/11/02 — SMR completed (Y/N)
Concurrent prescription for benzodiazepines (Y/N)
Missed doses (x1) — Topping up no
Urine test Q1 Q2 Q3 ✓ Q4 ✓
Hep B status
Hep C status declined testing.

keen for further discussion.

27/1/5

DRUG PROBLEM CLINIC

On methadone 16 ml — Daily supervised dispensing (Y/N)
Date started 22/11/02 — SMR completed (Y/N)
Concurrent prescription for benzodiazepines (Y/N)
Missed doses (x1) — Topping up None
Urine test Q1 Q2 Q3 Q4
Hep B status } Declined
Hep C status }

Relaxing of supervision discussed
Court appearance in the offing.
No heroin since Xmas (a feat)
Dispense x3 /wk M, W & Sat

RMN.

16/2/05 Seen in Police cells

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

National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
EGAN	DANIEL.

CLINICAL NOTES

Address

Date of Birth: 12.2.52

Date	*	Clinical Notes	Diagnosis

18/8/04.

DRUG PROBLEM CLINIC

Daily supervised dispensing

On methadone 30 ml
Started 22/11/02
SMR completed (Y)/N
Missed doses None
Topping up None
Date of last urine 29/07/04 Neg. for opiates + methadone!!
Hep B status } Declined
Hep C status } Declined
Request from "no clinical details given."

c/t Methadone 30ml (870) They will reprocess.

MM.

16/9/4 T.C. Full of the cold Unable to attend.
c/t methadone 20ml (inadvertent reduction) MM.

29/9/04.

DRUG PROBLEM CLINIC

On methadone 20 ml
Started 22/11/02
SMR completed (Y)/N
Missed doses (X1)
Topping up No heroin
Urine test Q1 Q2 Q3 Q4
Hep B status } Declined (Emla discussed)
Hep C status }

Daily supervised dispensing

Did not notice reduction from 30ml to 20ml

c/t Methadone 20ml.

MM

20/10/04.

DRUG PROBLEM CLINIC

On methadone 20 ml
Date started 22-11-02
SMR completed (Y)/N
Missed doses None
Topping up None
Urine test Q1 Q2 Q3 Q4 (Today).
Hep B status } Declined testing
Hep C status }

Daily supervised dispensing

Admits to ~70u/wk alcohol

c/t Methadone 20ml.

MM

Date	*	Clinical Notes	Diagnosis
25/5/04		Drug Problem Clinic On methadone 30ml Started 22/11/02 Missed doses ~~Nil~~ (x1). Topping up x1/day (to help him sleep) Court case awaiting Also taking dihydrocodeine Never injected - Needle phobia. (Declined Hep B vac) c/r methadone 30ml (600) RLLL.	

15/6/04.

DRUG PROBLEM CLINIC
On methadone 30 ml (Daily supervised) Daily unsupervised
Started 22-11-02
Missed doses
Topping up 6 bags in last 3 weeks
Quarterly urine 9/2/01
Hep B status Declined Hep B vaccination
Hep C status Declined phlebotomy
c/r methadone 30ml.
RLLL.

7/7/04.

DRUG PROBLEM CLINIC
On methadone 30 ml (Daily supervised) Daily unsupervised
Started 22-11-02
SMR completed (Y)N
Missed doses x1
Topping up Twice only!
Quarterly urine 9-2-01
Hep B status } Declined.
Hep C status }
Drinking alcohol + c/r methadone 30ml.
RLLL.

29/7/4.

DRUG PROBLEM CLINIC
On methadone 30 ml (Daily supervised) Daily unsupervised
Started 22-11-02
SMR completed (Y)N
Missed doses (x1)
Topping up None!!
Quarterly urine Today - unable to produce
Hep B status } Declined
Hep C status }
c/r methadone 30ml
RLLL.

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

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
Egan	Daniel

Address	Date of Birth
1 Duncan St	12/2/54

Date	*	Clinical Notes	Diagnosis
24/3/04		Drug Problem Clinic On methadone 20ml. Started 22/11/02 Missed doses (X2) Topping up - still doing so on most days. Seeing A.P. = Andrew on Friday. Been "done" by the police for possession & intent to supply Been on good beh. for past 4 yrs. ↑ methadone to 30 ml.	HH.
26/3/04	N.	[illegible]	[illegible]
13/4/04		Drug Problem Clinic On methadone 30ml. Missed doses Topping up. Yes. No progress on possession front. c/r methadone 30ml	HH
5/5/04	N.	[illegible]	[illegible]
20/5/04	N	[illegible]	[illegible]

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

Date	*	
5/11/03	L	SENT LETTER RE APPT FOR WED 4 DEC 03. [illegible]
3/12/3		Drug Problem Clinic.
		On methadone 20 ml
		Recent trouble with his son
		No topping up for 3/7.
		(x1) Missed dose
		Andrea working
		"in a rut"
		c/T methadone 20ml (400) [illegible]
23/12/3.		Drug Problem Clinic
		On methadone 20ml.
		(x1) Missed dose.
		Topped up (x3)
		Andrea no longer working
		(P). c/T methadone 20ml (420) [illegible]
10/2/04		Drug Problem Clinic
		On methadone 20ml.
		Missed doses (x2)
		Topping up.
		Not sleeping
		(50 on Thursday)
		c/T methadone 20ml [illegible]
24/2/4		Drug Problem Clinic.
		On methadone 20ml.
		Missed doses (x?).
		Topping up. occ (inh) Can go 6 or 8 days without.
		Alcohol not a problem
		c/T methadone 20ml (5??) [illegible]

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

Printed by The Stationery Office Scotland

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	
EGAN	DANIEL	
Address		Date of Birth
1 DUNCAN ST PORT BANNATYNE		12/2/54

Date	*	
12/8/03	N	CLANSC. APPEARS WELL. R = METHADONE 10 MLS. (210). SEE 2/9/03. A. PATON
2/9/03	N	CLANSC. AS ABOVE. NO OVERT CONCERNS. R = METHADONE 10 MLS (210) A. PATON
4/9/03	S.	Fell 7/52 ago still painful (L) knee O/E no effusion FROM knee pain on stressing (L) MCL LCL ✓ ACL ✓ PCL ✓ no jt line of tenderness Δ persistent (L) MCL strain → physio
23/9/03		Drug Problem Clinic On methadone 10ml Still topping up 3 or 4 bags / day every day Smoking - admits he is being "greedy" Dental problems also. Topping up varying between 2-9 bags/day!! Relationship problems. Sweating ↑ methadone to 20ml (420)
14/10/03		Drug Problem Clinic. On methadone 20ml "Using every couple of days" c/t methadone 20ml (420)
4/11/3.		Drug Problem Clinic On methadone 20ml "Using couple of times a week at least"

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

Smelling of alcohol.
Will "get sorted for Xmas"
c/t methadone 20ml (580)

FORM GP111F
355 2095

Date	*	Clinical Notes	Diagnosis
29/5/03		Drug Problem Clinic Keeping things together. Had a drink today No heroin for 2/52 1 hr late but did inform A.P. No missed doses. c/t Methadone 10ml (210) LETAWAY	
16/6/03	TC	Father not well. Going to mainland back 4pm Thurs. o.k to take methadone away with him	
19/6/03		Drug Problem Clinic On methadone 10ml "Quite good" Drinking more alcohol h/o alcohol probs No missed doses. Smelling of alcohol. - asked to attend alcohol free in future No topping up ± heroin c/t methadone 10ml (140)	
3/7/3.		Drug Problem Clinic No missed doses Used (x2) "the company I was in". Painting & decorating c/t methadone 10ml (200)	
23/7/3.		Drug Problem Clinic Missed (x1). "No treats for 5/52" ISQ. c/t methadone 10ml (200)	

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

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
EGAN	DANIEL

Address: 1 DUNCAN STREET PORT BANNATYNE

Date of Birth: 12/2/54

Date	*	Clinical Notes	Diagnosis
21/2/03	TC	From Andrea Hamilton. Pt has not collected any methadone this week. Lying in bed all day, sweating. Sounds like withdrawal Sx. ℗ Send Pt for reduced dose methadone 10ml (180)	
24/2/03	TC	Request to ↑ methadone to 15ml daily	
11/3/03		Drug Problem Clinic. Came back from Newmarket felt he could do without methadone. Went 8/7 without but suffered. Using heroin ~ x2/week only - By choice. Stable on 15ml methadone (345ml)	
3/4/3		Drug Problem Clinic. "I'm doing ok." Looks better. "twice I've indulged" ← by choice. Told 3 clear urines in a row before weekly disp. A few missed doses. I want to stop altogether. c/t methadone 15ml (315ml)	
24/4/3		Drug Problem Clinic DNA. ↓ methadone to 10ml. (130)	
29/4/3	C	13/52 Drug problem (not seen)	
7/5/3.		Drug Problem Clinic - on methadone 10ml. "Lapsing quite a bit" No heroin for 3/7. No missed methadone. Still enjoying heroin. c/t methadone 10ml (220ml)	

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

PRINTED FOR ASTRON, B24563 3/02 (053791)

