



Interim Chief Officer
Susanne Millar
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
North West Alcohol & Drug Recovery Service
Possilpark Health & Care Centre
99 Saracen Street
Glasgow
G22 5AP

www.glasgow.gov.uk
www.nhsggc.org.uk

Direct Line: 0141 800 0670
Ref: NWADRS/ACCESS/0904746151
Date: 26th January 2021

Colin Donnelly
Flat 1/1
47 Hyndland Street
Glasgow
G11 5QF

Dear Colin

Re: Referral Acknowledgement Letter

We are writing to acknowledge you have been referred to the Alcohol & Drugs Recovery Services (ADRS) for Assessment. Our usual full range of services have been suspended due to the COVID-19 outbreak and the need for us to adhere to Government advice and guidance with regard to limiting the spread of the coronavirus.

We have a team of staff providing telephone services in the first instance and as a result of this our initial contact with you will be by telephone. You can contact the service yourself on the above contact number where you can leave your contact details and we will return your call on the same day. Please keep your phone available as contact will be made from a withheld number. Please answer as we will be unable to follow up with a home visit initially.

Please do not present at our offices, both Possilpark H&CC site and Hecla site of North West Alcohol and Drugs Recovery Services are closed and all operational staff are based within the Woodside Health Centre but there is NO PUBLIC ACCESS

If you are invited to the office for a consultation then you should enter at the Garscube Road/Hinshaw Street entrance.

In order to discuss how we can best assist you during this very challenging period then we want to talk to you about how we do this at the very earliest opportunity.

Staff are responding to referrals on a daily basis and where you have provided a contact number we will make contact with you therefore there is no need for you to call us.

We have attached a list of helpline numbers on the back of this letter. You may wish to use these at this time.

There are a number of supports we can offer over the phone and we look forward to discussing these with you.

Yours sincerely
NW ADRS Management Team

Copied to Referrer: Dr Marshall, Broomhill Practice, 41 Broomhill Drive, Glasgow, G11 7AD

OFFICIAL

GLASGOW ALCOHOL & DRUG RECOVERY

GLASGOW RECOVERY

GLASGOW RECOVERY COMMUNITITES

Alcohol & Drug Care & Treatment

Motivational Interviewing
 Detoxification, harm minimisation
 ORT stabilisation, maintenance
 Protective medication Psycho social interventions, CBT,
 Group work, life skills, recovery plans

Sustaining Positive Change

Training, education, Volunteering, employability skills
 One-to-One, Group work, Mutual aid, peer support.
 Managing anxiety and change
 Motivation, health and well-being.
 Relapse prevention, recovery goals

Recovery Aftercare Support

Peer-led city-wide activities Recovery meetings
 Alternative therapies; Mindfulness (Men and Women only sessions); Women's Recovery Drop In; Homework Club
 Parent & children activities, Volunteer Training and Development, Alcohol free events (AFFIT); Arts and Craft; Music and Social activities....*Please call us for more information*

Glasgow Alcohol & Drugs Recovery Services (North West)

North West Recovery Hub

North West Recovery Communities

Possilpark
 Possilpark Health & Care Centre
 90 Saracen Street
 G22 5AP
 ☎ 0141 276 4580

Drumchapel
 7-25 Hecla Square
 G15 8NH
 ☎ 0141 276 4330

59 Ruchill Street
 Glasgow
 G20 9PX
 ☎ 0141 221 3382
 ☎ 0808 178 5901

Website: glasgow.northwest@addaction.org.uk



80 St Vincent Terrace
 Glasgow G3 8DX
 ☎ 0141 328 4578



Monday 11AM-2PM
 Drumchapel Drop-In
 St Mark's Church 218 Kinfauns Dr
 G15 7BD

Thursday AM 10.30AM-3PM
 Women's Recovery Network Cadder
 Community Centre 110 Tresta Ro
 G23 5AE

Thursday PM 5PM-8PM
 Possil Drop-In Possilpoint
 Community Centre
 130 Denmark Street
 G22 5LQ

Saturday 10AM-2PM
 Fresh Saturday's
 Addaction North West Hub
 The Quadrangle
 59 Ruchill St
 G20 9PX

Overdose Awareness

Mixing drugs or using more drugs than you are used to can result in an accidental overdose

Naloxone is a medicine which can reverse the effects of an overdose for a short time and save lives.

