NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
MCLEISH, Wendy
0/1 51 Coxton Place, , Glasgow, Lanarkshire, G33 5EJ
Referrer: Dr Marie Wilson - GP PRACTICE

NOT NHIMS
Glasgow

Diagnostic Imaging Report
DoB: **25/05/1987**
Chi No: **2505876061**
CRIS No: **5226123**
Hosp No: **23123532V**

VERIFIED Verified By: Dr Fat Wui Poon 13/08/12 0737.

Clinical History :
Right-sided lower chest wall pain

XR Chest :
Cardiothoracic ratio is 130/265. The heart is not enlarged. Prominent vascular left hilum.

No active focal lung lesion. The visualised ribs are intact.

Ref. Src: Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 9HQ
Exams: XR Chest
Exam Date: 08/08/12 Event: E-26828722

08964

North Glasgow Hospitals

NHS Confidential: Personal data about a patient

ESA113

jobcentreplus

Atos Healthcare

Employment and Support Allowance

Dr Sheppard
EASTERHOUSE HEALTH CENTRE
& PHARMACY
9 AUCHINLEA ROAD
GLASGOW
G34 9HQ

40540

1467 E 973
105

Our phone number is: 0141 249 3565

If you have a textphone,
you can call on: 18001 0141 249 3565

If you get in touch with us, tell us this reference number: JZ174505B

Date: 4th July 2012

About your patient

Full Name	Miss Wendy Mcleish
NINo	JZ174505B
Date of birth	25th May 1987

Address: 0/1 51 Coxton Pl, Garthamlock, Glasgow, G33 5EJ

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note:

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **www.dwp.gov.uk/healthcare-professional/guidance**
- **A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above.If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.
Thank you for your help.
Yours sincerely,

Miss Lorna Middleton

NHS Confidential: Personal data about a patient

ESA113

Client Name:
Miss Wendy Mcleish

Client NINo: JZ174505B

Client Date of Birth: 25.05.1987

GLASGOW
Corunna House
29 Cadogan Street
Glasgow
Glasgow
G2 7SS

Your reply

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

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

7/6/12

2 Current conditions affecting ability to work:
Please give us details of those conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

*Please complete **both sides** of this form, and return the completed form in the supplied envelope - with the above address showing in the window*

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
Tremour / weakness	benign tremour since 2007 Propranolol	exacerbated by life threatening epidemic 2011 → long spell in ITU with AKI. Referred to Glasgow Association for Mental Health May 2012
STRESS		
substance misuse	alcohol, benzodiazepines +/- cocaine	declined referral to community addictions team May 2012
		Medication as enclosed

About your patient - continued

3 Current conditions not affecting ability to work
Please **list** any other relevant conditions that do not affect the ability to work.

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	✓	still some weakness after ARDS.
Transferring between seats		
Reaching		
Picking up objects	✓	tremors persists.
Manual dexterity	✓	
Communicating with others		
Continence		
Learning simple tasks		
Awareness of hazards	✓	when under influence of substances.
Initiating and completing personal actions		
Coping with changes or social engagement	✓	multiple recent suicide attempts in response to stressors + bereavements.
Appropriateness of behaviour	✓	
Eating or drinking		

5 Does the patient have a history of threatening or violent behaviour? No ☐ Yes ☐
Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi? No ☐ Yes ☑
Please tell us why at **Part 7**

7 Additional information
Please continue on a separate sheet if necessary.

Wendy is still supported by Barnardoes as she has no next of kin. The support was due to end when 25 but has been extended due to her very difficult social circumstances + at times harmful coping mechanisms.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature

Name IN CAPITALS Dr E SHEPPARD

Date 10 / 7 / 12

Practice stamp
DRS WILSON McGINLEY & SHEPPARD
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD
GLASGOW G34 9HQ
TEL: 0141 531 8150

ESA113

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Date: 4th July 2012

About your patient

Full Name	Miss Wendy Mcleish
NINo	JZ174505B
Date of birth	25th May 1987

Address: 0/1 51 Coxton Pl, Garthamlock, Glasgow, G33 5EJ

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Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Miss Lorna Middleton

ESA113

Client Name:
Miss Wendy Mcleish

Client NINo: JZ174505B

Client Date of Birth: 25.05.1987

GLASGOW
Corunna House
29 Cadogan Street
Glasgow
Glasgow
G2 7SS

Your reply

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/ /

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- Past, present and planned investigations and management, including medication, **where relevant.**

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*Please complete **both sides** of this form,*
and return the completed form in the supplied envelope - with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication

About your patient - continued

3 Current conditions not affecting ability to work
Please list any other relevant conditions that do not affect the ability to work.

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	
Transferring between seats	
Reaching	
Picking up objects	
Manual dexterity	
Communicating with others	
Continence	
Learning simple tasks	
Awareness of hazards	
Initiating and completing personal actions	
Coping with changes or social engagement	
Appropriateness of behaviour	
Eating or drinking	

5 Does the patient have a history of threatening or violent behaviour? No ☐ Yes ☐
Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi? No ☐ Yes ☐
Please tell us why at **Part 7**

7 Additional information
Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature

Name IN CAPITALS Dr

Date / /

Practice stamp

Adult Mental Health - Specialist Shared Assessment

Summary
of Assessment & Initial Intervention Plan

CHI Number:	2505876061
Patient's Name:	Wendy McLeish
Address:	Flat 0/1 51 Coxton Place Garthamlock G33 4RH
Telephone Number:	

CMHT Name:	Auchinlea House
CMHT Address:	9 Auchinlea Road Easterhouse G34 9HQ
Telephone Number:	

Referrer Name & Designation:	Gp Dr Shepherd
Date Referral Received	05/04/12

Date of Allocation	Date Assessment offered:	Date Assessment Completed:
17/4/12	27/4/12	27/4/12

ICD 10 code -Primary:		ICD 10 code -Secondary:	
HoNOS:		ICD 10 code–Secondary2	

Other Rating Scales Used	
Name: clinical risk assessment	Outcome:
Name:	Outcome:

Formulation

Referral by Dr Shepherd to desk duty, Wendy had taken an overdose attempt five days ago and Gp requesting Wendy to be seen to doa risk assessment . Wendy was contacted by the duty worker who offered her an opportunity to attend Auchinlea House, but Wendy declined as she stated "she had things to do."Request 17/4/12 from Dr Shepherd for Wendy to be seen and an appointment was given for 27/4/12.
Wendy attended the appointment. She stated she had only came because her doctor had sent her. She gives a history of drinking alcohol to excess throughout the week. Wendy does not think this is a problem, as she states she cant drink as much as she used to, since her recent illness an admission to Glasgow Royal Infirmary last year. She states this was due to phneumonia and that she was in a coma for a month. she states her liver and kidneys were damaged due to the lack of oxygen, and she has been referred for physiotherapy. She also admits to buying and taking diazepam of the street. Wendy refused an offer of a referral to the community addictions team. Wendy has a long term boyfriend and states he would be a protective factor.At interview there was no sign of any thought disorder, and she was orientated in allspheres . There was no sign of low mood, or suicidal ideation or intent.

Background/Contributory Factors

Wendy has had support from Barnardos throughcare, which is due to finish when she is 25years. She has been told that this will be extended for 6 months while they locate another service to support her.

Risk Factors and Interventions

Wendy has a history of taking impulsive overdoses of prescribed and non prescribed medication when under the influence of alcohol. At interview there was no suicidal ideation or intent.

Other Identified Needs/Interventions

Following discussion with the mult-disciplinary team on 9/5/12
A referral to Community addictions team offered to Wendy was declined.
A referral to Glasgow association for mental health to give Wendy some support and structure to her day.
Follow up appointment with Wendy on 23/5/12 to discuss this was cancelled by Wendy, and she did not attend a further appointment on 4/6/12
Ms Mcleish is now Disc from Auchinlea House

Completed by:
Name: (Please Print) Christine Wilson
Designation: CPN

Adult Mental Health - Specialist Shared Assessment

Signature:

Date: 4/6/12

Please complete and return this report template electronically by clicking the Reply button at the top of the page.
See Section 7 of the SCI Gateway Sending & Receiving Messages User Guide.

DWP Department for Work and Pensions

Disability and Carers Service

Website: www.dwp.gov.uk

Doctor Emma Sheppard
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

If you get in touch with us tell us this reference number **JZ174505B**

Our address
Disability Benefits Centre
PO Box 37
Glasgow
G90 8AS

Our phone number **08457 123456**

If you have a text phone **08457 224433**

Date 05/04/2012

Dear Doctor Emma Sheppard

Factual Report for Disability Living Allowance

I am writing to you about Miss Wendy McLeish, Date of Birth 25/05/1987

Note. If the person has died or recently moved to another area please still complete the report if you can.

Your patient (or person appointed to handle their affairs) has made a claim for Disability Living Allowance. This is a benefit for people with severe disability. Entitlement is based on the amount of personal care or supervision needed or difficulty with getting around as a result of this disability. In order to decide this claim we need further information about their medical condition(s).

We hold your patient's (or a person appointed to handle their affairs) written consent to allow us to approach you for this information.

We would be grateful if you would answer the questions on this factual report based on your knowledge of the patient and their records. A special examination is not required. It would be very helpful in assessing your patient's benefit claim if you could reply within 10 working days. You may make a claim for a fee of £33.50 with your report.

The person making the claim may, at any stage, request a copy of this report to be sent to them. If there is any information you think would be harmful to their health, for example an adverse diagnosis or prognosis unknown to them, please provide details on the appropriate section of the report, marked **"Harmful Information"**.

Please include in your report any relevant information contained in letters or reports from hospitals or consultants. If you think it is essential to send us originals or any copies of any letters from consultants, please obtain the author's consent for the correspondence

to be used in connection with your patient's claim.

To ensure compliance with 'Rehabilitation of Offenders Act 1974', your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to the customer's condition or disability. This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to read it before it is returned.

The Disability Living Allowance and Attendance Allowance Helpline is set up to answer enquiries. Please get in touch with them if you want to ask about anything in this letter. To make sure you receive a good standard of service from the Disability Living Allowance and Attendance Allowance Helpline, our Managers may monitor or record telephone calls without warning.

Thank you for your help.

Yours sincerely

David Gibson

On behalf of the Department for Work and Pensions

Customer's Details

Full Name Miss Wendy McLeish **Date of Birth** 25/05/1987
Address 0/1 51 Coxton Pl
Garthamlock
Glasgow
G33 5EJ

Information from your patient's claim shows that they have the following medical condition/disabilities.

1. Anxiety
2. Depression with suicidal ideation and self harm
3. Leg problem - unable to mobilise
4. Liver problems with respiratory problems

For the attention of the General Practitioner

In the section headed YOUR REPORT please consider and comment in your response on the following:

Please describe your patient's present mental state including details, where relevant, of confusion, memory loss, impaired judgement, self neglect, history of self harm and dangerous behaviour. Please include details of any fluctuations or relapses of the condition.

We would be grateful if you could respond to questions within the body of your report in relation to the above medical conditions/disabilities.

Your Report

Please complete and return this report template electronically by clicking the Reply button at the top of the page.
See Section 7 of the SCI Gateway Sending & Receiving Messages User Guide.

Date when patient last seen: 11/5/12

1. Diagnosis of the disabling conditions (do not include minor transient conditions)

① Recovering from adult respiratory distress syndrome 30/11/11 – very ill - prolonged ITU admission

② Anxiety + depression 19/7/11

2. Please give brief details of the condition(s) stating whether they are mild, moderate, or servere, in your answer. Include details of any relevant special investigations

① still suffering muscle weakness → falls + exacerbation of benign tremor.

② still reporting suicidal risk despite social support, SSRI + seeing community mental health team.

3. Day to day variation in the condition(s) (if any) including frequency and duration of exacerbations

② A+D exacerbated by alcohol at times

4. Relevant clinical findings - for example, visual acuities, hearing, ascultatory finding, peak flow, range of joint movement, muscle wasting, SLR, reflexes, extent of breathlessness

HADS Aug 2011 = anxiety 15, depression 15.

5. Treatment - Current treatment including medication and dosage, response to treatment including control of condition and prognosis

Rx as attached.

Mood disorder likely to relapse due to very difficult social circumstances.
benign tremour is life long but hopefully
Mobility will continue to improve.

6. Please give details, IF KNOWN, of the effects of the disabling condition(s) on day to day life.
   a. Self care - for example, washing, dressing, feeding, using the toilet, continence, and ability to rise from the chair

NOT KNOWN

   b. Insight and awareness of danger

NONE KNOWN

   c. Ability to get around including pain, gait, balance, breathlessness and visual loss

NOT KNOWN

7. Please add any further details you think would be helpful to the Department when deciding on this claim

May also have problems with substance misuse at times.
Has liver problems presumed related to ARDS - improving

Thank You

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

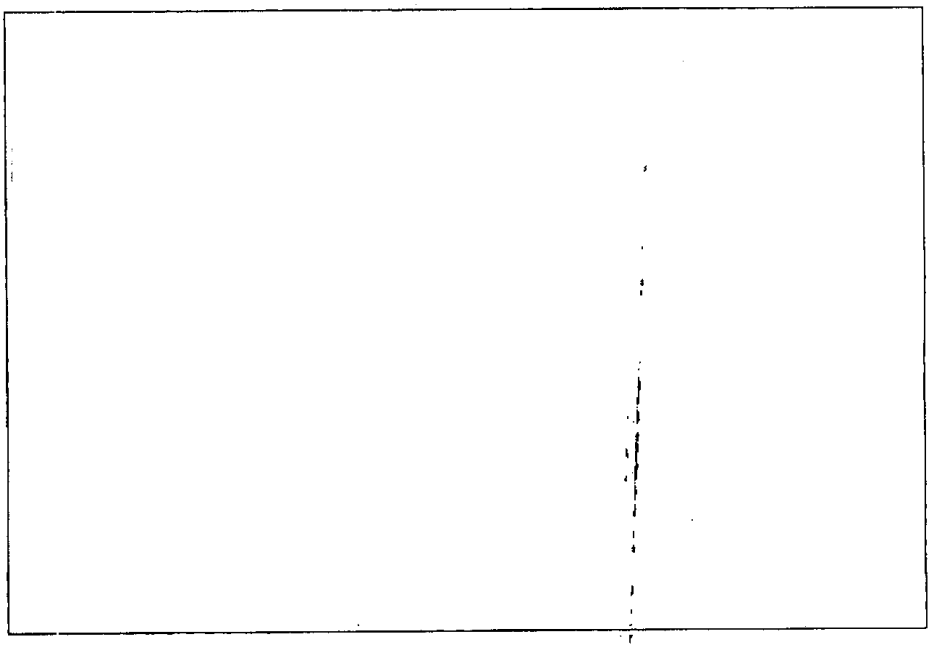
Is this patient known to you?	Yes
Do you attest to the accuracy of this report?	Yes
Name:	G SHEPPARD
Date sent:	17/5/12

Harmful Information – do not copy

We may have to send a copy of the report to your patient. Certain information may be withheld if it appears to the Decision Maker or Appeal Tribunal that its disclosure would be **harmful to your patient's health**. An example of what may be harmful information is a diagnosis or prognosis that is **not** known to your patient, such as malignancy, progressive neurological conditions or **major** mental illness.

Please note that we cannot withhold information on any other grounds. For example, information relating to comments or remarks likely to cause embarrassment to the customer, carer, the author or a professional colleague.

Please only write about harmful information on this page.



A About the person with the illness or disability

Surname	McLeish
Other Names	Wendy
National Insurance Number	JZ174505B
Date of Birth	25/05/1987

B Declaration Please complete **all** the boxes on this page to assist payment.

To claim £33.50 for completion of the report, please return the completed form together with the report so that payment can be made. **PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK** and return in the envelope provided, it does not need a stamp.

B1 Is this your first claim? (Please tick appropriate box) ☐ **Yes** ☑ **No**

If you have ticked **Yes** please also complete **Section C** on page 2 and move directly to Question **B3 below.**

B2 Please Provide your Payee Reference Number. This can be found on your last Remittance Advice Slip: 2 3 5 1 8 5 9

B3 Please Provide your GMC Number. This will help us maintain more accurate records: 3 6 6 5 2 7 3

B4 ☐ **I am claiming the fee for completing the report** (please tick appropriate box)
☑ **I am not claiming the fee for completing the report**

Are you registered for VAT? ☑ **No** ☐ **Yes** Please provide your VAT No.

B5 Your Name — Title: D o c t | Initials: E | Surname: S h e p p a r d

B6 Name and daytime phone number (including STD code) of a person to contact if we have a query with this form.

Name (in full): K Bowie

Daytime phone number (incl STD code): 0141 531 8150

Surgery Address If the information shown is incorrect, please complete **Section C** on page 2.

DRS WILSON MCGINLEY & SHEPPARD
EASTERHOUSE HEALTH CENTRE
8 AUCHINLEA ROAD
GLASGOW G34 9HQ
TEL: 0141 531 8150

B7 Do you want to change your existing payment details? (Please tick appropriate box)
☐ **Yes** (please complete page 2)
☑ **No**

B8 **Taxable Date** D D 1 7 M M 0 5 Y Y Y Y 2 0 1 2

C Telling us about your details

Complete this section if it is your **first claim** or you wish to **change** existing details.

C1 Notification/Changes to your Remittance Advice address

Please provide the full address of where you wish the Remittance Advice slip to be sent.

Postcode

C2 Notification/Changes to your payment details

Please provide details of the account you want this claim paid into. This will also be the account we will send any future payments to.
(We can only make payment directly into a bank or building society account)

Name of bank/building society

Branch name

Account name

Bank Sort Code number

Account Number

Roll number (Building Society only)

We will write to you with details of when payment will be made. When you receive this information, keep it safe as you need to use your **payee reference number** for future claims.

D FOR OFFICIAL DWP USE ONLY

D1 Authorisation of fees

The claim has been examined. Payment of £33.50 (net) is approved.

D2 Charge to: **BU** C/C 118252 **A/C code**

D3

Signature **Date** D D / M M / Y Y Y Y

Authorisation Stamp

Office address stamp/"examined" stamp

Registration Details - Patient No: 4917

Personal details...		Address details...	
Date of birth	25/05/1987	Post Code	G33 5EJ
Sex	F	House Name Flat No	
Surname	Mcleish	No and Street	0/1 51 Coxton Place
Previous Surname		Village	GARTHAMLOCK
Forenames	Wendy	Town	Glasgow
Calling Name	Wendy	County	UK
Title	Miss		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) Scottish		
Gpass Patient ID			

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	07769733984
Registered GP	Dr Anne McGinley	Work Tel No	
Usual GP	Dr Anne McGinley	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery			
CHI Number	2505876061		
NHS Number	617/87/408		

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

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	03/02/2010		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
CMS Status	Not Registered		
Pharmacy Details			
Compliance Check	No		

Medical Record

Problems

Active Problems		Authorised By	Code
11/05/2012	Furunculosis of external auditory meatus (Left)	Dr Sheppard	F5018
30/12/2011	Pneumonia due to unspecified organism (Bilateral)	Dr Malek	H26
30/11/2011	Adult respiratory distress syndrome	Dr Wilson	H585-1
01/11/2011	Misuse of Cocaine unspecified (Primary)	Dr Sheppard	EMISNQMI91
22/09/2011	Overdose of drug fluoxetine	Dr Wilson	SL-5
19/07/2011	Anxiety with depression	Dr Sheppard	E2003
31/01/2011	Death of father	Dr Rafferty	13M7
01/04/2007	Has a tremor seen by nuerologist 2012, felt to be benign	Dr Sheppard	1B22
01/01/1991	Death of mother age 29 MI	Ms Fergusson	13M8

Past Problems	Authorised By	Code

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Health Status	
17/04/2012	**Cervical smear result Cervical smear: negative**
31/01/2011	**Height 158 cm**
31/01/2011	**Weight 57 Kg**
31/01/2011	**Body Mass Index 22.83 kg/m2**
17/04/2012	**Blood pressure reading 112/72 mm Hg**
09/01/2012	**Blood pressure reading O/E - BP reading**
17/04/2012	**Smoking Status Never smoked tobacco**

Consultations	
11/05/2012	Dr Emma Sheppard at Data Entry
Problem (FIRST)	**Furunculosis of external auditory meatus (Left)**
History	reviewed after TR Stuart, syringe diffiuclt, wasx still dry, seems using drops OD only, pain exacerbated by procedure > aborted. the wx removed reveals an inflammed canal ? furuncluosis, impacted dry wax persists > abtics and resyringed after 2 weeks tds drops
Medication	Cerumol Ear drops *11 ML PUT FIVE DROPS INTO THE AFFECTED EAR(S) TWICE A DAY FOR 2 WEEKS*

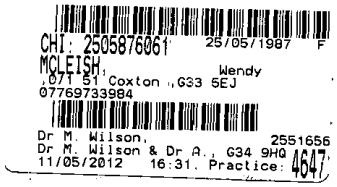
Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
11/05/2012	**Fluoxetine Hydrochloride Capsules 20 mg** TWO TO BE TAKEN DAILY 56 CAPSULE	11/05/2012P	Dr Emma Sheppard	ACUTE
11/05/2012	**Cerumol Ear drops** PUT FIVE DROPS INTO THE AFFECTED EAR(S) TWICE A DAY FOR 2 WEEKS 11 ML	11/05/2012P	Dr Emma Sheppard	ACUTE
17/04/2012	**Olive Oil Ear drops** PUT THREE TO FOUR DROPS INTO THE AFFECTED EAR(S) TWO TO THREE TIMES A DAY FOR THREE TO FIVE DAYS 10 ML	17/04/2012P	Dr Emma Sheppard	ACUTE
23/03/2012	**Propranolol Hydrochloride Tablets 40 mg** ONE TO BE TAKEN THREE TIMES A DAY 168 tablet	23/03/2012P	Dr Emma Sheppard	ACUTE

Dr Marie Wilson MBChB MRCOG MRCGP
Dr. Anne McGinley MBChB MRCGP MsC sports medicine
Dr Emma Sheppard MBBS MRCGP DRCOG DFFP

Easterhouse Health Centre
9 Auchinlea Road
Glasgow G34 9 HQ

Tel. 0141 531 8150



11 5 12

Dear CMHT Auchinlea

For your information, it seems that Huntingtons has been excluded as a cause of Wendys tremour as enclosed

I understand she is to see you 23 5 12

Dr E Sheppard

Acute Services Division

Emergency Care and
Medical Services Directorate

Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

NEUROLOGY DEPARTMENT
DR P SHAH
CONSULTANT NEUROLOGIST
TELEPHONE: 0141 211 4481

Dictated 19/03/2012
Typed 28/03/2012
Our Ref PS/AC

Dr R. Madhok
Consultant Rheumatologist
Centre for Rheumatic Diseases
Ward 15
Glasgow Royal Infirmary

Dear Dr Madhok

Wendy McLeish - 25/05/1987 - CHI: 2505876061 - CRN: 23123532V
0/1 51 Coxton Place, Glasgow, G33 5EJ

Many thanks for your referral. I reviewed this lady in the Neurology Outpatient Clinic she was accompanied by her support worker, Jackie Robertson.

She is 24 years old, right handed single lady who is currently is unemployed and lives with her boyfriend.

She was admitted with pneumonia recently and had to be managed in ITU and was transferred to the Lister for further specialist treatment. She was ventilated for four weeks and since her discharge from hospital has been finding her whole body quite shaky and some times her legs or hands shake. Where the cannulation scar is on her left thigh she feels some tightness when walking and her legs can feel weak. Her support worker has noticed that she becomes shaky when she is nervous or trying to concentrate. She has previously been shaky prior to her recent illness but again this was in certain situations or when she would be nervous rather than all the time.

Her current treatment is Propranolol, Fluoxetine and Cilest oral contraceptive pill.

She has hay fever but otherwise did not report other allergies.

She has been depressed for about a year or so and tried to take her life a couple of times. This started when her dad died. Her support worker suggested that her depression is perhaps better though not fully controlled.

She does not smoke but stated that she drinks alcohol more than recommend. She herself does not feel that this is a problem but stated that she can often drink when she is alone or bored.

On examination today, her eye movements were normal. Fundi were normal. There was no facial or bulbar weakness. Tone and power across the extremities were normal. Deep tendon reflexes were symmetrical and normal. She had normal pinprick and vibration sense. Her gait was normal and tandem walking was intact. She was able to walk on her heels, toes and was able to hop.

She also reported that she gets frequency with micturition and can often go to the toilet up to ten times at night but does not pass much urine and only has a few drops dribbling. She thought if she can sleep then she may not go to the toilet but has difficulty getting to sleep and can get maximum four hours sleep on a good day.

She had postural tremors of her out stretched hands which were easily distractible.

Comment

This lady's tremulousness is related to anxiety and depression. She may continue to take the beta blocker for symptomatic relief. She feels quite weak and I have explained that this would not be unusual for someone who has been managed in ITU for a few weeks whereby the muscles can get de-conditioned and it may take her a while to regain her strength. Further input from the physiotherapist may be helpful. She is undergoing treatment for her depression and this will be helpful. Today I have checked her thyroid function tests, full blood count and will forward the results eventually.

I have not arranged further routine follow-up.

Yours sincerely

Pushkar Shah
Consultant Neurologist

NHS Confidential: Personal data about a patient

11/05
11.00

NHS
Greater Glasgow and Clyde

Treatment Card

CHI: 2505876061 25/05/1987 F
MCLEISH, Wendy
071 51 Coxton, G33 5EJ
07769733984
Dr M. Wilson, 2551656
Dr M. Wilson & Dr A., G34 9HQ
24/04/2012 09:04. Practice: 4647

Name:
Address:
DOB:
Doctor: Eta

Date	Treatment	Progress Notes	Nurses Initials
	Ear Syringing Please		
	- been using olive oil drops		
	since 17/4/12		
11/05/12	1st visit arrived for	ear syringing on examination	
11:30	Left ear wax +	wax red & inflamed	
11:50	right ear painful -	stopped procedure	
	referred to GP. - for	examination / antibiotic	
	drops will be given	at next available	
	appointment to use oil	as charted. PENDING	

ZA4C0487 3:00

NHS Greater Glasgow and Clyde

RECORDING GUIDELINES FOR EAR CARE

Patient Details:

Name: Wendy mcLeish CHI Number / DoB: 25/05/87 6061

Date of Irrigation: 11/05/12 11.10. **Has the Patient been assessed by a GP** Yes: No:

Referred By: DZ nelson Reason for Referral: Blocked wax

	Yes	No
• Propulse serviced in the last 18 months?		✓
• Obtained informed consent?	✓	
• **Exclusion Criteria** • has a history of perforation of the tympanic membrane within the previous 6 months		? No.
• has current otitis externa or media	?	
• Has a history of recent or current otalgia		✓
• Has a cleft palate		✓
• Has mastoid cavities		✓
• Has grommets in place		✓
• Previously had problems with ear irrigation		✓
• Is uncooperative, confused or agitated		✓
Special precautions required if:		✓
• Tinnitis – advise patient, irrigation may make it worse		✓
• A previous perforation of the tympanic membrane		✓
• Ear surgery – see a Medical Practitioner prior to irrigation		✓
• Otalgia thought to be caused by impacted wax – see a Medical Practitioner prior to irrigation		✓

Any other relevant history? E.g. current or recent discharge
If yes, detail: Recent wax problems · left earache ? Tinnitus

Was ear prepared prior to irrigation?	NO	NO
If yes: • Ceruminolytic used – • Frequency & number of days used – olive oil x 1 x daily x 4 weeks	Irrigation water: • Temperature of water – 36.5°C • Amount used – 90-100ml • Return – Hard wax	
	Left Ear	**Right Ear**
Pre-irrigation examination:	Blocked	Blocked
Post irrigation examination:	still Blocked	
Patient's response:		
Complications encountered: e.g. failure to remove wax, pain	unable to remove wax referred back to GP.	
Advice given: T. Olive oil at home 2-4 drops daily x 2 will see back at next available appointment		
Nurse Signature: BM		

NHS Confidential: Personal data about a patient

Glasgow City
Community Health Partnership
North East Sector

NHS
Greater Glasgow and Clyde

Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Private & Confidential
Ms Wendy McLeish
Flat 0 / 1
51 Coxton Place
Glasgow
G33 5EJ

Date 23 April 2012
Your Ref
Our Ref CW/GMcM-1368337
2505876061

Phone Number 0141-232-7200
Fax Number 0141-232-7228

Dear Ms McLeish

You have been referred to the services based here at Auchinlea House. I would therefore like to offer you an appointment for you to attend Auchinlea House for assessment on

Friday 27th April 2012 at 9.30am

If this appointment is not suitable, then please do not hesitate to contact me to arrange an alternative.

Yours sincerely

pp CA

Christine Wilson
Community Mental Health Team

c.c. Dr Sheppard, Easterhouse Community Health Centre, 9 Auchinlea Road, Glasgow, G34 9HQ

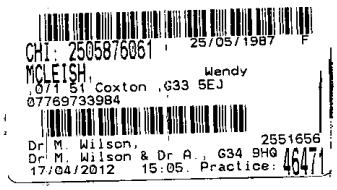
A letter in 14 point font is available upon request, to improve accessibility under the Disability Discrimination Act (DDA).

please fax → Auchinlea

Dr Marie Wilson MBChB MRCOG MRCGP
Dr. Anne McGinley MBChB MRCGP MsC sports medicine
Dr Emma Sheppard MBBS MRCGP DRCOG DFFP

Easterhouse Health Centre
9 Auchinlea Road
Glasgow G34 9 HQ

Tel. 0141 531 8150



17/4/12

Dear CMHT,

Wendy has contacted your services today and understands that no referral was done. I had referred 5 4 12 (see enclosed) and discussed with the on call team directly myself 5 4 12 and been told that Wendy had been contacted directly and offered assessment 6 4 12. Her situation has changed in that she no longer has reliable support from her boyfriend. Her Barnadoes workers and myself remain concerned about her risk of overdose and her social isolation . Her LFTs last week suggested that the paracetamol overdose a couple of weeks ago had not worsened her liver function

Dr Emma Sheppard

She has not arranged contraception

Barnadoes are 0141 332 8580

faxed 17/4/12 @ 16.05 WZ

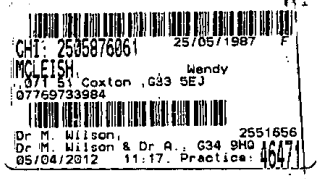
please fax

Dr Marie Wilson MBChB MRCOG MRCGP
Dr Anne McGinley MBChB MRCGP MsC sports medicine
Dr Emma Sheppard MBBS MRCGP DRCOG DFFP

Easterhouse Health Centre
9 Auchinlea Road
Glasgow G34 9 HQ

Tel. 0141 531 8150

5/4/12



Dear CMHT Auchinlea,

Wendy had another overdose attempt on 5 days ago with some spontaneity when grieving for her parents. She still has thoughts of taking tablets. Her boyfriend will be around this w/e she says (I have not been able to get hold of him). He is aware of some of the risk (he has hidden some tablets) but she is not willing for me to share information that she took an overdose on Saturday (up to 10 paracetamol, I am repeating LFTs today). A friend was in the house at the time and took the tablets away.

I am concerned that We4ndy is at high risk and would be grateful for a more detailed risk assessment before the w/e. Pelase note she still has abnormal LFTs from a severe septicaemia event around Christmas

Her mobile has credit o7733979634

Dr Emma Sheppard

faxed OR @ 5/4/12 5/5/12

NHS Confidential: Personal data about a patient

REGIONAL VIRUS LABORATORY
GARTNAVEL GENERAL HOSPITAL, P.O. BOX 16766, GLASGOW G12 0ZA
Tel: 0141-211 0080 Fax: 0141-211 0082

SURNAME	FORENAME	UNIT NO.	SEX DOB
MCLEISH	WENDY	23123532V	F 25.05.87
SOURCE	CONSULTANT	GP	
Easterhouse HC/223	"	CHI:2505876061 Dr C.Wilson	
SPECIMEN	LAB NO.	REPORT STATUS	YOUR REF. NO.
cervical swab	V.12.0316757.D	Final	

N. gonorrhoeae :NOT detected by PCR

C.trachomatis NOT detected by PCR.
Results are available via the NHS GG and C SCI store/portal.

Clinical details

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
	17.04.12	18.04.12	20.04.12	Ms C Doherty

Copy for :Easterhouse HC/223

Please complete and return this report template electronically by clicking the Reply button at the top of the page.
See Section 7 of the SCI Gateway Sending & Receiving Messages User Guide.

DWP Department for Work and Pensions

Disability and Carers Service

Website: www.dwp.gov.uk

Doctor Emma Sheppard
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

If you get in touch with us tell us this reference number **JZ174505B**

Our address
Disability Benefits Centre
PO Box 37
Glasgow
G90 8AS

Our phone number **08457 123456**

If you have a text phone **08457 224433**

Date 05/04/2012

Dear Doctor Emma Sheppard

Factual Report for Disability Living Allowance

I am writing to you about Miss Wendy McLeish, Date of Birth 25/05/1987

Note. If the person has died or recently moved to another area please still complete the report if you can.

Your patient (or person appointed to handle their affairs) has made a claim for Disability Living Allowance. This is a benefit for people with severe disability. Entitlement is based on the amount of personal care or supervision needed or difficulty with getting around as a result of this disability. In order to decide this claim we need further information about their medical condition(s).

We hold your patient's (or a person appointed to handle their affairs) written consent to allow us to approach you for this information.

We would be grateful if you would answer the questions on this factual report based on your knowledge of the patient and their records. A special examination is not required. It would be very helpful in assessing your patient's benefit claim if you could reply within 10 working days. You may make a claim for a fee of £33.50 with your report.

The person making the claim may, at any stage, request a copy of this report to be sent to them. If there is any information you think would be harmful to their health, for example an adverse diagnosis or prognosis unknown to them, please provide details on the appropriate section of the report, marked **"Harmful Information".**

Please include in your report any relevant information contained in letters or reports from hospitals or consultants. If you think it is essential to send us originals or any copies of any letters from consultants, please obtain the author's consent for the correspondence

to be used in connection with your patient's claim.

To ensure compliance with 'Rehabilitation of Offenders Act 1974', your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to the customer's condition or disability. This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to read it before it is returned.

The Disability Living Allowance and Attendance Allowance Helpline is set up to answer enquiries. Please get in touch with them if you want to ask about anything in this letter. To make sure you receive a good standard of service from the Disability Living Allowance and Attendance Allowance Helpline, our Managers may monitor or record telephone calls without warning.

Thank you for your help.

Yours sincerely

David Gibson

On behalf of the Department for Work and Pensions

Customer's Details

Full Name Miss Wendy McLeish **Date of Birth** 25/05/1987
Address 0/1 51 Coxton Pl
Garthamlock
Glasgow
G33 5EJ

Information from your patient's claim shows that they have the following medical condition/disabilities.

1. Anxiety
2. Depression with suicidal ideation and self harm
3. Leg problem - unable to mobilise
4. Liver problems with respiratory problems

For the attention of the General Practitioner

In the section headed YOUR REPORT please consider and comment in your response on the following:

Please describe your patient's present mental state including details, where relevant, of confusion, memory loss, impaired judgement, self neglect, history of self harm and dangerous behaviour. Please include details of any fluctuations or relapses of the condition.

We would be grateful if you could respond to questions within the body of your report in relation to the above medical conditions/disabilities.

Your Report

Please complete and return this report template electronically by clicking the Reply button at the top of the page.
See Section 7 of the SCI Gateway Sending & Receiving Messages User Guide.