Date	*	
		DRUG CLINIC
19/11/02	N	FURTHER DISCUSSION RE:- Rx. COMMENCING METHADONE Rx @ 30MLS. / FOR REVIEW 11/12/02. A. PATON.
21/11/2		Drug Problem Clinic S/B Alan Paton Methadone 30ml (726) Appt for next clinic 11/12/02 [signature]
26/11/2		Chesty cough 3/12 Smoker for > 30yrs "mucky spit" Chest clear
$C^{13/52}$		Drug problem [signature]
11/12/02	N	D.N.A. DRUG CLINIC. CALLED IN ADVANCE. / Rx TO: 31/12/02. A. PATON.
31/12/2		DNA Drug Problem Clinic Dose cut to 20ml.
16/1/3		Was not informed of previous appt. Using ~ x4 bags per week out of choice Previously ~ x5 bags per day! Wants to stay at 20ml. (520ml) Keen to be drug free Possibly flying to Newmarket 11/2/03 [signature] Will let me know details of pharmacy a week in advance
5.2.03		Newmarket from 10.2.03 – 16.2.03. Rx written for Boots in Newmarket. Peter informed here – sent by post + phone call.
7.2.03		Newmarket does not do supervised consumption, and needs daily individual Rx! Peter will supply 8 days from 9-2-03 – 17-2-03. 160 mls. PB

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

CLINICAL NOTES

National Health Service Number	
Surname (Block Letters)	EGAN
Forenames (Block Letters)	DANIEL
Address	1 DUNCAN STREET, PORT BANNATYNE
Date of Birth	12/02/54

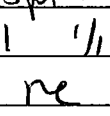
Date	*	
1/10/02		On heroin for on/off 8yrs. — Smokes this. x 2 bags a day.
		Lives on his own. None past 7/12
		Seldom drinks.
		Wants to come off / wants help. (4pm.)
		(Son 23yo lives down the road) Forum
16/10/02		Drug Problem Clinic.
		Using x2 – x2½ bags of heroin
		Duration 8/12 (regular habit).
		Not injecting. Smoking only
		Wants help to stop.
		Not for methadone (small habit, short duration & not injecting).
		Long h/o of poly drug use
		DHC 60mg IV daily reduced by ½ tab daily (18)
		See 3/52
28.10.02		~~DNA~~ CB
1.11.02		DNA CB
6.11.2		Drug Problem Clinic.
		Unsuccessful detox
		Will consider a methadone programme.
		Partner (22) also uses.
11.11.02	1.	L. brachial neuritis for sometime
		neck → lat side elbow. C3-4. reflexes = R&L
		no neck tenderness rot^n 60° R 50° L full ext/flex
		old L wrist injury pronation/supination 50%
		— Ibuprofen 400 x 30. Tramadol.

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

2.

FORM GP111F

355 2095

Date	*	Clinical Notes	Diagnosis
18.4.01.		not sleeping.	
		drinking up to 6u/day. (smells [illegible] again)	
		smoking heroin a little	
	C1/12	walking still, otherwise not	N. debility.
		much change	
		continue Rx	
18.5.01		DNA CR	
21.5.01		Moods [illegible] [illegible]	
EM		Doesn't feel much [illegible] or [illegible]	
		[illegible] [illegible]. off island much of	
		the [illegible] c̄ father in Glasgow.	
	R	[illegible] (30)	
		Cont [illegible]	
18/6/01	(A)	① Loose bowels post prandial 4/12 1 year	70kg.
		② Erectile dysfunction – no steady partner	
		③ Skin Pigmentation over #s/L → Reassured.	
	Med3	④ Depression 1/12. Rx 20[illegible]	
		Plan ① Abstain Alcohol 1/12	
		② RV own GP re 1,2,3,4 above (RH)	
18.7.01		Generally better.	
		– less alcohol	
	C1/52	– more exercise	N. debility
		– looks better. – colour ✓ no glands.	
28/8/01	(AE)	I am unable to go to Glasgow Benefits Agency	
		Review – I have Agoraphobia.	Sick note/month
		Attends glasgow about once a week	
		– taking drugs! In my view fit to attend.	
	Med3	– 2/52 (ND) See own G.P.	(RH)
4/9/01	(P)	DNA (RH)	
12.9.01		DNA CR	
18.1.02		DNA (RC) M.T. informed	
24.1.02	(P)	Worrying painless lump in (L) 	Firm lump. Present one year
		testis. Haematoma ≤ several years	
		Imp Epididymal cyst → refer for USS	
		Wants to reclaim incapacity → see own GP	(RH)
16.7.02		DNA (RC).	

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

Printed by Tactica Solutions 5/2000 204722

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
EGAN	DANIEL

Address	Date of Birth
1 DUNCAN STREET PORT BANNATYNE ROTHESAY.	12.02.54.

Date	*	Clinical Notes	Diagnosis
9/2/01		Moved from London → Bute.	
	→	HEROIN ADDICT - SMOKER.	
		3 bags/day more for 2/12.	
		wants help for depression.	
		wants to go on methadone	
		programme again!	
		Denies any other drugs.	
		Plan CA 4/12 -	
		Get notes -	
		urinalysis -	
		Review CB re methadone.	
		See PM.	
13.2.01	N	DNA NIPT registration	AL
23.2.01		DNA CB.	
	C2	- missed CB apologises - not want methadone	
	ND	low energy tearful etc. - using occas mogadon	
		procyclidine !? → stop	
		occas cannabis	
		- ? depressive illness or just drug related doesn't	
		suicidal ~~intent~~ sleep poor.	
		→ Rx amitriptyline 50mg at 7x2 wks	
		R/V CB 2/52	(14)
21.3.01		Smells C2H5OH "H"	
		- Amitriptyline not helping - remains tearful	
	C4	few interests - walks enjoys that .	remains
		enjoys music .	debility
		not keen on counselling - I suggest Bute Counsel	alcohol/drug
		Try mirtazapine 30 1 daily	
		28 (weekly Rx)	

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

FORM GP111F
355 2095

Printed by Tactica Solutions, 11/00, B16745, E9331, R.P. (53791)

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
EGAN	DANIEL.

Address c/o RANKIN. 28 JAMES CRESC.

Date of Birth 12/2/56

Date	*	
14/4/84		New Patient ex Perth Prison.
		No Seiz PMH.
		No Drugs:..
		Has Drug Problem:- using pills ~~[illegible]~~ in prison
		Temgesic anxiolytics. feels tense and anxious at
		present:- use clomipramine. Has some withdrawal
		symptoms - poor sleep, itching; agitation. appetite OK
		yet low. Clomipramine 10mg QID.
26/4/84		Poor sleep anxious at night. Clomipramine 25mg 1 mane 2 Nocte
10/10/84		DNA
11/10/89		DNA
22/11/89		Small abscess Scrotal/Abd junction. Flucloxacillin
26-11-89		→ much larger - now draining pus ++.
		Swab. Mag. sulph. See mane. (S.H.)
25-11-89		Improving. Rx. mag. sulph. (S.H.)
24/11/89		Continues to improve. Mag sulph dressings
23.4.90		Rom M[illegible] am 1/52. D/C [illegible] of [illegible]
21-6-90		DNA - Emergency.
22.6.90		DNA - Emergency.
22/6/90		Scabies Rx Quellada
21.6.90		Leave letter meantime re DNA's - DR C. instructions
26/11/90		[illegible] / [illegible]. Eczema. HC 22 / [illegible] See 1/52
		Abusing MST/Temgesic ("Not injecting") - Advised to consider withdrawal [initials]
3/12/90.		D.N.A.
10/4/91		Painful throat / Dry Cough Viral URTI Advised [initials]
17 7 91		Paronychia (L) index. Bites nails - not ready for
		opening Augmentin

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

2/8/93 Dental [illegible] 1/52 ago - [illegible] yesterday
Severe pain - on [illegible].
- for (to [illegible]) Tylex [signature]

FORM GP111F

Date	*	
9.4.93	Rx	Dihydrocodeine 30mg x 100 ī qid issued by
		Motipaxin 50 x 30 ī nocte } Dr McElhone.
30/5/4/94		infected wrist (R) middle finger Fucidin gel.
		worried re Wt loss - just out of prison
16-9-94	E	Wanted a Sick line because of Sore Back - in case
		I'm offered a job - better last 2 days
		- Full movement - no tenderness - SLR Normal - Refused
20/8/97		See prior letter
	C	4/52 # (L) Wrist (Dominant hand)
12.9.97		
15/10/97		Still attending hosp ē # wrist
[illegible]4-98		Chest Infection - Amoxil

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

	National Health Service Number	

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Surname (Block Letters)	Forenames (Block Letters)
EGAN	DANIEL A.

Address	Date of Birth
c/o RANKIN 28 JAMES CR IRVINE	12.2.54

Date	
1973	Drug misuse [illegible] → continuing till mid 80's
1992	# (L) scaphoid
	23-6-94 [illegible]
18/02/97	C
6/2/98	Heroin abuse.

Date

Mr Daniel Anthony Egan
C/O RANKIN 28 JAMES Cres
IRVINE
KA12 0UL

12/02/1954-3472

Telephone -

Patient I.D.?
Occupation?