Know how to recognise if someone needs help. Phone 999 and give Naloxone if you have it.

Naloxone is first aid and anyone 16 years or over can get a supply including family members and friends.

Ask your local alcohol and drug recovery service, pharmacy or GP how to get a supply

Safer Injecting

Sharing equipment puts you at enormous risk of contracting blood borne viruses such as Hepatitis or HIV

- Know where to get injecting equipment
- Ensure all injecting equipment is new and unused
- Share nothing, including spoons and water.
- Ensure used equipment is returned for safe disposal

Ask your local alcohol and drug recovery service, pharmacy or GP about the location of your nearest provider or contact Glasgow Drug Crisis Centre on 0141 420 6969

Ways to Reduce Your Alcohol Use

Is your alcohol use causing problems, has anyone suggested that you should reduce your alcohol use?

It can be helpful to reduce by a few alcoholic units per day.

Keep an alcohol diary to track progress.

www.nhs.uk/conditions/alcohol-misuse/treatment/

Ask your local alcohol and drug recovery service, or GP for further advice on safely reducing your alcohol intake

OFFICIAL

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER
MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
North West CAT Team GGC Mental Health	— Consultant / receiving practitioner and/or specialty clinic
CAT (Community Addiction Team) SCI Gateway Virtual Location Code	— Hospital and hospital address
	Hospital location code. G004G
	Email address -
Urgency of referral Routine	
Date of referral 26-Jan-2021	Date sent 26-Jan-2021

PATIENT DETAILS		Patient's address
Surname DONNELLY		1-1 47 hyndland street Glasgow G11 5QF
Forename(s) Colin		
Title Mr		
Sex Male		Contact number(s)
Date of birth 09-Apr-1974		Voice: 07494928004
CHI no. 0904746151		Voice: 07494928004
Area of Residence -		

101022507436T Unique Care Pathway Number: 101022507436T

REGISTERED GP DETAILS		Practice address
Name Dr Andrew Marshall		41 Broomhill Drive Glasgow G11 7AD
GMC code 3128273 GP code 08061		
Practice name The Broomhill Practice		Contact number(s)
Practice code 40121		Voice: 0141 339 3626
		Facsimile: 0141 334 2399

REFERRING GP DETAILS		Practice address
Name Dr. Andrew Marshall		41 Broomhill Drive Glasgow G11 7AD
GMC code 3128273 GP code 08061		
Practice name The Broomhill Practice (40121)		Contact number(s)
Practice code 40121		Voice: 0141 339 3626
		Facsimile: 0141 334 2399

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: alcohol dependence

Comment: Ongoing alcohol issues daily drinking wishes to get support

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Malignant neoplasm of kidney parenchyma (Left)	papillary renal cell carcinoma	06-Oct-2020	06-Oct-2020
Pseudocyst of pancreas	-	29-Sep-2020	29-Sep-2020
Alcohol dependence syndrome	-	08-Feb-2019	08-Feb-2019
Fracture of upper limb	right fifth metacarpal	09-Nov-2004	09-Nov-2004
Closed fracture zygoma	Left	17-Jul-1994	17-Jul-1994
Fracture of nasal bones	-	11-Feb-1994	11-Feb-1994

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Endoscopic ultrasound examination of pancreas	-	29-Sep-2020	29-Sep-2020
Primary repair of inguinal hernia NOS	Right	23-Apr-2002	23-Apr-2002

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

No current medications recorded

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Co-Codamol 30/500 Tablets	50	50 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	26-Jan-2021	26-Jan-2021
Ralvo Medicated Plaster 700 mg	10	10 patch	apply for 12 hrs once daily	-	14-Jan-2021	14-Jan-2021

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
04-Jan-2007	129	96
04-Jan-2007	129	96
04-Jan-2007	129	96
03-Sep-1996	102	66

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
07-Apr-2006	-	51.7	-
03-Sep-1996	165	51.71	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2007
Light smoker - 1-9 cigs/day:	Smoker\$\$ Status.clm - Repeat after an Intervalln GP care	03-Sep-1996
Trivial drinker - <1u/day:	Alcohol Intake\$\$ Status.clm - Repeat after an Intervalln GP care	03-Sep-1996

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

Risk of Suicide:No
Past history of suicide attempt:No
Risk of deliberate self harm:No
Is patient responsible for children?:No
Risk to others including children/dependents/clinicians/other:No
Risk from others:No
Risk of Self Neglect:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**