Date when patient last seen:

1. Diagnosis of the disabling conditions (do not include minor transient conditions)

2. Please give brief details of the condition(s) stating whether they are mild, moderate, or servere, in your answer. Include details of any relevant special investigations

3. Day to day variation in the condition(s) (if any) including frequency and duration of exacerbations

4. Relevant clinical findings - for example, visual acuities, hearing, ascultatory finding, peak flow, range of joint movement, muscle wasting, SLR, reflexes, extent of breathlessness

5. Treatment - Current treatment including medication and dosage, response to treatment including control of condition and prognosis

6. Please give details, IF KNOWN, of the effects of the disabling condition(s) on day to day life.
   a. Self care - for example, washing, dressing, feeding, using the toilet, continence, and ability to rise from the chair
   b. Insight and awareness of danger
   c. Ability to get around including pain, gait, balance, breathlessness and visual loss

7. Please add any further details you think would be helpful to the Department when deciding on this claim

Thank You

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

Is this patient known to you?	
Do you attest to the accuracy of this report?	
Name:	
Date sent:	

Harmful Information – do not copy

We may have to send a copy of the report to your patient. Certain information may be withheld if it appears to the Decision Maker or Appeal Tribunal that its disclosure would be **harmful to your patient's health**. An example of what may be harmful information is a diagnosis or prognosis that is **not** known to your patient, such as malignancy, progressive neurological conditions or **major** mental illness.

Please note that we cannot withhold information on any other grounds. For example, information relating to comments or remarks likely to cause embarrassment to the customer, carer, the author or a professional colleague.

Please only write about harmful information on this page.

A About the person with the illness or disability

Surname	McLeish
Other Names	Wendy
National Insurance Number	JZ174505B
Date of Birth	25/05/1987

B Declaration

Please complete **all** the boxes on this page to assist payment.

To claim £33.50 for completion of the report, please return the completed form together with the report so that payment can be made. **PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK** and return in the envelope provided, it does not need a stamp.

B1 Is this your first claim? (Please tick appropriate box) ☐ **Yes** ☐ **No**

If you have ticked **Yes** please also complete **Section C** on page 2 and move directly to Question **B3 below.**

B2 Please Provide your Payee Reference Number. This can be found on your last Remittance Advice Slip

B3 Please Provide your GMC Number. This will help us maintain more accurate records.

B4 ☐ **I am claiming the fee for completing the report** (please tick appropriate box)

☐ **I am not claiming the fee for completing the report**

Are you registered for VAT? ☐ **No** ☐ **Yes** Please provide your VAT No.

B5

	Title	Initials	Surname
Your Name	Doct	E	Shepparard

B6 Name and daytime phone number (including STD code) of a person to contact if we have a query with this form.

Name (in full)

Daytime phone number (incl STD code)

Surgery Address If the information shown is incorrect, please complete **Section C** on page 2.

B7 Do you want to change your existing payment details? (Please tick appropriate box)

☐ **Yes** (please complete page 2)

☐ **No**

B8 **Taxable Date** D D / M M / Y Y Y Y

C Telling us about your details

Complete this section if it is your **first claim** or you wish to **change** existing details.

C1 Notification/Changes to your Remittance Advice address

Please provide the full address of where you wish the Remittance Advice slip to be sent.

Postcode

C2 Notification/Changes to your payment details

Please provide details of the account you want this claim paid into. This will also be the account we will send any future payments to.
(We can only make payment directly into a bank or building society account)

Name of bank/building society

Branch name

Account name

Bank Sort Code number - -

Account Number

Roll number (Building Society only)

We will write to you with details of when payment will be made. When you receive this information, keep it safe as you need to use your **payee reference number** for future claims.

D FOR OFFICIAL DWP USE ONLY

D1 Authorisation of fees

The claim has been examined. Payment of £33.50 (net) is approved.

D2 Charge to: **BU** **C/C** 1 1 8 2 5 2 **A/C code**

D3

Signature **Date** D D / M M / Y Y Y Y

Authorisation Stamp

Office address stamp/"examined" stamp

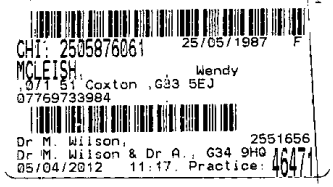
please fax

Dr Marie Wilson MBChB MRCOG MRCGP
Dr Anne McGinley MBChB MRCGP MsC sports medicine
Dr Emma Sheppard MBBS MRCGP DRCOG DFFP

Easterhouse Health Centre
9 Auchinlea Road
Glasgow G34 9 HQ

Tel. 0141 531 8150

5/4/12



Dear CMHT Auchinlea,

Wendy had another overdose attempt on 5 days ago with some spontaneity when grieving for her parents. She still has thoughts of taking tablets. Her boyfriend will be around this w/e she says (I have not been able to get hold of him). He is aware of some of the risk (he has hidden some tablets) but she is not willing for me to share information that she took an overdose on Saturday (up to 10 paracetamol, I am repeating LFTs today). A friend was in the house at the time and took the tablets away.

I am concerned that We4ndy is at high risk and would be grateful for a more detailed risk assessment before the w/e. Pelase note she still has abnormal LFTs from a severe septicaemia event around Christmas

Her mobile has credit o7733979634

Dr Emma Sheppard

faxed BR @ 5/4/12 5/5/12.

NHS Confidential: Personal data about a patient

SURNAME	MCLEISH
FORENAME	WENDY
Hosp No	23123532V
CHI No	2505876061
D.O.B	25.05.87 SEX Female
ADDRESS	0/1 51 COXTON PLACE
CONSULTANT/GP	DR MARIE WILSON
HOSP/PRACTICE	WILSON,MCGINLEY,SHEPPARD
WARD/TOWN	EASTERHOUSE H.C.

Collected	Received	Report Issued
05.04.12 @ 11:17	05.04.12 @ 18:26	06.04.12 @ 09:02

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

	Sodium			mmol/L
	Potassium			mmol/L
	Chloride			mmol/L
	Bicarbonate			mmol/L
	Urea			mmol/L
	Creatinine		§	µmol/L
	eGFR (estimated GFR)			mL/min
	Plasma Glucose			mmol/L
	CRP			mg/L
	Amylase			U/L
	Urate		§	mmol/L
	Troponin I			µg/L
	CK			U/L
13	Bilirubin	<20		µmol/L
23	AST	<40		U/L
31	ALT	<50		U/L
* 87	Gamma-GT	<40	§	U/L
86	Alk.Phos.	40-150	§	U/L
71	Protein	60-80		g/L
33	Albumin	32-45		g/L
38	Globulins	23-38		g/L
	Calcium			mmol/L
	Adjusted Calcium			mmol/L
	Phosphate		§	mmol/L
	Magnesium			mmol/L
	Cholesterol	target <5.0		mmol/L
	HDL Cholesterol	target >1.0		mmol/L
	Chol/HDL ratio			
	Triglycerides	target <2.3		mmol/L
	LDL Cholesterol	target <3.0		mmol/L
	TSH			mU/L
	Free T4			pmol/L
	T3			nmol/L
	IgA		§	g/L
	IgG		§	g/L
	IgM		§	g/L

NB Unless otherwise stated analyses carried out on serum

Lab No. N.12.0218400 Run No. 406

§Significant sex/age differences

Authorised by
Auto Check
Date Reported 06.04.12

GPA
Accredited Medical Laboratory
Reference No:2335

Acute Services Division

Emergency Care and
Medical Services Directorate
GLASGOW ROYAL INFIRMARY
Queen Elizabeth Building
16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

Switchboard: 0141 211 4000
Direct Dial: 0141 211 4381
Fax Number: 0141 211 1120

Contact Email: Lynn.Murray@ggc.scot.nhs.uk

DEPARTMENT OF RESPIRATORY MEDICINE
DR CHALMERS' RESPIRATORY CLINIC – 26th March 2012

Dr Marie Wilson
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

ES/LM

Dict: 26/03/2012
Typed: 30/03/2012

Dear Dr Wilson

Wendy McLeish ~ 25/05/1987 ~ CHI: 2505876061 ~ CRN: 23123532V
0/1 51 Coxton Place,Glasgow, G33 5EJ

Problems:
1. Right upper lobe pneumonia requiring ITU admission and transfer to Leicester for ECMO
2. Anxiety
3. Tremor
4. Previous drug overdose

I reviewed this 24 year old lady in Dr Chalmers clinic on 26.3.2012.

She had a prolonged admission from November 2011 to January 2012 with a severe right upper lobe pneumonia requiring admission to Intensive Care. She continued to deteriorate during her ITU admission and required to be transferred to Leicester for VV ECMO before finally being transferred back to Glasgow Royal Infirmary on 20th December 2011. There was also the time during Miss McLeish' s prolonged admission for her to be seen our colleagues in Neurology regarding her long standing tremor. Overall Miss McLeish feels greatly improved since discharge and is eating and drinking normally. Her weight has returned to normal.

On examination she appeared anxious but well and oxygen saturations were 99% on air. The chest was clear to auscultation. Chest x-ray performed in clinic showed no focal consolidation and I have not made her any further appointments at the Respiratory Clinic.

Kind regards.

Yours Sincerely

Dr Eliana Saffouri
ST4

NHS Confidential: Personal data about a patient

SURNAME **MCLEISH**	UNIT No. **23123532V**	CONS/GP DR MARIE WILSON
FORENAME **WENDY**	CHI No. **2505876061**	DESTINATION **WILSON,MCGINLEY,SHEPPARD**
D.O.B **25.05.87** SEX Female	ADDRESS 0/1 51 COXTON PLACE	**EASTERHOUSE H.C.**

	DATE / TIME	23.03.12 15:17	21.12.11 10:00			
Iron *umol/L*	*(10-30)*	**12**	10			
Transferrin *g/L*	*(2.0-4.0)*	**3.2**	2.2			
Transferrin Index		**0.30**	0.36			
Saturation *%*	*(20-50)*	**15**	18			

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8191584

Collected
DATE 23.03.12
TIME 15:17

Received
DATE 23.03.12
TIME 18:03

Report Issued
DATE 24.03.12
TIME 10:26

Authorised by
Auto Check

CPA
Accredited Medical Laboratory
Reference No:2335

Iron & Transferrin

Dr Marie Wilson MBChB MRCOG MRCGP
Dr. Anne McGinley MBChB MRCGP MsC sports medicine
Dr Emma Sheppard MBBS MRCGP DRCOG DFFP

Easterhouse Health Centre
9 Auchinlea Road
Glasgow G34 9 HQ

Tel. 0141 531 8150

20/3/12

Wendy. Mcleish
0/1 51 Coxton Place
GARTHAMLOCK
Glasgow
G33 5EJ

Dear Wendy,

One of your blood tests is raised, please make and appointment

Dr Emma Sheppard

→ Bre S

Actions Select Action...

This report has history

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
WENDY MCLEISH Name Changed	2505876061	25/05/1987	24	MCGINLEY, ANNE	DR WILSON, DR MCGINLEY & DR SHEPPAR	

Report

Full Blood Count Cumulative

Authorised By Auto Validated
Authorised Date 19/03/2012 16:17:00

Description	Value	Range	Unit	Normalcy Notes
White Cell Count	6.1	4.0 - 11.0	10^9/L	
Red Cell Count	4.03	3.80 - 5.80	10^12/L	
HAEMOGLOBIN	128	115 - 165	g/l	
Haematocrit	0.380	0.370 - 0.470	L/L	
MCV	94.3	78.0 - 99.0	fL	
MCH	31.8	27.0 - 32.0	pg	
RDW	14.1	11.5 - 14.5	%	
Platelets	271	150 - 400	10^9/L	
Neutrophils	2.5	2.0 - 7.5	10^9/L	
Lymphocytes	3.2	1.5 - 4.0	10^9/L	
Monocytes	0.4	0.2 - 0.8	10^9/L	
Eosinophils	0.06	0.04 - 0.40	10^9/L	
Basophils	0.01	0.01 - 0.10	10^9/L	

B12/Serum Folate Cumulative

Authorised By June Morrison
Authorised Date 20/03/2012 14:04:00

Description	Value	Range	Unit	Normalcy Notes
Serum Vitamin B12	206	200 - 900	pg/ml	
Serum Folate	3.4	3.1 - 20.0	ng/ml	

Requestor Comments
TREMORS

Result Details

Actions Select Action...

This report has history

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
WENDY MCLEISH Name Changed	2505876061	25/05/1987	24	MCGINLEY, ANNE	DR WILSON, DR MCGINLEY & DR SHEPPAR	

Report

Creatine Kinase Cumulative

Authorised By Auto Validated
Authorised Date 19/03/2012 16:37:00

Description	Value	Range	Unit	Normalcy Notes
CK	69	<170	U/L	

Thyroid Function Cumulative

Authorised By Auto Validated
Authorised Date 19/03/2012 16:55:00

Description	Value	Range	Unit	Normalcy Notes
TSH	2.6	0.35 - 5.00	mu/L	
Free T4	12	9 - 21	pmol/L	

Sample Comments
No collection time specified

Acute Services Division

Emergency Care and
Medical Services Directorate

Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

NEUROLOGY DEPARTMENT
DR P SHAH
CONSULTANT NEUROLOGIST
TELEPHONE: 0141 211 4481

Dictated 19/03/2012
Typed 28/03/2012
Our Ref PS/AC

Dr R Madhok
Consultant Rheumatologist
Centre for Rheumatic Diseases
Ward 15
Glasgow Royal Infirmary

Dear Dr Madhok

Wendy McLeish - 25/05/1987 - CHI: 2505876061 - CRN: 23123532V
0/1 51 Coxton Place, Glasgow, G33 5EJ

Many thanks for your referral. I reviewed this lady in the Neurology Outpatient Clinic she was accompanied by her support worker, Jackie Robertson.

She is 24 years old, right handed single lady who is currently is unemployed and lives with her boyfriend.

She was admitted with pneumonia recently and had to be managed in ITU and was transferred to the Lister for further specialist treatment. She was ventilated for four weeks and since her discharge from hospital has been finding her whole body quite shaky and some times her legs or hands shake. Where the cannulation scar is on her left thigh she feels some tightness when walking and her legs can feel weak. Her support worker has noticed that she becomes shaky when she is nervous or trying to concentrate. She has previously been shaky prior to her recent illness but again this was in certain situations or when she would be nervous rather than all the time.

Her current treatment is Propranolol, Fluoxetine and Cilest oral contraceptive pill.

She has hay fever but otherwise did not report other allergies.

She has been depressed for about a year or so and tried to take her life a couple of times. This started when her dad died. Her support worker suggested that her depression is perhaps better though not fully controlled.

Wendy McLeish - 25/05/1987 - CHI: 2505876061 - CRN: 23123532V
0/1 51 Coxton Place, Glasgow, G33 5EJ

She does not smoke but stated that she drinks alcohol more than recommend. She herself does not feel that this is a problem but stated that she can often drink when she is alone or bored.

On examination today, her eye movements were normal. Fundi were normal. There was no facial or bulbar weakness. Tone and power across the extremities were normal. Deep tendon reflexes were symmetrical and normal. She had normal pinprick and vibration sense. Her gait was normal and tandem walking was intact. She was able to walk on her heels, toes and was able to hop.

She also reported that she gets frequency with micturition and can often go to the toilet up to ten times at night but does not pass much urine and only has a few drops dribbling. She thought if she can sleep then she may not go to the toilet but has difficulty getting to sleep and can get maximum four hours sleep on a good day.

She had postural tremors of her out stretched hands which were easily distractible.

Comment

This lady's tremulousness is related to anxiety and depression. She may continue to take the beta blocker for symptomatic relief. She feels quite weak and I have explained that this would not be unusual for someone who has been managed in ITU for a few weeks whereby the muscles can get de-conditioned and it may take her a while to regain her strength. Further input from the physiotherapist may be helpful. She is undergoing treatment for her depression and this will be helpful. Today I have checked her thyroid function tests, full blood count and will forward the results eventually.

I have not arranged further routine follow-up.

Yours sincerely

Pushkar Shah
Consultant Neurologist

Royal College of General Practitioners

Patient Consent Form for Video/Digital Recording for Training Purposes

Patient's name:	Wendy McKeish	**Place of Video Recording:**	E/House H/Centre
Name of person(s) accompanying patient to the consultation:		**Date:**	16.3.12.

We are hoping to make video/digital recordings of some of the consultations between patients and Dr ...PATON..... whom you are seeing today. The videos are used by doctors training to be a GP to review their consultations with their trainers. The video/digital recording is ONLY of you and the doctor talking together. Intimate examinations will not be recorded and the camera will be switched off on request.

All video/digital recordings are carried out according to guidelines issued by the General Medical Council, and will be stored securely in line with the practice guidelines. They will be deleted within one year of the recording taking place.

You do not have to agree to your consultation with the doctor being recorded. If you want the camera turned off, please tell Reception - this is not a problem, and will not affect your consultation in any way. But if you do not mind your consultation being recorded, please sign below. Thank you very much for your help.

TO BE COMPLETED BY PATIENT

I have read and understood the above information and give my permission for my consultation to be video recorded.

Signature of patient BEFORE CONSULTATION:

.....W.McKeish..... Date .....16.3.12.....

Signature of person accompanying patient to the consultation:

..... Date .....

After seeing the doctor I am still willing/I no longer wish my consultation to be used for the above purposes.

Signature of patient AFTER CONSULTATION:

..... Date .....

Signature of person accompanying patient to the consultation:

..... Date .....

NHS Confidential: Personal data about a patient

SURNAME	MCLEISH
FORENAME	WENDY
Hosp No	23123532V
CHI No	2505876061
D.O.B	25.05.87 SEX Female
ADDRESS	0/1 51 COXTON PLACE
CONSULTANT/GP	DR MARIE WILSON
HOSP/PRACTICE	WILSON,MCGINLEY,SHEPPARD
WARD/TOWN	EASTERHOUSE H.C.

Collected	Received	Report Issued
16.03.12 @ 14:36	16.03.12 @ 18:06	17.03.12 @ 08:26

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

	136	Sodium	135–145	mmol/L
	4.1	Potassium	3.5–5.0	mmol/L
	102	Chloride	98–108	mmol/L
		Bicarbonate		mmol/L
	4.4	Urea	2.5–7.5	mmol/L
	52	Creatinine	40–130 §	µmol/L
	>60	eGFR (estimated GFR)		mL/min
		Plasma Glucose		mmol/L
		CRP		mg/L
	71	Amylase	<100	U/L
		Urate	§	mmol/L
		Troponin I		µg/L
		CK		U/L
	8	Bilirubin	<20	µmol/L
	26	AST	<40	U/L
	33	ALT	<50	U/L
*	130	Gamma-GT	<40 §	U/L
	109	Alk.Phos.	40–150 §	U/L
	74	Protein	60–80	g/L
	37	Albumin	32–45	g/L
	37	Globulins	23–38	g/L
		Calcium		mmol/L
		Adjusted Calcium		mmol/L
		Phosphate	§	mmol/L
		Magnesium		mmol/L
		Cholesterol	target <5.0	mmol/L
		HDL Cholesterol	target >1.0	mmol/L
		Chol/HDL ratio		
		Triglycerides	target <2.3	mmol/L
		LDL Cholesterol	target <3.0	mmol/L
		TSH		mU/L
		Free T4		pmol/L
		T3		nmol/L
		IgA	§	g/L
		IgG	§	g/L
		IgM	§	g/L

NB Unless otherwise stated analyses carried out on serum

Lab No. N 12.8176190 Run No. 268

§Significant sex/age differences

Authorised by
Auto Check
Date Reported 17.03.12

CPA
Accredited Medical Laboratory
Reference No:2335

Acute Services Division

Emergency Care and
Medical Services Directorate

GLASGOW ROYAL INFIRMARY
Queen Elizabeth Building
16 Alexandra Parade
Glasgow
G31 2ER

Switchboard: 0141 211 4000
Direct Dial: 0141 211 4381
Fax Number: 0141 211 1120
Contact Email: Lynn.Murray@ggc.scot.nhs.uk

NHS
Greater Glasgow and Clyde

DEPARTMENT OF RESPIRATORY MEDICINE

Consultants: Dr M M Cotton
Dr G W Chalmers
Dr J van der Horst
Dr B Choo-Kang

Dr Marie Wilson
Dr Wilson, Dr McGinley
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

EL/LM

Dict: 13/03/2012
Typed: 13/03/2012

Dear Dr Wilson

Wendy McLeish ~ 25/05/1987 ~ CHI: 2505876061 ~ CRN: 23123532V
0/1 51 Coxton Place, Glasgow, G33 5EJ

Date of admission: 20th November 2011
Date of discharge: 2nd January 2012
Consultant: Dr G W Chalmers

Diagnosis:

1. Right upper lobe pneumonia requiring ITU and transfer to Leicester for ECMO
2. Sepsis
3. Anxiety
4. Tremor

Wendy McLeish was admitted on 20th November 2011 right sided chest pain, shortness of breath, diarrhoea and a cough. On attendance she was hypotensive at 97/59 mmHg and tachycardiac at 107. She was also hypoxic at 93% on air. On examination she had decreased air entry in the right upper zone, scattered right basal crepitations and increased vocal residence at the right mid zone. She remained hypotensive throughout her admission in the Medical Receiving Unit despite aggressive fluid replacement therapy and boluses of Metaraminol. She continued to deteriorate in the Medical Receiving Unit and eventually developed a respiratory rate of 50, saturations in the 80s on 98% oxygen, and as a consequence the Intensive Care Unit Anaesthetists were contacted for review. At this time she was commenced on IV Amoxycillin, Clarithromycin and Augmentin. She was transferred to the Intensive Care Unit on 21st November 2011. She was intubated on 22nd November 2011 for respiratory failure.

According to her ITU notes she progressed in ITU at first with gradual weaning of her Noradrenaline until she deteriorated in respiratory function on 26th November 2011, and continued to have deteriorating respiratory function until the 28th November 2011. As she continued to deteriorate she was transferred to Leicester for VV ECMO through an RIJ line from 30th November 2011 until 7th December 2011. She then went onto CVVH until 9th December 2011 and had a tracheostomy inserted on 2nd December 2011. While at Glenfields in Leicester she had Methyl, Prednisolone and Azithromycin for lung re-modelling, and she was eventually transferred back to Glasgow Royal Infirmary on 20th December 2011. She was catheterised and NG fed. Her tracheostomy was removed on 28th December 2011. She made a satisfactory recovery on the respiratory ward and was seen by a Neurological Consultant, Dr Miller on 30th December 2011 to assess her for her long standing tremor.

A comprehensive set of tests were requested to investigate her tremor including thyroid function tests which were normal, immunoglobulins which were normal, protein electrophoresis which was normal, copper which was normal, ANCA, complement, rheumatoid factor and auto antibodies were all normal. B12, Folate and Ferritin were normal and her calcium was normal. Mrs McLeish refused a Huntingdon genetics test.

Unfortunately on the 2nd January 2012 Wendy decided to leave the Ward as she was "bored of the depressing Ward". Despite conversations with myself and Dr Wilson she signed the irregular discharge form and discharged herself against medical advice.

Ideally we would like to see her again in the Respiratory Clinic which ideally would have been 4-6 weeks after her discharge, but due to a delay in dictating this letter that has not been offered to her. We will send her an appointment for 1 week's time. She also has outpatient follow up with the Neurologists on 19th March 2012.

Kind regards.

Yours sincerely,

Dr Emily Leadbeater
FY2 in Respiratory Medicine

Result Details

→ DrES.

Actions Select Action...

This report has history

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
WENDY MCLEISH Name Changed	2505876061	25/05/1987	24	MCGINLEY, ANNE	DR WILSON, DR MCGINLEY & DR SHEPPAR	

Report

Viral serology

```
Tests performed by the West of Scotland Specialist Virology Centre
Scroll down to see complete report

Specimen type:plasma
--------------------------------------------------------------------------------

Hep B surface antigen:Negative
Hepatitis C screen   :Negative

Results are available via the NHS GG and C SCI store/portal.

End of report.
```

Last 1 users to access this result

Name	System	Location	Time
WSTest	concerto	location	13/03/2012 14:55:32

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Neurology
GGC General Referral

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

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

— **Hospital** and **hospital address**

Hospital location code: G107H

Email address: -

Urgency of referral	ROUTINE		
Date of referral	18-Jan-2012	**Date sent**	18-Jan-2012

PATIENT DETAILS

Surname	Mcleish
Forename(s)	Wendy
Title	Miss
Sex	Female
Date of birth	25-May-1987
CHI no.	2505876061
Area of Residence	-

Patient's address

0/1 51 Coxton Place
GARTHAMLOCK
Glasgow
G33 5EJ

Contact number(s)

Voice: 07769733984

101003059742N Unique Care Pathway Number: 101003059742N

REGISTERED GP DETAILS

Name	Dr Anne McGinley		
GMC code	3341180	GP code	07307
Practice name	Easterhouse Health Centre (13448)		
Practice code	46471		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150
Facsimile: 0141 531 8158

REFERRING GP DETAILS

Name	Dr. Dalila Malek		
GMC code	6128612	GP code	54241
Practice name	Dr Wilson, Dr Mcginley & Dr Sheppar (46471)		
Practice code	46471		

Practice address

Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Contact number(s)

Voice: 0141 531 8150

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Tremor

Comment: Dear Dr Miller,

Many thanks for seeing this young lady at your clinic. I believe she has been referred to you as an inpatient regarding an odd tremor, while in ward 7 at GRI when she had a prolonged admission for pneumonia in November 2011. She has unfortunately self-discharged prior to review.

Wendy has a known history of benign essential tremor since 2010, has been on Propranolol and she was first referred to neurology that year for further management. She did not keep her appointment.

Her tremor has been gradually worsening with little benefit from Propranolol and she is very keen for your specialist opinion. She confirmed she would attend on this instance and I have confirmed her current address as above. We would greatly value your input.

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
Adult respiratory distress syndrome	-	30-Nov-2011	30-Nov-2011
Overdose of drug	fluoxetine	22-Sep-2011	22-Sep-2011
Benign essential tremor	-	08-Jul-2010	08-Jul-2010

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	30	30 capsule	TWO TO BE TAKEN EACH DAY WEEKLY DISPENSE	-	05-Jan-2012	05-Jan-2012
Propranolol Hydrochloride Tablets 40 mg	42	42 tablet	ONE TO BE TAKEN THREE TIMES A DAY SEE DOC FOR NEXT	-	05-Jan-2012	05-Jan-2012
Propranolol Hydrochloride Tablets 40 mg	100	100 TABS	1 Tab 3 times daily	-	16-Nov-2011	16-Nov-2011
Fluoxetine Hydrochloride Capsules 20 mg	56	56 CAPSULE	TWO TO BE TAKEN DAILY	-	01-Nov-2011	01-Nov-2011
Propranolol Hydrochloride Tablets 40 mg	100	100 TABS	1 Tab 3 times daily	-	28-Sep-2011	28-Sep-2011
Fluoxetine Hydrochloride Capsules 20 mg	56	56 CAPSULE	TWO TO BE TAKEN DAILY	-	27-Sep-2011	27-Sep-2011
Zopiclone Tablets 7.5 mg	14	14 tablet	1 Tab At night	-	27-Sep-2011	27-Sep-2011
Fluoxetine Hydrochloride Capsules 20 mg	40	40 capsule	TAKE 20 MG THEN 40 MG ALTERNATE DAYS	-	14-Sep-2011	14-Sep-2011
Fluoxetine Hydrochloride Capsules 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE	-	26-Aug-2011	26-Aug-2011

Propranolol Hydrochloride Tablets 40 mg	100	100 TABS	1 Tab 3 times daily	-	11-Aug-2011	11-Aug-2011
Cetirizine Hydrochloride Tablets 10 mg	30	30 TABS	1 Tab Daily	-	12-Jul-2011	11-Aug-2011

Lifestyle Risks and Alerts / Examinations and Investigations

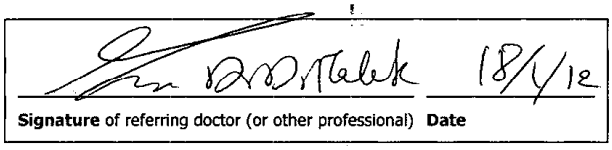
Description/Question	Result/Comment	Date
Never smoked tobacco:	Smoker$$ Status.clm - No Action Required	21-Jan-2010
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	21-Jan-2010

Clinical warnings

Additional relevant information

Administrative information

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
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:Yes



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

NHS
Greater Glasgow and Clyde

Treatment Card

CHI: 2505876061 25/05/1987 F
MCLEISH, Wendy
,071 51 Coxton ,G33 5EJ
07769733984
Dr M. Wilson, 2551656
Dr M. Wilson & Dr A., G34 9HQ
05/01/2012 12:57. Practice: 46471

Name:

Address:

DOB:

Doctor Mc [illegible]

Date	Treatment	Progress Notes	Nurses Initials
5/1/12	Change dressing		
	at windpipe.		
6/1/12	1st visit wound now	healed small crust	
14:15	area only reapplied	opsite plus given x2	
	Spare dressings to	apply if Required. will	[illegible]
	see back 1/52		[illegible]
13/1/12	Rtn visit wound now	completely healed.	
15:20	no further intervension	given / dry dressings	
	to apply at home if	required. DISC	[illegible]

ZA4C0487 3:00

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Treatment Card

Doctor M. Gray

CHI: 2505876061 25/05/1987 F
MCLEISH, ... Wendy
071 51 Coxton ,G33 5EJ
07769733984
Dr M. Wilson, 2551656
Dr M. Wilson & Dr A., G34 9HQ
05/01/2012 12:57 Practice: 46471

Name: DOB:

Address:

Date	Treatment	Progress Notes	Nurses Initials
5/1/12	Change dressing at windpipe.		
6/1/12 14:15	1st visit wound now healed small crust now only reapplied opsite plus given x 2 spare dressings to apply if required. will see back 13/1/12		Staff Nurse
13/1/12 15:20	Rtn visit wound now completely healed. no further intervention given dry dressings to apply at home if required. DISC		Staff Nurse

ZA4C0487 3:00

Please complete and return this report template electronically by clicking the Reply button at the top of the page.
See Section 7 of the SCI Gateway Sending & Receiving Messages User Guide.

DWP Department for Work and Pensions

Disability and Carers Service

Website: www.dwp.gov.uk

Doctor Emma Sheppard
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

If you get in touch with us tell us this reference number **JZ174505B**

Our address
Disability Benefits Centre
PO Box 37
Glasgow
G90 8AS

Our phone number **08457 123456**

If you have a text phone **08457 224433**

Date 05/04/2012

Dear Doctor Emma Sheppard

Factual Report for Disability Living Allowance

I am writing to you about Miss Wendy McLeish, Date of Birth 25/05/1987

Note. If the person has died or recently moved to another area please still complete the report if you can.

Your patient (or person appointed to handle their affairs) has made a claim for Disability Living Allowance. This is a benefit for people with severe disability. Entitlement is based on the amount of personal care or supervision needed or difficulty with getting around as a result of this disability. In order to decide this claim we need further information about their medical condition(s).

We hold your patient's (or a person appointed to handle their affairs) written consent to allow us to approach you for this information.

We would be grateful if you would answer the questions on this factual report based on your knowledge of the patient and their records. A special examination is not required. It would be very helpful in assessing your patient's benefit claim if you could reply within 10 working days. You may make a claim for a fee of £33.50 with your report.

The person making the claim may, at any stage, request a copy of this report to be sent to them. If there is any information you think would be harmful to their health, for example an adverse diagnosis or prognosis unknown to them, please provide details on the appropriate section of the report, marked **"Harmful Information".**

Please include in your report any relevant information contained in letters or reports from hospitals or consultants. If you think it is essential to send us originals or any copies of any letters from consultants, please obtain the author's consent for the correspondence

to be used in connection with your patient's claim.

To ensure compliance with 'Rehabilitation of Offenders Act 1974', your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to the customer's condition or disability. This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to read it before it is returned.

The Disability Living Allowance and Attendance Allowance Helpline is set up to answer enquiries. Please get in touch with them if you want to ask about anything in this letter. To make sure you receive a good standard of service from the Disability Living Allowance and Attendance Allowance Helpline, our Managers may monitor or record telephone calls without warning.

Thank you for your help.

Yours sincerely

David Gibson

On behalf of the Department for Work and Pensions

Customer's Details

Full Name Miss Wendy McLeish **Date of Birth** 25/05/1987

Address 0/1 51 Coxton Pl
Garthamlock
Glasgow
G33 5EJ

Information from your patient's claim shows that they have the following medical condition/disabilities.

1. Anxiety
2. Depression with suicidal ideation and self harm
3. Leg problem - unable to mobilise
4. Liver problems with respiratory problems

For the attention of the General Practitioner

In the section headed YOUR REPORT please consider and comment in your response on the following:

Please describe your patient's present mental state including details, where relevant, of confusion, memory loss, impaired judgement, self neglect, history of self harm and dangerous behaviour. Please include details of any fluctuations or relapses of the condition.

We would be grateful if you could respond to questions within the body of your report in relation to the above medical conditions/disabilities.

Your Report

Please complete and return this report template electronically by clicking the Reply button at the top of the page.
See Section 7 of the SCI Gateway Sending & Receiving Messages User Guide.

Date when patient last seen:

1. Diagnosis of the disabling conditions (do not include minor transient conditions)

2. Please give brief details of the condition(s) stating whether they are mild, moderate, or servere, in your answer. Include details of any relevant special investigations

3. Day to day variation in the condition(s) (if any) including frequency and duration of exacerbations

4. Relevant clinical findings - for example, visual acuities, hearing, ascultatory finding, peak flow, range of joint movement, muscle wasting, SLR, reflexes, extent of breathlessness

5. Treatment - Current treatment including medication and dosage, response to treatment including control of condition and prognosis

6. Please give details, IF KNOWN, of the effects of the disabling condition(s) on day to day life.
   a. Self care - for example, washing, dressing, feeding, using the toilet, continence, and ability to rise from the chair

   b. Insight and awareness of danger

   c. Ability to get around including pain, gait, balance, breathlessness and visual loss

7. Please add any further details you think would be helpful to the Department when deciding on this claim

Thank You

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

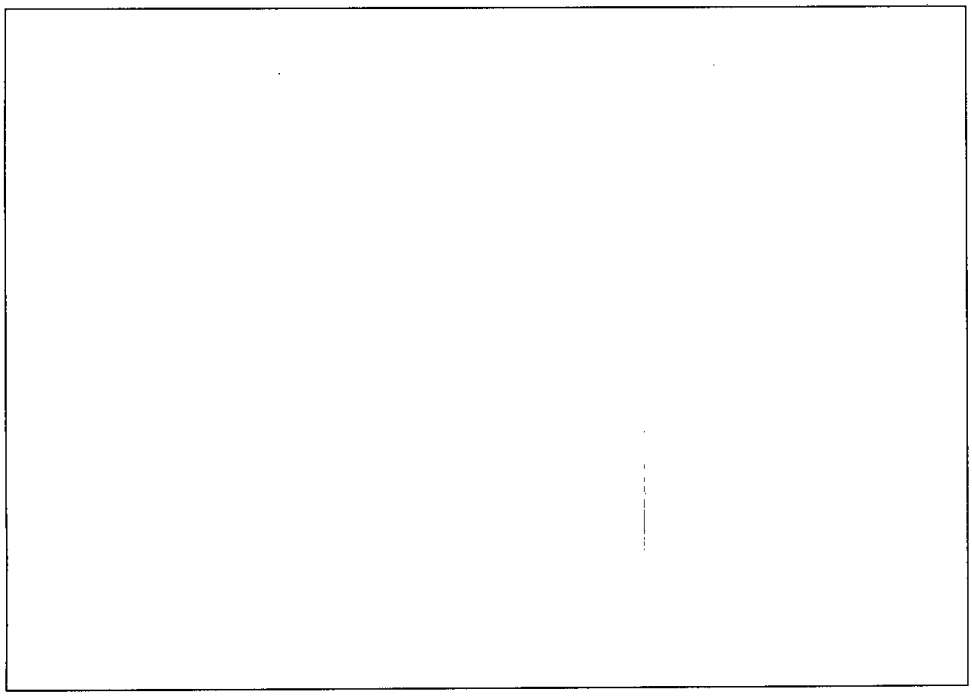
Is this patient known to you?	
Do you attest to the accuracy of this report?	
Name:	
Date sent:	

Harmful Information – do not copy

We may have to send a copy of the report to your patient. Certain information may be withheld if it appears to the Decision Maker or Appeal Tribunal that its disclosure would be **harmful to your patient's health**. An example of what may be harmful information is a diagnosis or prognosis that is **not** known to your patient, such as malignancy, progressive neurological conditions or **major** mental illness.