Status?

Reg. With Dr C MacDonald
Repeat Consultation 27/11/89

Attends Dr C MacDonald
Acute Consultation 27/11/89

BMI? Height? Weight?

BP ?/?

PROBLEMS

01/01/1973 Nondependent abuse of drugs
01/01/1992 Closed £scaphoid Left

MICROBIOLOGY

INVERCLYDE ROYAL HOSPITAL

CPA ACCREDITED

Surname **EGAN**
Forename **DANIEL**

DOB 12/02/1954 Req.by Dr R Clark
Chi no. 1202543472 Location Rothesay Health Centre

Sex M Clin.details
Urinary frequency
Antibiotics No antibiotic stated.

Lab no. **MU105849**

Urine Microscopy and Culture

Microscopy

White blood cells	Less than 10 /uL
Red blood cells	Less than 10 /uL
Epithelial cells	Less than 10 /uL

Culture

No significant growth

DATE RECEIVED	30/1
NOTES PLEASE	
MAKE APPT GP/NURSE	
PASS TO NURSE	
REPEAT TEST	
TELL PATIENT	
COLLECT PRESCRIPTION	
UPDATE RECORDS	
ACCEPTABLE/ACTION	
FILE	

Date received 26/01/2006 Date reported 27/01/2006 Authorised by Dr Vevanne Biggs
Specimen **Mid Stream Urine**

STY1826D

INVERCLYDE ROYAL HOSPITAL
GREENOCK PA16 0XN

CLINICAL BIOCHEMISTRY

CHI Number	120 254 3472	Surname EGAN	Forename DANIEL	Sex M	Date of Birth 12/02/1954
Location	Rothesay Health Centre			Hospital Number	1202543472 RTHC
Consultant/GP	~~Dr R Clark~~	Report to	~~Dr R Clark~~		
Patient Address	1 DUNCAN ST PORT BANNATYNE, ROTHESAY ISLE OF BUTE	Clinical Details	SUPERVISED METHADONE		

Unsupervised

	13/04/05 u/k BS363865M	30/01/05 u/k BS326426B	21/10/04 u/k BS280750R	Unknown u/k BS251657F	30/07/04 u/k BS242735G
Amphetamine	NEG	NEG	NEG	NEG	NEG
Benzodiazepine	NEG	NEG	NEG	NEG	NEG
Methadone	NEG	POS	POS	POS	NEG
Opiates	NEG	NEG	NEG	NEG	NEG
Cocaine	NEG	NEG	NEG		

Coded results:
NEG : Negative
POS : Positive

13/04/05 BS363865M:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
Dilute urine - beware false negatives.
Confirmation by GCMS : Methadone and metabolites not detected.
Opiates:
Dilute urine beware false negatives.

neg

30/01/05 BS326426B:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow

21/10/04 BS280750R:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow

Unknown BS251657F:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow

30/07/04 BS242735G:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow

DATE RECEIVED	12/5
NOTES PLEASE	
MAKE APPT GP/NURSE	
PASS TO NURSE	
REPEAT TEST	
TELL PATIENT	
COLLECT PRESCRIPTION	
UPDATE RECORDS	
ACCEPTABLE/ACTION	
FILE	✓

NOTES CONCERNING CUMULATIVE REPORTS

CUMULATION - The following information MUST be provided with each request to make it possible to produce cumulative reports for a given patient:-

(a) Surname
(b) Patient unique identification - CHI Number

CONSOLIDATION OF REPORTS IN PATIENTS NOTES - The LATEST issue of each PAGE should be RETAINED, and the PREVIOUS issues should be DESTROYED.

* Results in bold print need careful scrutiny to assess their clinical significance.

For information regarding laboratory procedures and test protocols etc., please refer to the laboratory handbook which may be found on the Trust Intranet in:

Inverclyde Royal Hospital > Publications > Laboratory Manuals

Alternatively, please contact Dr A. McConnell or Mr. R. Burns

(1) Laboratory Working Hours

MON - FRI 8.30 am - 5 pm
SAT 8.30 am - 12.30 pm

DURING WORKING HOURS PLEASE CONTACT:-

CLINICAL BIOCHEMISTRY DEPARTMENT
INVERCLYDE ROYAL HOSPITAL
TEL:- 01475 633777
FAX:- 01475 635486

To discuss these results please contact:-

Dr A McConnell	EXT 64316	BLEEP 1072	Direct Dial 01475 504316
Mr R Burns	EXT 64443	BLEEP 1131	Direct Dial 01475 504443

To enquire of other results EXT 64993

To arrange emergency request EXT 64213

OUTWITH THESE WORKING HOURS PLEASE CONTACT THE SWITCHBOARD TO OBTAIN APPROPRIATE SERVICE

23/02/01 10:20 CB

INVERCLYDE ROYAL HOSPITAL
GREENOCK PA16 0XN

BIOCHEMISTRY

Hosp number Z.01.015815	Surname EGAN DANIEL	Forename	Sex M	Date of birth 12/02/1954
Location Rothesay Health Centre C1024			CHI Number	
Consultant/GP Dr P Lewis-Smith		Report to Dr P Lewis-Smith, Rothesay Health Centre C1024		
Patients Address 1 DUNCAN STREET		Clinical Details REQUESTING METHADONE		

Lab. No.	Date	Results			
		Amphetamine	Benzodzpne	Methadone	Opiates
C.01.012806.C	09/02/2001	Negative	Negative	Negative	Negative
C.01.012806.C	09/02/2001				
C.01.012806.C	09/02/2001				
C.01.012806.C	09/02/2001				

DATE RECEIVED	19/2
NOTES PLEASE	
MAKE APPT DOCTOR	
MAKE APPT NURSE	
PASS TO NURSE	
REPEAT TEST	
TELL PATIENT	
COLLECT PRESCRIPTION	
UPDATE RECORDS	
NORMAL / FILE	✓

TW

C.01.012806.C
Urine Drugs analysis performed at Glasgow Royal Infirmary

PLEASE RETAIN ONLY LATEST ISSUE OF EACH PAGE

Authorised

Date of Report 14/02/2001 15:19

NOTES CONCERNING CUMULATIVE REPORTS

CUMULATION - The following information MUST be provided with each request to make it possible to produce cumulative reports for a given patient:-

(a) Surname
(b) Patient unique identification number, e.g. hospital unit number

CONSOLIDATION OF REPORTS IN PATIENTS NOTES - The LATEST issue of each PAGE should be RETAINED, and the PREVIOUS issues should be DESTROYED.

INTERPRETATION - The following comment/abbreviations are used:-

* This is an indicator to the clinician that this result needs careful scrutiny to assess its clinical significance.

Result Comment

Code	Expansion	Code	Expansion
DT	Delay in transit	IR	Inappropriate request
DTD	Due to technical difficulties unable to complete analysis	ITR	Insufficient to repeat
		LIP	Lipaemic specimen
ERR	Laboratory error	NA	Not available
HM	Haemolysed	ND	Not detected
ICT	Icteric specimen	NR	Not required
INS	Insufficient	US	Unsuitable specimen

(1) Laboratory Working Hours

MON - FRI 8.30 am - 5 pm
SAT 8.30 am - 12.30 pm

DURING WORKING HOURS PLEASE CONTACT-:

BIOCHEMISTRY DEPARTMENT INVERCLYDE ROYAL HOSPITAL TEL:- 01475 633777
FAX:- 01475 635486

To discuss these results please contact:-

Dr A McConnell EXT 4316 BLEEP 1450
Mr R Burns EXT 4443 BLEEP1507

To enquire of other results EXT 4167 / 4319

To arrange emergency request EXT 4827

OUTWITH THESE WORKING HOURS PLEASE CONTACT THE SWITCH BOARD TO OBTAIN APPROPRIATE SERVICE

Patient:

daniel egan

87 year / M

HR 126/min

Intervals:

RR 475 ms

QTc 5

Axis:

P °

QRS 22 °

T -28 °

S V1 1.59 mV

R V5 .76 mV

Sokolow 2.34 mV

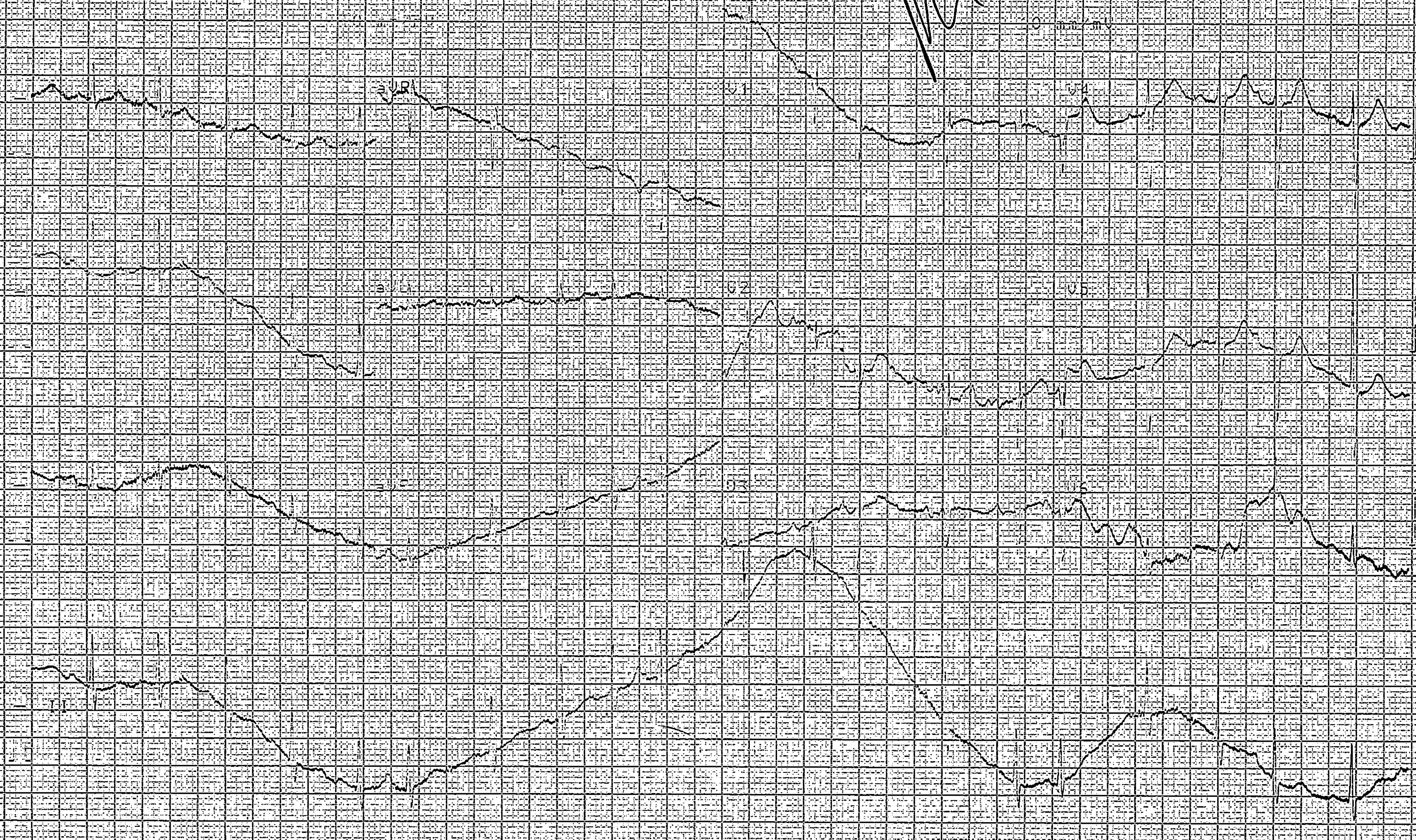
IRREGULAR RHYTHM, NO P-WAVE FOUND

S1,S2,S3 PATTERN

T ABNORMALITY IN LATERAL LEADS

INFEROLATERAL LEADS

UNCONFIRMED REPORT



25 mm/s   25-DEC-03 12:48:25   Dr Cla Rothesay HealthCentre   AT-2plus C 1.23

FILE

THE BUTE PRACTICE

Dr. C. Boyd
Dr. R. Clark
Dr. F. McGhie
Dr. P. Lewis-Smith
Dr. A Shaw
Dr. W. Shennan

RCGP Scotland
2003-2006

Health Centre
High Street
Rothesay
PA20 9JL

Telephone: 01700 502290 Fax: 01700 501530

12th May 2006

RCZ666/MMB

Chris Armstrong
Social Work Department
Union Street
Rothesay
PA20

Dear Chris

Daniel Egan, 63 Castle Street, Rothesay, Bute, PA20 0LZ
D.O.B 12.2.54

I have seen Daniel Egan today who tells me that he has been suffering from an exacerbation of his back pain recently and that this is the reason why he was unable to attend his community service last week.

I am pleased to say that his back is now improving.

Yours sincerely,

DR. R. CLARK

Letter dictated in front of patient

Rothesay Health Centre

RCGP Scotland
2003-2006

High Street
Rothesay
Isle of Bute
PA20 9JL

Tel (01700) 502290
Fax (01700) 501530

18TH July 2005

Our Ref: RCZ/JM/548
Yours Ref: DM/EK/146/05/P

Doonan McCaig & Co
Solicitors
151 Stockwell Street
GLASGOW
G1 4LR

Dear Sir,

MEDICAL REPORT

RE: DANIEL ANTHONY EGAN – D.O.B. 12.02.54
1 DUNCAN STREET, PORT BANNATYNE, BUTE.PA20 OLX

Thank you for your letter dated 14th July requesting a medical report on Mr. Egan.

He came to the Drug Problem Clinic in October 2002 requesting help for his heroin addiction. At that time he was smoking approximately 2 bags of heroin per day on top of a long history of polydrug use.

He was commenced on Methadone and has continued in treatment ever since. He attends the Drug Problem Clinic approximately once a month where he is seen by myself and Allan Paton the Drug Councillor. He is on 3 supervised doses of Methadone a week and 4 unsupervised. His current dose is 16mls. His urine is checked at random intervals 4 times a year.

Daniel has not admitted to any illicit drug use since the end of last year. All his urine specimens since engaging treatment has been negative for illicit drugs. He does have a tendency to misuse alcohol on occasions, however, generally we have been pleased with his engagement on a therapeutic level with us in the Drug Clinic and we would consider that he has made good progress.

Yours sincerely,

DR. R. CLARK.

DOONAN McCAIG & CO.

Solicitors

Stephen Doonan LL.B. (Consultant)
David McCaig LL.B. (Hons.), Dip.L.P.
Anthony O'Hagan LL.B. (Hons.), Dip. L.P. (Consultant)

151 Stockwell Street
Glasgow G1 4LR
DX GW296

Tel: 0141 552 6600 (24hr Emergency No.)

Your Ref:	Our Ref:	Date:
	DM/EK/146/05/P	14th July 2005

F.A.O. Dr Clark
Health Centre
High Street
Rothesay
ISLE OF BUTE
PA20 9JL

Dear Dr Clark,

OUR CLIENT & YOUR PATIENT: DANIEL ANTHONY EGAN
DATE OF BIRTH: 12TH FEBRUARY 1954

We act for Mr Egan.

We are preparing for a court appearance on the 9th August.

Our understanding is that Mr Egan has been under your care for considerable period of time.

In particular, we understand that you are treating him with regard to drug rehabilitation.

We should be greatly obliged if you would furnish us with a report detailing the treatment, including counselling.

We enclose the mandate of Mr Egan authorising release of the information and we look forward to hearing from you at your earliest convenience.

Yours faithfully,

DATE RECEIVED	15/7
NOTES PLEASE	
MAKE APPT GP/NURSE	
PASS TO NURSE	
REPEAT TEST	
TELL PATIENT	
COLLECT PRESCRIPTION	
UPDATE RECORDS	
ACCEPTABLE/ACTION	
FILE	

DOONAN McCAIG & CO

Fax No: 0141 552 6230

'MANDATO'

I Daniel Egan [DOB: 12/2/54] hereby request release of any information sought by my solicitors Zoran Mirović Co.

GLASTHOW.
13/7/05

X
Daniel Egan,

7/6/05

About your patient – continued

DANIEL EGAN YT526865A

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

Fully aware

5 **Any other information.**

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

None

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

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

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper..

Your signature

Signature

Name Dr

Date 7/06/05

Doctor's stamp

DR R. CLARK
THE HEALTH CENTRE
HIGH STREET
ROTHESAY, PA20 9JL
TEL: 01700 502290
FAX: 01700 505692

Your reply

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

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

4/5/05.

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

Drug problem

3 **Factual details of patient's condition.**
Where possible, please include brief factual details of:
- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

- Stable
- Methadone 16 ml
- No significant change expected

LOMOND & ARGYLL PRIMARY CARE NHS TRUST
Accident / Emergency Form

Islay
Rothesay ✓
Dunoon
Campbeltown
Lochgilphead

Health Visitor
Name
Address

Hospital 04/692

Surname	Forenames	Birth Surname
EGAN	Daniel	

Address	Patient's Own Occupation
63e Castle St Port Bannatyne	

Postcode	Telephone No.	Date of Birth	Sex	Marital status	Religion
PA20 0??	07747593121	12/02/54	M	S	

Next of Kin: Name [redacted]

Family Doctor: Surname DR CLARK Initials

Address Rothesay H/C

Postcode Telephone No. 01700 502290

Hospital (Yes) No In / Out Patient Year 2003

Body (R) Eye

Date of Injury or Illness	Time of Injury	Type (Code)	Source of Referral
9/3/04			GP ___ Self ✓ Police ___ Other (Code) ___

Road Traffic Accident Place Details

Home Accident Probable Cause

To be completed by Medical Officer after seeing Patient

Dear Doctor As per ENP protocol 23A.

The above named patient attended Accident and Emergency Department today

Diagnosis [illegible] (R) eye.
No h/o trauma

X-Ray film / ECG shows examined using fluorescein

Treatment Given small superficial abrasion noted at 6 o'clock.
Chloramphenicol oint given t.i.d. for ?? days
Review if no improvement V/A (L) 6/18.
(R) 6/9.