Chief Officer
David Williams
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Drumchapel Social Work Office
7-25 Hecla Square
Glasgow
G15 8NH

www.nhsggc.org.uk

Direct Line: 0141 276 4330
Our Ref: AR/RMacK
Date Dictated: 7th August 2019
Date Typed: 13th August 2019

Dr Marshall
Broomhill Drive Practice
14 Broomhill Drive
Glasgow
G11 7AD

Dear Dr Marshall

Name:	Colin Donnelly	CHI: 0904746151
Address:	Flat 2/1, 202 Earl Street, Glasgow, G14 0BY	

Diagnosis:	Alcohol dependence F10.22
Prescription Issued:	Acamprosate 666mgs 3 times a day with food.
Dispensing / supervision:	Dispense whole amount unsupervised.
Addictions Care Manager:	Mark Campbell

This patient attends the North West Alcohol and Drug Recovery service at Hecla Square, Drumchapel and I met him at the new patient alcohol clinic on the 7th August 2019.

Drug Use:

Never had any illicit drugs. Smokes 15 cig/d.

Alcohol Use:

Started drinking as a teenager but only at weekends. It became problematic for past 5 years binge drinking for up to 3 days when was drinking beer until passing out. It worsened for past 2 years drinking daily up to 15 cans of beer/d. He has drunk first thing in the morning if not having to go to work. Longest abstinent 3 weeks a year ago. Currently has gradually cut down his alcohol intake and last time he drunk only 1 pint of beer 2 days ago.

Physical Health:


No issues. Not taking any prescribed medication.

Mental Health:

No issues but is aware of the effect of alcohol in his mood. Never had any antidepressants.

Contact with Children:

He has a 15 year-old daughter who lives with him and her mother. No SW involvement.



Social:

Lives with his partner and daughter in his own tenancy. His partner drinks only socially. He works in construction. No financial issues.

Risk, Harm Reduction and Recovery Interventions:

No driving license. Attending AA meetings and also engaged with GCA which is finding helpful.

He wants to remain abstinent from alcohol for sometime with the aim of being able to drink in a control manner in the future. He wishes to try Acamprosate first to relieve cravings for alcohol but will consider Disulfiram if not effective.

Recent LFT's and U + E's normal.

Prescription given for Acamprosate 666 mg/tds x 28 days.

Mark Campbell, his care manager will carry out an IPSU and will receive weekly home visit until he returns to this clinic in 4 weeks time.

You may wish to consider adding the above prescription to EMIS as medication prescribed by specialist services.

Yours sincerely

Dr Adelaida Romero-Portillo

Medical Officer

North West Alcohol and Drug Recovery Service



Chief Officer
David Williams
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Drumchapel Social Work Office
7-25 Hecla Square
Glasgow
G15 8NH

www.glasgow.gov.uk
www.nhs.uk

Our Ref: North West ADRS/ML

Date: 17th July 2019

Colin Donnelly
Flat 2-1
202 Earl Street
Glasgow
G14 0BY

Dear Colin,

You have been referred to myself for a nursing assessment in regards to protective medication. I therefore would like to offer you an appointment for:

DATE: Monday 22nd July 2019

TIME: 11.00am

VENUE: NW Alcohol & Drug Recovery Service, 7/25 Hecla Square, Glasgow, G15 8NH

If there are any problems with this appointment or you require any further information, please do not hesitate to contact me on 0141 276 4330.

I look forward to meeting with you.

Yours sincerely

Lori Marshall
Senior Addiction Nurse
North West Alcohol Drug Recovery Service



**Mental Health Partnership
Clinical Risk Screening and Management Tool**

Service Users Name	DONNELLY, Colin (Mr)	PIMS No.	
CHI No.	090 474 6151	DoB	09-Apr-1974
Legal Status	<input type="radio"/> Informal	<input type="radio"/> Detained	<input type="radio"/> Community Order
Ward/Dept/CMHT			

Context of Assessment

<input type="radio"/> On admission	<input type="radio"/> Engagement With Crisis Services
<input type="radio"/> Annual Review	<input type="radio"/> Significant change in presentation/circumstances
<input type="radio"/> MDT/C.P.A.	
<input type="radio"/> Other	Specify: Hecla ADRS