Please note that we cannot withhold information on any other grounds. For example, information relating to comments or remarks likely to cause embarrassment to the customer, carer, the author or a professional colleague.

Please only write about harmful information on this page.



A About the person with the illness or disability

Surname	McLeish
Other Names	Wendy
National Insurance Number	JZ174505B
Date of Birth	25/05/1987

B Declaration

Please complete **all** the boxes on this page to assist payment.

To claim £33.50 for completion of the report, please return the completed form together with the report so that payment can be made. **PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK** and return in the envelope provided, it does not need a stamp.

B1 Is this your first claim? (Please tick appropriate box) ☐ **Yes** ☐ **No**

If you have ticked **Yes** please also complete **Section C** on page 2 and move directly to Question **B3 below.**

B2 Please Provide your Payee Reference Number. This can be found on your last Remittance Advice Slip

B3 Please Provide your GMC Number. This will help us maintain more accurate records.

B4 ☐ **I am claiming the fee for completing the report** (please tick appropriate box)

☐ **I am not claiming the fee for completing the report**

Are you registered for VAT? ☐ **No** ☐ **Yes** Please provide your VAT No.

B5

	Title	Initials	Surname
Your Name	Doct	E	Shepparad

B6 Name and daytime phone number (including STD code) of a person to contact if we have a query with this form.

Name (in full)

Daytime phone number (incl STD code)

Surgery Address If the information shown is incorrect, please complete **Section C** on page 2.

B7 Do you want to change your existing payment details? (Please tick appropriate box)

☐ **Yes** (please complete page 2)

☐ **No**

B8

Taxable Date D D / M M / Y Y Y Y

C Telling us about your details

Complete this section if it is your **first claim** or you wish to **change** existing details.

C1 Notification/Changes to your Remittance Advice address

Please provide the full address of where you wish the Remittance Advice slip to be sent.

Postcode

C2 Notification/Changes to your payment details

Please provide details of the account you want this claim paid into. This will also be the account we will send any future payments to.

(We can only make payment directly into a bank or building society account)

Name of bank/building society

Branch name

Account name

Bank Sort Code number - -

Account Number

Roll number (Building Society only)

We will write to you with details of when payment will be made. When you receive this information, keep it safe as you need to use your **payee reference number** for future claims.

D FOR OFFICIAL DWP USE ONLY

D1 Authorisation of fees

The claim has been examined. Payment of £33.50 (net) is approved.

D2 Charge to: **BU** C/C 118252 **A/C code**

D3

Signature **Date** D D / M M / Y Y Y Y

Authorisation Stamp

Office address stamp/"examined" stamp

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Neurology
GGC General Referral

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

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

— **Hospital** and **hospital address**

Hospital location code.
G107H

Email address
-

Urgency of referral ROUTINE
Date of referral 18-Jan-2012 **Date sent** 18-Jan-2012

PATIENT DETAILS

Surname	Mcleish
Forename(s)	Wendy
Title	Miss
Sex	Female
Date of birth	25-May-1987
CHI no.	2505876061
Area of Residence	-

Patient's address

0/1 51 Coxton Place
GARTHAMLOCK
Glasgow
G33 5EJ

Contact number(s)
Voice:07769733984

101003059742N Unique Care Pathway Number: 101003059742N

REGISTERED GP DETAILS

Name	Dr Anne McGinley		
GMC code	3341180	GP code	07307
Practice name	Easterhouse Health Centre (13448)		
Practice code	46471		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ

Contact number(s)
Voice:0141 531 8150
Facsimile:0141 531 8158

REFERRING GP DETAILS

Name	Dr. Dalila Malek		
GMC code	6128612	GP code	54241
Practice name	Dr Wilson, Dr Mcginley & Dr Sheppar (46471)		
Practice code	46471		

Practice address

Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Contact number(s)
Voice:0141 531 8150

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Tremor

Comment: Dear Dr Miller,

Many thanks for seeing this young lady at your clinic. I believe she has been referred to you as an inpatient regarding an odd tremor, while in ward 7 at GRI when she had a prolonged admission for pneumonia in November 2011. She has unfortunately self-discharged prior to review.

Wendy has a known history of benign essential tremor since 2010, has been on Propranolol and she was first referred to neurology that year for further management. She did not keep her appointment.

Her tremor has been gradually worsening with little benefit from Propranolol and she is very keen for your specialist opinion. She confirmed she would attend on this instance and I have confirmed her current address as above. We would greatly value your input.

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
Adult respiratory distress syndrome	-	30-Nov-2011	30-Nov-2011
Overdose of drug	fluoxetine	22-Sep-2011	22-Sep-2011
Benign essential tremor	-	08-Jul-2010	08-Jul-2010

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	30	30 capsule	TWO TO BE TAKEN EACH DAY WEEKLY DISPENSE	-	05-Jan-2012	05-Jan-2012
Propranolol Hydrochloride Tablets 40 mg	42	42 tablet	ONE TO BE TAKEN THREE TIMES A DAY SEE DOC FOR NEXT	-	05-Jan-2012	05-Jan-2012
Propranolol Hydrochloride Tablets 40 mg	100	100 TABS	1 Tab 3 times daily	-	16-Nov-2011	16-Nov-2011
Fluoxetine Hydrochloride Capsules 20 mg	56	56 CAPSULE	TWO TO BE TAKEN DAILY	-	01-Nov-2011	01-Nov-2011
Propranolol Hydrochloride Tablets 40 mg	100	100 TABS	1 Tab 3 times daily	-	28-Sep-2011	28-Sep-2011
Fluoxetine Hydrochloride Capsules 20 mg	56	56 CAPSULE	TWO TO BE TAKEN DAILY	-	27-Sep-2011	27-Sep-2011
Zopiclone Tablets 7.5 mg	14	14 tablet	1 Tab At night	-	27-Sep-2011	27-Sep-2011
Fluoxetine Hydrochloride Capsules 20 mg	40	40 capsule	TAKE 20 MG THEN 40 MG ALTERNATE DAYS	-	14-Sep-2011	14-Sep-2011
Fluoxetine Hydrochloride Capsules 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE	-	26-Aug-2011	26-Aug-2011

Propranolol Hydrochloride Tablets 40 mg	100	100 TABS	1 Tab 3 times daily	-	11-Aug-2011	11-Aug-2011
Cetirizine Hydrochloride Tablets 10 mg	30	30 TABS	1 Tab Daily	-	12-Jul-2011	11-Aug-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:	Smoker$$ Status.clm - No Action Required	21-Jan-2010
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	21-Jan-2010

Clinical warnings

Additional relevant information

Administrative information

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:Yes

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

X Refs 2pgs of Not 46221

University Hospitals of Leicester NHS
NHS Trust

Glenfield Hospital
Groby Road
Leicester
LE3 9QP

Tel: 0300 303 1573
Switchboard Fax: 0116 258 3950
Minicom: 0116 287 9852

HEART LINK ECMO CENTRE
GLENFIELD HOSPITAL

DISCHARGE SUMMARY

Hold on to our hearts

30/4647
McLinky

COPY

Our Ref: DischargeSummary/McLeishWendy(12.12.2011)
NHS No: Unknown

12th December 2011

To whom it may concern,

Re: MCLEISH Wendy D.o.B: 25.05.1987 U5118413 S2664312
1/1 51 Coxton Place, Glasgow G33 5EJ

Date of admission: 30th November 2011 Date of discharge: 12th December 2011

Diagnosis: **ARDS**
Pneumonia

Procedures: **VV ECMO (30/11/11 to 07/12/11)**
Percutaneous Tracheotomy - # 7.0 (02/12/11)

Background: Wendy McLeish was referred from Glasgow Royal Infirmary. She is a cocaine smoker and suffers from anxiety & depression. She presented to Glasgow A+E on the 20th November 2011 with 4 days of SOB, chest pain, hypotensive & confused.

On the admission her 02 saturation was 83% with 100% FiO2. She was intubated & ventilated on 23rd November 2011 and transferred to the intensive care unit. From the beginning it has been difficult to achieve adequate oxygenation.

She was started on Co-Amoxicillin, Clarithromycin, Tazocin, Meropenem and Vancomycin. She is HIV, HCV & H1N1 negative.

On 30/11/11 she was referred for ECMO support and transferred by the Glasgow transport team without a discharge letter.

Wendy was cannulated for VV ECMO on the 30th November at 19:17 by the Glenfield ECMO team with a double lumen 31 Fr cannula via the RIJV. A new quadrilumen CVC was inserted in the RFV. ECMO support was started, reducing the pressure ventilation setting.

CVVH via vascath in LFV was started for decreased urine output.

Her initial CRP was 232 and she was continued with Meropenem, Tazocin and Fluconazole.

Tracheostomy performed on the 2nd December 2011 with a size 7.0 TRACOE (percutaneous).

CXR showed bilateral consolidation R>L on 30th November 2011.

Steroid and Azithromycin were commenced on the 5th December 2011.

Following weaning from ECMO support, she was decannulated on 7th December 2011.

CVVH DF treatment was stopped on the 9th December 2011, but her Creatinine & Urea were increasing. She has a good urine output with 0.2 ml/h Furosemide (250mg/25ml).

Neurologically she is good, awake & responds to stimuli.

Wendy is still on CPAP (PEEP 8, ASB 1, FiO2 35%). Haemodynamically she is stable with BP 148/88 mm Hg, HR = 96 bpm in SR. SpO2 96%. Good A/E in both lungs with some crepitations; more on the R lung. NGT feeds with Nutrison 57ml/h. Fluid balance over the last 24 hrs was negative – 1123mls. Abdomen soft.

Medication:

Meropenem	500mg	iv	qds
Fluconazole	400mg	iv	bd
Linezolid	600mg	iv	bd
Omeprazole	40mg	iv	bd
Deltaparin	2500 U	sc	od
Fluoxetine	40mg	ng	od
Clotrimazole 1% cream			
Clonidine	50 mcg	ng	tds
Azithromycin	40mg	ng	od
Doxazocin	2mg	ng	od
Pabrinex	1 pair	iv	od
Morphine	4ml/h	(60mg/60ml)	
Midazolam	4ml/h	(50mg/50ml)	
Furosemide	0.2ml/h	(250mg/25ml neat)	
Methylprednisolone	2 ml/h	(125mg/48 ml)	
Actrapid	3 ml/h	(50 unit/50 ml)	

Her previous CXRs have been copied onto a CD. Please find the last few days blood results on the attached printout.

Please do not hesitate to contact the ECMO Fellow on-call via switchboard if you have any queries.

Yours faithfully,

Dr Giuseppe Pelella
CT / ECMO Fellow

(Copy for your records)

NHS Confidential: Personal data about a patient

Emergency Department
Glasgow Royal Infirmary
84 Castle Street
GlasgoW G4 0SF

Dr M Wilson
Easterhouse Health Centre
9 Auchinlea Road
Glasgow

G34 9HQ

22 November 2011

Dear Dr Wilson

Re: WENDY MCLEISH, 0/1 51 COXTON PLACE, GLASGOW, G33 5EJ
Date of Birth: 25.05.87 Hospital Number: 23123532V CHI Number: 2505876061

Your patient attended Glasgow Royal Infirmary on the 20 NOV 2011 at 19:58 pm.

The presenting complaint was:	**Back/Leg Pains Diahorrea**
Triage Information:	**Pt C/O 4/7 Hx Of Diarrhoea Unable To Take Fluids In Hypotensive With Sas Given Fluids Also C/O Pain In Her Back Temp 37.4**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Respiratory - Pneumonia**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Admitted**
Follow-up:	**Admitted**
Additional Information:	**Nil**

Yours sincerely,

Tareq Abdullah
Emergency Department Doctor

Consultants

NHS Confidential: Personal data about a patient

GLASGOW ROYAL INFIRMARY UNIVERSITY NHS TRUST
84 CASTLE STREET, GLASGOW G4 0SF
INTENSIVE CARE UNIT

TELEPHONE 0141 211 4000
Tel: 0141 232 0917 (Direct Line)

TQ/BM

ADMITTED	DISCHARGED	WARD	AGE	HOSPITAL NUMBER
21/11/11 12/12/11	30/11/2011 20/12/2011	ICU	24	23123532V

DISPOSAL

WARD 7

FOLLOW UP

NAME AND ADDRESS

Wendy McLeish
0/1 51 Coxton Place
Glasgow
G33 5EJ

CHI NO: 2505876061

FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS

	ISC CODE
1. Community Acquired Pneumonia	
2.	
3.	
4.	
5.	
6.	

DISTRIBUTION OF LETTERS

Dr M Wilson, Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 9HQ
Dr G Chalmers, Consultant Respiratory Physician, Glasgow Royal Infirmary

OPERATION	CODE
1.	
2.	
3.	

Dear Dr Wilson

Wendy was initially admitted to Glasgow Royal Infirmary on the 21st November with a Community Acquired Pneumonia. Despite being intubated, she progressively deteriorated until eventually she was referred to Glenfield in Leicester for ECMO because of difficulties in ventilating her. She remained in Glenfield until the 12th December when she was transferred back to ourselves.

On her return the main issue for Wendy was really delirium, for which she required a combination of Propofol, Midazolam, Morphine and Clonidine. Over the next 7 days, this was gradually withdrawn and I am pleased to say she was doing very well by the time she was discharged from ourselves.

Despite being on a variety of antibiotics, no organism was ever identified to be the cause of her pneumonia, though we all felt it was likely to have been a strep pneumonia. She had an atypical screen which included Legionella pneumophila as well as Hepatitis and HIV serology, which were all negative.

By the time she was discharged from us, she was really doing very well. She was able to interact with staff and was watching television and reading magazines and was close to decannulation. She was discharged to the Respiratory Ward and they will continue to review her until her discharge from hospital.

Wendy has done extremely well, given the severity of her illness and I hope she continues to improve from here on in with little in the way of residual respiratory compromise.

Please do not hesitate to contact us if you or Wendy requires any further information regarding her stay in the Intensive Care Unit.

Yours sincerely

TARA QUASIM
CONSULTANT IN ANAESTHESIA & INTENSIVE CARE

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3280092** Date: **20 Nov 2011** Time of Call: **18:40**

Patient's Name: **Wendy Mcleish** DOB: **25/05/1987** Age: **24 Y**

Address Today: **0/1 51 Coxton Place Garthamlock Glasgow Intercom/Buzzer Entry**

Post Code: **G33 5EJ**

Home Address If different: **0/1 51 Coxton Place Garthamlock Glasgow Intercom/Buzzer Entry**

Post Code: **G33 5EJ**

Phone Number Today: **(07769) 733 984 -**

Home Phone If different: **(0141) 332 7383 -**

NHS24 Call ID : 10909230

Callers Name: Relationship to patient:

Name of GP: **McGinley Anne** Practice No: **231**

Surgery: **231Easterhouse HC / Barlanark HS** Cipher No: **G07307**

Address: **Dr ME .Wilson & Partner Easterhouse Health Centre 9 Auchinlea Road Glasgow G34 9HQ** Fax No: **0141 531 8158**

Speed Dial: **100**

Call Type: **No Action Required by Co- NOT GIVEN** NHS24 Time Passed:

Receptionist's Name:**IF** Time Arrived: Time Complete: **20/11/2011 18:41:01**

Patient's Complaint: **Patient's Complaint:**

3 FITS ON FRIDAY, 2 FITS YESTERDAY/ DIARRHOEA TODAY. WAS ADVISED PCEC LAST NIGHT, NEVER MADE IT. ((Non-Clinical User) (Cardonald))

HEADACHE 2 DAYS SEE A/V

Clinical summary created by: (Nurse Advisor) (Highlands) [20/11/2011 18:42:12]
BREATHING DIFFICUTLTIES- CHEST PAIN- FITTING FOR 2/7 AND BREATHING DIFFICULTIES- LEFT CHEST PAIN THROUGH TO BACK- HEADACHE- X3 EPISODES FITTING- FALLEN SEVERAL TIMES- PALPITATIONS BUT NOT NEW- 1/7 CALL DIDN'T ATTEND PCEC AS ADVISED- WORSENING STATEMENT- SAS 999 INCIDENT NO 3967105

This call will be transferred directly to a nurse via serious and urgent telephony route.
Advise the caller that if they get cut off you will call them back immediately.
This call will now be transferred to the emergency services.
If advising patient to attend hospital ask them to take any current routine medications with them.

Remarks: This call will be transferred directly to a nurse via serious and urgent telephony route.

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up:

Consultation(s):

By: **Start:** **Finish**

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3278738** Date: **19 Nov 2011** Time of Call: **21:03**

Patient's Name: **Wendy Mcleish** DOB: **25/05/1987** Age: **24** **Y**

Address Today: **0/1 51 Coxton Place**
Garthamlock
Glasgow
Intercom/Buzzer Entry
Post Code: **G33 5EJ**

Home Address If different: **0/1 51 Coxton Place**
Garthamlock
Glasgow
Intercom/Buzzer Entry
Post Code: **G33 5EJ**

Phone Number Today: **(07769) 733 984** **-**

Home Phone If different: **() -**

NHS24 Call ID : 10903348

Callers Name: Relationship to patient:

Name of GP: **McGinley Anne** Practice No: **231**

Surgery: **231Easterhouse HC / Barlanark HS** Cipher No: **G07307**

Address: **Dr ME .Wilson & Partner Easterhouse Health Centre 9 Auchinlea Road Glasgow G34 9HQ**

Fax No: **0141 531 8158**

Speed Dial: **100**

Call Type: **PCEC Within 2 Hrs** **Priority 1 Within 30** NHS24 Time Passed:

Receptionist's Name:**IF** Time Arrived: Time Complete: **19/11/2011 23:35:08**

Patient's Complaint: **Patient's Complaint:**

TOOK FITS YESTERDAY X 3 . SHAKING ON THE FLOOR. PAINS IN RHS , FEELING DIZZY ((Non-Clinical User) (Glasgow))

PAINS IN HEAD 1 DAY SEE A/V

Clinical summary created by: (Nurse Advisor) (Aberdeen) [19/11/2011 21:05:01]
? ANXIETY RELATED SYMPTOMS FOR TODAY AND VAGUE DESCRIPTION OF DIFFICULTY IN BREATHING ON HER RIGHT SIDE - HAS PAIN ON RIGHT SIDE AND HAD 3 EPISODES OF SHAKING FITS YESTERDAY (NO LOC) - REMEMBERS THESE FITS. NO MENINGEAL SYMPTOMS, NO VOMITING OR H/O INJURY. HAS HAD SOME DIARRHOEA. NOT UNDULY BREATHLESS. NO WHEEZING. DENIES ANY RETROSTERNAL PAIN OR REFERRAL.
OUTCOME - PCEC WITHIN 2 HOURS (EASTERHOUSE)
WORSENING STATEMENT

This call will be transferred directly to a nurse via serious and urgent telephony route.
Advise the caller that if they get cut off you will call them back immediately.
The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).
WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up:

NHS Confidential: Personal data about a patient

Consultation(s): _____

By: Start: Finish

Date: 18/11/2011 Time: 16:30 To: Easterho 46471-1 GLASGOW @ ,01415318158
Page: 001

NHS 24 FAX REPORT

NHS 24 ID:	Call ID: 10895524	**Site:**	Aberdeen
CHI #:	2505876061	**Caller Name:**	MARIE PATON
Surname:	MCLEISH	**Date/Time Call Received:**	18/11/2011 15:11
Forename:	WENDY		
DOB:	25/05/1987	**Date Call Completed:**	
Gender:	Female	**Time Call Completed:**	
Address:	0/1 51 Coxton Place	**Call Priority:**	2
	GARTHAMLOCK	**Call Reason:**	CB SHAKING,HOT/COLD SHIVERS FEW HRS SEE A/V
	Glasgow	**Current Location:**	0/1 51 Coxton Place
			GARTHAMLOCK
	G33 5EJ		Glasgow
PH NO:	07769733984 (Return)		G33 5EJ
		Special Directions:	Intercom/Buzzer Entry
		Current PH NO:	07769733984 (Return)
Care Provider:	MCGINLEY, ANNE	**Care Provider Details:**	EASTERHOUSE HEALTH CENTRE 9 AUCHINLEA ROAD GLASGOW G34 9HQ Scotland
Temporary Resident:	No		

Referred To: **Recommended Action:**

CLINICAL SUMMARY

BILATERAL LEG MUSCLE ACHING FOR 3.5HRS AND FEELS WARM - HAS COLD - NON PRODUCTIVE COUGH - LEGS "FEEL LIKE JELLY" - ALL BONES FEEL SORE - HARD TO SLEEP - OUTCOME SELF CARE

PAST MEDICAL HISTORY

MEDICAL PROBLEMS

DEPRESSION, OVERDOSED, SUICIDAL, ANXIETY

MEDICATIONS

OCP, AS PER ECS

ALLERGIES

HAY FEVER

Referred Clinical Notes:

T:
P:
R:
BP: /

Print Name: **Signature:**

NHS Confidential: Personal data about a patient

Executive Director
Social Care Services
David Crawford
BA(Hons) MSc CQSW

Social Work Services
Glasgow City Council
Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ
0141 232 7200
www.glasgow.gov.uk

Dr McGinley,
Easterhouse Health Centre,
9 Auchinlea Road,
Glasgow, G34 7HQ,

Our Ref DC Your Ref
Date: 04/11/2011

Dear Dr A. McGinley,
RE: Miss Wendy McLeish, Flat 0/1, 51 Coxton Place, Glasgow' G33 5EJ
CHI: 2505876061

Thank you for your referral regarding the above named woman; who was allocated to David Cross, Community Mental Health Team to conduct a Specialist Shared Assessment, which was recently sent to you.

Since your referral, Miss McLeish has not fully engaged with the Auchinlea Resource Centre, Community Mental Health Team: the Crisis Intervention Team and Carr Gomm mental health Services have now closed Miss McLeish's case due to repeated non-attendance to planned office and home visit appointments. The Social Work Services have also tried to engage with Miss McLeish; however, she has not attended numerous planned appointments.

I discussed Miss McLeish's case with Dr Martin Turner, Consultant Psychiatrist at the Auchinlea Resource Centre and he advised me to now discharge Miss McLeish's case back to her General Practitioners' care: **Dr A. McGinley.**

Thank you for your referral and if you require any further information concerning Miss McLeish or wish to make a re-referral in the future then please contact the Team at the above address or telephone number.

Yours sincerely

David Cross
Community Mental Health Team

cc. Miss Wendy McLeish, Flat 0/1, 51 Coxton Place, Glasgow' G33 5EJ

If 'phoning or visiting, please ask for David Cross
Direct Phone 0141 2327200 Fax 0141
Email:

Glasgow City
Community Health Partnership
North East Sector

NHS
Greater Glasgow and Clyde

Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dr Martin Turner
Consultant Psychiatrist
Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Date 26 October 2011
Your Ref
Our Ref SM/GMcM/1368337
2505876061

Phone Number 0141-232-7200
Fax Number 0141-232-7228

Dear Dr Turner

RE: Wendy McLeish, D.O.B. 25/05/1987, CHI: 2505876061
Flat 0 / 1, 51 Coxton Place, Glasgow, G33 5EJ

Thank you for your referral of the above patient and for discussing her with me at the end of September and today. I apologise for the delay in providing a formal response to your referral, which occurred because I was waiting to receive the assessment from the Liaison Psychiatry Service. However, I recently reviewed Ms McLeish's file and discussed her case with Mr David Cross, Social Worker, where I discovered that Ms McLeish had left the Liaison Psychiatry assessment before it could be completed.

Given the complexity of this lady's case and the high level of related risks, I have provided below a brief review of her file. Ms McLeish has apparently taken 3 significant overdoses in the context of binge drinking during the last 3 months. There are also reports in the notes of her using street Diazepam. She has also been suffering from a complex bereavement reaction and depressive symptoms since the death of her father in January 2011, complicated by him allegedly sexually abusing her in childhood. Subsequently she has apparently reported plans to track down and confront other individuals who have allegedly abused her. In addition, her mother died in 1991 and she was raised in care before being supported by Barnardos through leaving care services although she is apparently now reaching the age where she would no longer be eligible for this input. Moreover, her brother has apparently been imprisoned for murder and she has difficulties leaving her house due to anxiety, with both issues leaving her socially isolated.

Regarding input from the CMHT, she has had some contact with David Cross and has apparently reduced her alcohol consumption but failed to attend her most recent appointment with him. She was also referred to the Crisis Service and Carr-Gomm but failed to engage with either. David Cross reported that this history of difficulties with engagement had also been present for many years with the Children and Families Social Work Services. You also explained that she had a history of sporadic compliance with Fluoxetine and you have recently increased this to 40mg.

Clearly this lady has a range of significant difficulties and there are many risk factors. David Cross also noted that she dressed inappropriately and this and her history of abuse could make her vulnerable to sexual exploitation. However, very unfortunately she does

not appear to be engaging with input being offered by the CMHT. For this reason and because of the multiple other complicating factors relating to her case, it would be highly unlikely that she would engage with Clinical Psychology input at present. It is also early to begin therapy for bereavement and I have therefore not added her name to the Clinical Psychology waiting list at present. Ideally she would first gradually engage with CPN input, to build a therapeutic relationship, monitor her medication use and to try to stabilise her substance use and risky behaviour particularly her plans to track down abusers. A female worker may be most appropriate. However, assertive outreach has already been attempted by several disciplines and Ms McLeish's lack of engagement to date may require David Cross to discharge her to her GP. It might be beneficial for David to recommend community supports that her GP could offer to Ms McLeish and I would be happy to discuss this further with him.

Please contact me if you have any queries.

Yours sincerely

S. Marks

Dr Stephen Marks
Clinical Psychologist

c.c. Dr A. McGinley, Easterhouse Community Health Centre
9 Auchinlea Road, Glasgow, G34 9HQ

Dr David Cross, Social Worker, Auchinlea House
Easterhouse Community Health Centre, 9 Auchinlea Road, Glasgow, G34 9HQ

A letter in 14 point font is available upon request, to improve accessibility under the Disability Discrimination Act (DDA).

NHS Confidential: Personal data about a patient

Executive Director
Social Care Services
David Crawford
BA(Hons) MSc CQSW

Social Work Services
Glasgow City Council
Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ
0141 232 7200
www.glasgow.gov.uk

Copy
info

Wendy McLeish
Flat 0/1,
51 Coxton Place
Glasgow
G33 5EU

Our Ref DC Your Ref
Date: 14/10/2011

Dear Wendy,
RE: Care Plan Review.
CHI: 2505876061

As you cancelled our appointment on **10/10/2011** and failed to attend our other appointment on **14/10/2011**, therefore, I have made another appointment for you to attend the Auchinlea Community Mental Health Team, which is located within the Easterhouse Community Health Centre on:

Friday 04/11/2011 at 10am as requested by your GP: Dr Sheppard/McGinley.

If this appointment is not suitable, please do not hesitate to contact me at the above address or telephone number to re-arrange a more suitable time and date.

Yours sincerely

David Cross
Community Mental Health Team

cc. Dr Sheppard/McGinley, Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 7HQ,

If 'phoning or visiting, please ask for David Cross
Direct Phone 0141 2327200 Fax 0141
Email:

NHS Confidential: Personal data about a patient

Executive Director
Social Care Services
David Crawford
BA(Hons) MSc CQSW

Social Work Services
Glasgow City Council
Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ
0141 232 7200
www.glasgow.gov.uk

Dr McGinley,
Easterhouse Health Centre
9 Auchinlea Road
G34 9HQ.

Our Ref DC Your Ref
Date: 12/10/2011

Dear Dr McGinley,
RE: Wendy McLeish, Flat 0/1, 51 Coxton Place, Glasgow, G33 5EJ
CHI: 2505876061

Further to your referral of the above woman to the Community Mental Health Team, please find attached details of his Specialist Shared Assessment/treatment plan and, where appropriate, follow-up arrangements via ourselves.

Yours sincerely

David Cross
Community Mental Health Team

If 'phoning or visiting, please ask for David Cross
Direct Phone 0141 2327200 Fax 0141
Email:

Adult Mental Health - Specialist Shared Assessment

Summary
of Assessment & Initial Intervention Plan

CHI Number:	2505876061
Patient's Name:	Wendy McLeish
Address:	Flat 0/1, 51 Coxton Place, Garthamlock, Glasgow, G33 4RH,
Telephone Number:	07769733984

CMHT Name:	AUCHINLEA HOUSE
CMHT Address:	9 AUCHINLEA ROAD EASTERHOUSE, GLASGOW G34 9HQ
Telephone Number:	0141-232-7200

Referrer Name & Designation:	Dr McGinley: GP - 12/07/2011
Date Referral Received	12-07-2011

Date of Allocation	Date Assessment offered:	Date Assessment Completed:
31-08-2011	06-09-2011	10/10/11

ICD 10 code -Primary:		ICD 10 code -Secondary:	
HoNOS:	16/48	ICD 10 code-Secondary2	

Other Rating Scales Used

Name:	Outcome:
Name:	Outcome:

Formulation

Miss McLeish is a 24 year old female who currently lives with her boyfriend, James Ward who has not been very supportive or empathetic towards her current situation. Miss McLeish does have several female friends who visit her and periodically stay over and this appears to result in large quantities of alcohol being consumed, especially at the weekends.
Miss McLeish's both parents are dead. Furthermore, there has been a long history of Social Work Services Children and Families Team intervention and Miss McLeish and her brother Gerry McLeish have been placed and resided within numerous Residential and Foster Care Homes throughout their lifetime. Her brother is currently serving a life sentence within H.M.S. Shots Prison and she visits him monthly.
There has been three recent impulsive medication overdoses in the past few months and they have all been fuelled by excessive alcohol consumption at the time; however, there were no suicide plan involved.
Although, Miss McLeish has many people living with her at home; however, she does feel socially and culturally isolated due to her increased panic attacks when outdoors, therefore, she requires an escort to accompany her outdoors.

Background/Contributory Factors

Miss McLeish presented several reasons why she wanted to be referred to the Auchinlea Resource Centre Community Mental Health Team:

1 Her farther died aged fifty-four years old in January 2011 due to emphysema; however, she claimed that her father sexually abused her as a child (between the age of 11 - 13 years old) and when he died she found his diary within his home, which discussed both the physical and emotional neglect when they were young children and he later sexual abused her. The diary outlined his attendance to children panels and being interviewed by the police. Her father had an alcohol and was addicted to drugs and she reported that Social Work Services found used needles under her brothers bedding.
2 Her mother died about twenty years ago due to a heart attack. After her mother's death she was sent to her Aunts house; however, she claimed that her Aunt was sadistic and she used to beat her and brother with a baseball bat? Thereafter, Miss McLeish and her brother from the age of six years of age they were taken into residential and foster care throughout there life-time.
3 Her younger brother Gerry McLeish is currently served five years within a life sentence within H.M.S. Shotts Prison for murder. Miss McLeish visits him once per month.
4 Miss McLeish has recently overdoses on prescribed and non-prescribed medication (first overdose consumed her anti-depressant medication and the second was Ibuprofen 400mg x 14 tabs - both overdoses were whilst drinking alcohol to excess); however, Ms McLeish did not wait to be seen by Liaison Psychiatry within the GRI A&E Hospital during the second admission to GRI A&E Hospital.
5 She experiences regular panic attacks when outdoors, therefore, she only goes out doors when she is accompanied by someone.
6 Stated that she regularly binge drinks alcohol (drinks about three litters of 'Lambrini' wine and numerous 'Side Kicks' aftershock alcohol) with her friends and boyfriend.
7 Her current boyfriend James Ward is presently living with her; however, he appears to have very little tolerance, sympathy and

Adult Mental Health - Specialist Shared Assessment

empathy towards Miss McLeish, especially when she takes an overdose of medications. He regularly threaten to leave her if she tries to overdose again.

Risk Factors and Interventions

There has been three recent impulsive prescribed medication overdoses in the past few months and they have been fuelled by excessive alcohol uses at the time. There are no reported historical or recent self-harm issues. She claimed to constantly feel depressed, stressed, anxious and regularly has panic attacks when outdoors, therefore, she requires to be escorted outdoors. She rated her low moods as being 2/10 and this usually increased to 5/10. However, her moods become low after she drinks alcohol. There was no reported issues regarding visual or auditory hallucinations, delusions, paranoia, forgetfulness or thought disorders. Her thought content appeared to be normal; however, she sometimes doubts her self-belief and self respect for herself is poor due to the abuse and being in foster care all her life.

Her thought content appeared to be normal; however, she sometimes doubts her self-belief and self respect for herself is poor due to the abuse and being in foster care all her life. Nevertheless, she appeared to have fairly normal perceptions about herself and her environment; however she does have low self-esteem.

Stated that she regularly binge drinks alcohol (drinks about three litters of 'Lambrini' type wine and numerous 'Side Kicks' aftershock alcohol) with her friends and boyfriend every weekend. She also claimed that she has significantly reduced her alcohol consumption and now only drinks a couple of beers at the weekend. She does not regard herself as having alcohol addiction issues and that she can stop drinking alcohol whenever she wants to stop.

No reported issues drug addiction issues and she is a none smoker.

Reports to be regularly skipping meals and does not eat proper meals regularly.

Other Identified Needs/Interventions

Miss McLeish's case was discussed at the Auchinlea Resource Centre Allocation Group and the following discussion and decisions were made:

1. Miss McLeish should still continue to receive medical attention from her General Practitioner: Dr McGinley at the Easterhouse Health Centre.
2. Dr Martin Turner, Consultant Psychiatrist @ Auchinlea House CMHT advised writer to make a referral to the Auchinlea Resource Centre CMHT Crisis Team who can assess Miss McLeish's current medication and mental health and they would in turn advise Dr Turner about the appropriate future mental health care plan. However, the Crisis Team have now discharged Miss McLeish because she has not stopped drinking alcohol and has repeatedly failed to fully enagage (cancelled two appointments and was not home for two further planned appointments) with the Crisis Team.
3. He was provided with information regarding stress, anxiety, depression and anger management and was advised to attend the Barlanark Health Shop to receive stress management services.
4. A referral was suggested to be made to the Easterhouse Social Work Services Community Addiction Team; however, Miss McLeish believed she did not have addiction issues and that she can stop drinking alcohol by herself. Client declined to be referred.
5. A referral has been made to the Auchinlea Resource Centre CMHT Psychology Department. Miss McLeish has agreed to this referral and therefore, her case will shortly be transferred over to the Psychology department and closed to the Social Work Services due to no identified Social Work needs.
6. The Crisis Team have re-referred Miss McLeish's case over to the Carr Gomm Mental Health Services for a short-term intervention; however, Miss McLeish has been reluctant to engage with the Carr Gomm service and there is the possibility that Carr Gomm may withdraw their service to Miss McLeish if she does not fully engage with the service.
7. Miss McLeish will be provided with a number of two weekly appointments and then this will be monthly appointment until the case is transferred over to the psychology department.
8. Review case in three months time.
9. Miss McLeish was provided with information and contact numbers to access the Auchilea House CMHT 'Duty Services' and the Out of Hours Crisis Team.

Completed by:

Name: (Please Print) David Cross — Designation: Social Worker

Signature:

Date: 10/10/11

Counter signed by:

Name: (Please Print) Robert Muir — Designation: Team Leader

Signature: Robert Muir

Date: 11/10/11

jobcentreplus

Website: **www.jobcentreplus.gov.uk**

02631
Dr Shepard
9 AUCHINLEA ROAD
GLASGOW
G34 9HQ

Your reference is JZ174505B
Please tell us this number
if you get in touch with us

Clyde & Fife Benefit Centre
Baird Street
Glasgow
G90 8BJ

Phone 0845 6088582
TEXTPHONE for the deaf/hard of
hearing ONLY 0845 6088551

Date 12 October 2011

Dear Doctor Shepard

Work Capability Assessment Outcome Notification

Patients Name	Miss W Mcleish
Patients Address	0/1 51 Coxton Pl Garthamlock Glasgow G33 5EJ

Patients D.O.B : 25 May 1987

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

WCA Effective Date 11 October 2011

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

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

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

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

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

12 October 2011

Dr Shepard

REF: JZ174505B

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

Yours sincerely

Ann Russell

Manager

Glasgow City
Community Health Partnership
North-East Sector

NHS
Greater Glasgow and Clyde

East Crisis Team
Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
GLASGOW
G34 9HQ

Date 07 October 2011
Your Ref:
Our Ref: JMcN/KC
Enquiries To:
Direct Line: 0141 232 7200
Fax: 0141 232 7228
Email:

Dr AL McGinley
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr McGinley

WENDY MCLEISH CHI 250 587 6061
0/1, 51 COXTON PLACE GLASGOW G33 5EJ

The above patient was referred to our team after assessment by the community mental health team at the Auchinlea Resource Centre. Wendy has taken impulsive overdoses in the past, all with alcohol and was suffering from low mood.