Drugs days supply of has been given.

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

Would you please arrange

Discharge Codes: Please circle

1. Admission	3. Refer to GP	5. Died	7. Irregular Discharge
2. Discharge	4. Transfer to Other Hospital (see below)	6. Refer to CP clinic (see below)	8. DOA

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

Follow up	Not arranged	Arranged	To be arranged

Clinic referred to	A&E	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others specify

Medical Officers Name (in block capitals) Signature of Medical Officer [signature]

Cons SR Reg. SHO / JHO Clin Assist (Please circle)

GP Copy Pink - Medical records copy Yellow - Health Visitors copy Blue - Treatment card copy White

Islay
Rothesay
Dunoon
Campbeltown
Lochgilphead

LOMOND & ARGYLL PRIMARY CARE NHS TRUST
Accident / Emergency Form

Health Visitor
Name
Address

Hospital 03/2658

Surname Egan
Forenames Danny
Birth Surname
Address 1 Duncan Street. Port Bannatyne
Patient's Own Occupation
Postcode | Telephone No. | Date of Birth [redacted] 54 | Sex | Marital status | Religion

[redacted]

Dr Lewis Smith

Postcode | Telephone No.

Accident / Emergency: Date of Attendance 26-8-03 | Previous Attendance at this Hospital Yes / No | In / Out Patient | Year

Time of Attendance 14.40 | Reason for Attendance injury left knee.

Date of Injury or Illness | Time of Injury | Type (Code) | Source of Referral GP___ Self___ Police___ Other (Code)___

Road Traffic Accident Place | Details

Home Accident Probable Cause

To be completed by Medical Officer after seeing Patient

Dear Doctor

The above named patient attended Accident and Emergency Department today

Diagnosis 9/2/07

Twisted (L) knee last night after falling off M/C

X-Ray film / ECG shows

Treatment Given

knee c/o pain med. side

OE swollen. medial ...

Good ROM Stable

Drugs ... days supply of N/a ... has been given.

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

Would you please arrange paracetamol.

Discharge Codes: Please circle

1. Admission 3. Refer to GP 5. Died 7. Irregular Discharge
2. Discharge 4. Transfer to Other Hospital (see below) 6. Refer to CP clinic (see below) 8. DOA

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

Follow up	Not arranged	Arranged	To be arranged

Clinic referred to	A&E	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others specify
							✓			

Medical Officers Name (in block capitals)

Signature of Medical Officer [signature]

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

GP Copy Pink - Medical records copy Yellow - Health Visitors copy Blue - Treatment card copy White

jobcentreplus

Your reference is YT526865A
Please tell us this number
if you get in touch with us

DR R CLARK
THE HEALTH CENTRE
HIGH STREET
ROTHESAY
ISLE OF BUTE
PA20 9JL

Greenock Jobcentre Plus
2 Cross Shore Street
Greenock
Inverclyde
PA15 1DU

Phone 01475 881500
TEXTPHONE for the deaf/hard of
hearing ONLY 01475 783588

Date 31/05/2003
FOR MR DANIEL ANTHONY EGAN

DATE RECEIVED	3/6
NOTES PLEASE	
MAKE APPT DOCTOR	
MAKE APPT NURSE	
PASS TO NURSE	
REPEAT LIST	
TELL PATIENT	
COLLECT PRESCRIPTION	
UPDATE RECORDS	
NORMAL / FILE	

INFORMATION ABOUT YOUR PATIENT

Name MR DANIEL ANTHONY EGAN

Address C/O EGAN
1 DUNCAN ST.
PORT BANNATYNE
ROTHESAY, ISLE OF BUTE
PA20 0LX

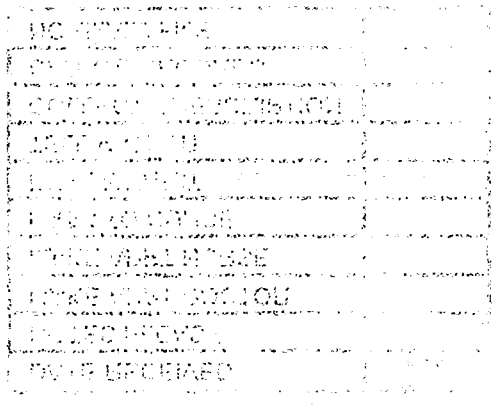
Payment of Incapacity Benefits and the award of National Insurance credits are subject to an incapacity assessment. If a person meets, or is treated as meeting, the threshold of incapacity, medical certificates are no longer needed to support their claim.

As the patient shown above meets or is treated as meeting the threshold of incapacity under the Personal Capability Assessment you no longer need to issue NHS medical certificates for this person's claim for benefit. However, we may need to contact you for further information about your patient's incapacity in the future.

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

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity. The booklet IB204 'A guide for registered medical practitioners' gives more information. If you do not have this booklet, you can get it from your local Jobcentre Plus/social security office. It is also published on the DSS website at www.dwp.gov.uk/hq/pubs/medical

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.
IB74



12/02/03

About your patient – continued

Your reply to the Medical Services doctor

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

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

16/1/03.

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

Drug dependency

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

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

Keen to be drug free

Reduced heroin consumption by 80%

On methadone programme 20ml daily

Heroin habit for 8 years

Prognosis uncertain. Very early days of methadone prog.

About your patient – continued

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

Fully aware

5 **Any other information.**

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

None

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

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

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision made by the Benefits Agency, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature

Name Dr

Date 11 / 02 / 03

Doctor's stamp

Dr D C [illegible]
[illegible] Centre
[illegible]

Rothesay Health Centre

High Street
Rothesay
Isle of Bute
PA20 9JL

Tel (01700) 502290

1st October 2002

WSZ032/MMB

Mr. Allen Paton
Drug Dependence Clinic
c/o Health Centre
High Street
Rothesay

Dear Allen,

Daniel Egan, 1 Duncan Street, Port Bannatyne, Bute, PA20 0LX
D.O.B 12.02.54 CHI:3472

I would be grateful for your assistance with the further management of the above 48 year old patient who came to see me today telling me that he has had a heroin habit on and off for the last 8 years, but particularly bad over the last 7 months. He smokes heroin, lives on his own, seldom drinks and has decided it is time that he comes off heroin for good.

Not only does he want help, but his son who is 23 years old and lives down the road from him has threatened to disown him if he does not do something about his habit.

Yours sincerely,

physical State → n/k of Note.
Psychiatric → Depression in Past - n/k current.
" Dependant Personality "

DR. W. SHENNAN

BSte → 2yrs - Clean when arrived, dabbling initially.
Last 7/12, daily - 2 x £10 - Heroin - Inhalation - never I.V; Cannabis - daily → amphetamine, x 2. Weekly
Methadone in past → for 1 month → Via BSte → clean for 18/12 following Detox.
Meth → not appropriate → Short Term - Detox.

NOTICE OF FAILURE TO ATTEND FOR X-RAY

X-RAY DEPARTMENT
INVERCLYDE ROYAL HOSPITAL
LARKFIELD ROAD
GREENOCK
PA16 0XN

TELEPHONE : (01475) 656144 - Direct Line To Xray Dept.

CONSULTANT : Mr Orr Rothesay

NAME: Daniel Egan

ADDRESS: 1 Duncan St

Port Bannatyne

Rothesay

D.O.B. 12/2/54

The above patient failed to attend for Testes US

X-Ray examination on 24/4/02 also cancelled appt by 21/3/02

No further appointment will be sent unless requested by you.

Yours Sincerely,

MRS.R.LIDDELL
X-RAY CLERICAL SUPERVISOR.

DATE RECEIVED	7/5
NOTES PLEASE	
MAKE APPT DOCTOR	
MAKE APPT NURSE	
POST TO NURSE	
[illegible]	
TEL [illegible]	
COLLECT PRESCRIPTION	
UPDATE RECORDS	
NORMAL FILE	✓

Copy to IRH 3/5/02

Copy to GP 3/5/02

LOMOND & ARGYLL PRIMARY CARE N.H.S. TRUST

Rothesay Victoria Hospital
High Street
Rothesay
Isle of Bute
PA20 9JJ
Telephone 01700 503938
Facsimile 01700 502865

REF: GMcK/LMcM/9839

DATE:Clinic 13/03/02
Typed 15/03/02

Dr. Hayes,
Health Centre,
Rothesay.

Dear Dr. Hayes,

Daniel Egan, 1 Duncan Street, Port Bannatyne, PA20 0LX. (12/02/54)

This gentleman for several years has noticed a lump over his left testicle. There is no increase in size and it is not causing him any discomfort. I note that he had an episode of haematuria several years ago also.

On examination his right testis and epididymal are normal as is his left testicle. The problem he is feeling appears to be over the head of the epididymus and it is mildly tender on examination. I was unable to transilluminate it today.

I suspect this is residual scarring following an episode of epididymitis several years ago.

To exclude any sinister lesion I have requested an ultrasound of this gentleman's scrotum. We will review him back at clinic following this.