Sources of Information

Service User <input checked="" type="checkbox"/>	Carer <input type="checkbox"/>	Consultant <input type="checkbox"/>	Other Dr <input type="checkbox"/>
Named Nurse <input type="checkbox"/>	CPN <input type="checkbox"/>	Pharmacy <input type="checkbox"/>	Social Work <input type="checkbox"/>
Support Worker <input type="checkbox"/>	GP <input type="checkbox"/>	Psychology <input type="checkbox"/>	Occupational Therapy <input type="checkbox"/>
			Voluntary agency worker <input type="checkbox"/>
Other <input type="checkbox"/>	Specify		

Guidance

This screening form should be completed as fully as possible. It is a clinical judgement when this should take place however as a general guide this may be on admission to hospital or at the point of engagement with secondary mental health services. Thereafter it should be reviewed on a regular basis as pre-determined by the clinical team or as significant changes in circumstances or clinical presentation dictate. It is expected that reviews would routinely take place at multidisciplinary meetings, the point of transition from one aspect of service to another, as part of a planned annual review, at the point of CPA review, at the point of engagement with Crisis Services. In relation to admissions to hospital, the initial screening and formulation of risk should be reviewed at the next multi-disciplinary team meeting.

- Dependant on the information collected consideration should be given to carrying out a more detailed, specific risk assessment e.g. suicide risk assessment.
- This document should form an integral part of a comprehensive mental health assessment and care planning process, and the factors listed are not necessarily in any ranked order.
- This does not attempt to be an exhaustive list of safety issues or risk factors, merely an initial guide informing clinical management.
- The expectation that all safety risks can be predicted is unrealistic, and initial assessment may be based on incomplete information.
- If completed by one person (e.g. out of hours), this assessment should be discussed as soon as is practicable with the Consultant and multi-disciplinary team (including users and carers where appropriate).
- The assessment should include the service user and carer perspective of risk.
- The assessment must take account of parenting responsibilities and contact with children.
- Please refer to the Clinical Risk Screening & Management Policy for guidance.

Screening Completed by

Name	Liz McAleese	Signature	
Designation	SCW	Date & Time	16/04/2019

Patient Name: Colin Donnelly
CHI: 090 474 6151

**Mental Health Partnership
Clinical Risk Screening and Management Tool**



Suicide &/or Self Harm		Violence		Other Risk Factors	
History and Situational Factors					
S1 Mental illness diagnosed or diagnosis uncertain		V1 Previous violent acts	x	O1 Vulnerable due to learning disability, cognitive impairment or mental illness	
S2 Use of violent methods		V2 Use of weapons		O2 History of stalking others	
S3 Previous self-harm		V3 Previous admission to secure units		O3 History of social, financial or sexual exploitation of others	
S4 Socially isolated		V4 Convictions for violence / assault		O4 History of falls	
S5 Past diagnosis of personality disorder		V5 Past diagnosis personality disorder or psychopathy		O5 History of self-neglect	
S6 Major physical illness		V6 Alcohol or drug misuse	x	O6 Lacks basic housing amenities	
S7 Alcohol/drug misuse	x	V7 Male under 35		O7 Previous fire setting	
S8 Family history of suicide		V8 Prior supervision failure		O8 Socially or culturally isolated	
S9 Previous treatment non-compliance		V9 Previous treatment non-compliance	x	O9 Neglect– children or other dependents	
S10 Impulsivity		V10 Impulsivity		O10 History of exploitation by others	

Patient Name: Colin Donnelly
CHI: 090 474 6151

**Mental Health Partnership
Clinical Risk Screening and Management Tool**



Short Term or Precipitating Factors					
S11 Planning suicide			V11 Intoxicated		O11 Difficulty communicating needs/views/comprehension difficulties
S12 Access to lethal method			V12 Acute psychosis		O12 Confusion or disorientation
S13 Hopeless / helpless			V13 Violent fantasies		O13 Sexually disinhibited or aggressive
S14 Recent major loss			V14 Identified target		O14 Significant financial problems
S15 Recent psych hospital discharge			V15 Access to weapons		O15 Current self-neglect
S16 Current or recent treatment non-compliance			V16 Current or recent treatment non-compliance		O16 Current neglect of children or other dependents

Protective Factors					
S17 Willing to respond to advice/carers	x		V17 Willing to respond to advice	x	O17 Willing to respond to advice/carers
S18 Has close relationship	x		V18 Appropriate services available	x	O18 Appropriate services available
S19 Religious beliefs					

Patient Name: Colin Donnelly
CHI: 090 474 6151

**Mental Health Partnership
Clinical Risk Screening and Management Tool**



Please write N/A if no risks identified or no risk management actions required.