Our team engaged with Wendy to:

- Monitor her mood and mental state
- Provide intensive support for a short period of time
- Encourage Wendy to develop positive coping strategies

Wendy has now agreed to work with Carr Gomm to increase her socialisation and activities; she also has support from her Barnardo's support worker and Social Worker, David Cross. Wendy is happy with discharge and knows she can contact crisis services out of hours if needed.

Should you require any further information, please do not hesitate to contact our team.

Yours sincerely,

Jennifer McNab
Crisis Practitioner

cc Dr Martin Turner, Consultant Psychiatrist
David Cross, Social Worker

Acute Services Division

ACUTE ASSESSMENT UNIT

Dr Allan Cameron
Dr Pauline Grose
Dr Ravi Jamdar
Dr Gerard McKay

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS
Greater Glasgow and Clyde

Dictated 27/09/2011
Typed 28/09/2011
Ref AC/ET

Secretary:
Emma Thomson Tel: 0141 211 5719
Email:
Emma.Thomson3@ggc.scot.nhs.uk

Dr Marie Wilson
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Wilson,

Wendy McLeish - 25/05/1987 - CHI: 2505876061 - CRN: 23123532V
0/1 51 Coxton Place, Glasgow, G33 5EJ

DATE OF ADMISSION:	22nd September 2011
DATE OF DISCHARGE:	22nd September 2011
CONSULTANT:	Dr Cameron
DIAGNOSIS:	Fluoxetine overdose
MEDICATION:	Propranolol 40mg tds, Fluoxetine 20mg once daily
FOLLOW UP:	Community Mental Health Team

This 24 year old woman presented after an impulsive overdose of somewhere between 240-480mg of Fluoxetine whilst intoxicated. Fortunately there were no physical sequelae.

She was reviewed by the Psychiatry Liaison Team who felt that there was no real suicidal intent. She has follow up arranged with the Community Mental Health Team at Auchinlea.

Yours sincerely,

Dr Allan Cameron
Consultant Physician in Acute Medicine

Glasgow City Community Health Partnership
North-East Sector

NHS
Greater Glasgow and Clyde

Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
GLASGOW
G34 9HQ

Date:

Our Ref: JA/IM

Tel: 0141 232-7200
Fax: 0141 232 7228

23.9.11

Dear Doctor McGinley.

RE: .....

CHI: 2505876061
Mcleish Wendy
0/1, 51 Coxton Place,
GLASGOW,
Lanarkshire
G33 5EJ
T/1368337/1 Female

I saw the above named patient today at Auchinlea House on .....

I would be grateful if you could supply the following medication:

℞ Fluoxetine 40mg mane
Stat ZOPICLONE 7.5mg nocte (or 10mg)

A more detailed letter will follow.

Yours sincerely

Dr Martin Turner
Consultant Psychiatrist

A letter in 14 point is available on request to improve accessibility under the Disability Discrimination Act (DDA).

Glasgow City Community Health Partnership
North-East Sector

NHS
Greater Glasgow and Clyde

Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
GLASGOW
G34 9HQ

Date: 23 September 2011

Our Ref: MT/IM

Tel: 0141 232-7200
Fax: 0141 232 7228

Dr A McGinlay
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr McGinlay

RE: WENDY McLEISH – CHI – 25 05 87 6061 **T1368337/1**
0/1, 51 COXTON PLACE, GLASGOW, G33 5EJ

Diagnosis: **Depressive Disorder F32.1**
Medication: **Fluoxetine increased to 40mgs mane**
Zopiclone 7.5mgs nocte for 2 weeks only

Follow-up: **Crisis Team**
Referral to Psychology for complex grief counselling

I saw Wendy today for review as an emergency. This follows on from a recent overdose of 12 x 20mgs Fluoxetine tablets. Wendy was assessed by Liaison Psychiatry following this overdose. I am sure a full report will be on route to you regarding this matter.

Today Wendy appeared slightly sluggish, but otherwise responsive to questions. She continues to describe some nausea and other symptoms consistent with an overdose of Fluoxetine. It was clear that she did not have a stomach pumped but was merely monitored to ensure that there were no complications from this overdose. Yet again the overdose appears to have occurred in the context of consuming alcohol; this being a recurring pattern for Wendy at this time.

Mental-state exam today revealed Wendy to be slightly flat and subdued as detailed above, but able to answer most questions in a responsive and coherent fashion. She continues to describe some good and some bad days in her mood. She also continues to drink alcohol, although she is counselled against doing this at this time. Wendy remains somewhat ambivalent about the outcome of her recent overdose and sees this as occurring particularly when she is struggling to cope with low mood.

Further Recommendations
Today I advised Wendy to remain off her antidepressant for the next 4 days because of the size of the overdose. She will continue to have adequate antidepressant dose in her system if she recommences on Fluoxetine by Wednesday. At that time an increase to 40mgs Fluoxetine daily would be sensible, as she can clearly tolerate a higher dose as evidenced by recent events. I have also requested that she commence on Zopiclone at night to help with her disrupted sleep pattern and nightmares. We shall continue to work with her during a number of different modalities to see if she can move on from her current complicated position and to address some of the issues coming from her father's death and the conflicted responses this is engendering in her.

Yours sincerely

Dr Martin Turner
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

Mental Health Service

NHS
Greater Glasgow and Clyde

Glasgow Liaison Psychiatry Service
2nd Floor
St Mungo Building
Glasgow Royal Infirmary
84 Castle Street
GLASGOW
G4 0SF

Date:

Ref:

Direct Line: 0141 211-4417
Fax: 0141 232-0846

Dear Dr Wilson

Re: WM°L DOB: 25/05/87 Male: ☐
CHI: 6[illegible] Female: ☑

A mental health assessment was carried out on the above patient at Glasgow Royal Infirmary on 22/9/11 (Date/Time) at 11am at AAU.

~~A&E/Ward~~ following an episode of self-harm consisting of:

an impulsive overdose of fluoxetine 20mg x 12-24 tabs while intoxicated. No planning, no suicide note, no ongoing suicidality, no active plan, glad to be alive.

Discharge Plan:

- To continue with input from crisis team based at Auchinlea Resource Centre.

Yours Sincerely

J Stevenson.

Psychiatric Liaison Nurse

Name: J Stevenson

Designation: charge nurse

Emergency Department
Acute Assessment Unit GRI
84, Castle Street
Glasgow

Dr A Mcginley
Easterhouse Health Centre
9 Auchinlea Road
Glasgow

G34 9HQ

23 September 2011

Dear Dr Mcginley

Re: WENDY MCLEISH, 0/1 51 COXTON PLACE, GLASGOW, G33 5EJ
Date of Birth: 25.05.87 Hospital Number: 23123532V CHI Number: 2505876061

Your patient attended Acute Assessment Unit Gri on the 22 SEP 2011 at 05:00 am.

The presenting complaint was:	**Medical**
Triage Information:	**Nil**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Intentional Self Harm - Anti-Depressant**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Nil**

Yours sincerely,

Andrew Ainsworth
Diabetes And Endocrine

Consultants

Emergency Department
Glasgow Royal Infirmary
84 Castle Street
GlasgoW G4 0SF

Dr A Mcginley
Easterhouse Health Centre
9 Auchinlea Road
Glasgow

G34 9HQ

23 September 2011

Dear Dr Mcginley

Re: WENDY MCLEISH, 0/1 51 COXTON PLACE, GLASGOW, G33 5EJ
Date of Birth: 25.05.87 Hospital Number: 23123532V CHI Number: 2505876061

Your patient attended Glasgow Royal Infirmary on the 22 SEP 2011 at 02:07 am.

The presenting complaint was:	**Overdose**
Triage Information:	**Pt Has Taken Unknown Amount Of Fluoxetine Tonight. Washed Down With Approx 12 Buds. States That She Wants To Die.**
The following investigations were carried out:	**Full Blood Count** **Blood - Lfts** **Blood - U+E** **Blood Glucose** **Serum Salicylate And Paracetamol** **Ecg**
The A&E diagnosis was:	**Intentional Self Harm - Anti-Depressant**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Transferred Directly To Zone 2**
Follow-up:	**Discharged**
Additional Information:	**Nil**

Yours sincerely,

Richard Stevenson
Clinical Fellow

Consultants

Mental Health Services

Private & Confidential
Receiving Physician
Acute Assessment Unit
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Glasgow Liaison Psychiatry Service
2nd Floor, St. Mungo Building
Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Date: 22.09.2011
Date Typed: 27.09.2011
Our Ref: JS/sb/-T 1368337
Your Ref:

Tel: 0141 211- 4417 (24417)
Fax: 0141 232- 0846 (20846)

Dear Colleague,

Re: Wendy McLeish DOB: 25.05.1987 CHI: 6061
0/1, 51 Coxton Place, Glasgow, G33 5EJ

Thank you for referring this lady to our service she arrived at the Accident & Emergency Department, Glasgow Royal Infirmary on 22.09.2011 at 03.07am. She arrived by ambulance which had been contacted by friends this was following taking an impulsive overdose of Fluoxetine approximately 12-24 20mgs tablets taken whilst intoxicated. The overdose was taken on 22.09.2011 at 01.30am. I carried out a psychiatric assessment of Ms McLeish whilst an inpatient in AAU Glasgow Royal Infirmary on 22.09.2011 at 10.30am. At time of assessment she was alert and orientated and willing to participate in a psychiatric assessment.

History of Presenting Complaint
Ms McLeish informed me that whilst taking the overdose she had been drinking with friends. She had drunk approximately 9 Budweiser's and was quite intoxicated at the time of her actions. She states her friends were in her living room and she went into the kitchen to take the tablets. She returned to the living room and fell. Ms McLeish then informed her friends of her actions and they called for an ambulance. She informs me this overdose was an impulsive act, there was no planning to her actions. She did not write a suicide note and is glad to be alive at time of assessment. She has no ongoing suicidality with no active plan. The trigger to her actions appears to be difficulty adjusting to the change in her day to day living following the death of her dad in January 2011. She informs me she feels isolated and lonely and describes herself as an orphan. Her brother is currently in jail for murder serving a 20 year sentence. He has completed 6 years to date.

Past Psychiatric History
Ms McLeish has had two previous overdose episodes over the past few weeks. Ms McLeish is currently involved with the Crisis Team at Auchinlea Resource Centre in

relation to same. I discussed this lady's assessment with staff at Auchinlea Crisis Team who were willing to carry on this lady's care in the community.

Past Medical History
No abnormalities

Current Medication
Propranalol (long term prescription),
Fluoxetine initially commenced 20mgs by GP 3 months ago recently increased to 40mgs

Drug, Alcohol Smoking & Forensic History
Drugs: Ms McLeish denies any illicit drug use.

Alcohol: Ms McLeish describes herself as a social drinker despite this on discussion with staff at the Crisis Team at Auchinlea Resource Centre this lady appears to downplay her alcohol intake claiming to only consume alcohol at weekends despite this she was drinking on night of overdose which was a Wednesday evening.

Ms McLeish is a non smoker.

Forensic History: Nil

Personal History & Social Circumstances
Ms McLeish was born in Glasgow, she was in and out of foster care from aged 4 and she had a very displaced childhood moving around primary schools. She stayed in children's homes throughout her secondary school years and attended the same Secondary School which was more settling for her. Ms McLeish left school aged 16 and attended College to study Child Care. Ms McLeish has worked several jobs on and off she worked in the Royal Mail many years ago. She last worked 4 years ago and has no plans to gain employment in the future. Ms McLeish is in receipt of benefits receiving £71 per fortnight. Ms McLeish struggles financially. Her mother died 20 years ago from an MI. Her dad died in January 2011 from Emphysema. She has one brother Gerald as previously stated he is currently in jail for murder. She gets on well with her brother and visits him regularly. She currently lives with her boyfriend of one year they had no children. Ms McLeish describes this as a good relationship although after speaking with staff at Auchinlea Resource Centre I was informed that this relationship can be controlling at times.

Family Psychiatric History
Ms McLeish is unaware of any mental illness within her family.

Mental State Examination
At time of assessment eye contact was good. Ms McLeish's speech was quiet and difficult to comprehend at times. Ms McLeish appeared well kempt dressed in hospital night attire with her hair tied neatly in a ponytail. On mood her mood appeared flat at time of assessment. She states this has been low for the past 2 months and she feels this has deteriorated steadily since the death of her father in January 2011. She was her dad's main carer and now has a void in her day and finds her day is long and boring. She currently rates her mood as 2-10 and believes she has had one good day in the past 7. Her sleep pattern has been disturbed. She has difficulty falling asleep, wakening throughout the night when she cannot get back to sleep this has been the same pattern for 2 months. She tends to catnap in front of the tv during the day. Her appetite is good and her concentration is intact. She states her memory has been poor and she has noticed a deterioration in her memory

over a 2 month period. There was no evidence of psychosis at time of assessment and she denied psychotic symptoms past or present. There was no evidence of formal thought disorder and she did not appear preoccupied at time of assessment. On suicidality she is not actively suicidal with no active suicide plan. She is unsure of her future plans.

Impression
A 24 year old lady who has taken an impulsive overdose whilst intoxicated history of same over recent weeks and has current involvement with the Crisis Team based at Auchinlea Resource Centre. This lady appears to be suffering from an adjustment disorder following the death of her father. Ms McLeish also appears to be using alcohol in a harmful way resulting in an increase in impulsive behaviour.

Discharge Plan
1. I discussed this lady's presentation as previously stated with Crisis Team staff based at Auchinlea Resource Centre who will continue with this lady's care in the Community on discharge from hospital. Ms McLeish is in agreement to discharge plan.
2. I advised staff on AAU Glasgow Royal Infirmary that Ms McLeish could be discharged home once deemed medically fit.

Yours Sincerely

pp **Jacqueline Stevenson**
Psychiatric Liaison Nurse

Cc: Dr M Wilson, Easterhouse Health Centre, 9 Auchinlea Rd. Glasgow,G34 9HQ
Cc: Crisis Team Auchinlea Resource Centre 11 Auchinlea Rd Glasgow G34 9QA

NHS Confidential: Personal data about a patient

CHI: 2505876061 25/05/1987 F
MCLEISH, Wendy
,071 51 Coxton ,G33 5EJ
07769733984

Dr M. Wilson, 2551656
Dr M. Wilson & Dr A., G34 9HQ
20/09/2011 16:04. Practice: 46471

Date 20.9.11

...otions play an important part in most illnesses. If your clinician knows about these feelings she or he will be able to help you more.

NHS Greater Glasgow

This questionnaire is designed to help your clinician to know how you feel. Read each item and **underline** the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

A 2 **I feel tense or 'wound up':**
- Most of the time
- ✓ A lot of the time
- From time to time, occasionally
- Not at all

D 2 **I still enjoy the things I used to enjoy:**
- Definitely as much
- Not quite so much
- ✓ Only a little
- Hardly at all

A 1 **I get a sort of frightened feeling as if something awful is about to happen:**
- Very definitely and quite badly
- Yes, but not too badly
- ✓ A little, but it doesn't worry me
- Not at all

D 2 **I can laugh and see the funny side of things:**
- As much as I always could
- Not quite so much now
- ✓ Definitely not so much now
- Not at all

A 1 **Worrying thoughts go through my mind:**
- A great deal of the time
- A lot of the time
- ✓ From time to time but not too often
- Only occasionally

D 1 **I feel cheerful:**
- Not at all
- Not often
- ✓ Sometimes
- Most of the time

A 2 **I can sit at ease and feel relaxed:**
- Definitely
- Usually
- ✓ Not often
- Not at all

D 3 **I feel as if I am slowed down:**
- ✓ Nearly all the time
- Very often
- Sometimes
- Not at all

A 1 **I get a sort of frightened feeling like 'butterflies' in the stomach:**
- Not at all
- ✓ Occasionally
- Quite often
- Very often

D 2 **I have lost interest in my appearance:**
- Definitely
- ✓ I don't take as much care as I should
- I may not take quite as much care
- I take just as much care as ever

A 3 **I feel restless as if I have to be on the move:**
- ✓ Very much indeed
- Quite a lot
- Not very much
- Not at all

D 2 **I look forward with enjoyment to things:**
- As much as ever I did
- Rather less than I used to
- ✓ Definitely less than I used to
- Hardly at all

A 1 **I get sudden feelings of panic:**
- Very often indeed
- Quite often
- ✓ Not very often
- Not at all

D 1 **I can enjoy a good book or radio or TV programme:**
- Often
- ✓ Sometimes
- Not often
- Very seldom

Now check that you have answered all the questions

A 11 D 13

C K

Glasgow City Community Health Partnership
North-East Sector

NHS
Greater Glasgow and Clyde

Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
GLASGOW
G34 9HQ

Date: 13/9/11

Our Ref: JA/IM

Tel: 0141 232-7200
Fax: 0141 232 7228

Dear Doctor

RE: Wendy McHeish CHI: 250587 6061

I saw the above named patient today at Auchinlea House on .....

I would be grateful if you could supply the following medication:

Please increase fluoxetine to 30mg.

A more detailed letter will follow.

Yours sincerely

Dr Martin Turner
Consultant Psychiatrist

A letter in 14 point is available on request to improve accessibility under the Disability Discrimination Act (DDA).

NHS Confidential: Personal data about a patient

Glasgow City
Community Health Partnership
North-East Sector

NHS
Greater Glasgow and Clyde

East Crisis Team
Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
GLASGOW
G34 9HQ

Date 12 September 2011
Your Ref:
Our Ref: RW/KC
Enquiries To:
Direct Line: 0141 232 7200
Fax: 0141 232 7228
Email:

Dr McGinley
Easterhouse Health Centre
Glasgow
G34 9HQ

Dear Dr McGinley

RE: Wendy McLeish, CHI 2505876061, 0/1 51 Coxton Place, G33 5EJ.

The above patient has been referred to our service for further assessment and support due to escalating mental health problems. Our treatment plan will be:

- Patient will be visited at home 2-3 times weekly at present to monitor her mental health and to liaise with Dr Turner regarding same.
- To monitor medication for compliance, efficacy and side effects.
- To provide formal/ongoing risk assessment.
- To explore appropriate coping strategies, symptom management and education on medication and relapse prevention.

Our team have three main aims:

- To provide an alternative to hospital admission where possible.
- To provide support to enable early discharge from hospital
- To offer assessment and resolution for people in mental health crisis.

We generally see patients for a maximum of 6-8 weeks before referring them on to an appropriate service.

Should you require information on reason for referral or have any concerns, please do not hesitate to contact myself on the above telephone number.

Yours sincerely,

Rosina West
Senior Crisis Practitioner

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3222405** Date: **11 Sep 2011** Time of Call: **03:24**

Patient's Name: **Wendy Mcleish** DOB: **25/05/1987** Age: **24** **Y**

Address Today: **2/2 47 Coxton Place**
Glasgow
Post Code: **G33 5EJ**

Home Address If different: **0/1 51 Coxton Place**
Garthamlock
Glasgow
Intercom/Buzzer Entry
Post Code: **G33 5EJ**

Phone Number Today: **(07769) 733 984** -

Home Phone If different: **(0141) 332 7383** -

NHS24 Call ID : 10643164

Callers Name: Relationship to patient:

Name of GP: **McGinley Anne** Practice No: **231**

Surgery: **231Easterhouse HC / Barlanark HS** Cipher No: **G07307**

Address: **Dr ME .Wilson & Partner Easterhouse Health Centre 9 Auchinlea Road Glasgow G34 9HQ** Fax No: **0141 531 8158**

Speed Dial: **100**

Call Type: **No Action Required by Co-** **NOT GIVEN** NHS24 Time Passed:

Receptionist's Name:**IF** Time Arrived: Time Complete: **11/09/2011 03:25:01**

Patient's Complaint: **Patient's Complaint:**

SAS STACKER 59354/3889123. ONLY HAPPENED TWICE IN LEFT AND ONCE IN RIGHT LUNG. LEFT LUNG IS SORE TO TOUCH. ((Non-Clinical User) (Edinburgh))
CALLER TERMINATED CALL ((Nurse Advisor) (Cardonald))
DESPITE REPEATED CALL BACKS CALLER DID NOT ANSWER ((Nurse Advisor) (Cardonald))

SHOOTING PAINS IN LUNG 15MINS SEE A/V

Clinical summary created by: (Nurse Advisor) (Cardonald) [11/09/2011 03:22:45]
STABBING PLEURITIC PAIN FOR 1 HR AND RANDOM SHOOTING PAINS AFFECTING BOTH LOWER RIBS AT FRONT, WORSE ON DEEP BREATHS, TENDER TO TOUCH. RED SLIGHT SWELLING TO LT SIDE. NO RECALL OF FALL BUT CALLER ADMITS TO EXCESS ALCOHOL TONIGHT. BRUFEN INEFFECTIVE. ADVISED ATTEND GRI A/E WITHIN 4 HRS

This call will be transferred directly to a nurse via serious and urgent telephony route.
Advise the caller that if they get cut off you will call them back immediately.
The individual concerned needs to be seen at the nearest A&E department as soon as reasonably possible, but at least within the next 4 hours.
WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

Remarks: This call will be transferred directly to a nurse via serious and urgent telephony route.

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up:

NHS Confidential: Personal data about a patient

Consultation(s): _____

By: Start: Finish

NHS Confidential: Personal data about a patient

Executive Director
Social Care Services
David Crawford
BA(Hons) MSc CQSW

Social Work Services
Glasgow City Council
Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ
0141 232 7200
www.glasgow.gov.uk

Wendy McLeish
Flat 0/1,
51 Coxton Place
Glasgow
G33 5EJ

COPY
INFO

Our Ref, DC Your Ref
Date: 31/08/2011

Dear Wendy,
RE: SPECIALIST SHARED ASSESSMENT.
CHI: 2505876061

I am writing to inform you that an 'urgent' appointment has been made for you to attend the Auchinlea Community Mental Health Team, which is located within the Easterhouse Community Health Centre on:

Tuesday 06/09/2011 at 10am as requested by your GP: Dr Sheppard/McGinley.

I telephoned you twice on your Mobile; however, you were not available so I left you two messages to contact the above address or telephone number. If you require help, support and advice before our planned appointment then you can contact the 'Duty Worker' or the out of hours 'Crisis Team' number on: **01412327200.**

If this appointment is not suitable, please do not hesitate to contact me at the above address or telephone number to re-arrange a more suitable time and date.

Yours sincerely

David Cross
Community Mental Health Team

cc. Dr Sheppard/McGinley, Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 7HQ,

If 'phoning or visiting, please ask for David Cross
Direct Phone 0141 2327200 Fax 0141
Email:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3213926** Date: **31 Aug 2011** Time of Call: **00:45**

Patient's Name: **Wendy Mcleish** DOB: **25/05/1987** Age: **24 Y**

Address Today: **0/1 51 Coxton Place Garthamlock Glasgow Intercom/Buzzer Entry**

Post Code: **G33 5EJ**

Home Address If different: **0/1 51 Coxton Place Garthamlock Glasgow Intercom/Buzzer Entry**

Post Code: **G33 5EJ**

Phone Number Today: **(07769) 733 984 -**

Home Phone If different: **() -**

NHS24 Call ID : 10603071

Callers Name: **Elise** Relationship to patient:

Name of GP: **McGinley Anne** Practice No: **231**

Surgery: **231Easterhouse HC / Barlanark HS** Cipher No: **G07307**

Address: **Dr ME .Wilson & Partner Easterhouse Health Centre 9 Auchinlea Road Glasgow G34 9HQ** Fax No: **0141 531 8158**

Speed Dial: **100**

Call Type: **Dr to phone pt within 1 Hr Priority D Dual** NHS24 Time Passed:

Receptionist's Name:**IF** Time Arrived: Time Complete: **31/08/2011 02:45:58**

Patient's Complaint: **Patient's Complaint:**

CALL CAME THROUGH ON SAS STACKER 38761, PT TAKEN OVERDOSE LAST WEEK. PT OWN GP WANTED BE ADDMITT TO HOSPITAL LAST WEEK, TRY TO SPEAK TO PT BUT BEEN DRINKING TONIGHT VERY HARD TO UNDERSTAND HER , PT DAD DIED 6 MONTHS AGO. SUFFER FROM PANICKY ATTACKS ((Non-Clinical User) (Edinburgh))

SUICIDAL 2HR SEE A/V

Clinical summary created by: (Nurse Advisor) (Glasgow) [31/08/2011 00:44:39]

SUICIDAL FOR 1/12 AND ATTEMPTED OVERDOSE LAST WEEK. SEEN BY OWN GP WHO WANTED TO ADMIT TO PSYCHIATRIC UNIT TODAY BUT PATIENT DECLINED. VERY INTOXICATED AND DIFFICULT TO UNDERSTAND ON PHONE. FATHER DIED 6/12 AGO. SPENT A LOT OF TIME IN CARE AND HAS SUFFERED PHYSICAL AND SEXUAL ABUSE. CURRENTLY IN THE HOUSE WITH NEIGHBOUR ELLIS AND PARTNER JAMES WHO HAVE NOT BEEN DRINKING. ADVISED SPEAK TO DR 1/24

This call will be transferred directly to a nurse via serious and urgent telephony route.
Advise the caller that if they get cut off you will call them back immediately.
The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).
WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **D937** Follow Up: GP Follow Up

NHS Confidential: Personal data about a patient

Consultation(s):

By: Ghanbari Parisa **Start:** 31/08/2011 02:40:00 **Finish** 31/08/2011 02:45:31

Clinical Assessment Details
Started-31/08/2011 02:40:00
Finished-31/08/2011 02:45:31
History
Tried to phone pt back - spoke to her boyfriend James Ward - he says that an ambulance was called for her over an hour ago by a friend ?she has now gone to the Royal Infirmary. Called centre and informed them of this.
Examination

Diagnosis

Treatment
Taken by ambulance to GRI casualty dept.
Clinical Coding
Clinical code: 1B19. (Suicidal)
Prescription Details

NHS Confidential: Personal data about a patient

Emergency Department
Glasgow Royal Infirmary
84 Castle Street
GlasgoW G4 0SF

A
B T AB NSD McGinley
SCT SC
C
DR MUM
DR LANGRIDGE

Dr A Burton
Woodside Health Centre
Barr Street
Glasgow

G20 7LR

1 September 2011

Dear Dr Burton

Re: WENDY MCLEISH, 0/1 51 COXTON PLACE, GLASGOW, G33 5EJ
Date of Birth: 25.05.87 Hospital Number: 23123532V CHI Number: 2505876061

Your patient attended Glasgow Royal Infirmary on the 31 AUG 2011 at 01:39 am.

The presenting complaint was:	**Overdose / Intoxicated**
Triage Information:	**Claims To Have Taken Approx 24 X 400mg Ibuprofen Tablets With Alcohol & A Mixture Of Other Drugs At 0100, Unsure What But She States It's Different Ones To The What She Overdosed On Last Week. Tearful In Triage, Wants To Die. Brother In Law In Cwa With Chest Pain - Brought In Together**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Intentional Self Harm - Other Drug/S**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Intentional overdose with x 14 400mg ibuprofen while intoxivcated/drunk. No other drugs taken. OE clearly drunk, no other concerns/symptoms. Explains feels empty and wants to be with dead father. No ongoing specific intentions of self-harm. Left dept before being given advice re mood/depression.**

Yours sincerely,

Christopher Kennedy
Emergency Department Doctor

Consultants

3.30.

Name Wenay McKeish Date 26/8/11

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings she or he will be able to help you more. This questionnaire is designed to help your clinician to know how you feel. Read each item and **underline** the reply which comes closest to how you have been feeling in the past week. Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

NHS Greater Glasgow

A 3 **I feel tense or 'wound up':**
Most of the time
A lot of the time
From time to time, occasionally
Not at all

D 1 **I still enjoy the things I used to enjoy:**
Definitely as much
Not quite so much
Only a little
Hardly at all

A 3 **I get a sort of frightened feeling as if something awful is about to happen:**
Very definitely and quite badly
Yes, but not too badly
A little, but it doesn't worry me
Not at all

D 2 **I can laugh and see the funny side of things:**
As much as I always could
Not quite so much now
Definitely not so much now
Not at all

A 3 **Worrying thoughts go through my mind:**
A great deal of the time
A lot of the time
From time to time but not too often
Only occasionally

D 2 **I feel cheerful:**
Not at all
Not often
Sometimes
Most of the time

A 2 **I can sit at ease and feel relaxed:**
Definitely
~~Usually~~
Not often
Not at all

D 3 **I feel as if I am slowed down:**
Nearly all the time
Very often
Sometimes
Not at all

A 1 **I get a sort of frightened feeling like 'butterflies' in the stomach:**
Not at all
Occasionally
Quite often
Very often

D 2 **I have lost interest in my appearance:**
Definitely
I don't take as much care as I should
I may not take quite as much care
I take just as much care as ever

A 2 **I feel restless as if I have to be on the move:**
Very much indeed
Quite a lot
Not very much
Not at all

D 2 **I look forward with enjoyment to things:**
As much as ever I did
Rather less than I used to
Definitely less than I used to
Hardly at all

A 1 **I get sudden feelings of panic:**
Very often indeed
Quite often
Not very often
Not at all

D 3 **I can enjoy a good book or radio or TV programme:**
Often
Sometimes
Not often
Very seldom

K C

Now check that you have answered all the questions

A 15 D 15.

NHS Confidential: Personal data about a patient

Emergency Department
Glasgow Royal Infirmary
84 Castle Street
GlasgoW G4 0SF

A
B – AB ND
B – BG ND
C
DR MUIR
DR LANGRIDGE

AC McGinley 4647

Dr A Burton
Woodside Health Centre
Barr Street
Glasgow

G20 7LR

25 August 2011

Dear Dr Burton

Re: WENDY MCLEISH, 0/1 51 COXTON PLACE, GLASGOW, G33 5EJ
Date of Birth: 25.05.87 Hospital Number: 23123532V CHI Number: 2505876061

Your patient attended Glasgow Royal Infirmary on the 24 AUG 2011 at 03:44 am.

The presenting complaint was:	**Overdose**
Triage Information:	**Alleged Od Of ? 7x Fluoxetine. ? What Time. Patient Has Been Drinking, States 2x Btl Lambrini. Hx Depression, Recent Death Of Father. Tearfull At Triage. Gcs 14.**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Alcohol Related Problems - Other Alcohol Related Problem-Specify In G P Letter**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Fluoxetine overdose** **This lady took overdose of Fluoxetine 160mg at 2am this morning along with 2 Lambirinis. She had complex family and childhood issues which has forced her to do so. She was regratful at the end and affirmed that she will not do it again.** **No clinical complaints. Not suicidal, regratful.** **OE GCS 15/15, orientred alert.** **Clear chest. S1+S2+0.** **Soft abdomen.** **Normal LFTs, FBC, UEs, CRP** **Paracetamol levels <15, Salicylates <50.** **She had no harmful intent. After discussion with middle grade, she was discharged home in company of her friend. She was instructed to see GP in next 2-3 days. She promised to do so today. She may need referral to CPN.**

Yours sincerely,

Faisal Mahmood

9

NHS Confidential: Personal data about a patient

30 Hour O A L McGinley. attick

Emergency Department
Glasgow Royal Infirmary
84 Castle Street
GlasgoW G4 0SF

Dr A Burton
Woodside Health Centre
Barr Street
Glasgow

G20 7LR

7 August 2011

Dear Dr Burton

Re: WENDY MCLEISH, 0/1 51 COXTON PLACE, GLASGOW, G33 5EJ
Date of Birth: 25.05.87 Hospital Number: 23123532V CHI Number: 2505876061

Your patient attended Glasgow Royal Infirmary on the 6 AUG 2011 at 00:16 am.

The presenting complaint was:	**Fall Head Injury**
Triage Information:	**Pt Left From Triage**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Nil**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Patient Left Before Assessment Complete**
Follow-up:	**Not Known**
Additional Information:	**Nil**

Yours sincerely,

Consultants

NHS Confidential: Personal data about a patient

CHI: 2505876061
MCLEISH, Wendy 25/05/1987 F
071 51 Coxton Place G33 5EJ
07769733984
Dr M. Wilson , GMC :2551656
Dr M. Wilson & Dr A. McGinley, Glass
19/07/2011 10:38. Practice.:46471

..... Date.....

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings she or he will be able to help you more.

NHS Greater Glasgow

This questionnaire is designed to help your clinician to know how you feel. Read each item and **underline** the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

A 3 **I feel tense or 'wound up':**
- (Most of the time)
- A lot of the time
- From time to time, occasionally
- Not at all

D 3 **I feel as if I am slowed down:**
- (Nearly all the time)
- Very often
- Sometimes
- Not at all

D 3 **I still enjoy the things I used to enjoy:**
- Definitely as much
- Not quite so much
- Only a little
- (Hardly at all)

A 1 **I get a sort of frightened feeling like 'butterflies' in the stomach:**
- Not at all
- (Occasionally)
- Quite often
- Very often

A 0 **I get a sort of frightened feeling as if something awful is about to happen:**
- Very definitely and quite badly
- Yes, but not too badly
- A little, but it doesn't worry me
- (Not at all)

D 0 **I have lost interest in my appearance:**
- Definitely
- I don't take as much care as I should
- I may not take quite as much care
- (I take just as much care as ever)

D 2 **I can laugh and see the funny side of things:**
- As much as I always could
- Not quite so much now
- (Definitely not so much now)
- Not at all

A 2 **I feel restless as if I have to be on the move:**
- Very much indeed
- (Quite a lot)
- Not very much
- Not at all

A 3 **Worrying thoughts go through my mind:**
- (A great deal of the time)
- A lot of the time
- From time to time but not too often
- Only occasionally

D 1 **I look forward with enjoyment to things:**
- As much as ever I did
- (Rather less than I used to)
- Definitely less than I used to
- Hardly at all

D 2 **I feel cheerful:**
- Not at all
- (Not often)
- Sometimes
- Most of the time

A 0 **I get sudden feelings of panic:**
- Very often indeed
- Quite often
- Not very often
- (Not at all)

A 2 **I can sit at ease and feel relaxed:**
- Definitely
- Usually
- (Not often)
- Not at all

D 2 **I can enjoy a good book or radio or TV programme:**
- Often
- Sometimes
- (Not often)
- Very seldom

C C

Now check that you have answered all the questions

A 11 D 13

Dr Marie Wilson MBChB MRCOG MRCGP
Dr. Anne McGinley MBChB MRCGP MsC sports medicine
Dr Emma Sheppard MBBS MRCGP DRCOG DFFP

Easterhouse Health Centre
9 Auchinlea Road
Glasgow G34 9 HQ

0141 531 8150

19/7/11

CHI: 2505876061
MCLEISH, Wendy 25/05/1987 F
071 51 Coxton Place G33 5EJ
07769733984
Dr M. Wilson GMC :2551656
Dr M. Wilson & Dr A. McGinley, Glass
19/07/2011 10:40. Practice.:46471

To Auchinlea CMHT,

Further to our recent referral, Wendy has felt drowsy on citalopram and wanted to stop this + try fluox. (though co presctription of antihistamine may play a part) . She feels unsafe on her own with suicidal ideas but no plans and no past history. She is socially isolated due to death/imprisonment of key family members but does have 2 neighbours who spend a lot of time with her when she feels unsafe.

Dr Emma Sheppard GP

Emergency Department
Glasgow Royal Infirmary
84 Castle Street
GlasgoW G4 0SF

Dr A Burton
Woodside Health Centre
Barr Street
Glasgow

G20 7LR

30 June 2011

Dear Dr Burton

Re: WENDY MCLEISH, 0/1 51 COXTON PLACE, GLASGOW, G33 5EJ
Date of Birth: 25.05.87 Hospital Number: 23123532V CHI Number: 2505876061

Your patient attended Glasgow Royal Infirmary on the 29 JUN 2011 at 00:16 am.