DATE RECEIVED	22/3
NOTES PLEASE	
MAKE APPT DOCTOR	
MAKE APPT NURSE	
PASS TO NURSE	
[illegible]	
[illegible]	
[illegible]	
[illegible]	

Yours sincerely,

Mr. Glen McKenzie,
Surgical Registrar to Mr. G. Orr,
Consultant Urologist.

Rothesay Health Centre

High Street
Rothesay
Isle of Bute
PA20 9JL

Tel (01700) 502290

18th February 2002

RMHU406/MMB

Mr. Orr
Consultant Urologist
Victoria Hospital
High Street
Rothesay

Dear Mr. Orr,

Daniel Egan, 1 Duncan Street, Port Bannatyne, Bute, PA20 0LX
D.O.B 12.2.54 CHI: 3472

I would be grateful for your review of this 48 year old man who has noticed a painless swelling on the upper part of his left testicle. This has been present for one year and I note that he had painless haematuria several years ago.

Past medical history: 1973 overdose of Aspirin. Illicit drug use. 1992 fractured scaphoid, 2000 fractured ankle, 2001 alcohol problem drinking.

Present medication: none.

Drug sensitivities: none.

On examination: he has a firm swelling on the upper pole of his left testicle. This is small and non tender.

Working diagnosis: epididymal cyst.

Reason for referral: I would be grateful if you could see this man and confirm the diagnosis in the months ahead.

Yours sincerely,

DR. R. M. HAYES

LOMOND & ARGYLL PRIMARY CARE NHS TRUST
Accident / Emergency Form

Islay
✓ Rothesay
Dunoon
Campbeltown
Lochgilphead

Health Visitor
Name DANIEL EGAN
Address 1 DUNCAN ST
PORTBANNATYNE

Hospital 2001 | 3606

Surname	Forenames	Birth Surname
EGAN	DANIEL	

Address	Patient's Own Occupation
1 DUNCAN ST. PORTBANNATYNE	

Postcode	Telephone No.	Date of Birth	Sex	Marital status	Religion
		12 2 54	M		

[redacted]

Family Doctor: Surname: DR Boyd | Initials:
Address: H/C — Rothesay
Postcode: | Telephone No.:

Accident / Emergency: Date of Attendance	Previous Attendance at this Hospital Yes / No	In / Out Patient	Year
15/11/01			

Time of Attendance	Reason for Attendance
1045	Painful left knee

Date of Injury or Illness	Time of Injury	Type (Code)	Source of Referral
5/11/01	5		GP ____ Self ✓ Police ____ Other (Code) ____

Road Traffic Accident Place | Details

Home Accident Probable Cause

To be completed by Medical Officer after seeing Patient

Dear Doctor

The above named patient attended Accident and Emergency Department today

Diagnosis: Painful (L) knee for 10/7 since kicking a door
Pain going down stairs. Antalgic gait

X-Ray film / ECG shows: o/e No effusion.

Treatment Given: + tender over distal lat ligament
NBI
Imp SIT
(P) DTG & rest for 4-6/52.

Drugs ____ days supply of ____ has been given.

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

Would you please arrange

Discharge Codes: Please circle

1. Admission
2. Discharge
3. Refer to GP
4. Transfer to Other Hospital (see below)
5. Died
6. Refer to CP clinic (see below)
7. Irregular Discharge
8. DOA

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

Follow-up	Not arranged	Arranged	To be arranged

Clinic referred to	A&E	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others specify

Medical Officers Name (in block capitals)

Signature of Medical Officer

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

GP Copy Pink - Medical records copy Yellow - Health Visitors copy Blue - Treatment card copy White

About your patient – continued

Your reply to the Medical Services doctor

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

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

9-2-04.

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

Recently arrived here - no notes
He says he is a former heroin addict

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

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

requested methadone, no Rx given yet.
recent urine drug screen negative

About your patient – continued

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

not known

5 **Any other information.**

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

He can't attend

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

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

not known.

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision made by the Benefits Agency, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature

Name Dr

Date 26/2/04

Doctor's stamp

The Dale Practice
Health Centre
High Street
Worbeay PA20 9JL
TEL: 0700 502290

West Suffolk Hospital

Hardwick Lane
Bury St. Edmunds
Suffolk IP33 2QZ
Fax: (01284) 701993
Tel: (01284) 713000
A National Health Service Trust

Please reply to:
Direct Dialling No:

Clinic date : 31 July 2000

DANIEL EGAN dob 12 02 54 729830
20 School Close Cheveley Newmarket
DIAGNOSIS: Undisplaced medial malleolus fracture left ankle sustained on 30 July 2000

This gentleman sustained above injury when he twisted his ankle and was seen in A & E where a backslab was given.

X-rays of the ankle were taken only, no x-rays of the knee but clinically he does not have any tenderness over the shinm or the upper fibular.

I have shown the x-rays to my Registrar, Mr P K Sharma, who advised below knee full cast non-weight bearing and repeat x-rays next week in his follow-up appointment in the Fracture Clinic. He does not have any neurovascular deficit. He is known patient of depression and heroin abuse and presently unemployed. I have advised him to come fasted to the next clinic appointment so that if the fracture displaces then we can fix it on the same day.

I have advised him to keep the limb elevated to keep the swelling down.

Dr V Mittal FRCS
Senior House Officer
MR S U SJØLIN FRCS Ed (Orth)
Consultant Orthopaedic Surgeon

Dr M R I Slowe
The Rookery Medical Centre
NEWMARKET
Suffolk CB8 8NW

West Suffolk Hospital

Hardwick Lane
Bury St. Edmunds
Suffolk IP33 2QZ
Fax: (01284) 701993
Tel: (01284) 713000
A National Health Service Trust

Please reply to:
Direct Dialling No:

Clinic date : 7 August 2000
DANIEL EGAN dob 12 02 54 729830
20 School Close Cheveley Newmarket

Comfortable in plaster. X-rays show unchanged position. We will leave matters as they are now and see hin 4 weeks' time with plaster removal on arrival.

MR S U SJØLIN FRCS Ed (Orth)
Consultant Orthopaedic Surgeon

Dr M R I Slowe
The Rookery Medical Centre
NEWMARKET
Suffolk CB8 8NW

West Suffolk Hospital

Hardwick Lane
Bury St. Edmunds
Suffolk IP33 2QZ
Fax: (01284) 701993
Tel: (01284) 713000
A National Health Service Trust

Please reply to:
Direct Dialling No:

Clinic date :4 September 2000
DANIEL EGAN dob 12 02 54 739830
20 School Close Cheveley
DIAGNOSIS: Minimally displaced medial malleolar fracture left ankle 5 weeks ago

This man has been walking full weight bearing for the past few weeks on his cast to such that the base of the cast was badly damaged. He has been having no pain. Indeed today the cast was removed and the fracture site was solid and non tender and he had a good early range of movement. I have encouraged him to mobilise but to avoid impact type activities. I have discharged him from the clinic.

MR A MACDOWELL FRCS
Specialist Registrar to
MR S U SJØLIN FRCS Ed (Orth)
Consultant Orthopaedic Surgeon

Dr M R I Slowe
The Rookery Medical Centre
NEWMARKET
Suffolk CB8 8NW

AYRSHIRE + ARRAN
Community Health Care
NHS TRUST

Bentinck Centre
East Netherton Street
KILMARNOCK
KA1 4AX
Tel: (01563) 574237
Fax: (01563) 574238

Ref : 98-0152/JM/td

2 February 1998

NAD ☑ P...
APPT ☐ C...
04 FEB 1998
DIAGNOSIS:

Mr D Egan
11 Fleming Terrace
IRVINE
Ayrshire

Dear Daniel

I have been asked to see you by Dr Doig.

Can I see you on Wednesday 4 February 1998 at 4pm at the Bentinck Centre. If this is unsuitable please contact me at the above telephone number.

Your sincerely

Jamie McCaughie
Charge Nurse
Home Detox Team

cc Dr Doig, Townhead Surgery, 6 - 8 High Street, Irvine, Ayrshire

Log + Checked 9/2

Checked 14/3/98

" " 9/6/98 (AD) .

AYRSHIRE + ARRAN
Community Health Care
NHS TRUST

Ref: 98-0152/JM/td

6 February 1998

APPT ☐
09 FEB 1998
DIAGNOSIS:

Dr Doig
Townhead Surgery
6 - 8 High Street
IRVINE
Ayrshire
KA12 0AY

Dear Dr Doig,

RE: DANIEL EGAN, 11 FLEMING TERRACE, IRVINE
DATE OF BIRTH: 12/2/54

Following you referral of this gentleman I saw him initially within the Bentinck Centre.

This gentleman was describing a daily use of approximately £40's worth of Heroin and intermittent use of Amphetamines, Alcohol and Cannabis. For detoxification to commence this gentleman would have to stabilise this use and reduce his use of Heroin to approximately £10 per day.

In view of this I have referred him on to the Townhead Centre where he will maintain contact with counsellors there who will help him to address these issues. I will of course keep contact myself with the Townhead Centre regarding this gentleman's situation and when he has achieved his targets I will re-contact yourself for commencement of a detoxification regime and I will of course keep you informed of any other changes in this gentleman's situation.

Should you require any further information, please do not hesitate to contact me at the above number.