Management Plan		Action By
Suicide/Self Harm	N/A	
Violence	N/A	
Other Risk Factors	N/A	

Outcome of screening/management plan discussed with

Service User <input type="checkbox"/>	Carer <input type="checkbox"/>	Consultant <input type="checkbox"/>	Other Dr <input type="checkbox"/>
CPN <input type="checkbox"/>	Ward Nurse <input type="checkbox"/>	Social Work <input type="checkbox"/>	Occupational Therapy <input type="checkbox"/>
Psychology <input type="checkbox"/>	Pharmacy <input type="checkbox"/>		
Other <input type="checkbox"/>	Specify		

Management Plan Completed by

Name		Signature	
Designation		Date & Time	

Patient Name: Colin Donnelly
CHI: 090 474 6151

Appendix 3

Guidance

This screening form should be completed as fully as possible. It is a clinical judgement when this should take place however as a general guide this may be on admission to hospital or at the point of engagement with secondary mental health services. Thereafter it should be reviewed on a regular basis as pre-determined by the clinical team or as significant changes in circumstances or clinical presentation dictate. It is expected that reviews would routinely take place at multidisciplinary meetings, the point of transition from one aspect of service to another, as part of a planned annual review, at the point of CPA review, at the point of engagement with Crisis Services. In relation to admissions to hospital, the initial screening and formulation of risk should be reviewed at the next multi-disciplinary team meeting.

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- The assessment should include the service user and carer perspective of risk.
- The assessment must take account of parenting responsibilities and contact with children.
- Please refer to the Clinical Risk Screening & Management Policy for guidance.

Risk Management

Risk management planning will flow on from risk formulation. Risk management strategies to consider might include:

- Safe and appropriate levels of nursing observation and engagement
- Use of the Mental Health Act, where appropriate
- Use of low stimulus or secure areas, if appropriate
- Use of suitable medication, when indicated
- Referral to other agencies eg. police, social work
- Liaison and cooperation with relatives or carers
- Referral to Care Programme Approach

Appendix 4

Operational Definitions

Not all the variables listed overleaf require further explanation or definition. However, some notes:

§ **Suicide**

S2	Use of firearms; knives; rope/ligature; jumping off building or bridge; fire; suffocation or gas inhalation.
S3	Includes self harm coming to medical attention and actual suicide attempts.
S5	Record of senior clinician making evidence based diagnosis.
S7	May require third party history to establish. What was purpose, and effect on behaviour of substance use?
S10	Impulsivity is more a behavioural characteristic than a diagnosis. Actions that are poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation which often result in undesirable outcomes.
S11	How detailed are the plans? Serious intent? Are there precautions against detection, and final goodbyes?
S12	Use of firearms; knives; rope / ligature; jumping off building or bridge; fire; suffocation or gas inhalation.
S13	Could be a manifestation of underlying low mood. Feels trapped or describes external locus of control?
S14	Significant recent (< 1 month) life event, maybe with accompanying behavioural change.
S15	Recent = <1 month, from acute psychiatric inpatient unit, whether planned or not.
S17	Some individuals may respond better to friend or family member, than professional carer.
S18	Is there someone (or a pet) who needs them or loves them?
S19	Catholic and Jewish faiths said to be particularly protective.

**Mental Health Partnership
Clinical Risk Screening and Management Tool**

§ Violence

V1	Serious or planned acts, that maybe came to others attention. (eg police, carers, medical)
V3	Includes locked residential schools, young offender units, prisons and secure hospital settings/PCUs
V4	Includes homicide, attempted murder, bodily harm, common assault but not always breach of peace
V5	Record of senior clinician making evidence based diagnosis. Psychopathy is classically characterised by impulsivity, callousness, criminal versatility, and a lack of remorse or empathy
V6	May require third party history to establish. What was purpose, and effect on behaviour of substance use?
V8	May require third party history to establish. What was purpose, and effect on behaviour of substance use?
V10	Impulsivity is more a behavioural characteristic than a diagnosis. Actions that are poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation which often result in undesirable outcomes.
V11	With drink or drugs at the time of assessment
V12	Includes destructive command hallucinations, referential paranoid delusions, and passivity phenomena
V13	Preoccupation with violent thoughts, including recorded and printed material
V14	May indicate the degree of planning
V15	May indicate the degree of planning
V17	Some individuals may respond better to friend or family member, than professional carer.
V18	May be correctional, medical or rehabilitative