The presenting complaint was:	**Rib Inj**
Triage Information:	**Pt C/O Lsided Rib Pain Which Pt Has Had For 8/7. Tonight Pt States That She Sneezed And Has Been Sore Since. Pt Has Been Drinking Alcohol Tonight And Has Taken Blues. No Sob. No Chest Pain. No Back Pain**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**** Injury- Not Assault** - Muscle Injury - Other-Specify-In-G-P Letter**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Left muscular chest wall injury 8 days ago, aggrivated when sneezed today.**

Yours sincerely,

Ciara Doherty
Emergency Med. Middle Grade

Consultants

A
B – AB ND
NOT B.G.
C ND.
DR MUIR – No.
DR LANGRIDGE – NO

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3165803** Date: **28 Jun 2011** Time of Call: **23:41**

Patient's Name: **Wendy Mcleish** DOB: **25/05/1987** Age: **24 Y**

Address Today: **0/1 51 Coxton Place Garthamlock Glasgow Intercom/Buzzer Entry**

Post Code: **G33 5EJ**

Home Address If different: **0/1 51 Coxton Place Garthamlock Glasgow Intercom/Buzzer Entry**

Post Code: **G33 5EJ**

Phone Number Today: **(07769) 733 984 -**

Home Phone If different: **() -**

NHS24 Call ID : 10381789

Callers Name: Relationship to patient:

Name of GP: **McGinley Anne** Practice No: **231**

Surgery: **231Easterhouse HC / Barlanark HS** Cipher No: **G07307**

Address: **Dr ME .Wilson & Partner Easterhouse Health Centre 9 Auchinlea Road Glasgow G34 9HQ** Fax No: **0141 531 8158**

Speed Dial: **100**

Call Type: **Dr to phone pt within 1 Hr Priority D Dual** NHS24 Time Passed:

Receptionist's Name:**IF** Time Arrived: Time Complete: **28/06/2011 23:48:15**

Patient's Complaint: **Patient's Complaint:**

SAS STACKER CAT C 55183 3807933 , PT FELL A WEEK AGO , INJURED HERSELF , , SAY'S SHE SNEEZED TODAY AND BREAST PAIN ((Non-Clinical User) (Edinburgh))

LH BREAST PAIN / 7 HJOURS , SEE A/V

Clinical summary created by: (Nurse Advisor) (Cardonald) [28/06/2011 23:39:44]
LEFT SIDED CHEST/BREAST PAIN FOR 7 HOURS AND SOB AT REST- TALKING FREELY. SYMPTOMS STARTED AFTER SNEEZING. LEFT BREAST DISCOLOURED, SWOLLEN & FIRM. FALL INJURING LEFT BREAST, RIBS & BACK APPROX. 1 WEEK AGO. DIFFICULT TO ASSESS - PATIENT HAS TAKEN ALCOHOL TONIGHT. SPEAK TO DR 1 HOUR.
Clinical summary created by: (Nurse Advisor) (Cardonald) [28/06/2011 23:40:37]
CONT FOR CONT AND SEEN BY GP RE INJURY. TAKING CO-CODAMOL & DICLOFENAC.

This call will be transferred directly to a nurse via serious and urgent telephony route.

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **D073** Follow Up: A & E Follow Up

Consultation(s):

By: Hepburn ME **Start:** 28/06/2011 23:42:46 **Finish** 28/06/2011 23:47:52

Clinical Assessment Details
Started-28/06/2011 23:42:46
Finished-28/06/2011 23:47:52
History
History ISQ -Under influence of alcohol. Had fall and bruised but when sneezed this morning took severe pain in rib

area. No analgesia and no money to go to A+E- says wouldn't borrow painkillers at this time of night. Advised would need to make own way to A+E for assessment if feels needs seen tonight.

Examination

Diagnosis

Treatment

Clinical Coding

Clinical code: R065. ([D]Chest pain)

Prescription Details

DRS WILSON, MCGINLEY & SHEPPARD

HEALTH NEEDS ASSESSMENT

DATE:

NAME Wendy McLeish

DATE OF BIRTH 25-5-87

ADDRESS 0/1 51 Coxton Place.
GARTHAMLOCK
GLASGOW G33 5GJ

CURRENT CONTACT TEL : 07769733984

DO YOU CURRENTLY SMOKE? YES (NO)

HOW MANY CIGARETTES DO YOU SMOKER PER DAY?

Ex 10

DO YOU WISH SMOKING CESSATION ADVICE? YES NO

SIGNED X L McLeish

DATE

(C)

IF YOU WISH SMOKING CESSATION ADVICE THERE IS A DROP-IN CLINIC IN EASTERHOUSE HEALTH CENTRE, EVERY MONDAY FROM 2.00PM – 4.30PM. ALTERNATIVELY YOU CAN MAKE AN APPOINTMENT WITH OUR PRACTICE NURSE.

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Single Stylesheet - [standard|dental|diagnostic imaging]

Mental Health Referral Protocol - Glasgow (Glasgow, v13.0)

REFERRAL TO

Auchinlea Resource Centre
G Mental Health

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

Community Mental Health Team (Greater Glasgow & Clyde)
SCI Gateway Virtual Location code

— **Hospital** and **hospital address**

Hospital location code.
G002G

Email address
-

Urgency of referral ROUTINE
Date of referral 12-Jul-2011 **Date sent** 12-Jul-2011

PATIENT DETAILS

Surname	Mcleish
Forename(s)	Wendy
Title	Miss
Sex	Female
Date of birth	25-May-1987
CHI no.	2505876061
Area of Residence	-

Patient's address

0/1 51 Coxton Place
GARTHAMLOCK
Glasgow
G33 5EJ

Contact number(s)

Voice:07769733984

1010022572691 Unique Care Pathway Number: 1010022572691

REGISTERED GP DETAILS

Name	Dr Anne McGinley		
GMC code	3341180	GP code	07307
Practice name	Easterhouse Health Centre (13448)		
Practice code	46471		

Practice address

9 Auchinlea Road
Easterhouse
Glasgow

Contact number(s)

Voice:0141 531 8150
Facsimile:0141 531 8158

REFERRING GP DETAILS

Name	Dr. Anne McGinley		
GMC code	3341180	GP code	07307
Practice name	Dr Wilson, Dr Mcginley & Dr Sheppar (46471)		
Practice code	46471		

Practice address

Easterhouse Health Centre
9 Auchinlea Road
Glasgow

Contact number(s)

Voice:0141 531 8150

**** Please address any correspondence to Dr Curran Locum ****

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Low Mood Mood Swings

Comment: Dear Doctor,
I wonder if you would see this 24 yr old lady. She has been complaining of low mood and mood swings over the past 6 months at least which has ben worse since her father died. She has no close family as her mother died when she was younger and her brother is in prison currently. She finds it difficult to leave the house most of the time and has been getting occasionally anxious or aggressive with people round about her. She drinks occasionally and has been taking street valium to help her sleep at times. Her mood did appear low today and I started her on some Citalopram. She also mentioned that she had been abused as a child and had been recently wondering about tracking down the abusers to discuss the situation with them. She seems to have a lot of under lying issues and I wonder if she would benefit from seeing somebody for further exploration of these.

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
Death of father	-	31-Jan-2011	31-Jan-2011
Benign essential tremor	-	08-Jul-2010	08-Jul-2010
Death of mother	age 29 MI	01-Jan-1991	01-Jan-1991

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
Citalopram Hydrobromide Tablets 10 mg	28	28 tablet	1 Tab Daily WEKLY DISPENSE	-	12-Jul-2011	12-Jul-2011
Beclometasone Aqueous nasal spray 50 micrograms/actuation	180	180 dose	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	12-Jul-2011	12-Jul-2011
Cetirizine Hydrochloride Tablets 10 mg	30	30 TABS	1 Tab Daily	-	12-Jul-2011	12-Jul-2011
Diclofenac Sodium E/c tablets 50 mg	28	28 tablet	ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD	-	16-Jun-2011	16-Jun-2011
Co-Codamol 30/500 Tablets	60	60 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	16-Jun-2011	16-Jun-2011
Beclometasone Aqueous nasal spray 50 micrograms/actuation	400	400 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	16-Jun-2011	16-Jun-2011
Co-Codamol 8/500 Tablets	32	32 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY	-	15-Jun-2011	15-Jun-2011
Propranolol Hydrochloride Tablets 40 mg	100	100 TABS	1 Tab 3 times daily	-	07-Jun-2011	12-Jul-2011
Cilest Tablets	63	63 tablet	1 Tab Daily AS DIRECTED	-	13-Apr-2011	13-Apr-2011
Cilest Tablets	126	126 tablet	1 Tab Daily	-	13-Apr-2011	13-Apr-2011
						05-

Propranolol Hydrochloride Tablets 40 mg	100	100 TABS	1 Tab 3 times daily	-	31-Mar-2011	May-2011
Propranolol Hydrochloride Tablets 40 mg	100	100 TABS	1 Tab 3 times daily	-	16-Feb-2011	16-Feb-2011
Temazepam Tablets 10 mg	7	7 TABLET	ONE TO BE TAKEN AT NIGHT	-	31-Jan-2011	31-Jan-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:	Smoker$$ Status.clm - No Action Required	21-Jan-2010
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	21-Jan-2010

Clinical warnings

Additional relevant information

Administrative information

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
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No
Correspondence recipient:Dr Curran Locum

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

Acute Services Division
Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

NEUROLOGY DEPARTMENT
DR P SHAH
CONSULTANT NEUROLOGIST
TELEPHONE: 0141 211 4481

Dictated 25/10/2010
Typed 28/10/2010
Our Ref PS/CB

Dr Marie Wilson
Easterhouse Health Centre
9 Auchinlea Road
GLASGOW
G34 9HQ

Dear Dr Wilson

Wendy McLeish - 25/05/1987 - CHI: 2505876061 - CRN: 23123532V
0/1 51 Coxton Place, Glasgow, G33 5EJ

Miss McLeish failed to attend her Neurology Out-patient Clinic appointment today.

I have not arranged a further appointment.

Kind regards.

Yours sincerely

Pushkar Shah
Consultant Neurologist

c.c. Miss Wendy McLeish, 0/1, 51 Coxton Place, Glasgow, G33 5EJ.

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER
Tel: 0141 211 2615

25 Oct 2010 LODU

Dr BURTON
WOODSIDE HEALTH CENTRE
BARR STREET
GLASGOW

G20 7LR

Dear Dr BURTON

RE: MS WENDY MCLEISH
0/1 51 COXTON PLACE

GLASGOW
G33 5EJ

HOSPITAL NUMBER: 23123532V
CHI NUMBER: 2505876061

Your patient had an appointment to be seen with NEUROLOGY DR SHAHs clinic on 25 Oct 2010 but did not attend and failed to notify us.

No further appointment will be sent and the patient will be removed from the waiting list in accordance with the Waiting List Policy of Greater Glasgow and Clyde.

Yours sincerely

CLINIC CO-ORDINATOR

5

NHS Confidential: Personal data about a patient

BOOTS THE CHEMISTS LTD
16 OCT 2010
UNIT 6, GLASGOW FORT, GARTHAMLOCK RD., GLASGOW G33 5AL

Boots
Unit 6, Glasgow Fort
Garthamlock Road
Glasgow
G335AL
Contractor Code: 1582
(0141) 7734817

16/10/10

To whom it may concern,

A supply of medication was issued to one of your patients using the National Patient Group Direction for Urgent Provision of Repeat Medicines. As required by the PGD process, please find below details of the patient and the medication issued.

The practice should record the supply made in the patient's records and annotate the entry to highlight that it was supplied via the PGD. The patient has been informed that they will not be able to get a second successive supply of the same medication via the PGD and that the normal repeat medication system used by the practice will have to be used.

Practices should be vigilant to the misuse of this service by patients and should ensure that the local Health Board are made aware of any instances where the service is being misused via the normal communication channels.

Please note that the practice does not need to provide the pharmacy with a prescription for the items that have already been supplied.

Thank you,

A L McGinley
4647

Patient name: WENDY MCCLEISH
Address: 0/1, 51 COLTON PLACE
GARTHAMLOCK
G33 5EJ D.O.B. 25/5/87

Item(s) issued: (14x) PROPRANOLOL TABLETS 40MG
1 THREE TIMES A DAY

Signed: _____ MRPharmS
ACT ADAM

NHS Confidential: Personal data about a patient

Emergency Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow

Dr A Burton GP 22 21/1/10
Woodside Health Centre
Barr Street
Glasgow

G20 7LR

19 April 2010

Dear Dr Burton Not Registered

Re: WENDY MCLEISH, 0/1 51 COXTON PLACE, GLASGOW, G33 5EJ
Date of Birth: 25.05.87 Hospital Number: 23123532V CHI Number: 2505876061

Your patient attended Glasgow Royal Infirmary on the 18 APR 2010 at 02:37 am.

The presenting complaint was:	**Right Hand Injury**
Triage Information:	**Was About To Hit Someone Over The Head With Glass Bottle When Bottle Broke, Cutting Pnt's Own Hand. Wounds To Thumb, Forefinger And Ring Finger R Hand. Dressed By Sas. Otherwise Well. Alcohol Tonight.**
The following investigations were carried out:	**X Ray Right Upper Limb-Soft Tissue-Specify Region**
The A&E diagnosis was:	**** Injury- Not Assault**** - **Laceration - Upper Limb Right - Hand**
The following treatment was given:	**Local Anaesthetic Infiltration** **Sutures X 2** **Steristrip/S** **Adaptic Finger Dressing**
At the conclusion of treatment the patient was:	**Discharged To Gp-Review/Attendance Advised**
Follow-up:	**Gp + Practice Nurse**
Additional Information:	**No glass in wounds - 1 cm laceration to right index finger steristriped & flap-type wound infiltrated with 0.5ml of lignocaine at each side of wound & 2 x sutures inserted with steristrips- fingers dressed & spare given. To see practise nurse in 6 days time for suture removal**

Yours sincerely,

Audrey Wood
Emergency Nurse Practitioner

RUDY CRAWFORD

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No:	**2778647**	Date: **25 Mar 2010**		Time of Call:	**20:50**
Patient's Name:	**Wendy Mcleish**		DOB: **25/05/1987**	Age: **22**	**Y**
Address Today:	**0/1 51 Coxton Place Garthamlock Glasgow Intercom/Buzzer Entry**		Home Address If different:	**0/1 51 Coxton Place Garthamlock Glasgow Intercom/Buzzer Entry**	
Post Code:	**G33 5EJ**		Post Code:	**G33 5EJ**	
Phone Number Today:	**(07769) 733 984** -		Home Phone If different:	**(0141) 332 7383** -	
NHS24 Call ID : 8582845					
Callers Name:			Relationship to patient:		
Name of GP:	**McGinley Anne**		Practice No:	**231**	
Surgery:	**231Easterhouse HC / Barlanark HS**		Cipher No:	**G07307**	
Address:	**Dr ME .Wilson & Partner Easterhouse Health Centre 9 Auchinlea Road Glasgow G34 9HQ**		Fax No:	**0141 531 8158**	
			Speed Dial:	**100**	
Call Type:	**No Action Required by Co- NOT GIVEN**		Time Passed:	**21:20**	
Receptionist's Name:	**IF**	Time Arrived:	Time Complete:	**25/03/2010 21:20:31**	

Patient's Complaint: **Patient's Complaint:**

EYES NIPPING,INFECTION SPREAD FROM ONE EYE TO THE OTHER. ((Non-Clinical User) (Glasgow))
YELLOW PUS FROM EYES. ((Non-Clinical User) (Glasgow))

CB EYE DROPS FOR INFECTION NOT WORKING 3 DAYS SEE A/V

Clinical summary created by: (Non-Clinical User) (Cardonald) [25/03/2010 21:21:10]
ITCHY EYES FOR 3 DAYS AND ITCHY EYES AND YELLOW DISCHARGEM BOUGHT EYE DROPS FROM CHEMIST, FEELS NOT HELPING, ADVISED TO ATTEND PHARMACY OR SEE OWN GP IN THE MORNING, WORSENING STATEMENT GIVEN

TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within three hours.
This call should be directed via consult telephony route.
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.
Give the caller the phone number of local pharmacy if available from KMS.

Remarks: TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up:

Consultation(s):

By: **Start:** **Finish**

NHS Greater Glasgow

Glasgow Royal Infirmary

MCLEISH, Wendy
0/1 51 Coxton Place, , Glasgow, Lanarkshire, G33 5EJ
Referrer: DR M WILSON - GP PRACTICE

Diagnostic Imaging Report

DoB: **25/05/1987**
Chi No: **2505876061**
CRIS No: **5226123**
Hosp No:

VERIFIED Verified By: DR FW POON 11/02/10 0923.
Clinical History : Injured sternum 6 months ago during RTA. Still painful.

XR Chest :

Normal heart and mediastinum. No active focal lung lesion.

XR Sternum :

No fracture identified.

12 FEB 2010

Ref. Src: Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 9HQ
Exams: XR Chest,XR Sternum
Exam Date: 05/02/10 Event: E-12212305

08964

North Glasgow University Hospitals NHS Trust

McLeish, Wendy
DoB: 25/05/1987

Report Valid On 25/01/10 14:28

Registration

Miss Wendy McLeish
Flat 1-1 52 Buccleuch Street
GLASGOW
G3 6PQ
Telephone: 0141 332 5950
Contact: ?
Email: ?
CHI Number: 2505876061
Occupation:
Registered GP: Dr AE BURTON
Repeat Consultation: ?
Registered: 06/11/2006
BMI: 0.0
Parity: 0
SCI-DC Consent Given: Yes

ContactRelship: ?

NHS Number: 617/87/408

Confirmed: 07/11/2006
Height: 0 m
Weight: 0 kg
Gravida: 0

Service Code: Permanent
DoB: 25/05/1987
Age: 22

Marital Status: Single

Acute Consultation: 20/01/2010
Records Received: 07/12/2006
BP: 124/80

Active Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions

Adverse Reactions

Read Code	Description
H172.	Allergic rhinitis due to unspecified allergen

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
09/07/2009	None	High	Closed fracture of the distal radius, unspecified	Right
09/08/2006	None	High	Calcaneal spur	
Freetext: fracture				
10/02/2005	None	High	Abrasion hand, palm	Left
27/09/2004	None	High	Acne vulgaris	
28/02/2004	None	High	Other ankle injury	
17/12/2003	None	High	Acne vulgaris	
17/09/2003	None	High	Acne vulgaris	Face
20/06/2001	None	High	Hay fever - unspecified allergen	
17/06/2000	None	High	Eczema NOS	Mild
Freetext: left axilla				
14/09/1997	None	High	Scabies	
10/07/1997	None	High	Victim of physical abuse	
Freetext: early				
12/10/1995	None	High	Retention - symptom	
Freetext: faecal				
18/04/1995	None	High	Constipation	
21/12/1994	None	High	Constipation	

25/09/1992	None	High	Other foot injury	
11/05/1992	None	High	Inguinal hernia	Bilateral
01/10/1991	None	High	Death of mother	X ray neg
Freetext:	coronary thrombosis age 29			
01/09/1991	None	High	Soiling - encopresis	
01/01/1991	None	High	Retention - symptom	
Freetext:	faecal			
17/09/1990	None	High	[D]Anorexia	
17/09/1990	None	High	Diarrhoea & vomiting, symptom	
17/09/1990	None	High	Salmonella gastroenteritis	
05/01/1990	None	High	Haematoma NOS	
Freetext:	right ear/cheek			
07/12/2006	None	Medium	Patient MRE received from HB	
07/11/2006	None	Medium	Pat. GP7B/GP8B card from HB	
06/11/2006	None	Medium	Patient reg. form sent to HB	
08/02/2002	None	Medium	Tuberculosis (BCG) vaccination	
21/11/2001	None	Medium	DT (double)+polio vaccination	
23/03/2000	None	Medium	First meningitis C vaccination	
19/08/1992	None	Medium	Inguinal herniotomy	Bilateral
20/01/2010	None	Low	Enjoys moderate exercise	
20/01/2010	None	Low	Never smoked tobacco	
20/11/2008	None	Low	Alcohol intake within recommended sensible limits	
20/11/2008	None	Low	Enjoys moderate exercise	
20/11/2008	None	Low	Never smoked tobacco	
04/01/2007	None	Low	White	
Freetext:	:			
20/12/2006	None	Low	Notes summary on computer	
06/11/2006	None	Low	[V]Family history of ischaemic heart disease	
06/11/2006	None	Low	Alcohol intake above recommended sensible limits	
06/11/2006	None	Low	Body mass index 20-24 - normal	
06/11/2006	None	Low	Enjoys moderate exercise	
06/11/2006	None	Low	Never smoked tobacco	
06/11/2006	None	Low	No family history diabetes	

Screening

04/06/1992	**Preschool Immunis.$$**	Booster DT(double)+polio vacc.	
No Action Required		Do not send recall letter	Do not send result letter

28/06/1989 **Mmr Immunis.$$** Measles/mumps/rubella vaccn.

No Action Required Do not send recall letter Do not send result letter

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Cilest TABS	21 1 Tab As directed	06/01/2010
Cilest TABS	63 1 Tab As directed	30/09/2009
Cilest TABS	63 1 Tab As directed	08/07/2009
Cilest TABS	63 1 Tab As directed	26/01/2009
Cilest TABS	63 1 Tab As directed	07/01/2009
Cilest TABS	63 1 Tab As directed	06/10/2008
Loratadine TABS 10MG	56 1 Tab Daily	27/06/2008
Cilest TABS	63 1 Tab As directed	25/06/2008
Cilest TABS	63 1 Tab As directed	10/03/2008
Cilest TABS	63 1 Tab As directed	13/12/2007
Cilest TABS	63 1 Tab As directed	21/09/2007
Doxycycline CAPS 100MG	110 1 Cap Daily	02/07/2007
Co-Cyprindiol 2000mcg/35mcg TABS	63 1 Tab Daily	18/06/2007
Loratadine TABS 10MG	28 1 Tab Daily	24/05/2007
Loratadine TABS 10MG	10 1 Tab Daily	26/03/2007
Hydrocortisone CREAM 1%	30 Apply Twice daily	20/03/2007
Diprobase Pump Dispenser CREAM	500 Apply 4 times daily	20/03/2007
Hepatyrix Prefilled Syringe 1ml VACC	1 1 to be inserted 1	20/03/2007
Revaxis Prefilled Syringe 0.5ml VACC	1 1 to be inserted 1	20/03/2007
Acwy Vax Vial With Prefilled Syringe 0.5ml VACC	1 deep sub cut 1	20/03/2007
Hepatitis B Syringe 1ml VACC 20MCG/ML	3	20/03/2007
Co-Cyprindiol 2000mcg/35mcg TABS	63 1 Tab Daily	29/11/2006

Acute/Inactive Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions
Acute	1st SPICE Index	20/01/2010	N/A	N/A	1
Chronic	SPICE Basic Health V2	20/01/2010	Inactive		1
Acute	1st SPICE Index	20/11/2008	N/A	N/A	3

McLeish, Wendy Dr Burton

DoB: 25/05/1987 **Report Valid On 25/01/10 14:28** Page number 4

Acute	SPICE Basic Health Values	20/11/2008	N/A	N/A	2
Acute	1st SPICE Index	13/12/2007	N/A	N/A	2
Acute	SPICE Basic Health Values	13/12/2007	N/A	N/A	2
Acute	1st SPICE Index	28/03/2007	N/A	N/A	3
Acute	SPICE Basic Health Values	28/03/2007	N/A	N/A	3
Acute	1st SPICE Index	29/11/2006	N/A	N/A	2
Acute	SPICE Basic Health Values	29/11/2006	N/A	N/A	2

Last Encounter

Dr AE BURTON Date: 20/01/2010

She picked up a prescription for her oral contraceptive at the beginning of the month. She has not had a cervical smear and I have advised her to arrange this urgently with the practice nurse so that we can issue another prescription. She is keeping wel

I with no problems and her blood pressure is normal and she is a non-smoker.

Clinical / User Markers:

Enjoys moderate exercise - -

Never smoked tobacco - -

Disease Protocol Sessions:

Acute - 1st SPICE Index	20/01/2010	Recall Period - N/A
Chronic - SPICE Basic Health Values	20/01/2010	Recall Period - Inactive

Last 4 Clinical Notes

Date	Clinical Notes
20/01/2010	She picked up a prescription for her oral contraceptive at the beginning of the month. She has not had a cervical smear and I have advised her to arrange this urgently with the practice nurse so that we can issue another prescription. She is keeping wel I with no problems and her blood pressure is normal and she is a non-smoker.
20/11/2008	She complains of swelling or both ankles. There is a past history of sprained ankle and on examination there is puffiness of the lateral collateral ligament. I have advised of the nature of this-there is no actual oedema. She also has slight flexural eczema of the elbows and I have advised simple emollients.
05/09/2008	spice data due - smoking, weight, alcohol & exercise - sm
27/06/2008	Worsening symptoms of hayfever. Previously responded well to loratadine, prescription given. Review if not improving.

NHS

Glasgow Royal Infirmary

MCLEISH, Wendy
0/1 51 Coxton Place, , Glasgow, Lanarkshire, G33 5EJ
Referrer: DR M WILSON - GP PRACTICE

Diagnostic Imaging Report
DoB: **25/05/1987**
Chi No: **2505876061**
CRIS No: **5226123**
Hosp No:

VERIFIED Verified By: DR FW POON 11/02/10 0923.
Clinical History : Injured sternum 6 months ago during RTA. Still painful.

XR Chest :

Normal heart and mediastinum. No active focal lung lesion.

XR Sternum :

No fracture identified.

12 FEB 2010

Ref. Src: Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 9HQ
Exams: XR Chest,XR Sternum
Exam Date: 05/02/10 Event: E-12212305

08964

North Glasgow University Hospitals NHS Trust

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

WILLIAM DURWARD(Consultant)
Neurology
GGC General Referral

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

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Hospital and **hospital address**

Hospital location code.
G107H

Email address
-

Urgency of referral ROUTINE
Date of referral 13-Aug-2010 **Date sent** 13-Aug-2010

PATIENT DETAILS

Surname	Mcleish
Forename(s)	Wendy
Title	Miss
Sex	Female
Date of birth	25-May-1987
CHI no.	2505876061

Patient's address

0/1 51 Coxton Place
GARTHAMLOCK
Glasgow
UK
G33 5EJ

Contact number(s)
Voice:07769733984

101000864465M Unique Care Pathway Number: 101000864465M

REGISTERED GP DETAILS

Name	Dr Anne McGinley		
GMC code	3341180	GP code	G07307
Practice name	Easterhouse Health Centre		
Practice code	46471		

Practice address

9 Auchinlea Road
Glasgow
G34 9HQ

Contact number(s)
Voice:0141 531 8150
Facsimile:0141 531 8158

REFERRING GP DETAILS

Name	Dr. Marie Wilson		
GMC code	2551656	GP code	01376
Practice name	EASTERHOUSE HEALTH CENTRE (46471)		
Practice code	46471		

Practice address

9 AUCHINLEA ROAD
GLASGOW

Contact number(s)
Voice:0141 531 8150

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Essential tremour ?

Comment: Thank you for seeing this young woman who has tremour affecting her hands in particular. This now happens most days. Alcohol helps reduce tremour. There has been slight benefit from propranalol but not much. This does not stop her day to day functioning or activities. She is keen to find out if anything further could be done to improve her symptoms as she finds the tremour embarrasing. She is otherwise well and takes OCP for contraception. BP is normal I was considering trying primidone but am a little reluctant as this is not available in the suggested starting dose fro Benign essentia tremour and because of the side effects. I would be grateful for your assessment and advice on other alternatives.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

Description	Comment	Date of onset
Benign essential tremor	-	08-Jul-2010
Death of mother	age 29 MI	01-Jan-1991

Past procedures (High and medium priority - all)

Description	Comment	Date performed
Child: clinical psychologist	in care a lot as a child Sexualised behaviour as a child	26-Oct-1994

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	Duration
Propranolol Hydrochloride	100	TABS 40MG	1 Tab	3 times daily	13-Aug-2010	0 Days
Cilest	126	TABS	-	-	13-Aug-2010	0 Days
Aciclovir	1	Cold Sore CREAM 5%	-	-	13-Aug-2010	0 Days
Cilest	126	TABS	-	-	13-Aug-2010	0 Days
Aciclovir	1	Cold Sore CREAM 5%	-	-	13-Aug-2010	0 Days
Propranolol Hydrochloride	100	TABS 40MG	1 Tab	3 times daily	13-Aug-2010	0 Days
Cetirizine Hydrochloride	30	TABS 10MG	1 Tab	Daily	08-Jul-2010	0 Days
Propranolol Hydrochloride	100	TABS 40MG	1 Tab	3 times daily	08-Jul-2010	0 Days
Flucloxacillin	20	CAPS 250MG	1 Cap	4 times daily	21-Apr-2010	0 Days
Fusidic Acid	5	Eye DROPS 1%	1 Drop	Twice daily	26-Mar-2010	0 Days

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		21-Jan-2010
Light drinker - 1-2u/day:		21-Jan-2010

Clinical warnings

Additional relevant information

Administrative information

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP
Electronic Attachment Present:No

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

McLeish, Wendy
DoB: 25/05/1987

Report Valid On 25/01/10 14:28

Registration

Miss Wendy McLeish
Flat 1-1 52 Buccleuch Street
GLASGOW
G3 6PQ
Telephone: 0141 332 5950
Contact: ?
Email: ?
CHI Number: 2505876061
Occupation:
Registered GP: Dr AE BURTON
Repeat Consultation: ?
Registered: 06/11/2006
BMI: 0.0
Parity: 0
SCI-DC Consent Given: Yes

ContactRelship: ?

NHS Number: 617/87/408

Confirmed: 07/11/2006
Height: 0 m
Weight: 0 kg
Gravida: 0

Service Code: Permanent
DoB: 25/05/1987
Age: 22

Marital Status: Single

Acute Consultation: 20/01/2010
Records Received: 07/12/2006
BP: 124/80

Active Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions

Adverse Reactions

Read Code	Description
H172.	Allergic rhinitis due to unspecified allergen

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
09/07/2009	None	High	Closed fracture of the distal radius, unspecified	Right
09/08/2006	None	High	Calcaneal spur	
Freetext: fracture				
10/02/2005	None	High	Abrasion hand, palm	Left
27/09/2004	None	High	Acne vulgaris	
28/02/2004	None	High	Other ankle injury	
17/12/2003	None	High	Acne vulgaris	
17/09/2003	None	High	Acne vulgaris	Face
20/06/2001	None	High	Hay fever - unspecified allergen	
17/06/2000	None	High	Eczema NOS	Mild
Freetext: left axilla				
14/09/1997	None	High	Scabies	
10/07/1997	None	High	Victim of physical abuse	
Freetext: early				
12/10/1995	None	High	Retention - symptom	
Freetext: faecal				
18/04/1995	None	High	Constipation	
21/12/1994	None	High	Constipation	

25/09/1992	None	High	Other foot injury	
11/05/1992	None	High	Inguinal hernia	Bilateral
01/10/1991	None	High	Death of mother	X ray neg
Freetext:	coronary thrombosis age 29			
01/09/1991	None	High	Soiling - encopresis	
01/01/1991	None	High	Retention - symptom	
Freetext:	faecal			
17/09/1990	None	High	[D]Anorexia	
17/09/1990	None	High	Diarrhoea & vomiting, symptom	
17/09/1990	None	High	Salmonella gastroenteritis	
05/01/1990	None	High	Haematoma NOS	
Freetext:	right ear/cheek			
07/12/2006	None	Medium	Patient MRE received from HB	
07/11/2006	None	Medium	Pat. GP7B/GP8B card from HB	
06/11/2006	None	Medium	Patient reg. form sent to HB	
08/02/2002	None	Medium	Tuberculosis (BCG) vaccination	
21/11/2001	None	Medium	DT (double)+polio vaccination	
23/03/2000	None	Medium	First meningitis C vaccination	
19/08/1992	None	Medium	Inguinal herniotomy	Bilateral
20/01/2010	None	Low	Enjoys moderate exercise	
20/01/2010	None	Low	Never smoked tobacco	
20/11/2008	None	Low	Alcohol intake within recommended sensible limits	
20/11/2008	None	Low	Enjoys moderate exercise	
20/11/2008	None	Low	Never smoked tobacco	
04/01/2007	None	Low	White	
Freetext:	:			
20/12/2006	None	Low	Notes summary on computer	
06/11/2006	None	Low	[V]Family history of ischaemic heart disease	
06/11/2006	None	Low	Alcohol intake above recommended sensible limits	
06/11/2006	None	Low	Body mass index 20-24 - normal	
06/11/2006	None	Low	Enjoys moderate exercise	
06/11/2006	None	Low	Never smoked tobacco	
06/11/2006	None	Low	No family history diabetes	

Screening

04/06/1992	**Preschool Immunis.$$**	Booster DT(double)+polio vacc.	
No Action Required		Do not send recall letter	Do not send result letter

28/06/1989 **Mmr Immunis.$$** Measles/mumps/rubella vaccn.

No Action Required Do not send recall letter Do not send result letter

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Cilest TABS	21 1 Tab As directed	06/01/2010
Cilest TABS	63 1 Tab As directed	30/09/2009
Cilest TABS	63 1 Tab As directed	08/07/2009
Cilest TABS	63 1 Tab As directed	26/01/2009
Cilest TABS	63 1 Tab As directed	07/01/2009
Cilest TABS	63 1 Tab As directed	06/10/2008
Loratadine TABS 10MG	56 1 Tab Daily	27/06/2008
Cilest TABS	63 1 Tab As directed	25/06/2008
Cilest TABS	63 1 Tab As directed	10/03/2008
Cilest TABS	63 1 Tab As directed	13/12/2007
Cilest TABS	63 1 Tab As directed	21/09/2007
Doxycycline CAPS 100MG	110 1 Cap Daily	02/07/2007
Co-Cyprindiol 2000mcg/35mcg TABS	63 1 Tab Daily	18/06/2007
Loratadine TABS 10MG	28 1 Tab Daily	24/05/2007
Loratadine TABS 10MG	10 1 Tab Daily	26/03/2007
Hydrocortisone CREAM 1%	30 Apply Twice daily	20/03/2007
Diprobase Pump Dispenser CREAM	500 Apply 4 times daily	20/03/2007
Hepatyrix Prefilled Syringe 1ml VACC	1 1 to be inserted 1	20/03/2007
Revaxis Prefilled Syringe 0.5ml VACC	1 1 to be inserted 1	20/03/2007
Acwy Vax Vial With Prefilled Syringe 0.5ml VACC	1 deep sub cut 1	20/03/2007
Hepatitis B Syringe 1ml VACC 20MCG/ML	3	20/03/2007
Co-Cyprindiol 2000mcg/35mcg TABS	63 1 Tab Daily	29/11/2006

Acute/Inactive Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions
Acute	1st SPICE Index	20/01/2010	N/A	N/A	1
Chronic	SPICE Basic Health V2	20/01/2010	Inactive		1
Acute	1st SPICE Index	20/11/2008	N/A	N/A	3

McLeish, Wendy Dr Burton

DoB: 25/05/1987 **Report Valid On 25/01/10 14:28** Page number 4

Acute	SPICE Basic Health Values	20/11/2008	N/A	N/A	2
Acute	1st SPICE Index	13/12/2007	N/A	N/A	2
Acute	SPICE Basic Health Values	13/12/2007	N/A	N/A	2
Acute	1st SPICE Index	28/03/2007	N/A	N/A	3
Acute	SPICE Basic Health Values	28/03/2007	N/A	N/A	3
Acute	1st SPICE Index	29/11/2006	N/A	N/A	2
Acute	SPICE Basic Health Values	29/11/2006	N/A	N/A	2

Last Encounter

Dr AE BURTON Date: 20/01/2010

She picked up a prescription for her oral contraceptive at the beginning of the month. She has not had a cervical smear and I have advised her to arrange this urgently with the practice nurse so that we can issue another prescription. She is keeping wel

I with no problems and her blood pressure is normal and she is a non-smoker.