Yours sincerely

Jamie McCaughie
Charge Nurse
Home Detox Team

Reg + checked 16/2 (AD).
Checked 14/3 LJ.
" 9/6 (AD)
Checked 3/7 (JS)

AYRSHIRE + ARRAN
Community Health Care
NHS TRUST

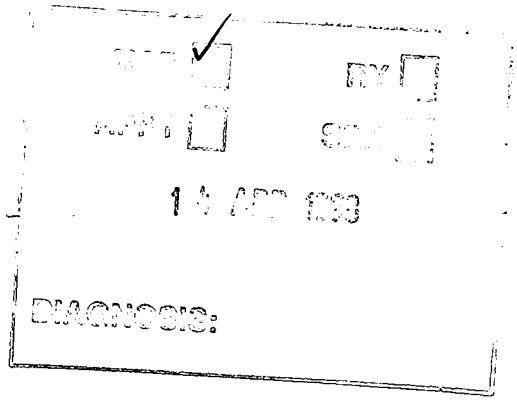
Home Detox Team
Bentinck Centre
East Netherton Street
KILMARNOCK
Ayrshire KA1 4AX
Tel: (01563) 574237
Fax: (01563) 574238

NHS in Scotland 1948 - 1998

Ref: 98-0152/JM/td

9 April 1998

Dr Doig
Townhead Surgery
6 - 8 High Street
IRVINE
Ayrshire
KA12 0AY



Dear Dr Doig

RE: DANIEL EGAN, 11 FLEMING TERRACE, IRVINE
DATE OF BIRTH: 12/2/54

As you are aware I have been offering this gentleman on-going support regarding a reduction of his opiate use and his intermittent use of Amphetamines, Alcohol and Cannabis. This gentleman has failed to establish on-going support with the Townhead Centre and at present feels that he is able to gradually reduce his use without any further support at present from our service.

I has slightly reduced his opiate use but at times his drug use reverts to an erratic pattern. It would be inappropriate for our service to continue liaising with this gentleman at present and his commitment to on-going support and his motivation to detoxify appear very low at present.

In view of this I must discharge this gentleman from my caseload and hope that he will establish longer term support from the Townhead Centre enabling him to become less chaotic in his drug use and focus on a more structured reduction of his opiate.

Should you require any further information, please do not hesitate to contact me at the above number. If you do feel that this gentleman would benefit from further contact from ourselves I would of course be happy to accept a referral for him.

Yours sincerely

Jamie McCaughie
Charge Nurse
Home Detox Team

Checked Q4/4 + Reg (aw)

CROSSHOUSE HOSPITAL

Accident/Emergency Unit

Dr M H Zaidi

Telphone: Kilmarnock 21133

EAGAN DANIEL 382702
11 FLEMING TERR WARD/DEPT
IRVINE 12/02/1954
DR CAMPBELL M/M C/H
6/8 HIGH STREET A2277

The above named patient did not keep an appointment at the FRACTURE Clinic on 14/8.

Will you please make a further appointment in the usual way if you think it necessary.

Dr CAMPBELL

TOWNHEAD SURGERY

IRVINE

N.A.D. ☑ SPEAK ☐ APPT. ☐ R_x ☐
NEW D[illegible]S:

CROSSHOUSE HOSPITAL

Accident/Emergency Unit

Dr M H Zaidi

Telphone: Kilmarnock 21133

EAGAN DANIEL 382702
11 FLEMING TERR WARD/DEPT
IRVINE 12/02/1954
DR CAMPBELL M/M C/H
6/8 HIGH STREET A2277

The above named patient did not keep an appointment at the FRACTURE Clinic on 31/8/92.

Will you please make a further appointment in the usual way if you think it necessary.

N.A.D. ☐ SPEAK ☑ APPT. ☐ R_x ☐

Dr CAMPBELL ~~NEW DIAGNOSIS:~~

6/8 HIGH ST

IRVINE

Code STA0104

AYRSHIRE AND ARRAN HEALTH BOARD

CROSSHOUSE HOSPITAL

CROSSHOUSE
KILMARNOCK KA2 0BE
Telephone (0563) 21133

Accident / Emergency Unit

Consultant in Charge
S. M. H. ZAIDI

D.O.B. ~~*Our Ref.*~~ 12/2/54

Date: 21/4/92

DANIEL EAGAN
11 FLEMING TERR
IRVINE

Hospital No. 92-4-2436

Dear Dr. CAMPBELL

The above named has attended this Department to-day and is suffering from

Injury (L) wrist. Acutely tender at anatomical snuff box - ? # scaphoid.

He/She has been treated as follows—

Scaphoid POP.

Clinical examination and inspection of wet films showed

No Bony Injury ☐ Bony injury of the following—

Clinical # of scaphoid.

In the meantime the condition will be reviewed by the Radiologist and the Accident and Emergency Surgeon and in the event of a revision of opinion you will be informed and the patient requested if necessary to attend the Department.

Further treatment is recommended as follows—

A review appointment on ~~[illegible]~~ # clinic 10/7 1.5.92

Yours sincerely,

(Rx written 22/4/92 Brufen 400mg.)

Accident/Emergency Surgeon.

AYRSHIRE AND ARRAN
HEALTH BOARD

WRITE, IMPRINT OR ATTACH LABEL

STA0213

DATE		
1.5.92	MHZ/EM	FRACTURE CLINIC This patient has a fracture of left scaphoid following an injury on 21 April 1992. To go into scaphoid plaster. See in a month's time. Plaster off and X-ray on arrival.
29.5.92	MHZ/CG	X-ray shows no evidence bony union. A further scaphoid plaster. See in a months time. CC DR CAMPBELL 6/8 HIGH STREET IRVINE

FROM CONSULTANT TO APPOINTMENTS CLERK

Code STA 0116

Patient's Name

EAGAN DANIEL 382702
11 FLEMING TERR WARD/DEPT
IRVINE 12/02/1954
DR CAMPBELL M/M C/H
6/8 HIGH STREET A2277

Hosp. No. .....

ess .....

.....

.....

Please make an appointment for this patient to attend in

Days		New Patient	
Weeks		Review Patient	✓
Months		F.T.R.	
F.T.R.	✓		

(Please use appropriate boxes)

Consultant/Clinic FRACTURE CLINIC DR ZAIDI Date 24/3/92

Signed .....

PATIENT QUESTIONNAIRE

Please complete as many of the following questions as you can. The information is COMPLETELY CONFIDENTIAL and will help us provide you with good medical care, as it can take many months for your records to come through.

PLEASE PRINT CLEARLY AND RETURN COMPLETED FORM TO THE SURGERY RECEPTION

Name. DANIEL ANTHONY EGAN Sex. MALE

Address. C/O 20 SCHOOL CLOSE Date of Birth. 12-2-54

CHEVELEY NEWMARKET Post Code CB8 9EN Tel.No. 731776

1 PERSONAL HISTORY

Present Occupation. UNEMPLOYED

Previous Occupation. LABORER

Have you any relatives living in the area? If so, please give name, address and telephone number.

(DAUGHTER) MRS SONJA EGAN AS ABOVE

Your present weight. 10½ ST. Your present height. 5'10.

What is your weekly alcohol consumption? 2 OR 3 PINTS

How much do you smoke? ABOUT

FOR WOMEN Are you on an oral contraceptive (the pill)? YES/NO
Are you fitted with a coil? YES/NO

2 HEALTH HISTORY

Are you in good health now? YES.

Please list any serious illnesses you have had including operations and accidents
WOMEN: Please include any problems in pregnancy or at delivery

i) BROKEN WRIST.

ii)

iii)

iv)

Are you caring for someone? YES/NO NO
You may be - a parent, partner, son or daughter, brother, sister, friend or neighbour - but if you are regularly supporting someone with an illness, frailty or disability, you are a carer.

We invite you to attend a Registration Appointment with our Screening Nurse.
Could you please bring with you an immunisation or cervical smear record cards, a sample of urine and this questionnaire.

Thank you

P.T.O.

DRUGS AND MEDICINES

Are you taking any medicine (including laxatives, cough medicines and medicines obtained without prescription?

Name of medicine	How often taken?	Who advised you to take it?
1)		
2)		
3)		
4)		

Are there any medicines to which you are allergic, or upset in any way? YES/NO NO

If YES, please give details.....

3 FAMILY HISTORY

Please state present health of, and any serious illness, suffered by your:-

Father ALIVE (Age at death if deceased) Cause of death.....

Mother DEAD. 71 (Age at death if deceased) Cause of death EMPHISIMA

Have you had any brothers or sisters who have died? YES/NO NO

Have you any relatives died as the result of a Heath Attack or Stroke? NO

If YES, please give age, sex, cause and date of death.....

Are you ~~single~~/~~married~~/~~re-married~~/separated/~~divorced~~/~~widow~~/~~widower~~? Delete which do not apply)

CHILDREN - Please list in order of age, giving first name and date of birth:

1) DANIELE 22/7/96 2).....

3)..... 4).....

Have you had any illness or other problem you wish to discuss? YES - YES/NO

IMMUNISATIONS AND CERVICAL SMEARS

We believe it is important for everyone to be up to date with immunisations and cervical smears. Please help us by providing the following information:-

All patients

When did you last have a tetanus booster?.....