§ Other

O1	Not LD per se, but LD leading to potential risk to self
O5	This might be deliberate, or as a result of disability.
O6	Water / heat / light. Is the absence of amenities beyond the individual's control?
O7	Inadvertent or deliberate.
O10	The individual may be inadvertently vulnerable, secondary to mental illness or cognitive impairment.
O11	Speech or cognitive impairment, or cultural / language difficulties
O12	Fluctuating level of consciousness, or delirium, as well as other cognitive impairment
O13	This must be directly witnessed, and be more than inappropriate comment.
O14	It may not be the total debt value, but the impact of the debt that matters
O17	Some individuals may respond better to friend or family member, than professional carer.

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
<div style="border: 1px solid black; padding: 2px;">North West CAT Team GGC Mental Health</div>	<p>— Consultant / receiving practitioner and/or specialty clinic</p>
<div style="border: 1px solid black; padding: 2px;">CAT (Community Addiction Team) SCI Gateway Virtual Location Code</div>	<p>— Hospital and hospital address</p>
	Hospital location code.
	<div style="border: 1px solid black; width: 100px; float: right;">G004G</div>
	Email address
	<div style="border: 1px solid black; width: 100px; float: right;">-</div>
Urgency of referral	Routine
Date of referral	08-Feb-2019
Date sent	08-Feb-2019

PATIENT DETAILS	
<p>Surname <input style="width: 90%;" type="text" value="DONNELLY"/></p> <p>Forename(s) <input style="width: 90%;" type="text" value="Colin"/></p> <p>Title <input style="width: 90%;" type="text" value="Mr"/></p> <p>Sex <input style="width: 90%;" type="text" value="Male"/></p> <p>Date of birth <input style="width: 90%;" type="text" value="09-Apr-1974"/></p> <p>CHI no. <input style="width: 90%;" type="text" value="0904746151"/></p> <p>Area of Residence <input style="width: 90%;" type="text" value="-"/></p>	<p>Patient's address</p> <div style="border: 1px solid black; padding: 2px;">2-1 202 Earl Street Glasgow G14 0BY</div> <p style="text-align: right;">Contact number(s)</p> <div style="border: 1px solid black; padding: 2px;">Voice: 07494928004 Voice: 09494928004</div>

101017989635W	Unique Care Pathway Number: 101017989635W
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REGISTERED GP DETAILS	
<p>Name <input style="width: 90%;" type="text" value="Dr Andrew Marshall"/></p> <p>GMC code <input style="width: 80%;" type="text" value="3128273"/> GP code <input style="width: 80%;" type="text" value="08061"/></p> <p>Practice name <input style="width: 90%;" type="text" value="The Broomhill Practice"/></p> <p>Practice code <input style="width: 90%;" type="text" value="40121"/></p>	<p>Practice address</p> <div style="border: 1px solid black; padding: 2px;">41 Broomhill Drive Glasgow G11 7AD</div> <p style="text-align: right;">Contact number(s)</p> <div style="border: 1px solid black; padding: 2px;">Voice: 0141 339 3626 Facsimile: 0141 334 2399</div>

REFERRING GP DETAILS	
<p>Name <input style="width: 90%;" type="text" value="Dr. Andrew Marshall"/></p> <p>GMC code <input style="width: 80%;" type="text" value="3128273"/> GP code <input style="width: 80%;" type="text" value="08061"/></p> <p>Practice name <input style="width: 90%;" type="text" value="The Broomhill Practice (40121)"/></p> <p>Practice code <input style="width: 90%;" type="text" value="40121"/></p>	<p>Practice address</p> <div style="border: 1px solid black; padding: 2px;">41 Broomhill Drive Glasgow G11 7AD</div> <p style="text-align: right;">Contact number(s)</p> <div style="border: 1px solid black; padding: 2px;">Voice: 0141 339 3626</div>

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Alcohol dependence.

Comment: Dear Colleague,

This patient previously attended your Service but didn't engage.

He has now lost his job as a crane driver and is drinking in a dependent fashion and is anxious to access your help again.

Thanks for seeing him.