Clinical / User Markers:

Enjoys moderate exercise - -

Never smoked tobacco - -

Disease Protocol Sessions:

Acute - 1st SPICE Index	20/01/2010	Recall Period - N/A
Chronic - SPICE Basic Health Values	20/01/2010	Recall Period - Inactive

Last 4 Clinical Notes

Date	Clinical Notes
20/01/2010	She picked up a prescription for her oral contraceptive at the beginning of the month. She has not had a cervical smear and I have advised her to arrange this urgently with the practice nurse so that we can issue another prescription. She is keeping wel I with no problems and her blood pressure is normal and she is a non-smoker.
20/11/2008	She complains of swelling or both ankles. There is a past history of sprained ankle and on examination there is puffiness of the lateral collateral ligament. I have advised of the nature of this-there is no actual oedema. She also has slight flexural eczema of the elbows and I have advised simple emollients.
05/09/2008	spice data due - smoking, weight, alcohol & exercise - sm
27/06/2008	Worsening symptoms of hayfever. Previously responded well to loratadine, prescription given. Review if not improving.

NHS IN SCOTLAND

Application to Register with a General Medical Practitioner

GPR

Please complete in **block capitals** and tick relevant boxes

Patient details

Surname MCILRITH

Forename WENDY

Previous Surname

Date of birth 25/5/87

Male ☐ **Female** ☑

I wish the child named above to be registered at the practice for Child Health Surveillance ☐

Relationship to patient

Address 51 COXTON PLACE 0/1

Post code G33 5ED

I will be in the area for more than three months ☑

Patient's / Patient's representative signature W. McIlrith **Date** 21/1/10

Voluntary consent to organ donation

If you wish to register on the NHS Organ Donor Register as someone whose organs can be used for transplantation purposes after your death, please tick relevant box(es) below:

Any Organ ☐ **Kidneys** ☐ **Liver** ☐ **Lungs** ☐ **Heart** ☐ **Corneas** ☐ **Pancreas** ☐

Patient's signature W. McIlrith **Date** 20/1/10

Please help us to trace your previous medical records by providing the following information if known

NHS No. (not National Insurance No.)

Community Health Index (CHI) No.

Previous address in U.K.

109 Westerhouse Rd

Town Possil

County **Post code**

Name and address of previous doctor in U.K.

Dr Burton

Woodside Health Centre

If returning from abroad

Date of departure from U.K.

Date of return to U.K.

If returning from HM Forces

Date enlisted **Service / Personnel No.**

If **none** of the above information is known then please complete the following:

Town of birth Glasgow

County of birth Scotland

Reg. district of birth (see birth certificate) Glasgow

Mother's maiden name O'Donnell

Doctor's agreement

Enter 'D' if supplying drugs ☐

Mileage claim road ☐ water ☐ footpath ☐

CHS acceptance yes ☐ no ☐

Enter date if registration examination completed

I accept this patient on my list and I claim payment in accordance with the Regulations.

CHS Ref No. of GP providing service if different from below

Doctor's signature **Date** 22/01/10

Doctor's name M E Wilson **GP Ref. No.** 01376

Printed for RR Donnelley J261874 9/08 (013129)

DRS WILSON, MCGINLEY & SHEPPARD

NEW PATIENT REGISTRATION AND 16-74 ASSESSMENT

NAME Wendy McLeish

DATE 20/1/10

DATE OF BIRTH 25/5/87

ETHNICITY White Scottish

TEL NO 07769733984

ARE YOU A CARER? Yes

DO YOU HAVE A CARER? ~~YES~~/NO

WHO IS YOUR CARER? _____

PAST ILLNESSES

_____

_____

ALCOHOL _____

ALLERGIES Hayfever

SMOKING No

UNITS /WEEK 10

FAMILY HISTORY

_____

_____

_____

_____

MEDICATIONS

Ventolin

_____

LAST TETANUS/POLIO _____

RUBELLA _____

CHILDREN UNDER AGE 10 YEARS:

ARE IMMUNISATIONS UP-TO-DATE ? YES / ~~NO~~

DWP Department for Work and Pensions

Website: **www.dwp.gov.uk**

01211
Miss W McLeish
0/1 51 Coxton Pl
Garthamlock
Glasgow
G33 5EJ

If you get in touch with us, tell us this reference number **JZ174505B /020**

Our address **Springburn BDC**
Springburn
Baird Street
Glasgow
G90 8AY

Our phone number **0845 6088763**

If you have a textphone **0141 5585942**

Date **14 December 2009**

Dear Miss McLeish,

About your social fund payment

How you will receive your Direct Payment

We will pay your Social Fund payment into the account you have told us you wish to use.

You will receive this payment on 17 December 2009.

Paying back the loan

Remember that you agreed to pay back this loan at £4.02 every week. We will take this from your JOBSEEKERS ALLOWANCE.

Payment to your Bank/Building Society

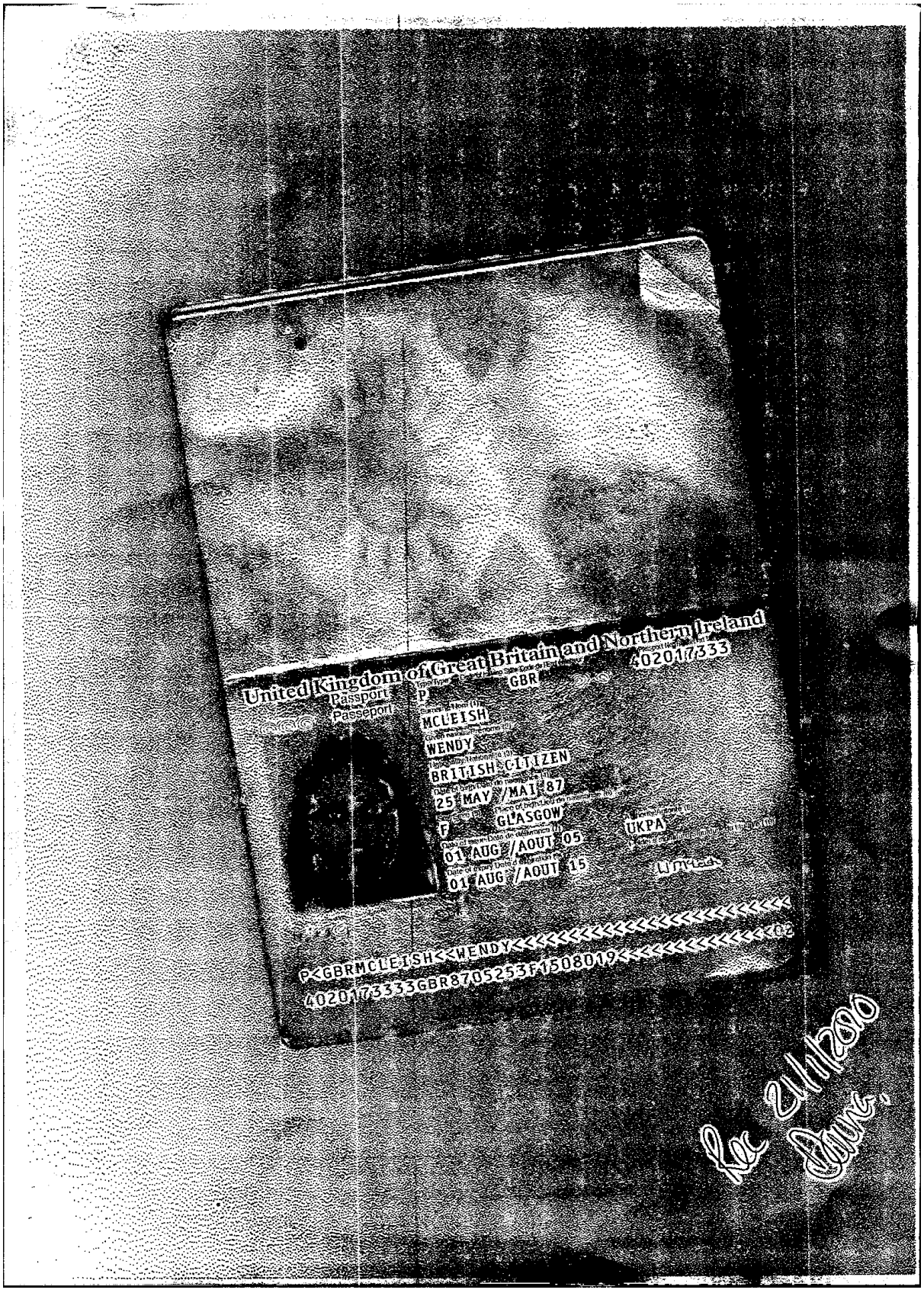
These notes are about payments into an account. Please make sure you read them.

You should check the account to see how much is paid in.

If you think the payment is wrong, you should get in touch with us straight away. We will check your payment and tell you what will happen.

If the account goes overdrawn, the bank or building society may not let you take any money out of the account. Talk to the bank or building society if this happens. You should also tell us.

Rec 21/12/2010 Dawn



NHS Confidential: Personal data about a patient

National Health Service Number

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Surname (Block Letters): Mcnil.

Forenames (Block Letters): Wendy

Address

Date of Birth: 25.5.87

STUDENT. TICING.

Date	
	NO Sig past.
	on Dioncttes 2 yr.
	Acne

Designed and Produced on behalf of The Scottish Office by The Stationery Office
Printed for The Stationery Office J8586 11/96

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
Mc Neish	Wendy

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address: 113 Beech Avenue, Paisley

Date of Birth: 25.5.87

Date	
	(Incare q SW)
May 93	N.P. Awaiting notes from previous G.P.
	Small for dates. Growth retardation.
1990	Non-accidental injury
	normal female karotype.
1990	salmonella gastroenteritis.
1991	Mother died (Father in prison)
1992	Bilateral inguinal herniae pair
1993	encopresis. emotionally disturbed
6-12-94	Constipation
17.9.03	Acne vulgaris. (face)
20-6-01	Hay fever

Form GP111G

Dd8036180 500M 2/87 R.P.(53791)

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
MCLEISH	WENDY

Address	Date of Birth
52 Buccleuch St 1/1 G3 6QQ	25 05 87

Date	*	Clinical Notes	Diagnosis
20.9.06		Registered.	
		Having a flat in Buccleuch St.	
		Parents in Crantock in touch sometimes.	
29.11.6		On dianette for acne.	
		Worked well.	
		BP 106/62	
		Co-cyprindiol 2000/35 x 3op.	PA.
1-3-07	Rx	Co-Cyprindol 2000/35 x 3op As Dird	
201317	1)	Going to Namibia & Raleigh Int.	
		→ Needs:	
		Rabies	
		Meningitis ACWY	
		DTP	
		Hep A / Typhoid	
		Hep B x3	
		DTP - Revaxis x 1op } ACW	
		Hep A / Typhoid Hepatyrix x 1op. }	
		- To return mac for rest of prescription.	
	2)	Rash under arms -	
		allergic	
		→ diprobase.	PA.
201317	-	Rabies vaccine - 1ml - days 0, 7, 28 (s/c or im)	
	-	Hep B 20mcg/ml - 20mcg 0, 1 month, 2 months, then at 12 months.	
	-	ACWY Vax vial 0.5ml once off. (s/c. deep)	

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

Date	*	Clinical Notes	Diagnosis
26.3.07.		Developed rash on face & neck at W/end 4/7 after vaccines. No rash anywhere else NO local precipitant [illegible]. Rash on face + on f neck ?c [illegible]. Throat NAD. Clinically well P=76 Loratadine. See if [illegible] better	
28/3/7.		Rash better. Given prescription for vaccinations issued on 20.3.7	
24/5/7.		Filled Raleigh International form in. Asking if she can run dianette packs together (on dianette for acne and then contraception) → Advised. yes. she can run 2 packs of pill together. Advised use condoms. When comes back from Namibia change to microgynon.	
2/7/7		Going to Namibia on Friday Needs doxycycline anti-malarials → for 10 weeks ~~[illegible]~~ on holiday + 5 weeks (1 week before holiday, 4 weeks after) Advised interfere c contraception ∴ use condoms. Advised re photosensitivity.	

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

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McLEISH

Forenames (Block Letters): WENDY

Address: 62 LAMLASH Cres G33. 3XP

Date of Birth: 25.05.87

Date	*	
30/1/87.		cough / catarrh : itching same few shotty cervical nodes. chest clear. A : UTI : Augmentin 125mg Simple Linctus 5ml

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

FORM GP111F

CLINICAL NOTES

National Health Service Number	617 · 87 · 408
Surname (Block Letters)	Forenames (Block Letters)
McLEISH	WENDY
Address	Date of Birth
HOUSE 512 140 CHARLES ST GB1 2QB	25-5-1987

Date	*	
1/10/87		Diarrhoea for few days: loose yellow. No vomiting O/E well. NAD. hydration ✓. Abd: NAD. A: gastroenteritis Diarrhoea.
25/5/88		cough: chest clear. simple linctus paed.
25/2/88 14/12		S. Epistaxis → 1st episode May 1 episode last week. otherwise well; developmentally ok. O: NAD. A. pale. P. review if recurs – ?FBC/plates. URTI.
8-9-88		O.NAD.
9/9/88		cough/catarrh. AS:– mild wheeze. URTI / RTI Erythromycin 125mg. simple linctus paed.
21.12.88		10/12 assessment. Height 10-50th C. Weight + HC < 10th C. Delayed speech + walking. Review 4/12.
23/12/88		Mother left home: Father ? abusing children. under foster care meanwhile General examination conducted last week. had lamps yesterday O/E well ENT ✓. chest clear Abd – NAD. Probable viral illness. Called.

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

FORM GP111F

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CLINICAL NOTES

National Health Service Number		
Surname (Block Letters)	Forenames (Block Letters)	
M^ Lewis	Wendy	
Address ~~40 Mc Kinlay~~ 3 Cambuskenneth Pl.		Date of Birth 25·5·87.

Date	*	
24·5·89		Nurse Needs MMR. DUE TO HAVE MMR !!! (ANYTIME AFTER 1/7/89)
28·6·89		MMR given today

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

FORM GP111F

NHS Confidential: Personal data about a patient

	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): McLEISH	Forenames (Block Letters): WENDY
	Address: 62 LAMLASH ~~St~~ CRES 633 3XP	Date of Birth: 25.5.86

Date	*	
7.11.89		loose yellow stools ++ . No vomiting
		O/E ENT ✓ chest clear.
		Abd — NAD hydration ✓
		Dioralyte.
		Kaopectate.
21.3.90		cough/catarrh
		chest :— harsh sounds
		A: URTI Erythroped 125mg.
		purple linctus paed.
28.3.90		Referred by health visitor Calpol.
		walking impaired "not walking properly."
		unsteady and constantly falls.
		clinically NAD : seen [illegible] on several occasions
3.5.90		cough/catarrh
		chest clear. Erythroped 250mg
		A URTI purple linctus paed.
29.8.90 pm		Febrile today - brought to surgery late
		Off her food today also
		No complaints but has had nasal catarrh - "keeps swallowing it" mother says
		T 38.2 Pulse 110/min
		Chest clear ↓ HS pure
		Injected pharynx (L) TM also (L) post-cervical adenopathy - wet ++
		- minimal mucopus in nostrils
		Erythroped suspension (250mg/5ml)
		+ sample 4 sachets of 125mg/5ml [illegible]
		(Has Calpol at home [illegible])

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

Elix [illegible] [illegible] [illegible]

FORM GP111F

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	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): MC LEISH	Forenames (Block Letters): WENDY
	Address: 62 LAMLASH CRES G33 3XP	Date of Birth: 25 05 87

Date	*	
27.8.90		again social work raised question of impaired walking.
		mother admits walking in fact better — used to constantly fall but this has improved since altering footwear —
		o/e: No bony deformity noted: no obvious abnormality on walking noted while examined in surgery.
13.9.90		diarrhoea / vomiting
		↑ hydration ✓
		Abd — soft relaxed.
		NA tender
		- Kaopectate 100ml. - Calpol.
16.10.90		Cough + runny nose for 2/7, no response to cough linctus. ℞ Dimotane plus paed.
		ENT ✓ Chest clear.
13.12.90		CICB - report.
		case records returned to HB — moved to another GP

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

FORM GP111F

CLINICAL NOTES

National Health Service Number	

Surname (Block Letters)	Forenames (Block Letters)
Mc Leish	Wendy

Address	Date of Birth

Date	*	
		In care of SWD. Beech Ave.
		New Patient.
7/7/93		Annual examination done for SWD
		faecal soiling
		? visual acuity.
		15.5kg HC 49.5 Ht 106.
		emotionally disturbed.
		faecal soiling P/R. loaded.
		Lactulose Star chart
6/8/93		no gt improvement
		senokot 6. 5mls ~~act~~ act mornings ~~nights~~.
		See 3/52
		⇒ Hawkhead
2/94		Still having problems c̄ encopresis. not yet been to Hawkhead. (phoned next day to say appt is 1/52)
10.5.94		Discharge medical = going home to father.

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

FORM GP111F

National Health Service Number		
	Surname (Block Letters)	Forenames (Block Letters)
CLINICAL NOTES	MCLEISH	WENDY
(88C 4008 Dr McARTHUR)	Address: ~~62~~ LAMLASH CRES H6. G33	Date of Birth: 20.5.87.

Date	*	
		AE REG
14/6/94		REV GP – DR SHEILA McARTHUR (PAISLEY)
14.5.94		children home for good to father – Gerald Have been in care for 17/12. Soiling – long standing problem since Mother died.
		Today papular urticaria Triludan syrup 30mg/5mls.
27/6/94		Sudden onset of conjunctival swelling (L) eye Sneezing++ Ny Piriton 2mg TDS x10/52
26.8.94		DNA
31/8/94		Soiling bad at school. Rarely gets in toilet. Lamlash Primary P3. Urinates in toilet ok. Eats ok. – typical child's diet. Good at school. (S.W. = Rich Sneddon)
		Dad wants referral to Yorkhill – ? Psych ? Surgeon
11-10-94	V	vomiting Nausea O/E Abd – fullness heard faeces To see me for rectal exam ? overflow at present.
17.10.94		Abd distended. Not tender. PR – faecal impaction ++ Ny enemata first ⇒ Micralax. x2. ? needs manual evac.

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

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Date	*	
21.10.94		Poor result from enemata x 3
		=> Refer for manual evac Paed clinic
29.12.94		Just ex hospital - in for 2/52 for regular enemata.
		Now going to toilet well since home
		O/E: chest clear
		ENT ✓
		CT Senokot 10mls nocte
		Lactulose 10mls nocte
		Simple linctus.
31.1.95		Still has moist cough.
		o/E creps RLZ
		chest otherwise clear
		- no wheeze.
		Amoxycillin 125g TDS x10
		10am father smelling of alcohol
13.2.95		Still has cough.
		o/E NAD
		Rx Simple linctus
3/4.95		To go back into hosp
		Faecal soiling again.
17.5.95		CT Lactulose 10mls BD
		- Senokot 15mls nocte
27/6/95		Bilat conjunctivitis sticky
		chloramphenicol drop 20%.

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

Dd 8435606 1980M 12/92 Ed(206505)

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Service Number	
Surname (Block Letters)	Forenames (Block Letters)
M°Leish	Wendy
Address	Date of Birth

CLINICAL NOTES

Date	*	
30/6/95		DNA
20/7/95		Chesty cough. ? Single Cheeks.
24/8/95		Spots look like Eg Heat Spots. ? Boiles Trunk + arms few
		Calamine Lot.
14/2/96		Mild viral exanthem on trunk
		NO problem ENT. Looks well
		Rx Chlorpheniramine Syr. 2mg/5ml. Calamine Lotion PRN
18/3/96		DNA
8/4/96	-	Social Worker Norma Wilson
		770 8531
		Case Conference at Bridgett HC.
		- Wendy to have duty contact c SW assess HV to supervise toilet trg → Crossroads Unit and Nurse at School.
		Medication to be kept under review.
3/6/96	-	Definite improvement
		No soiling of underwear
		Charts filled in daily
		Abd Soft. No faecal loading on PR Random
		Psychology not yet started. - 2/12 since Case Conference
		Regular medication

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

FORM GP111F

Date	*	
12·8·96		No soiling Still toilet training regime Abd soft NAD.
19·8·96	V	Fainted at school today Had told teacher that she felt unwell → passed urine. No convulsive movts.
		House in a mess. Female friend of father's there. Ehs Sickle -alcoholic. Wendy quiet withdrawn. HR - 72 reg. Abd SNR slightly distended & tender Bs active
		Adv. Attempt Possible path reports today
2/12/96		Just been to Case Conference. No soiling. Abd soft NAD. Bowels moving daily. No palpable colon but wriggles about PR not done. Not distended
13/6/97		Not soiling. Bowels OK. G/e Well. Abdo. not distended. No palpable colon or masses. Looks well & happy.

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

Dd 8435606 1980M 12/92 Ed(206505)

NHS Confidential: Personal data about a patient

National Health Service Number		
CLINICAL NOTES	Surname (Block Letters) McLeish	Forenames (Block Letters) Wendy.
	Address 46 Lanrlash Cresc G33	Date of Birth 25·5·87

Date	*	
10/9/97		Itchy rash D Psoriasis Calamine Lotion
8/1/98		Well. Few ex. glands.

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

FORM GP111F

NHS Confidential: Personal data about a patient

National Health Service Number

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Surname (Block Letters): Mcnil.

Forenames (Block Letters): Wendy

Address

Date of Birth: 25.5.87

STUDENT. TICING.

Date	
	NO Sig past.
	on Dioncttes 2 yr.
	Acne

Designed and Produced on behalf of The Scottish Office by The Stationery Office
Printed for The Stationery Office J8586 11/96

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
Mc Neish	Wendy

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address: 113 Beech Avenue, Paisley

Date of Birth: 25.5.87

Date	
	(Incare q SW)
May 93	N.P. Awaiting notes from previous G.P.
	Small for dates. Growth retardation.
1990	Non-accidental injury
	normal female karotype.
1990	salmonella gastroenteritis.
1991	Mother died (Father in prison)
1992	Bilateral inguinal herniae pair
1993	encopresis. emotionally disturbed
6-12-94	Constipation
17.9.03	Acne vulgaris. (face)
20-6-01	Hay fever

Form GP111G

Dd8036180 500M 2/87 R.P.(53791)

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
MCLEISH	WENDY

Address	Date of Birth
52 Buccleuch St 1/1 G3 6QQ	25 05 87

Date	*	Clinical Notes	Diagnosis
20.9.06		Registered.	
		Having a flat in Buccleuch St.	
		Parents in Crantock in touch sometimes.	
29.11.6		On dianette for acne.	
		Worked well.	
		BP 106/62	
		Co-cyprindiol 2000/35 x 3op.	PA.
1-3-07	Rx	Co-Cyprindol 2000/35 x 3op As Dird	
201317	1)	Going to Namibia & Raleigh Int.	
		→ Needs:	
		Rabies	
		Meningitis ACWY	
		DTP	
		Hep A / Typhoid	
		Hep B x3	
		DTP - Revaxis x 1op } ACW	
		Hep A / Typhoid Hepatyrix x 1op. }	
		- To return mac for rest of prescription.	
	2)	Rash under arms -	
		allergic	
		→ diprobase.	PA.
201317	-	Rabies vaccine - 1ml - days 0, 7, 28 (s/c or im)	
	-	Hep B 20mcg/ml - 20mcg 0, 1 month, 2 months, then at 12 months.	
	-	ACWY Vax vial 0.5ml once off. (s/c. deep)	

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

Date	*	Clinical Notes	Diagnosis
26.3.07.		Developed rash on face & neck at W/end 4/7 after vaccines. No rash anywhere else. NO local precipitant [illegible] [illegible]. Rash on face + on neck ?c itching. Throat NAD. Clinically well P=76. Loratadine. See if no better	
28/3/7.		Rash better. Given prescription for vaccinations issued on 20.3.7	
24/5/7.		Filled Raleigh International form in. Asking if she can run dianette packs together (on dianette for acne and then contraception) → Advised - yes - she can run 2 packs of pill together. Advised use condoms. When comes back from Namibia change to microgynon.	
2/7/7		Going to Namibia on Friday. Needs doxycycline anti-malarials for 10 weeks ~~total~~ on holiday + 5 weeks (1 week before holiday, 4 weeks after) Advised interfere c contraception ∴ use condoms. Advised re photosensitivity.	

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

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McLEISH

Forenames (Block Letters): WENDY

Address: 62 LAMLASH Cres G33. 3XP

Date of Birth: 25.05.87

Date	*	
30/1/87.		cough / catarrh : itching same few shotty cervical nodes. chest clear. A : UTI : Augmentin 125mg Simple Linctus 5ml

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

FORM GP111F

CLINICAL NOTES

National Health Service Number	617 · 87 · 408
Surname (Block Letters)	Forenames (Block Letters)
McLEISH	WENDY
Address	Date of Birth
HOUSE 512 140 CHARLES ST GB1 2QB	25-5-1987

Date	*	
1/10/87		Diarrhoea for few days: loose yellow. No vomiting O/E well. NAD. hydration ✓. Abd: NAD. A: gastroenteritis Diarrhoea.
25/5/88		cough: chest clear. simple linctus paed.
25/2/88 14/12		S. Epistaxis → 1st episode May 1 episode last week. otherwise well; developmentally ok. O: NAD. A. pale. P. review if recurs – ?FBC/plates. URTI.
8-9-88		O.NAD.
9/9/88		cough/catarrh. AS:– mild wheeze. URTI / RTI Erythromycin 125mg. simple linctus paed.
21.12.88		10/12 assessment. Height 10-50th C. Weight + HC < 10th C. Delayed speech + walking. Review 4/12.
23/12/88		Mother left home: Father ? abusing children. under foster care meanwhile General examination conducted last week. had lamps yesterday O/E well ENT ✓. chest clear Abd – NAD. Probable viral illness. Called.

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

FORM GP111F

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CLINICAL NOTES

National Health Service Number		
Surname (Block Letters)	Forenames (Block Letters)	
M^ Lewis	Wendy	
Address ~~40 Mc Kinlay~~ 3 Cambuskenneth Pl.		Date of Birth 25·5·87.

Date	*	
24·5·89		Nurse Needs MMR. DUE TO HAVE MMR !!! (ANYTIME AFTER 1/7/89)
28·6·89		MMR given today

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

FORM GP111F

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	National Health Service Number	

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	
McLEISH	WENDY	
Address 633 3XP 62 LAMLASH ~~St~~ CRES		Date of Birth 25.5.86

Date	*	
7.11.89		loose yellow stools ++ . No vomiting
		ENT chest clear.
		Abd — NAD hydration ✓
		Dioralyte.
		Kaopectate.
21.3.90		cough/catarrh
		chest :— harsh sounds
		A : URTI Erythroped 125
		purple linctus paed.
28.3.90		Referred by health visitor Calpol
		walking impaired "not walking properly."
		unsteady and constantly falls.
		clinically NAD : seen ... on several occasions
3.5.90		cough/catarrh
		chest clear. Erythroped 250
		A URTI purple linctus paed.
29.6.90 pm		Febrile today — brought to surgery also
		Off her food today also
		No complaints but has had nasal catarrh — "keeps swallowing"
		as mother says
		T 38.2 Pulse 110/min
		Chest clear ...
		Injected pharynx ... also ... post-cervical adenopathy
		— minimal mucopus in nostrils — ...
		Erythroped suspension (250mg/5ml)
		+ Sample 4 sachets ... 125mg/5ml ...
		(Has Calpol at home

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Elix ... ...

FORM GP111F

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	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters) MLEISH	Forenames (Block Letters) WENDY
	Address 62 LAMLASH CRES G33 3XP	Date of Birth 25 05 87

Date	*	
27.8.90		again social work raised question of impaired walking.
		mother admits walking in fact better – used to constantly fall but this has improved since altering footwear –
		o/e No bony deformity noted: no obvious abnormality on walking noted while examined in surgery.
13.9.90		diarrhoea / vomiting
		↑ hydration ✓
		Abd – soft – relaxed.
		N.A. tender
		- Kaopectate 100ml.
		- Calpol.
16.10.90		Cough + runny nose for 2/7, no response to cough linctus. ℞ Dimotane plus paed.
		ENT ✓ Chest clear.
17.12.90		CICB – report.
		case records returned to HB – moved to another GP

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

FORM GP111F

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	National Health Service Number	

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	
Mc Leish	Wendy	
Address		Date of Birth

Date	*	
		In care of SWD. Beech Ave.
		New Patient.
7/7/93		Annual examination done for SWD
		faecal soiling
		? usual acuity.
		15.5kg HC 49.5 Ht 106.
		emotionally disturbed.
		faecal soiling P/R loaded.
		Lactulose Star chart
6/8/93		no gt improvement
		Sennoside B. 5mls ~~act~~
		act mornings ~~nights~~.
		See 3/52
		→ Hawkhead
2/94		Still having problems c encopresis.
		not yet been to Hawkhead.
		(phoned next
		day to say appt is 1/52)
10.5.94		Discharge medical = going
		home to father.

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

FORM GP111F

National Health Service Number		
	Surname (Block Letters)	Forenames (Block Letters)
CLINICAL NOTES	MCLEISH	WENDY
(88C 4008 Dr McARTHUR)	Address: ~~62~~ LAMLASH CRES H6. G33	Date of Birth: 20.5.87.

Date	*	
		AE REG
14/6/94		REV GP – DR SHEILA McARTHUR (PAISLEY)
14.5.94		children home for good to father – Gerald Have been in care for 17/12. Soiling – long standing problem since Mother died.
		Today papular urticaria Triludan syrup 30mg/5mls.
27/6/94		Sudden onset of conjunctival swelling (L) eye Sneezing++ Ny Piriton 2mg TDS x10/52
26.8.94		DNA
31/8/94		Soiling bad at school. Rarely gets in toilet. Lamlash Primary P3. Urinates in toilet ok. Eats ok. – typical child's diet. Good at school. (S.W. = Rich Sneddon)
		Dad wants referral to Yorkhill – ? Psych ? Surgeon
11-10-94	V	vomiting Nausea O/E Abd – fullness heard faeces To see me for rectal exam ? overflow at present.
17.10.94		Abd distended. Not tender. PR – faecal impaction ++ Ny enemata first ⇒ Micralax. x2. ? needs manual evac.

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

Date	*	
21.10.94		Poor result from enemata x 3
		=> Refer for manual evac Paed clinic
29.12.94		Just ex hospital - in for 2/52 for regular enemata.
		Now going to toilet well since home
		O/E: chest clear
		ENT ✓
		CT Sennalot 10mls nocte
		Lactulose 10mls nocte
		Simple linctus.
31.1.95		Still has moist cough.
		o/e creps RLZ
		chest otherwise clear
		- no wheeze.
		Amoxycillin 125 TDS x10
		10am father smelling of alcohol
13.2.95		Still has cough.
		o/e NAD
		Rx Simple linctus
3/4 95		To go back into hosp
		Faecal soiling again.
17.5.95		CT Lactulose 10mls BD
		- Senokot 15mls nocte
27/6/95		Bilat conjunctivitis · sticky
		chloramphenicol drop 20ml

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

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Service Number	
Surname (Block Letters)	Forenames (Block Letters)
M°Leish	Wendy
Address	Date of Birth

CLINICAL NOTES

Date	*	
30/6/95		DNA
20/7/95		Chesty cough. ? Single Cheeks.
24/8/95		Spots look like Eg Heat Spots. ? Boiles Trunk + arms few
		Calamine Lot.
14/2/96		Mild viral exanthem on trunk
		NO problem ENT. Looks well
		Rx Chlorpheniramine Syr. 2mg/5ml. Calamine Lotion PRN
18/3/96		DNA
8/4/96	-	Social Worker Norma Wilson
		770 8531
		Case Conference at Bridgett HC.
		- Wendy to have duty contact c SW assess HV to supervise toilet trg → Crossroads Unit and Nurse at School.
		Medication to be kept under review.
3/6/96	-	Definite improvement
		No soiling of underwear
		Charts filled in daily
		Abd Soft. No faecal loading on PR Random
		Psychology not yet started. - 2/12 since Case Conference
		Regular medication

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FORM GP111F

Date	*	
12·8·96		No soiling Still toilet training regime Abd soft NAD.
19·8·96	V	Fainted at school today Had told teacher that she felt unwell → passed urine. No convulsive movts.
		House in a mess. Female friend of father's there. Ehs Sickle -alcoholic. Wendy quiet withdrawn. HR - 72 reg. Abd SNR slightly distended & tender Bs active
		Adv. Attempt Possible path reports today
2/12/96		Just been to Case Conference. No soiling. Abd soft NAD. Bowels moving daily. No palpable colon but wriggles about PR not done. Not distended
13/6/97		Not soiling. Bowels OK. G/e Well. Abdo. not distended. No palpable colon or masses. Looks well & happy.

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

Dd 8435606 1980M 12/92 Ed(206505)

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National Health Service Number		
CLINICAL NOTES	Surname (Block Letters) McLeish	Forenames (Block Letters) Wendy.
	Address 46 Lanrlash Cresc G33	Date of Birth 25·5·87

Date	*	
10/9/97		Itchy rash D Psoriasis Calamine Lotion
8/1/98		Well. Few ex. glands.

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DRS LINDSAY, BRUCE & MILLER
BRIDGETON HEALTH CENTRE
201 ~~ABERCROMBY STREET~~
GLASGOW G40 2DA
TEL: 0141 531 6600
FAX: 0141 531 6616

CLINICAL NOTES

National Health Service Number	

Surname (Block Letters)	Forenames (Block Letters)
Mc [illegible]ISH C/O SCOTT	WENDY.

Address	Date of Birth
67 BUTE TOWER CAMBUSLANG. GLASGOW. G 72 8YR.	25.5.87.

Date	*	
		In care.
24.10.98		→ Constipation again. BO daily but painful c̄ firm stools
		× episode of soiling. Adv. on senokot & lactulose
		Chat re. diet. Restart lactulose & RW 2-3/52
15.10.98		[illegible] with Dr Carr / Dr O'Neill.
		attends Psychologist every Wed.
		Seems to be constipated / overflow
		problem.
		Received 6/52 ago.
		With Carer for 6/12.
		Try - Lactulose Bcard
		- Senna 1-2 at night.
		- refer to Evans?
		- chase up notes
		DNA for. In care of family friend
28/6/94		Hayfever
		[illegible]
		[illegible] 10 (28)
		[illegible]
		[illegible]

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FORM GP111F
355 2095

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National Health Service Number	

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	
McLEISH	WENDY.	
Address		**Date of Birth**
70 Wallacewell Quad,		25/5/87.