When did you last have a polio booster?.....

Have you had a Rubella (German Measles) injection? YES/NO .....

Women only - CERVICAL SMEAR INFORMATION (for all women over the age of 16)

Have you had a cervical smear YES/NO - If YES when was your last one?.....

Was it normal? YES/NO Was it done at your GP's surgery? YES/NO

Have you had a hysterectomy? YES/NO- If YES, when was it done and at which Hospital?

Thank you for taking the time to fill in this Questionnaire.

Your signature Daniel Egan Date 1/6/00

XH 382702

EGAN DANIEL
H.M. PRISON DUNGAVEL
STRATHAVEN
Surn LANARKSHIRE ML10 6RF
Fore 12/02/1954 M/M
Add DR.M DOIG
.... TOWNHEAD SURGERY
.... 6/8 HIGH ST
STA0213 Wa CHI 1202543472

No. .....
.....
B. .....
.....
.....

DAT.

8/8/97 MHZ/EM Daniel Eagan 382702

This patient has been referred by Mr Al-dada with mal-united left colles fracture. He says h is left handed. He says the deformity is there but he is now able to move and function wel in fact his dorsiflexion is 80 degrees, palmar flexion is 45 degrees and he still has about 3 degrees loss of supination and .5 cms shortening of the radius and prominent ulnar head. H has no signs of pressure on median nerve. He has a good range of movement and powerfi grip and he is gardening and quite happy with it. I have discussed the pros and cons o surgery with him. On balance, since he has very little function and cosmetic deformity on does not think that osteotomy of radius and bone graft is indicated to correct this. He is quit happy with my explanation and has been discharged.

cc: Dr Doig Townhead Surgery Irvine

NAD ☐ RX ☐
APPT ☐ SPK ☐
18 AUG 1997

ORTHOPAEDIC

Medical Centre
H M Prison
Dungavel
STRATHAVEN
ML10 6RF

Tel : 01357 440371 Ext. 319
Fax : 01357 440311

To Whom it May Concern

JEF01204.087

04/08/97

Dear Doctor

Re: Daniel EGAN (B. 12/02/54)

We've been looking after this chap for about a year. He arrived back at Dungavel with a fracture of the left distal radius still in plaster. Plaster was removed locally at Stonehouse Hospital, and unfortunately there has been a fairly badly malunited result. He was referred locally to Crosshouse Hospital and remains in attendance there under Dr Al-Dadah. Apparently the intention is to re-fracture the wrist in an attempt to improve the result.

Yours sincerely

DR F N SHAPIRO
Medical Officer

FIFE HEALTH BOARD — EAST FIFE DISTRICT
VICTORIA HOSPITAL KIRKCALDY

Casualty Department
5 December 1978

O.P. No. ....

Dear Doctor,

Name Daniel Egan.
Address 120 Alexandra Rd
Glenrothes

Your patient was seen by me to-day ~~at your request~~ / as a casualty

suffering in my opinion, from probable # crack fibula

X-rays were taken of ....

Wet/Dry films show ....

Treatment given/arranged in the Department was ....

In view of pain below knee POP

Further treatment advised is ....

Clinic 8/12/78

Dolobid tabs T BD 2/52

Your patient was
- ~~asked to report back in~~ .... days
- referred to ....
- discharged from further attendance.

Yours sincerely

~~Consultant~~
Senior Registrar
House Surgeon

12/12/78

FIFE HEALTH BOARD — EAST FIFE DISTRICT
VICTORIA HOSPITAL, KIRKCALDY

File

Casualty Department

2/12 19 78

O.P. No. .....

Dear Doctor,

Name Daniel Egan

Address 120, Alexander Rd

Glenrothes

Your patient was seen by me to-day ~~at your request~~ as a casualty

suffering in my opinion, from RTA

X-rays were taken of knee chest

Wet / Dry films show No # rib

Treatment ~~given~~ arranged in the Department was Tubigrip to knee.

Further treatment advised is See CRO 3/7 leave

Your patient was { asked to report back in ..... days / referred to ..... days / discharged from further attendance.

Yours sincerely

~~Consultant~~ / ~~Senior Registrar~~ / House Surgeon

TELEPHONE CUPAR 2611

Your Ref.
Our Ref. AM/EMF/014989

STRATHEDEN HOSPITAL
CUPAR, FIFE
KY15 5RR

PRIVATE AND CONFIDENTIAL

1st October, 1976

Dr. W. MacDonald,
Cos Lane Surgery,
Woodside Road,
GLENROTHES.

Dear Dr. MacDonald,

Mr. Daniel Egan, 30 Alexander Road, Glenrothes.

Thank you for your letter about this patient. It is not our practice to offer appointments while charges are being pursued because the patient's motivation is often doubtful and the medical/legal situation can become very complicated. Whenever there is doubt about the underlying psychiatric condition of the accused, the Fiscal or the Sheriff can of course request a special examination, and occasionally the solicitor of the accused may receive permission to obtain such a report.

Once the charges have been disposed of, I would of course be glad to offer Mr. Egan an appointment and perhaps you can confirm that this is his wish.

Yours sincerely,

A. Morrison,
Consultant Psychiatrist.

FILE

5 OCT 1976

LEVERNDALE HOSPITAL

C[illegible]ULTANTS:
Dr. E. H. BENNIE
Dr. J. K. BINNS
Dr. J. M. CARLISLE
Dr. A. M. GRAY
Dr. D. H. NIMMO
Dr. N. A. TODD

510 CROOKSTON ROAD
GLASGOW, G53 7TU

TELEPHONE:
041-882 6255

13th February, 1973.

JMC/HL
CONFIDENTIAL

Dr. D. Gordon,
57 Florence Street,
GLASGOW, C.5.

Dear Dr. Gordon,

Mr. Daniel Egan (19 yrs.), 54 Holmbyre Road, Glasgow, S.5.

As you will know this patient was transferred here from the Victoria Infirmary on 16th January, 1973. By the time he reached here his mental state was fairly normal and no evidence of anything other than personality disorder has been found. He has a poor work record and has mostly been unemployed since leaving school. He has taken Amphetamines, Barbiturates, Cannabis, Mescaline, and L.S.D. His attitude struck me as glib and superficial and I fear that he is very likely to go back to drug taking. He has some ideas about finding work either in Glenrothes or at a holiday camp but he did not strike me as strongly motivated to find employment. I have not arranged for follow-up.

Yours sincerely,

JAMES M. CARLISLE,
Consultant Psychiatrist

13/2/73

The Victoria Infirmary

Telephone: 041-649 4545 GLASGOW, S.2

MJR/JGR/465479

16th January, 1973

Dr. Gordon,
57, Florence Street,
GLASGOW, C.5.

Copy to: Dr. Carlisle,
Lorne Ward,
Leverndale Hospital,
GLASGOW, S.W.3.

Dr. Mullen,
Forensic Psychiatry Unit,
Southern General Hospital,
GLASGOW, S.W.1.

Dear Dr. Gordon,

Daniel Egan, (18 years),
823, Govan Road, S.W.3.

Your patient was admitted through our Casualty Department on 13th January, having taken a large dose of Aspirin the previous night, some 24 hrs. previously. Fortunately he had vomited about 12 hrs. later. When seen at Casualty he was hyperventilating, had some deafness, but was in a moderate state of consciousness. A blood salicylate level proved to be 75 mg. per 100 ml. at that time.

He was treated by means of fluids and sodium bicarbonate orally and made steady improvement.

He openly admitted that he had been experimenting with L.S.D. Mescaline and ~~Canibas~~ Cannabis, although he had none of these for the past five weeks. The curious smell was due to his unhygenic state, as he had not bathed for some three weeks. I also understand that his girlfriend, with whom he has been living recently, was admitted the previous night to the Southern General Hospital, also suffering from acute salicylate poisoning.

I was in touch with Dr. Mullen, but evidently an opportunity for in-patient treatment was not available at the Southern General Hospital. He was therefore seen on 15th January by Dr. Carlisle from Leverndale Hospital who considered that he required in-patient treatment and arranged his transfer to Lorne Ward today.

Yours sincerely,

M.J. RIDDELL

16/1/63

	National Health Service Number	
IMMUNISATIONS AND CREENING INVESTIGATIONS	**Surname (Block letters)** EGAN	**Forename (Block letters)** DANIEL
	Address	**Date of Birth** 12.2.54

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Mea-sles	Rubella	MMR	BCG
ate								
anufacturer & Batch No.								
ate								
anufacturer & Batch No.								
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anufacturer & Batch No.								
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anufacturer & Batch No.								
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anufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

	Influenza	Hep.B.	Typhoid	Cholera				
ate								
anufacturer & Batch No.								
ate								
anufacturer & Batch No.								
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anufacturer & Batch No.								
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anufacturer & Batch No.								
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anufacturer & Batch No.								
ate								
anufacturer & Batch No.								

IMMUNOLOGICAL STATUS

	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
ate				
sult				
ate				
sult				
ate				
sult				

SCREENING INVESTIGATIONS

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

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

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