Dr. Andrew J Marshall.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Alcohol dependence syndrome	-	08-Feb-2019	08-Feb-2019
Fracture of upper limb	right fifth metacarpal	09-Nov-2004	09-Nov-2004
Closed fracture zygoma	Left	17-Jul-1994	17-Jul-1994
Fracture of nasal bones	-	11-Feb-1994	11-Feb-1994

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Primary repair of inguinal hernia NOS	Right	23-Apr-2002	23-Apr-2002

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

No current medications recorded

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Thiamine Hydrochloride Tablets 100 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	08-Feb-2019	08-Feb-2019
Sertraline Hydrochloride Tablets 50 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	10-Sep-2018	10-Sep-2018

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
04-Jan-2007	129	96
04-Jan-2007	129	96
04-Jan-2007	129	96
03-Sep-1996	102	66

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
07-Apr-2006	-	51.7	-
03-Sep-1996	165	51.71	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2007
Trivial drinker - <1u/day: Alcohol Intake\$.clm - Repeat after an Intervalln GP care		03-Sep-1996

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Risk of Suicide:No

Past history of suicide attempt:No

Risk of deliberate self harm:No

Is patient responsible for children?:Don't Know

Risk to others including children/dependents/clinicians/other:No

Risk from others:No

Risk of Self Neglect:No

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Patient needs staff assistance: Unknown
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REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

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REFERRAL TO	
West CAT Team GGC Mental Health	— Consultant / receiving practitioner and/or specialty clinic
CAT (Community Addiction Team) SCI Gateway Virtual Location Code	— Hospital and hospital address
	Hospital location code. G004G
	Email address -
Urgency of referral	Urgent - within 5 working days
Date of referral	03-Aug-2018
	Date sent 03-Aug-2018

PATIENT DETAILS		Patient's address
Surname	DONNELLY	2-1 202 Earl Street Glasgow G14 0BY
Forename(s)	Colin	
Title	Mr	
Sex	Male	
Date of birth	09-Apr-1974	
CHI no.	0904746151	Contact number(s)
Area of Residence	-	Voice: 07494928004 Voice: 09494928004

1010166865942	Unique Care Pathway Number: 1010166865942
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REGISTERED GP DETAILS		Practice address	
Name	Dr Andrew Marshall	41 Broomhill Drive Glasgow G11 7AD	
GMC code	3128273		Contact number(s)
GP code	08061		Voice: 0141 339 3626 Facsimile: 0141 334 2399
Practice name	The Broomhill Practice		
Practice code	40121		

REFERRING GP DETAILS		Practice address
Name	Dr. Janet Chapman	Contact number(s)
GMC code	4531403	-
GP code	-	
Practice name	-	
Practice code	G40121	

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Alcohol dependency

Comment: Dear Colleague,

Thank you for seeing this 44 year old man who has presented with a clear history of alcohol dependency.

He has previously been seen by yourselves and regularly attends Alcoholics Anonymous and Glasgow Council for Alcohol but despite this reports his drinking has become out of control over the last four months and is now clearly dependent on it.

He works in Construction industry with part of his job description potentially involving driving of cranes which he has managed to unofficially avoid doing but clearly he is working in a risky environment to be under the influence of alcohol. He has been told by his work that he needs to address his drinking and it has come to a crisis point with his partner and daughter at home who have asked him to leave.

I am aware that Colin's father has also had issues with alcohol dependency and has been now teetotal for two years.

Colin generally appears to be motivated to address his drinking as he can see that he is at the risk of losing his job and his family.

Understandably with recent events he is low in mood but denies having any suicidal thoughts or intent.

At the present time he is consuming six to seven pints in the evening but is now drinking spirits in order to function in the morning.

On attendance today he smelt strongly of alcohol.

Colin is at a crisis point; he is clearly motivated to receive professional help and therefore I would appreciate an urgent assessment.

In the meantime I have signed him off his work, started him on Fluoxetine antidepressants and organised for him to have some screening blood work and advised, in the first instance, to reduce his alcohol consumption in the morning.