Date	*	
20/7/99		PMH - ○Allergies.
		○Asthma ○Diabetes.
		Hayfever.
		DH - Opticrom Eye Drops.
		Clarityn. 1 daily.
		SH - Non smoker
		Exam - ht - 4ft 10½"
		wt - 6st 2lb.
		PEFR - 300. - Ventolin 400mcgs given
		FH - Dad asthmatic
		Been short of breath for over 1 year. Comes on and can last a few hours. Plays netball, does not have to stop game due to breathlessness.
		Nervous personality. ? Anxiety attacks.
		Reversibility with 400mcg of ventolin - no change in P.F.
		∴ No asthma noted.
20/7/99		- [illegible] allergic conditions.
		[illegible] 1 drop bd 20y
		also Opticrom 1 drop bd. 20y
		max 4 times
		See her at [illegible]

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24/12/99 Throat infection [illegible]

FORM GP111F
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Date	•	
18/4/00		(1) Rash (R) forearm ?scabies ? eczema
		Eurax HC
		If not clearing → Dd Bac
		(2) Cough 2/7 No SOB Nonprod Gen prod. Wet tabs (CEO)
3/5/00		DNA
15/5/01	A	(1) Sore throat . inflamed no ↑LN's
Attended c̄		Chest clear . Bro ✓
		→ Rx Afflam
care worker		(2) Benzamycin gel (1 op) for skin
		NB/ Is now in care in Wallaceville childrens Home Will need a resolution – careworker will find out what type of medical needed + will act as [illegible]
17/5/01		N/S vosex b.d (1 op)
29/6/01		Hayfever → loratadine 10mg (28)
		back pain after climbing panel (30)
		Acne → Benzamycin gel (1 op)
		No Benzamycin cashier → Try Zineryt (1 op)
27/7/01		Amox 250 hd (21) – chest (++)
13/8/01		Hayfever – loratadine 10mg od x 30
		[illegible]
15/02/02		Isotretinoin → R/V 4/52 .
11/4/02		Chesty cough (++) – Amox 250 hd (21) [illegible]
31/5/02		1. Facial acne . Rx Dalacin T x 1 op .
		2. Requests referral re hearing assessment . Carers concerned – speaks very loudly + doesn't appear to hear all conversation around her .
		3. Needs referral re age Hx – her placement at [illegible]
28/06/02		Hayfever – Desloratadine
		Opticrom drops
		('Care book' signed)
7/02 (T)		lawrence Glenny (Eleanor Mair)

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National Health Service Number	617 87 408
Surname (Block Letters)	McLEISH
Forenames (Block Letters)	WENDY
Address	70 WALLACEWELL QUAD
Date of Birth	25.5.87

NURSES AND HEALTH VISITORS RECORDS

Date	
29/8/02	DNA
1.10.02	Sore leg – bruising to (R) knee when "a door closed on it" last night. Little to find – full function, but tender infrapatellar. Rx Tubigrip
25/11/02	(Wart fingers → cryo) Dr Mack. Dry skin face E45 V. quiet.
18.12.02	(NS) (L) index wart → cryo.
24/2/03.	Acne → tetracycline (90) + panoxyl 7.5% 40g x2 V. nice girl but v. quiet + moody. Finally smiled today! I get the feeling she has not had much to smile about in her life.
03.06.03	Acne reacted → refer Derm –
10.06.03	DNA
1/7/03	hay fever – Loratadine (28) 10mg 1 nocte. Contraception – not active. smoking 0 alcohol < 1 unit/day BP 116/67
18/9/03	H/o Minocycline MR 100mg (56) od, Adapalene gel Tg. on } hospital.
22.12.03	BP 132/74. Comes with mum. Seen at Dermatology – Advised re Dianette OD for 6 months. Told about COC properties of Dianette. Not

FORM GP111M 355—2101

Date	
	She will use it as contraceptive yet.
	Advised if she ever want should see us
	prob for contr. chat.
	[illegible]
15/2/04	NS
	- Dianette x 3/12 (63) Stop then
	- Differin gel (30g)
	See next time if requires further ~~[illegible]~~ sympt.
29/3/4.	Request for [illegible] tabs. Rx [illegible] tabs 10mg (28)
	Well. (? other agenda)
10/5/04	DNA
28 5 04	DNA
20/7/04	Repeat COC, [illegible] + [illegible]
	Advised re safe sex.
	Giggly + not really understood.
	[illegible] contact
	[illegible]

		National Health Service Number
CLINICAL NOTES	Surname (Block Letters): MCLEISH	Forenames (Block Letters): WENDY
	Address: 70 WALLACEWELL ROAD. G21 3PX	Date of Birth: 25.5.87

Date	*	Clinical Notes	Diagnosis
26/4/5		(T) Penelope — Barnardo's support worker Wendy injured her pinkie 4/7 ago - this is improving but has been swollen + bruised. Wendy has subsequently said she does not wish an appt with us as she is improving [uncertain reading]. I have advised A+E for XR if there are any cont'd probs — many thanks L	
5.7.05		(S) Hayfever symptoms ++ Not had antihistamine. BP 103/78.	
		(P) Loratadine 10mg T od (28) Dianette (63) Polyfer [uncertain reading] nose prn (35ml)	[signature] (Kim)

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355 2095

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CHI No:
mcleish, wendy Sex: F
DoB: 25/05/1985
06807
3-2 22 napier placeDunwoodie
govan Blackwood Partners
GLASGOW 52062
G51 2LL 11/07/2005 10:54

NP.

National Health Service Number	445 4156.
Surname (Block Letters)	Forenames (Block Letters)
Mc Leish.	Wendy
Address	Date of Birth
3/2 22 Napier Place Glasgow.	25/5/87.

Date	*	
		Last GP Dr Mc Kelvie Springburn H/C.
		Rx. Diarette Hayfever Rx ✓
		PMH - Hayfever - nil else of note.
		Social - not working. - Mum smokes ✓ - Alcohol ? doesn't have ✓ - Stays alone OK for Rx meantime.
		Aff PN for NP check ✓. Form completed
4 OCT 2005		Uses diarette for acne. ↓ Polytar regrd - Long term use ? reason not full clear. - "dry scalp" - NAD. Will use ordinary Stanpco. Rx Diarette x 63
5/12/05		lost 2 packs diarette BP 110/60 diarette (6op).
		Tremor when nervous. No other symptoms except moderate degree anxiety o/e benign essential tremor. HR 70. No cerebellar signs Tone ↑Pave Reflexes (N) arms. Reassure. Doesn't interfere with day to day activities - if bothersome RV. ? β blocker DC
14/3/06		Acne well controlled on Diarette. BP 110/70 — nt & GO.P a

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FORM GP111F
355 2095

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National Health Service Number	617 87 408

IMMUNISATIONS AND SCREENING INVESTIGATIONS

Surname (Block Letters)	Forenames (Block Letters)
MCLEISH	WENDY

Address: 62 LAMLASH CRES G 33 3XP

Date of Birth: 25 05 87

IMMUNISATIONS (Insert date where appropriate)

MMR

	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella	TAB	~~Smallpox~~
1 H.B	11 8 88	✓	✓	✓				28.6.89
2	4 4 89	A1219A ✓	✓	B731A1 ✓				MMR
3	31.5.89	31.5.89	31.5.89	31.5.89				79A41A
Boost	4.692		4 692	4 692				
Boost								
Boost								

Tuberculin Test					BCG.		
Result				Date		82-02	
Date							

Other Inoculations

Type	MENC						
Date	23.3.00						
Type							
Date							
Type							
Date							

SCREENING INVESTIGATIONS

Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure		Urine			Miscellaneous		
		Date		Date	Albumen	Sugar	Date	Weight	Other (Specify)

SCREENING INVESTIGATIONS CONTINUED OVERLEAF

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DUTY DOCTOR 28	CALL NO.
PATIENT'S NAME & ADDRESS WENDY McLEISH 5 CAMLASH SQ CRANHILL 1/L	AGE 3 DATE 11/11 TIME RECEIVED/R 18.49
TELEPHONE INFORMATION RECEIVED TEMP 2 HRS	TIME PASSED 19.0 TIME ARRIVED
HISTORY & EXAMINATION - ENT - Hyperaemic Phar[illegible] - CVS: N[illegible] - no Mening[illegible] - RS: N[illegible] - PA N[illegible] ? [illegible] [illegible] [illegible]	TEMP. °C 39.6 PULSE 124/m B.P. /
	PATIENT TO CALL IF NECESSARY ✓
DIAGNOSIS Viral [illegible]	TO SURGERY ON DAY
TREATMENT/DISPOSAL - Amoxil [illegible] [illegible] x 5 days - [illegible] [illegible]	PLEASE REVISIT ON DAY HOSPITAL ADMISSION ARRANGED
PATIENT'S OWN DOCTOR O'NEIL 94	GENERIC DRUG BATCH/LOT NO.

HEALTHCALL SERVICES LIMITED
Printed on Recycled Paper

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DUTY DOCTOR: TI

CALL NO.

PATIENT'S NAME & ADDRESS: WENDY NICLEIGH
5 LANLASH SQU
CRANHILL Lur L

AGE: 4

DATE: 15/7

TIME RECEIV[illegible]/R: 18·1[illegible]

TELEPHONE INFORMATION RECEIVED: RASH ON FACE

TIME PASSED: 18·36

TIME ARRIVED:

HISTORY & EXAMINATION
Mainly papular rash
behind ears, neck
shoulders + trunk
Chickenpox noted

TEMP.

PULSE

B.P.

PATIENT TO CALL IF NECESSARY

DIAGNOSIS: Chicken Pox

TO SURGERY ON: DAY

TREATMENT/DISPOSAL: Calamine cream (P)
Calpol 5ml (P) 6 hrly
Adz

PLEASE REVISIT ON: DAY

HOSPITAL ADMISSION ARRANGED

PATIENT'S OWN DOCTOR: O NEIL 96

GENERIC DRUG BATCH/LOT NO.

HEALTHCA[illegible]
SERVICES LIM[illegible]
Printed on Recycle[illegible]

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TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
1. E / 11 12:49	55	O'NEILL.	462

TIME PASSED	DEP. No.	DEP. NAME	S.C.O/O.B.S.
EC [illegible] 11 19:0	728	COLACO	A

TIME ARRIVED	PATIENTS NAME	M - (F)
[illegible] 11 19:2	WENDY McLEISH	T.R.

YEARS	MONTHS	ADDRESS
3		5 LAMLASH SQUARE CRANHILL

ORIGIN: DAD.

TEL.: NONE.

DIRECTIONS: 1/L.

MAP REF.:

MESSAGE: T. since ~~this~~ 2 hrs ago.

NPH- NFD

OPERATOR: J Slade

DIAGNOSIS / TREATMENT: Viral Paracetamol

Mon 9 Nov 11 9:[illegible]

REVISIT:

F.P. 10: 94

ADMISSION / AMBULANCE / TIME:

OPERATOR: RG

HEALTHCALL SERVICES LIMITED

401 South Row, Central Milton Keynes. Tel: 0908 691919

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TIME RECEIVED JUL 15 18 : 14	G.P. No. AB55	G.P. NAME DR O'NEILL	CALL No. 0725
TIME PASSED 18th JUL 15 18:26	DEP. No. 71	DEP. NAME ABED/N	S.C.O/O.B.S. A
TIME ARRIVED JUL 15 18:47	PATIENTS NAME WENDY McLEISH		M / T.R.
YEARS 47 MONTHS	ADDRESS 5 LAMBLASH SQ GRANGEMILL		TEL 774 6050
ORIGIN Dan			
DIRECTIONS TOP LEFT.			MAP REF

MESSAGE SPOTS ON FACE. BOILS ON BACK OF NECK

NFD

OPERATOR AS

DIAGNOSIS
TREATMENT

Diclofenac

Betamine

REVISIT

F.P.10

OPERATOR

AMBULANCE TIME

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TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
SEP 15 15:55	545	O'NIEL	

TIME PASSED	DEP. No.	DEP. NAME	S.C.O/O.B.S.
SEP 15 16:	380	DAWES	B

TIME ARRIVED	PATIENTS NAME	M / F	T.R.
SEP 15 16:55	WENDY MCLEISH	F	

YEARS	MONTHS	ADDRESS
4	—	5 LAMLASH SQ. CRANHILL.

ORIGIN: F

TEL. 774-6050

DIRECTIONS: LAP 2.

MAP REF.

MESSAGE: C/O EARACHE, SEVERE PAIN IN FRONT OF HEAD, BODY VERY HOT TO TOUCH. NORMALLY WELL. O.F.D.

OPERATOR: S.K.

DIAGNOSIS
TREATMENT

Viral
bodied

REVISIT

F.P. 10
94

ADMISSION / TIME
AMBULANCE

OPERATOR

Tarivid

NHS Confidential: Personal data about a patient

53 Rm 1 G.P. C

G.G.H.B. STOBHILL GENERAL HOSPITAL ACCIDENT/EMERGENC

DATE 25.9.92
UNIT 6 TIME 5 25 ~~AM~~/PM REF. BY G.P. YES/NO AMB/CAS./OTHER (self) MC

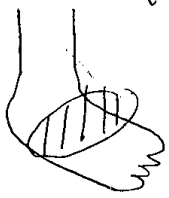
SURNAME	FIRST NAME(S)	M. S.W.	AGE	BIRTH
MCLEISH	WENDY		5	2.87

ADDRESS	NEXT OF KIN	PI/INJURY
C/O REILLY	FATHER	WC ☐
110 BERNERAY ST G22		SC ☐
TELEPHONE No. 336-6814.	TELEPHONE No.	HO(ors) ☐
NAME AND ADDRESS OF FAMILY DOCTOR	OCCUPATION	R.T. ☐
DR CAVEN		OTHAD ☐
619 CARNTYNE RD G32 6LY.	DATE & TIME OF INJURY / TIME SEEN a.m./p.m.	OTH ☐

DRUG HISTORY (anti-coagulants, insulin, A.T.T. steroids, allergic reactions etc.)

R - FOOT

PC) Injury N 2hrs ago today
Will not weight bear.
Swelling down at foot.



EAC ✓	JON
COMP	✓
FILE	✓
OTHER	

X-RAY Xray ? ## - NBI

DIAGNOSIS Sprain

TREATMENT Rx double TG
Neo analgesia at bed.
Dosage

SIGNATURE Glen B. Po

DISPOSAL RETURN TO CASUALTY ☐ G.P. ☐ WARD ☐ O.P. CLINIC ☐ OTHER CLINIC ☐

THE GLASGOW ROYAL MATERNITY HOSPITAL
ROTTENROW
GLASGOW
G4 0NA
Telephone: 041-552 3400

PG/ASC/870145

31st July, 1987.

. Ahmed,
Townhead Health Centre,
16 Alexandra Parade,
Glasgow.

Dear Dr. Ahmed,

Re: Wendy McLeish - d.o.b. 25.5.87
Flat 5/2, 140 Charles St., Glasgow. G21.

I reviewed this baby who was very growth retarded at my outpatient clinic today. She is 9 weeks old and apart from being snuffly she has been doing well. I understand that she has already been supplied with nosedrops. Her mother was a little bit unsure how to feed her because the baby seems to sleep a lot but when woken up she feeds quite well.

Examination today showed no abnormalities. The child is focusing and following. She had good head control. She has occasional sunsetting of her eyes when she is looking arou but there were no other signs of hydrocephalus. The head circumference is growing in proportion to the body. The anterior fontanelle was soft. Head control was very good. The child has slight pigmentation of her skin; Apparently the father is also pigmented. The mother has been supplied with Sytron syrup, 10 drops to be taken three times daily and she is to continue giving her the children's vitamin drops. A review appointment has been arranged in 6 weeks' time.

Yours sincerely,

P. GALEA. CONSULTANT PAEDIATRICIAN

THE GLASGOW ROYAL MATERNITY HOSPITAL

ROTTENROW
GLASGOW
G4 0NA

TELEPHONE: 041-552 3400

PG/ASC/870145

18th September, 1987.

26 SEP 1987

Dr. Ahmed,
Townhead Health Centre,
16 Alexandra Parade,
Glasgow. G31.

Dear Dr. Ahmed,

Re: Wendy McLeish - d.o.b. 25.5.87
Flat 5/2, 140 Charles St., Glasgow. G21.

I reviewed this 4 months old infant at my outpatient clinic today. She is keeping quite well apart from having quite a bad monilial nappy rash. Apparently the mother has tried several ointments without any success. She is smiling, focusing, shows hand regard and has also started to reach out. Physical examination showed no abnormalities but she did have quite an extensive nappy rash which was getting excoriated in some areas. The mouth was clear. The mother has been supplied with Nystatin cream to be applied 4 times daily for 10 days. I have also instructed her to try and keep the nappy area exposed as much as possible until the rash is better. The child is thriving quite well and I have made no further appointments for review

Yours sincerely,

P. Galea
Consultant Paediatrician

NHS Confidential: Personal data about a patient

:PUTISING DOCTOR 85	CALL NO. 25.5.87
ATIENT'S AME & DDRESS Wendy McKeesh	AGE 18/12
140 Charles St	DATE 22/11/88
Royston Flat 5/2.	TIME 2013
COMPL AND HISTORY Cold Cough Can't Sleep	2027
RELEVANT CLINICAL FINDINGS Hh ... Throat congested no rash or neck rigidity abdomen soft ...	TEMP. N
	PULSE H rate 78/–
	B.P. /
DIAGNOSIS Throat Infection	PATIENT TO CALL IF NECESSARY ✓
TREATMENT ... Paediatric 5ml BD ... ... Paediatric 5ml QID	TO SURGERY ON 23/11/88 DAY
	PLEASE REVISIT ON
PATIENT'S OWN DOCTOR Ahmed 961	HOSPITAL ADMISSION ARRANGED

AIR CALL
MEDICAL SERVICES

Air Call Medical Services Ltd.,
Ashton House, 403 Silbury Boulevard,
Central Milton Keynes MK9 2AH
Telephone 0908 691919

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888

WC/MS

Yorkhill,
Glasgow. G3 8SJ

5th January, 1990

Dr. Ahmed,
Townhead Health Centre,
Alexandra Parade,
GLASGOW.

Dear Dr. Ahmed,

Wendy Mcleish - d.o.b. 26.5.87 (370283)
c/o McArthur, 23 Baldovan cres., Glasgow 22.12.89 - 29.12.89.

Wendy was admitted through the A. & E. Department on 22.10.89 having been referred on from the Victoria Infirmry. She was brought by her Aunt's cohabitee with whom she had been deposited earlier, while her mother was engaged elsewhere.

She presented with a massive haematoma extending from the right ear across the cheek and both orbits. The initial explanation was that she had been struck on the face by her 3½ year old brother with a plastic toy, the day before. There were several conflicting explanations. I did not consider the injuries consistent with the history given, particularly when further bruising of the right thigh consistent with strong grip marks were found, and suspicion of Child Abuse, was raised. The Social Work Department was involved, and the child was detained here (latterly with her brother) under a "Place of Safety Order".

During her stay there was rapid resolution of her injury. No evidence of facial bony damage was detected, and a selective skeletal survey showed no bone damage elsewhere. Likewise haematological and coagulation studies showed no basis of suspicion of an undue tendency to bruise or bleed into the tissues.

An S.W.D. Case Conference was subsequently held at Ruchazie Centre because of certain aspects of the home circumstances, and circumstances of her injury. Extended care arrangements were made, and she was discharged into the care of the Social Work Department.

Because of her apparent rather slow and retarded development (? lack of environmental stimulus) Karyograms were requested and will be reported in due course

Yours sincerely,

W. Cochran,
Consultant Paediatric Surgeon.

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888

Yorkhill,
Glasgow. G3 8SJ

C/6

WC/MS

16th February, 1990

Mr. Rick Sneddon,
Field Social Worker,
Social Work Department Glasgow East 2,
1 Ruchazie Place,
GLASGOW
G33.

Dear Mr. Sneddon,

Wendy McLeish - H.N. 370283

You will recall that when this little girl was being considered at the Case Conference, several of those present, described their impression of her being unduly slow, even allowing for the effects of environment, and lack of stimulus, and clinically she had a faintly Mongoloid appearance. It seemed advisable to exclude a mild form of Down's Syndrome.

This has now been done by chromosome analysis, and a completely normal female Karotype has been found, thus excluding any likelihood of Down's Syndrome.

Yours sincerely,

W. Cochran,
Consultant Paediatric Surgeon.

Copies to Dr. Cockburn, Easterhouse Health Centre, 9 Auchinlea Road, Easterhouse

Dr. Ahmed, Townhead Health Centre, 16 Alexandra Parade, Glasgow. ✓

*Delay due to difficulty in locating case notes.
With apologies

Minute prepared by Signature

Area Officer/Chairman

Date Eamon Kearney
6 September 1990

CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS CONFIDENTIAL TO YOU AND MUST NOT BE DISCLOSED TO ANY OTHER PERSON OR AGENCY WITHOUT THE WRITTEN CONSENT OF THE CASE CONFERENCE CHAIRMAN.

NOTE TO ADDRESSEES

IF YOU DISAGREE WITH ANY ASPECT OF THIS REPORT YOU SHOULD CONTACT THE AREA OFFICER IMMEDIATELY IN WRITI
YOU AGREE WITH THE CONTENT PLEASE RETURN THE ACKNOWLEDGEMENT BELOW.

To Area Officer

I have received a copy of the report of the Case Conference/Review

held on regarding

and agree with the content and recommendations

Signature

Date

Strathclyde Regional Council

CA5
CONFIDENTIAL

Review Case Conference Minute

Social Work Department Child Abuse Procedures

Name of child(ren)	D.O.B.	Registration Category	Remain on Register	De-Register
Gerald McLeish / O'Donnell	20.3.86	At Risk Physical Abuse		✓
Wendy McLeish / O'Donnell	25.5.87	At Risk Physical Abuse		✓

HOME ADDRESS	PRESENT ADDRESS
5 Lamlash Square Cranhill Glasgow	

CHANGES TO REGISTER (i.e. Address, A. Team, Key Worker, etc.)

Date of Initial Case Conference: 29 December 1989

Date of This Review: 4 September 1990

Date(s) of Previous Review(s):

(a) Chairperson: Eamon Kearney

(b) Present (names)	Designation	Agency
Colin McIntosh	Senior Social Worker	NE5 Area Team
Rikki Sneddon	Social Worker	" " "
Carol Guild	Home Visiting Teacher	Westerhouse Nursery
May Swanson	Health Visitor	Townhead H.C.
Kathleen O'Donnell	Mother	
LInda Kilpatrick	Admin Assistant	NE5 Area Team

(c) Invited but unable to attend		
Dr Rashid Ahmed	Doctor	Townhead Health C.
Joan Tomaso	Head Teacher	Lamlash Nursery
Ms Kennedy	Social Work Department	HM Prison and YOI, Glenochil

REPORT

Eamon Kearney opened today's Review Case Conference by asking everyone to introduce themselves and by explaining that the purpose of the conference was to make decisions for the future wellbeing of Wendy and Gerald McLeish/O'Donnell.

Rikki Sneddon gave a brief update on the family since the last Case Conference - Kathleen O'Donnell had left Wendy and Gerald in the care of her sister (Georgina O'Donnell) - Christmas 1989. Wendy had sustained injuries of a serious nature and children's names were placed on register at risk of physical abuse. After a period of 4 weeks, the children returned home to the care of their mother and Rikki has since monitored the situation at home.

Kathleen O'Donnell appears to have more interest in her children now. She gives them toys and games to play with and she has now a more positive relationship with the children. Kathleen has received a Community Care Grant which she has put towards redecorating the house. She also has a closeby neighbour who is very supportive.

Both children are doing well. Wendy has been attending Ruchazie Creche and Gerald is attending Cranhill Nursery. This gives Kathleen a half day to herself and gives her time to get her shopping in. Wendy is due to start Cranhill Nursery next week and Kathleen feels it would be better if Gerald and Wendy were in the same class at Nursery as they play well together.,

Rikki Sneddon mentioned that he had minor cause for concern over Wendy's weight loss.

May Swanson said she has no cause for concern over Wendy's weight at the moment. She is a slim girl growing upwards. She is not a great eater but her diet is adequate.

Gerald has a little problem in that he soils occasionally but this is almost under control. It may be caused by stress or it could be laziness. May would hope that Gerald's soiling should disappear by the end of the year.

May Swanson feels that Kathleen and her children are far less stressed now. Both children have a steady life and are more secure. There is a more relaxed atmosphere within the house.

Carol Guild reported that her visits to the family home have become more relaxed and children appear to be bright and alert. Carol has also noticed that Kathleen spends more time with her children and helps them make use of their toys.

Kathleen O'Donnell feels herself that she is coping much better now. She thinks that Gerald's soiling may be due to laziness and she does not see any signs of Wendy losing weight.

Gerald McLeish (Father of Wendy and Gerald) is presently in Glenochil Prison. Prior to Gerald going into Prison, he was a good Father to the children and Rikki Sneddon does not anticipate any problems when Gerald returns home.

DECISIONS:

1. Children's names to be removed from register
2. Children to remain on Home Supervision Order
3. Carol Guild will continue to work with family.

NHS Confidential: Personal data about a patient

Ahmed

USE BLOCK CAPITALS AND BALL POINT PEN

GENERAL PRACTITIONER

ROYAL HOSPITAL FOR SICK CHILDREN/THE QUEEN MOTHER'S HOSPITAL
YORKHILL, GLASGOW G3 8SJ

Telephone: 041-339 8888

Dear Dr.

Your patient has today been seen at/discharged from this hospital.

Surname	McGeish	Hosp. No.	370283	Ward/Dept.	6D
Other names	Wendy	D.O.B.	26/5/87	Weight	
Address	40 23 Baldovan Cres Glasgow	Sex		Consultant	Dr Evans

Drug/Medicine Sensitivity .....

It is recommended that the following medication be continued. A five days supply has/not* been dispensed.

Note to the hospital prescriber:
(a) In the "Recommended Duration of Treatment" column it is important to state the number of days for which treatment should be continued **from the date of discharge.**
(b) If treatment is to be for an indefinite period, mark 'INDEFINITE'.
(c) If treatment is to be intermittent or irregular, give FULL DETAILS below.

Medicine	Form of Preparation e.g. tablets	Dose	Frequency	Recommended Duration of Treatment from Date of Discharge (Days)	PHARMACY USE ONLY Quantity, Name & Strength Supplied by Pharmacy

Doctor's Signature ..... Date 25/9/90

Doctor's name (block capitals) DR I E Walsh Position SHO

Pharmacist .....

Date .....

A formal letter will/will not be sent.

CLINICAL SUMMARY:

eczt vomiting
diarrhoea
failure to thrive △ Salmonella isolated in stool

now much improved, gained 1kg.

(H) FU 1/12 for weighty

FOLD HERE FOLD HERE

Date of admission: 17/9/90 Date of discharge: 25/9/90

Follow-up Clinic: (YES) NO 1/12 TJE

RECEIVED
27 SEP 1990

Social Work Department
Director: F E Edwards RD BA DipASS FISW FBIM

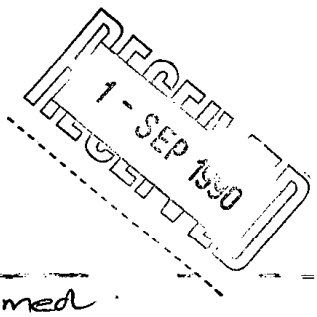
North East 5 Area Team,
1 Ruchazie Place,
Cranhill,
Glasgow, G33 3HA.

Strathclyde Regional Council

A nuclear-free zone authority
An equal opportunities authority

Tel 041 770 8531
Our ref EK/IB
Your ref
If phoning or calling ask for Irene Brown
Date As per postmark.

Dr Rashid Ahmed
Townhead Health Centre
40 Alexandra Parade
Glasgow
G31 2ES.



Dear Dr Ahmed

Child Abuse Case Conference
Re: Wendy + Gerald McLeish / O'Donnell

It is proposed to hold an ~~Initial~~/Review Case Conference in respect of the above child/ren at 1 Ruchazie Place, Glasgow.

on Tues. 4. September 1990

at 2.00pm North East 5 Area Teams 1 Ruchazie Place G33.

Please let me know if you are unable to attend.

Yours sincerely,

Linda Kilpatrick

pp Eamon Kearney,
Area Manager.

Phoned - advised Dr Ahmed unable to attend 3/9/90 RGS

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888

Yorkhill,
Glasgow. G3 8SJ

We have also requested a full developmental assessment by the Department of Clinical Psychology but this may not be available until the early part of 1991.

Yours sincerely

T. J. Evans
Consultant Paediatrician.

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888

Yorkhill,
Glasgow. G3 8SJ

TJE/HB

1st October 1990

Dr Ahmed
Townhead Health Centre
16 Alenadra Parade
GLASGOW
G32 2ES

Dear Dr Ahmed

RE: WENDY McLEISH (DOB: 25.5.87) HOSP NO: 370283
5 LAMLASH SQUARE GLASGOW G33.

Admitted: 17.9.90
Discharged: 25.9.90 Diagnosis: Samonella gastroenteritis

Wendy was admitted as an emergency on the 17th of September 1990 with a history of vomiting, anorexia and diarrhoea.

We knew that there had been assessment from the Social Work Department and that the child had possibly suffered from non-accidental injury in the past but initially the case record folder was not available for details.

By the time Wendy was admitted she was starting to recover from what proved to be a samonella gastroenteritis. We were concerned that initially Wendy was very quiet and non-communicative and that she was also small with a height between the 10th and 25th centile but a weight way below the 3rd centile. Part of this was presumably dehydration and at least temporary malnutrition from her illness. Her weight in the ward during her recovery showed a rapid increase back to the 3rd centile (11.8 kg.).

She also greatly improved in her behaviour and appeared probably of normal intelligence for her age. We were able due to the help of Wendy's Health Visitor, Mrs Swanson, and previous records of Wendy's weight in hospital to see that she had always been below the 3rd centile for weight on her measurement taken when she was just over 18 months when it had risen to between the 10th and 25th centile. The next recording that we had showed her to be just above the 3rd centile. I suspect that there is probably not an on going pathological cause for her smallness but I thought it would be prudent to see her and check her weight again in about a month.

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888

Yorkhill,
Glasgow. G3 8SJ

TJE/HB

24th October 1990

Dr Ahmed
Townhead,Health Centre
15 Alexandra Parade
GLASGOW
G32 2ES

Dear Dr Ahmed

RE: WENDY McLEISH (DOB: 25.5.87) HOSP NO: 370283
5 LAMLASH SQUARE GLASGOW G33.

I saw Wendy at the Out Patient Clinic on the 22nd of October 1990. She has no symptoms according to her mother and she indeed looked very well and had gained a further three quarters of a Kg. This givs her a reasonable growth and I have therefore, not arranged any further medical follow up but would be pleased to see her again in the future if there is concern.

When she was initially admitted to hospital there was much concern particularly from the nursing staff that Wendy might be developmentally delayed though in retrospect I think this was mostly related to her reaction to coming into hospital. A formal assessment will be made in February 1991 via the hospital's Clinical Psychology Department.

Yours sincerely

T. J. Evans
Consultant Paediatrician.

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888 Ext: 4644 Department of Clinical Child Psychology

Yorkhill
Glasgow G3 8SJ

Ref: MKR/KMcC

8 February 1991

Dr J Evans
Consultant Paediatrician
Ward 6B
R.H.S.C.

Dear Dr Evans

Re: Wendy McLeish, DOB - 25.5.87, HN: 370283
5 Lamlash Square, GLASGOW G33

Thank you for referring this young lady to me. I saw Wendy and her mother, Miss O'Donnell, for assessment on 5th February.

Wendy was referred from the Ward in September 1990. There was worry about her lack of communication and social skills. Apparently these difficulties had abated by the time Wendy was discharged from the Ward, but an Out-Patient appointment was considered appropriate.

On assessment, Wendy appears small for her age. After brief initial shyness, she communicated easily and well. Mrs O'Donnell suggested no behavioural difficulties in the home. Sleeping and eating behaviours appear normal.

I followed the assessment with a discussion with Wendy's nursery school teacher. The teacher agreed that Wendy's development appeared normal and that there were no behavioural difficulties present at the school.

Miss O'Donnell has the services of both a Social Worker and Health Visitor and will use these services as required.

I have therefore discharged Wendy from this clinic.

Thank you for your attention to this letter.

Yours sincerely

Mr Michael Killoran Ross
Psychologist

c.c. Dr O'Neil, 979 Carntyne Road, GLASGOW G32 6LY.

Mr Ricky Sneddon (2)

Re: Wendy McLeish d.o.b. 25.5.87

I understand that Wendy and Gerry are presently in temporary foster care, as their father was in prison, temporarily, therefore, their future together as a family unit at present is uncertain.

In view of the change in circumstances we hope our playtherapy will function in providing a more detailed assessment of their individual needs.

Although we will be discharging the family at the end of January, 1992 we would like to express concern regarding an adequate plan for their care in temporary fostering and the uncertainty of father's position to care for them in the long-term. Whilst this uncertainty continues the children are likely to continue having emotional distress, e.g. soiling.

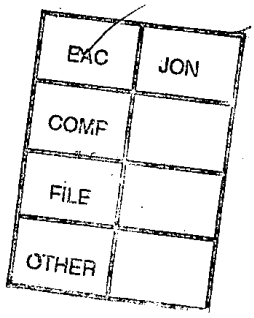
We feel that the situation is best dealt with by attending to the children's direct need for stable care and psychiatric treatment is unlikely to be effective until the care situation is stabilised.

Yours sincerely,

Morag McFadyen

Dr Morag McFadyen
S.H.O. to Dr John Shemilt

cc Dr O'Neil, 979 Carntyne Road, Glasgow, G32 6LY.



ROYAL HOSPITAL FOR SICK CHILDREN

Telephone 041-339 8888

DEPARTMENT OF CHILD AND FAMILY PSYCHIATRY

Yorkhill
Glasgow G3 8SJ

ext 4228

MMcF/ION

23rd December, 1991.

Mr Ricky Sneddon,
Social Worker,
North-East 5 Area Team,
81 Ruchazie Place,
Cranhill,
G33 3HA.

Dear Mr Sneddon,

Re: Wendy McLeish d.o.b. 25.5.87
5 Lamlash Square, Glasgow, G33.

Thank you for keeping me informed with the Social Work input regarding the McLeish family. As you are aware Dr O'Neil, G.P., referred Wendy to D.C.F.P. on 12th November, 1991. I have seen the family, consisted of Mr Gerald McLeish (35 years), Gerry (5 years) and Wendy (4 1/2 years) on two occasions (29th November and 12th December, 1991).

After the first session, it was decided that both Wendy and Gerry would be offered individual play/psychotherapy for 4-6 sessions until the end of January 1992. This was in a view to brief therapy regarding Gerry's bereavement reaction (he has had behavioural problems at school) and therapy for Wendy who was showing emotional distress in her bereavement reaction, displacing her grief into soiling.

I have arranged to see Gerry on:
19th December, 1991 at 2 pm
24th " " 11 am
31st " " 11 am
7th January, 1992 at 11 am

Dr Anne Alcorn has arranged to see Wendy on:
24th December, 1991 at 10 am
21st " " 10 am
7th January, 1992 at 10 am
14th " " 2 pm
21st " " 10 am
28th " " 10 am

EAC	JCN
COMP	
FILE	✓
OTHER	

NHS Confidential: Personal data about a patient

RRC'D 8TH MAY 92

PRIVATE AND CONFIDENTIAL **FORM C**

Agency .....

Address ..... Social Worker .....

..... Telephone .....

Medical Adviser ..... Telephone .....

If any problems arise in completing this form, please contact the Medical Adviser. Refer to attached sheets if space is inadequate.

MEDICAL REPORT & DEVELOPMENTAL ASSESSMENT OF CHILD UNDER 5 YEARS REFERRED FOR ADOPTION OR RECEIVED INTO CARE

Child's surname MCLEISH Forename(s) Wendy

Also known as ..... Date of birth 25.5.87 Ref. no. .....

Date of examination 1.5.92. Age at examination 4 yr 11 mths.

IMPORTANT *The following information should be available to the doctor making the examination*

Any previous medical report ✓
Neo-natal report/Obstetric report ✗
Medical history (inc record of immunisations) ✓
Growth charts to date ✓
Family history of parents ✓
List of placements/caregivers ✓
List of nurseries etc ✓
Any relevant specialist reports ✗

THE CHILD SHOULD BE ACCOMPANIED BY ITS CURRENT CAREGIVER

1. Summary by examining doctor of anything in the collected information which is likely to be relevant to the child's present condition or future prospects *(eg genetic conditions in family; obstetric or neonatal complications; disability; previous illness, accidents and operations; history of growth, development, speech and learning; frequent changes of caregiver etc.)*

Natural mother died aged 29¾ yrs in Oct 91 from coronary thrombosis. Father has only one lung. He has a history of alcoholism + violence. Has been RIC for up to 7 months at a time on 4 occasions since the age of 18 months.

2. Is the child attending hospital, clinic or other special unit or receiving medication or other treatment?

No.

3. Comments from current caregiver on child's well-being and behaviour
(Please give name of caregiver. Indicate if current caregiver is not present)

Caregiver not present but Mrs Ricky Sheddon children's SW. who knows them well was present. Wendy attends Pshrok Childrens Centre every afternoon.