Dr. Janet Chapman
G.P. Locum

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Fracture of upper limb	right fifth metacarpal	09-Nov-2004	09-Nov-2004
Closed fracture zygoma	Left	17-Jul-1994	17-Jul-1994
Fracture of nasal bones	-	11-Feb-1994	11-Feb-1994

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary repair of inguinal hernia NOS	Right	23-Apr-2002	23-Apr-2002

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine Hydrochloride Capsules 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	03-Aug-2018	03-Aug-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
04-Jan-2007	129	96
04-Jan-2007	129	96
04-Jan-2007	129	96
03-Sep-1996	102	66

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
07-Apr-2006	-	51.7	-
03-Sep-1996	165	51.71	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2007
Trivial drinker - <1u/day:	Alcohol Intake\$.clm - Repeat after an Intervalln GP care	03-Sep-1996

Clinical warnings

Additional relevant information

Administrative information

Risk of Suicide:No
 Past history of suicide attempt:Yes
 Risk of deliberate self harm:No
 Is patient responsible for children?:Don't Know
 If yes to patient responsible for children, please give details:2 daughters liing with partner
 Risk to others including children/dependents/clinicians/other:No
 Risk from others:No
 Risk of Self Neglect:No
 Unknown:Yes
 OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Referred By:Referring GP
 Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

REFERRAL TO			
North West CAT Team GGC Mental Health		— Consultant / receiving practitioner and/or specialty clinic	
CAT (Community Addiction Team) SCI Gateway Virtual Location Code		— Hospital and hospital address	
		Hospital location code. <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">G004G</div>	
		Email address <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">-</div>	
Urgency of referral	Routine	Date of referral	30-Aug-2018
Date of referral	30-Aug-2018	Date sent	30-Aug-2018

PATIENT DETAILS		Patient's address	
Surname	DONNELLY	2-1 202 Earl Street Glasgow G14 0BY Contact number(s) Voice: 07494928004 Voice: 09494928004	
Forename(s)	Colin		
Title	Mr		
Sex	Male		
Date of birth	09-Apr-1974		
CHI no.	0904746151		
Area of Residence	-		

101016871144K	Unique Care Pathway Number: 101016871144K
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REGISTERED GP DETAILS		Practice address			
Name	Dr Andrew Marshall	41 Broomhill Drive Glasgow G11 7AD Contact number(s) Voice: 0141 339 3626 Facsimile: 0141 334 2399			
GMC code	3128273			GP code	08061
Practice name	The Broomhill Practice				
Practice code	40121				

REFERRING GP DETAILS		Practice address			
Name	Dr. Anneliese McAlister	41 Broomhill Drive Glasgow G11 7AD Contact number(s) Voice: 0141 339 3626 Facsimile: 0141 334 2399			
GMC code	7411033			GP code	99999
Practice name	The Broomhill Practice (40121)				
Practice code	40121				

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: alcohol dependence and low mood

Comment: Dear Colleagues,

I met with Mr Donnelly yesterday after he had been seen at your service. He has alcohol dependence and more recently low mood. He had been on a trial of fluoxetine which he could not tolerate and had stopped that a few weeks ago. With his current alcohol use I do not feel anti-depressant medication would be very helpful in this situation, which I have explained to him. He would be very keen on talking therapy or counselling regarding his low mood and I was wondering if this is something your service can offer or arrange, given he is currently being seen by yourselves?

Thank you

Dr Annie McAlister
GPST1

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history

Pre-existing conditions (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Fracture of upper limb	right fifth metacarpal	09-Nov-2004	09-Nov-2004
Closed fracture zygoma	Left	17-Jul-1994	17-Jul-1994
Fracture of nasal bones	-	11-Feb-1994	11-Feb-1994

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Primary repair of inguinal hernia NOS	Right	23-Apr-2002	23-Apr-2002

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

No current medications recorded

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Fluoxetine Hydrochloride Capsules 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	03-Aug-2018	03-Aug-2018

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
04-Jan-2007	129	96
04-Jan-2007	129	96
04-Jan-2007	129	96
03-Sep-1996	102	66

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
07-Apr-2006	-	51.7	-
03-Sep-1996	165	51.71	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2007
Light smoker - 1-9 cigs/day:	Smoker\$\$ Status.clm - Repeat after an Intervalln GP care	03-Sep-1996
Trivial drinker - <1u/day:	Alcohol Intake\$\$.clm - Repeat after an Intervalln GP care	03-Sep-1996

Clinical warnings

Additional relevant information

Administrative information

Risk of Suicide:No
Past history of suicide attempt:No
Risk of deliberate self harm:No
Is patient responsible for children?:Yes
Risk to others including children/dependents/clinicians/other:No
Risk from others:Don't Know
Risk of Self Neglect:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**