4. PHYSICAL EXAMINATION

Date 1·5·92 Age 4 yrs 11 mths

MEASUREMENTS	Weight (enter on growth chart)	15·1	kgs	3RD–10TH	centile
	Height/length	101	cms	fractionally ↑ 10TH	centile
	Head circumference	49·4	cms	25TH	centile
	Blood pressure *(where appropriate)*				
	General appearance	Attractive normal looking g. Dark skinned			
	Skin/hair	NAD except ? wart R buttock.			
	Mouth/state of teeth	Healthy 20 teeth No DC.			
EARS	Auriscopic examination	R Normal drums. L			
	Hearing *(state assessment method)*	Whispers test. R ✓ L ✓			
EYES	Opthalmoscopy: Media	No cataracts			
	Retina *(if seen)*				
	Vision *(state assessment method)*	Distance 6/4		6/4 Stycar Fuel	
	Respiratory system	NAD.			
	Cardiovascular system *(including pulses)*	No murmurs no dyspnoea femorals ✓			
	Abdomen *(including hernias)*	? loaded upper descending colon. No other masses.			
	Genitalia *(including testes)*	Inguinal/Retina prev referred-not seen-examined lying down Normal female genitalia.			
LOCOMOTOR	Spine	Straight			
	Joints	NAD. Hips ✓			
	Limbs	NAD.			
	Hips	NAD.			
NEUROLOGICAL SYSTEM	Cranial nerves	R Intact L			
	Reflexes: *Tendon*	Present + equal.			
	Plantar	↓		↓	
	Abdominal	+		+	
	Moro				
	Grasp				
	Placing				
	Assymetrical tonic neck				
	Power	Normal			
	Tone	Normal			
	Posture	Normal.			
	Any other observations?				

TEST RESULTS *(as appropriate)*		Result	Date
	Urine: blood	Trace	
	protein	Trace	1·5·92
	glucose	Nil.	
	other		
	Blood: phenylalanine *(Guthrie/Scriver)*	Result with Stobhill Hospital	
	thyroid function		
	haemoglobinopathies		
	other *(specify)*		

CONFIDENTIAL

DEVELOPMENTAL and FUNCTIONAL ASSESSMENT *(taking account of caregiver's report)*

motor activity Findings	Runs jumps. Can only hop once on L leg.
Conclusions	Within normal limits.
motor adaptive and vision Findings	R handed. Copies O + ⊟ □ Can't copy her name. Draws potato man
Conclusions	Low year old level at least.
uage/speech/hearing Expressive Comprehension Attention control Symbolic language & play	Articulate and chatty. Good verbal comprehension + expression. Gives name age and part of address. Counts by rote + has 1:1 correspondence. Names colours. Has concepts of red + orange.
Conclusions	Functioning above 4 yr old level i.e at least bord average ability.
cial behaviour and play Findings	Sad little girl at times — says she misses her mummy. Sociable and good rapport Soiling + wetting since mothers death in Oct 91.
Conclusions	Emotionally upset but may also have physical problems

6. GENERAL CONCLUSIONS AND RECOMMENDATIONS

Are there any problems in relation to:	Yes/No	Comments
physical status	Yes	poor wt. gain
gross motor		
fine motor	No	
vision	No.	
hearing	No	
language & speech	No	
behaviour	Yes	soils + wets.
learning	(No)	
ability to relate	Not	obviously.

Is there a need for follow-up examination or consultation *(specify if yes)*	Yes.	Needs further urine tests to exclude infection and paediatric opinion to exclude faecal retention with by pass diarrhoea as pattern of soiling. Also poor wt. gain in past 5 months.
Any other observations		

Signature of examining doctor A. M. Alexander Qualifications MBChB

Name (in CAPITALS) ANN M. ALEXANDER

Address BALVICAR CENTRE Telephone 041 423 8898

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888

Yorkhill
Glasgow G3 8SJ

HB/EAW

OUT PATIENT DEPARTMENT

Dictated 11 05 92
Typed 13 05 92

Dr O'Neill
979 Carntyne Road
GLASGOW
G32 6LY

Dear Dr O'Neill

WENDY McLEISH - D.O.B. 25 05 87 - HN 370283
62 LAMLASH CRESCENT GLASGOW G33 3XP

I saw this young girl today in the Surgical Clinic on behalf of Mr Fyfe. She does have bilateral inguinal hernia. I have therfore place her on the Waiting List to have bilateral inguinal herniotomy. She will be sent for.

Yours sincerely

H Baig

H BAIG
SURGICAL REGISTRAR

EAC ✓	JON ✓
COMP ✓	✓
FILE	✓
OTHER	

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888

Yorkhill
Glasgow G3 8SJ

AHBF\VW\370283

21 August 1992

Dr J O'Neil
The Surgery
979 Carntyne Road
GLASGOW
G32 6NY

Dear Dr O'Neil

Wendy McLeish - DOB 25.5.87 - HN 370283
c/o Reilly 110 Berneray Street Glasgow G33

This girl was admitted as arranged and had bilateral inguinal herniotomy on 19.8.92.

Yours sincerely

A.H.B.Fyfe

A H B Fyfe
Consultant Paediatric Surgeon

EAC	JON ✓
COMP ✓	✓
FILE	✓
OTHER	

ABBEY MEDICAL CENTRE

LONEND
PAISLEY PA1 1SU

Dr. D. R. McARTHUR
Dr. S. M. McARTHUR
Dr. J. M. HISLOP
Dr. G. L. HOUSTON

Telephone: 041-889 4088
(2 Lines)

FAX. NO. 842 1169

REF SM/CAC

12TH JULY 1993

ORTHOPTIST
RUSSELL INSTITUTE
PAISLEY

Dear Sirs

RE: WENDY MCLEISH D.O.B 25.05.87
1/3 BEECH AVENUE PAISLEY

This young child is at present under the care of the Social Work Department and I saw her for a routine examination. I was not 100% happy with her visual acuity and therefore should be grateful if you could see her.

Yours sincerely

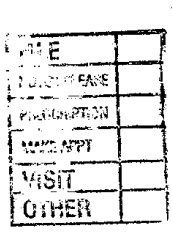
DR SHEILA MCARTHUR

ORTHOPTIC CLINIC
EXT 4347

30.8.93

Dear Dr McArthur,

Re: Wendy McHeish
1/3 Beech ave
Paisley 05.5.87



Wendy was seen at the Russell Institute and found to have reduced vision in both eyes, R- 6/18 L- 6/18. There was no squint noticed and instead of refering her to our own opt, the staff at the home had already arranged an opticians app for the next day. I have not arranged to see her again unless the opt felt there was a need for further Orthoptic assessment.

Yours sincerely

Mrs Diane Russell
Head Orthoptist

ROYAL ALEXANDRA HOSPITAL
CORSEBAR ROAD, PAISLEY, RENFREWSHIRE PA2 9PN TELEPHONE: 041 887 9111
FAX: 041 887 6701
A NATIONAL HEALTH SERVICE TRUST
RAH

NHS Confidential: Personal data about a patient

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital HAWKHEAD Date 04.10.93 CHI No.

Please arrange for this patient to attend the CHILD/FAMILY PSYCHIATRY clinic of Dr/Mr

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname McLEISH Maiden Surname
First Names WENDY Single/Married/Widowed/Other
Address 173 BEECH AVENUE Date of Birth 25/5/87
PAISLEY Patient's Occupation
Postal Code Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:
Name of Hospital
Year of Attendance Hospital No.
If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO
If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Doctor,

This young child is at present in the care of the Social Work Department. She is emotionaly disturbed. Over the past 6yrs she has been either in the care of Social Work or placed with friends and relatives when Social Workers had to intervene because of concerns regarding parental care of the children. In September 1991 the child's mother died and since then Wendy has had a pattern of soiling herself, sometimes 6-7 times per day. her elder brother Gerald is also in care and he is also displaying emotional problems.

I should be grateful if you could see this child and also perhaps Gerald as well as the two are exceedingly close to one and other.

Yours sincerley

DR SHEILA McARTHUR

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

355-2104

Dd8435631 3/93 15M 13161

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Child Health Record Card (Female)

Surname	Forenames
McLEISH	WENDY.

NHS No.

Address Postcode Tel

5/2 140 CHARLES ST.

Name of parents or guardians Siblings

Birth details Date of birth 25/6/87. Weight

Place of birth Pregnancy

Delivery

APGAR scores 1 min 5 min

Gestation /40 SCBU Yes ☐ No ☐

Feeding

Months	1	2	3	4	5	6	7	8	9	10	11	12
Breast												
Bottle												
Solids												

P.K.U Thyroid

Published jointly by the General Medical Services Defence Fund Ltd. and the Royal College of General Practitioners

Immunisation

Pertussis	11.8.88	4.1.89	31.5.89	
Diphtheria	11.8.88	✓	✓	
Tetanus	11.8.88	✓	✓	
Poliomyelitis	11.8.88	✓	✓	
Measles				
BCG				
M.M.R	28.6.89.			

Infectious diseases

Chicken pox	Measles
Rubella	Pertussis
Mumps	Scarlet fever

Advice

dental				
fluoride				
nutritional				
other				

Special factors (including educational)

Other agencies Address Tel.

Date 15/7/87. 20/1/88 21.12.88

	Birth	5–15 days	6–13 weeks	7–10 months	19/12	2½ years		4½ years
General behaviour			✓	✓	✓			
Appearance			✓	✓	✓			
Skin			✓	✓	✓			
Fontanelles			✓	✓	✓			
Palate			✓	✓				
Motor tone			✓	✓	✓			
Vision / Eyes			✓	✓	✓			
Squint			✓	✓	✓			
Ears	L R	L R	L R	L R	L R	L R	L R	L R
Hearing	L R	L R	L R	L R	L R	L R	L R	L R
Speech				✓	✓			
Heart			✓	✓	✓			
Femoral arteries	L R	L R	L R	L R	L R			
Spine			✓	✓				
Hips	L R	L R	L ✓ R	L ✓ R				
Feet	L R	L R	L ✓ R	L ✓ R	L ✓ R	L R	L R	L R
Genitalia			✓	✓	✓			
Bladder control								
Bowel control								

Additional comments

Development

Gross motor

Birth

5–15 days

6–13 weeks ✓

7–10 months

19/19 Not yet walking unsupported.

2½ years

4½ years

Fine motor

Birth

5–15 days

6–13 weeks ✓

7–10 months ✓

✓

2½ years

4½ years

Personal social

Birth

5–15 days

6–13 weeks ✓

7–10 months ✓

✓

2½ years

4½ years

Language

Birth

5–15 days

6–13 weeks ✓

7–10 months ✓

19/19. I word only. Babbles +t.

2½ years

4½ years

Additional comments

Age Date

Additional comments

Age Date

Age Date

Age Date

Age Date

Age Date

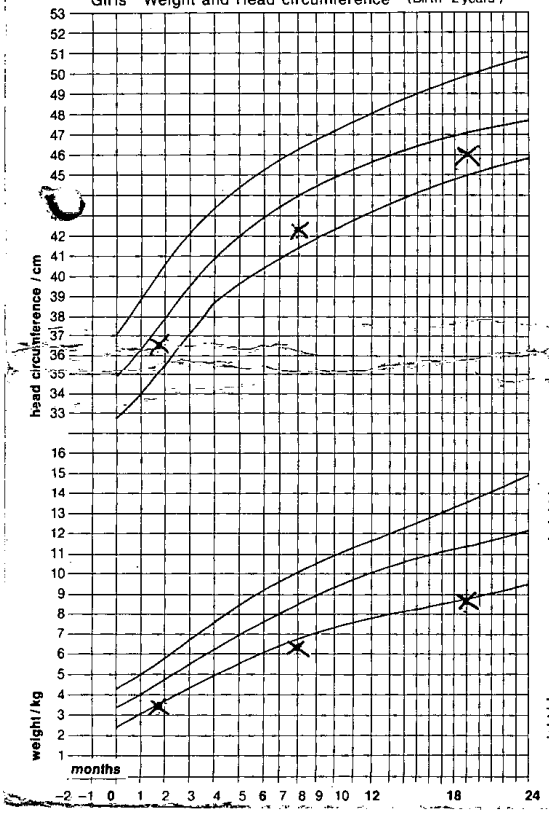
Age Date

Age Date

Age Date

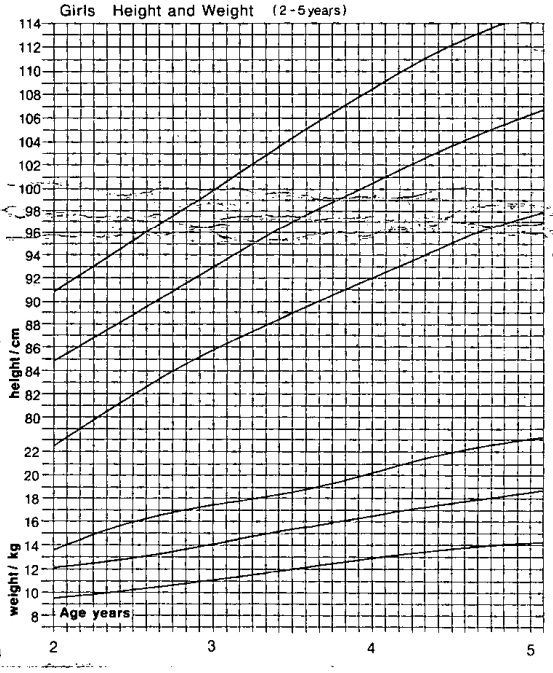
Age Date

Girls Weight and Head circumference (Birth-2 years)



Date	Age	Weight / Kg	Head circ / cm	Height / cm
15-7-87	0/52.	3·4	36·5	51·0
26·1·88	6/52.	6·20.	42·3.	61·5.
21-12-88	19/12	8·70	46·0	78·0

Girls Height and Weight (2-5 years)



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RECD 8TH MAY 92

PRIVATE AND CONFIDENTIAL **FORM C**

Agency ... SOCIAL WORK DEPT

Address ... NEAT AREA TEAM, 1 RUCHAZIE PLACE, CRAIGHILL - GLASGOW, G33 ... Social Worker ... RIKKI SNEDDON

Telephone ... 0141 - 770 - 8531

Medical Adviser ... Telephone ...

If any problems arise in completing this form, please contact the Medical Adviser. Refer to attached sheets if space is inadequate.

MEDICAL REPORT & DEVELOPMENTAL ASSESSMENT OF CHILD UNDER 5 YEARS REFERRED FOR ADOPTION OR RECEIVED INTO CARE

Child's surname ... MCLEISH ... Forename(s) ... Wendy

Also known as ... Date of birth ... 25.5.87 Ref. no. ...

Date of examination ... 1.5.92. ... Age at examination ... 4 yrs 11 mths.

IMPORTANT *The following information should be available to the doctor making the examination*

- *Any previous medical report* ✓
- *Neo-natal report/Obstetric report* ✗
- *Medical history (inc record of immunisations)* ✓
- *Growth charts to date* ✓
- *Family history of parents* ✓
- *List of placements/caregivers* ✓
- *List of nurseries etc* ✓
- *Any relevant specialist reports* ✗

THE CHILD SHOULD BE ACCOMPANIED BY ITS CURRENT CAREGIVER

1. Summary by examining doctor of anything in the collected information which is likely to be relevant to the child's present condition or future prospects *(eg genetic conditions in family; obstetric or neonatal complications; disability; previous illness, accidents and operations; history of growth, development, speech and learning; frequent changes of caregiver etc.)*

Natural mother died aged 29 3/4 yrs in Oct 91 from coronary thrombosis. Father has only one lung. He has a history of alcoholism + violence. Has been RIC for up to 7 months at a time on 4 occasions since the age of 18 months.

Is the child attending hospital, clinic or other special unit or receiving medication or other treatment?

No.

3. Comments from current caregiver on child's well-being and behaviour
(Please give name of caregiver. Indicate if current caregiver is not present)

Caregiver not present but Mr Ricky Sneddon children's SW. who knows them well was present. Wendy attends Pollok Childrens Centre every afternoon.

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4. PHYSICAL EXAMINATION

Date 1·5·92 Age 4 yrs 11 mths

MEASUREMENTS	Weight (enter on growth chart)	15.1	kgs	3RD–10th	centile
	Height/length	101	cms	fractionally ↑ 10th	centile
	Head circumference	49.4	cms	25th	centile
	Blood pressure *(where appropriate)*				
	General appearance	Attractive normal looking. Dark skinned			
	Skin/hair	NAD except ? wart R buttock			
	Mouth/state of teeth	Healthy 20 teeth No DC.			
EARS	Auriscopic examination	R normal drums. L			
	Hearing *(state assessment method)*	whisper test. R ✓ L ✓			
EYES	Opthalmoscopy: Media	No cataracts			
	Retina *(if seen)*				
	Vision *(state assessment method)*	Distance 6/4		6/4 Stycar full	
	Respiratory system	NAD.			
	Cardiovascular system *(including pulses)*	No murmurs no dyspnoea femorals ✓			
	Abdomen *(including hernias)*	? loaded upper descending colon. No other masses.			
	Genitalia *(including testes)*	inguinal hernia previously noted – not seen – examined by [illegible] Normal female genitalia.			
LOCOMOTOR	Spine	Straight			
	Joints	NAD. Hips ✓			
	Limbs	NAD.			
	Hips	NAD.			
NEUROLOGICAL SYSTEM	Cranial nerves	R Intact L			
	Reflexes: *Tendon*	Present + equal.			
	Plantar	↓		↓	
	Abdominal	+		+	
	Moro				
	Grasp				
	Placing				
	Assymetrical tonic neck				
	Power	Normal			
	Tone	Normal			
	Posture	Normal.			
	Any other observations?				

TEST RESULTS *(as appropriate)*		Result	Date
	Urine: blood	Trace	
	protein	Trace	1·5·92
	glucose	Nil.	
	other		
	Blood: phenylalanine *(Guthrie/Scriver)*	Result with Stobhill Hospital	
	thyroid function		
	haemoglobinopathies		
	other *(specify)*		

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DEVELOPMENTAL and FUNCTIONAL ASSESSMENT *(taking account of caregiver's report)*

5 motor activity Findings	Runs jumps. Can only hop once on L leg.
Conclusions	Within normal limits.
Fine motor adaptive and vision Findings	R handed. Copies O + ⊞ □ Can't copy her name. Draws potato man
Conclusions	Four year old level at least.
Language/speech/hearing Expressive Comprehension Attention control Symbolic language & play	Articulate and chatty. Good verbal comprehension + expression. Gives name age and part of address. Counts by rote + has 1:1 correspondence. Names colours. Has concepts of sml + large.
Conclusions	Functioning above 4 yr old level i.e at least bord average ability.
Social behaviour and play Findings	Sad little girl at times — says she misses her mummy. Sociable and good rapport Soiling + wetting since mothers death in Oct 91.
Conclusions	Emotionally upset but may also have physical problems

6. GENERAL CONCLUSIONS AND RECOMMENDATIONS

Are there any problems in relation to:	Yes/No	Comments
physical status	Yes	poor wt. gain
gross motor		
fine motor	No	
vision	No.	
hearing	No	
language & speech	No	
behaviour	Yes	soils + wets.
learning	No	
ability to relate	Not	obviously.

Is there a need for follow-up examination or consultation *(specify if yes)*	Yes.	needs further urine tests to exclude infection and paediatric opinion to exclude faecal retention with by pass diarrhoea as pattern of soiling Also poor wt. gain in past 5 months.
Any other observations		

Signature of examining doctor A. M. Alexander Qualifications MBChB

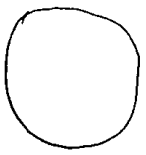
Name (in CAPITALS) ANN M. ALEXANDER

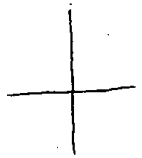
Address BALVICAR CENTRE Telephone 041 423 8898

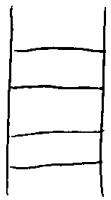
Hb BALVICAR ST GLASGOW G42. Date 4.5.92

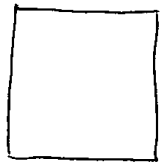
Wendy 4y 11 mths. 1.5.96.

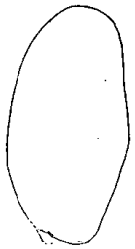
R handed.

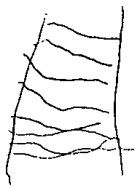


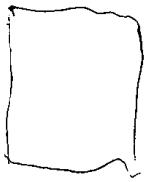












wendy

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Name of child..... Ref. no. .....

7. REPORT FROM AGENCY'S MEDICAL ADVISER

(summary and interpretation of preceding medical information for the agency panel, the prospective parents or caregivers, the court etc)

a) Relevant family history

b) Child's own medical history including care, growth and developmental progress

c) Implications of above for child's current care, education, long-term prognosis

d) Details of services needed, follow-up arranged, monitoring or support offered

e) Details of how information has been provided to prospective parents or other caregiver(s)

Signature .....

Name (in CAPITALS)..... Date.....

British Agencies for Adoption & Fostering, 11 Southwark Street, London SE1 1RQ

MINUTE OF CHILD IN CARE REVIEW

Date of Review:	04.02.93	Social Worker:	Rikki Sneddon
Name of Children's Home:	Beech Avenue Paisley	Sen Social Worker:	Colin McIntosh
		Area Team:	North East 5
Name of Children:	Gerald and Wendy McLeish	Legal Status:	~~P.O.S.O.~~ s 44, 1(c)
Dates of Birth:	20.03.86, 25.05.87		
Date of Admission:	24.12.92 (To Beech Avenue)		

PRESENT:

Colin McIntosh, Senior Social Worker, North East 5 Area Team
Rikki Sneddon, Social Worker, North East 5 Area Team
Sandra Gibson, Head Teacher, Todholm Primary
Isabel Gourlay, Keyworker, Beech Avenue Children's Home
Donny Rankin, Officer in Charge, Beech Avenue Children's Home
Ronnie Inch, Alcohol Counsellor, Greater Easterhouse
Maureen Corrance, Assistant District Officer (Child Care), North East District
Andrea Fitzgerald, Assistant District Officer (Child Care), Renfrew District
Gee

SUMMARY OF DISCUSSION

INTRODUCTION

Colin McIntosh chaired today's Review explaining that Gerald and Wendy had been in care since April 1992, with foster parents. During a period of planned extended access the children were returning home on Christmas Eve 1992, but in view of the fact that their father and two other adults in the house were found to be drunk, the children were removed from the family home. They were unable to return to their foster parent's care because of an incident involving Gerald and the foster father.

The children were placed in Beech Avenue Children's Home where they have remained to date. Mr McLeish, the children's father, was invited to today's Review and arrangements had been made by the Area Team to bring him to Beech Avenue for the Review. He did not turn up at the arranged time nor has he been in touch with anyone to say why he was unable to make today's Review.

SOCIAL WORKER'S REPORT

Rikki Sneddon, Social Worker, confirmed that Gerald and Wendy have, over the past six years, been in the care either of the Social Work Department or placed with friends and relatives when Social Workers have had to intervene because of concerns regarding parental care of the children. In September 1991, the children's mother died, and since then Wendy has had a pattern of soiling herself, sometimes six or seven times a day. Sometimes this improves, other times Wendy regresses. Wendy, in Rikki Sneddon's opinion, adjusts more quickly to her periods in care and accepts the change in her adult carers. Gerald on the other hand has become much more aggressive and confused about what is happening in his life since April 1992. Gerald regularly asks for his father and when he can go home. In his last foster home placement, Gerald would punch and bang his head against walls. He would urinate and defaecate in his bedroom rather than in the toilet.

In his last school Gerald was in regular conflict with his peers. He had to be monitored carefully, taken to school and was always supervised at playtime or lunch break because he was unable to set limits on his behaviour.

According to Rikki Sneddon, Wendy continues to soil herself since coming to Beech Avenue, and Gerald is in conflict at his new primary school with other children. Gerald continually asks what is going to happen to him.

Regarding Mr McLeish; while he has always fulfilled all the expectations of the Social Work Department to attend alcohol counselling (this being his fourth referral) there have always been serious concerns about Mr McLeish's inability or unwillingness to take on board that he is unable to protect his children from the adults who spend time in his home. Mr McLeish is well aware of the Social Work process but it is difficult to monitor how far he has kept clear of alcohol or how far he understands that he jeopardises the care of his children by the company he keeps.

There has always been alcohol related to the children's removal from the care of their parents yet because Mr McLeish co-operated a further attempt at rehabilitation was made since August 1992. The Department became aware that Mr McLeish developed a relationship with Christine Lloyd in September 1992 and because Mr McLeish was talking about marrying Christine Lloyd, she became involved in accepting the "intrusive" nature of the Department's attempt to ensure that she and Mr McLeish would act responsibly and be mindful of the adults within the family home. Christine Lloyd was found to be drunk, along with Mr McLeish, on the day that the children were coming for a period of extended leave over Christmas.

RESIDENTIAL REPORT

Isabel Gourlay, keyworker at Beech Avenue said that when Wendy arrived she was quite withdrawn, but seemed relieved to be there. Wendy continues to soil; some days are much worse than others. She is a poor eater, but is improving. There are no medical problems. Wendy needs stability and set routines. She enjoys the other children in Beech Avenue; likes her primary school; and enjoys her homework. She does not ask for or speak about her dad. When he telephones she only speaks for a few minutes, but does not discuss any of this afterwards. Her soiling was seen to worsen after her dad's telephone calls.

Gerald also seemed relieved to be at Beech Avenue. He is not so settled. His aggression comes from nowhere; there is no reason for it, nor does anyone or anything appear to trigger it off. He bangs his head; kicks things and fights with other children. He now comes home for lunch to avoid the confrontations in the playground with other children.

Whenever Gerald talks about his father to staff he does so in an aggressive manner, for example, "my dad will kick your head in". He is very erratic in the things that he does. One example quoted by Donny Rankin, Officer in Charge, was when Gerald was ready for school. He was chatting away to Donny, and then, for no reason, he disappeared, changed into his pyjamas and decided he was not going to school. It is usually clear why Wendy does what she does, but with Gerald it remains a mystery.

Concern was raised over both Gerald and Wendy's sexualised behaviour which has been noted at Beech Avenue and also in the previous foster home. The children have talked about the game of "shagging". Gerald was able to give a graphic description of what this meant. Also, on another occasion, Gerald was found on top of Wendy who had her legs open. Rikki Sneddon explained that the children's maternal aunt commented that on two occasions, back in 1990, she saw Gerald on top of Wendy. Prior to Mrs McLeish's death, it was known that she was a prostitute, so there is concern about what Gerald and Wendy have witnessed inappropriately.

The sexual language of both children is very profound. It is not simply "dirty talk". Gerald has mentioned to staff that he has learned this language from people going into the family home.

Medically Gerald is fine. There is a need for a new RIC3 book for Beech Avenue. Either a new signature on the booklet is required from Mr McLeish or the previous booklet should be obtained.

COMMENTS FROM RONNIE INCH, ALCOHOL COUNSELLOR

He was both disappointed and concerned that Mr McLeish had not turned up for today's Review. Ronnie Inch believes that Mr McLeish has been consistent in his motivation to attend for counselling in order to have his children home. He believes that the incident on Christmas Eve should be viewed as an unfortunate "hiccup" from which Mr McLeish can learn. Any of the access visits prior to this had been successful with neither Rikki Sneddon nor the Homemakers involved detecting any drinking. Ronnie Inch believes Mr McLeish when he says that he is not taking or abusing drugs nor alcohol. Ronnie feels that Mr McLeish has tried hard and that there have been changes in his attitude. He believes that there is a need to put the Christmas Eve "lapse" into perspective.

Colin McIntosh accepted that in any decision making process we would take this into account but given the history of the children's need for alternative carers, at least six times in the past six years, we have to look at the implications of this and acknowledge that these resulted from lapses into further abuse of alcohol.

SCHOOL REPORT

Sandra Gibson, Head Teacher at Todholm Primary described Gerald and Wendy as very attractive children. They visited her school on the Friday prior to starting and she checked with their previous Head Teacher. Todholm Primary is an infant school (Primary 1 to Primary 3) so the children are little and unaccustomed to aggressive behaviour. In order to divert a crisis Gerald and Wendy now come home to Beech Avenue for lunch. In class Gerald has difficulty in co-operating or sharing with other children. Gerald clearly thinks the world of his dad and he sees the word "rage" as being an appropriate word to describe Gerald's anger at school. Apparently once Mr McLeish had started to contact Gerald by telephone at Beech Avenue and then stopped, his behaviour deteriorated at school. Wendy is more settled than Gerald. She has settled well in class and is quiet, yet she can hold her own in her peer group.

FUTURE PLANS

Colin McIntosh confirmed that in the medium term plans would involve obtaining an appropriate placement for both children, given that they were now likely to remain in care for a period of time. Longer term plans would have to take into account the fact that the children have had six or seven receptions into the care of the Social Work Department and three placements informally with relatives and friends over the past six years. The events of Christmas Eve 1992 were no different from a similar situation in 1987 with Mr McLeish denying that he was drunk and "stonewalling" the workers involved with him. Four appointments have been made with Mr McLeish in the three weeks after the children's reception into care. He has been available for one interview which proved to be unproductive.

It was evident that no one appears confident that a plan for rehabilitation is appropriate any more. There is an increased level of disturbed behaviour from the children and a great deal of anger around for them. Mr McLeish has spoken to staff on the telephone but he has made no attempt to find out where the children are.

There is a need therefore to arrange a Planning Meeting with staff at the Child Care Team in North East and Strathkelvin District to decide whether or not advice should be sought from our Legal Department regarding grounds for permanent alternative care.

Both children have responded well to the care from staff in Beech Avenue and they feel safe and secure. We would be requesting at this point that Gerald and Wendy remain in Beech Avenue at least until a planning meeting could evaluate and establish whether or not Gerald and Wendy require a long or short term placement.

Meantime, in view of the level of disturbing behaviour coming from both children, it was agreed that the original referral to the Department of Child and Family Psychiatry should be pushed despite the uncertainty of future plans for the children. Sandra Gibson, Head Teacher, confirmed that she would seek advice from the Educational Psychologist who comes to her school. Also, Rikki Sneddon will talk to Psychological Services in Easterhouse to find out how we deal with children who have moved outwith their original area. In the short term, we will request Yorkhill to see the children on their own rather than involve their father.

There is the issue of the sexualised behaviour which has been around for a while but has had to take a back seat because of all the distress surrounding the children remaining in care and moving placement. Any concerns for the moment will be recorded and picked up in the context of normal contact with the children during visits from Rikki and the Social Work Assistant involved.

ACCESS

To date the children have been subjected to erratic and unpredictable contact from their father. These calls which only last minutes appear to be having adverse effects on the children. Wendy's soiling has increased sharply, whereas Gerald who is expressing an overt commitment to his father is upset when the expected calls do not happen. He needs and would benefit from regular contact with his father. It appears that Mr McLeish is avoiding contact with the Department.

There is a need to respect Mr McLeish's rights to access, but he has to get back into a routine of regular access. If he wishes to telephone then there will be set times, such as Monday, Wednesday, Friday, so that the children will be clear. Also, that once a week, supervised access can be offered at Beech Avenue. If Mr McLeish is sober then he can have access in the Children's Home. This access will be supervised so that Rikki Sneddon can observe how motivated Mr McLeish and Christine Lloyd are. Also, Mr McLeish must be clear that the access is not, at this point in time, a route for rehabilitation. We are seriously looking at whether or not these children require permanent alternative care. In the short term, access will be defined by residential and fieldwork staff while looking at other issues.

DECISIONS

1. Gerald and Wendy should remain in care at Beech Avenue meantime where they appear to have settled.

2. A Planning Meeting to be held with a member of the Child Care Team at North East and Strathkelvin District to discuss how the children's future needs can best be met.

3. Referrals to be made to Psychological Services both in Renfrew and Easterhouse. Also a referral to the Department of Child and Family Psychiatry.

4. Access: Once a week, supervised at Beech Avenue.

   Telephone calls on a planned basis.

5. Alternative resources to be explored by staff at North East and Strathkelvin District.

DATE OF NEXT REVIEW

Thursday 25 March 1993 at 10.30 am at Beech Avenue Children's Home.

Maureen A. Corrance

MAUREEN A CORRANCE
Assistant District Officer
(Child Care)

26 FEBRUARY 1993

MEMC687

PRIVATE AND CONFIDENTIAL **ANNEX TO FORM D**

PROFILE OF BEHAVIOURAL AND EMOTIONAL WELL-BEING

IMPORTANT NOTES

1. This form should be completed by the child's main caregiver or by the social worker from information *provided by the main caregiver.* Please answer by ticking as appropriate and by adding any comments in the spaces provided.
2. In thinking about this child's behaviour etc., caregivers are asked to compare the child with other children of similar age and not just with children in care.

Child's name Wendy McLeish Date of birth 25.5.87 Age 6yrs.

Name of caregiver Beech Ave, Children's Home Relationship to child

Experience of child care Length of contact with child 6months

Name of social worker Rikki Sneddon Length of contact with child

Profile completed by V. King & M. Black Date 08/06/93

1. What is this child like to live with and bring up? *(Please answer this question in your own words before turning over the page)*

Wendy is a pleasant girl who gets on fairly well with her peer group. She inclinds to day dream, and be stubborn if not getting her own way. She can withdraw if things don't go well for her.

She suffers from soiling - this identified prior to admission. Lately this has worried Wendy as she claims she does not know when she is soiling herself.

Apart from this she is a happy, lively and affectionate girl who presents very few problems.

2. EVERYDAY LIVING

How would you describe this child?

Well able to look after ~~him/~~herself at home	☐
No more problems in everyday life than most of the same age	☑ *tick one box*
Definite problems in everyday life/needs a great deal of looking after	☐

Problems encountered — tick any which apply

Eating :	*poor appetite*	☐	*Belongings :*	*destructive of own things*	☐
	very greedy	☐		*destructive of other's property*	☑
Sleeping :	*disturbs others at night*	☐	*Toilet training :*	*wets bed regularly*	☐
	nightmares	☐		*day time wetting*	☐
	afraid of the dark	☐		*soiling*	☑

Any further comments about everyday living? Wendy is a good eater, will try unknown foods - however tends to pick at food - wanting to use fingers rather than cutlery

3. RELATIONSHIPS

a) How does this child get on with other children?

Very popular, plenty of friends	☑
Has a few good friends	☐ *tick one box*
Some difficulty with others but no more than most other children	☐
Definite difficulties in getting on with other children	☐

Type of difficulty with other children — tick any which apply

Shy or ~~fearful of~~ others	☑	*Cruel to animals or small children*	☐
Aggressive or very bossy with others	☐	*Solitary, happy with own company*	☐
Always falling out/can't keep friends	☐	*Lonely*	☐

b) How does this child get on with adults?

Affectionate and rewarding child	☑
Some difficulties but not more than most children	☐ *tick one box*
Definite difficulties in getting on with adults	☐

Type of difficulty with adults — tick any which apply

Little interest in or concern for adults	☐	*'Hard to reach', reserved at first*	☐
No close relationship with an adult	☐	*Indiscriminately friendly*	☐
Excessive interest in adults of other sex	☐	*Excessively clinging*	☐

Any further comments on relationships? Wendy has to build up a relationship with members of opposite sex, where do she is more free with female staff.

4. EMOTIONAL STATE

How would you best describe this child?

Happy and enjoying life	☐
Coping well but with some signs of strain	☑
No more emotional problems than others of this age	☐
Definitely more emotional problems than other children	☑

tick one box

Type of emotional problem — tick any which apply

Anxious about new things / reacts badly to change	☐
Shows no reaction to changed circumstances	☐
Worries excessively about particular problems	☑
Withdrawn / hard to communicate with	☐
Seems unduly or inexplicably sad	☐
Worries very much about own health or complains a lot about minor things	☐
Has unusual or worrying habits e.g.	☐

Any further comments on emotional state? Wendy appears acknowledge her caring but has difficulties with controling it.

5. BEHAVIOUR

How would you best describe this child's behaviour?

Good	☐
No more problems or just about as naughty as others of same age	☑
Definitely more problems than others of same age	☐

tick one box

Types of behaviour problem encountered — tick any which apply

Disobedient	☐	*Tantrums*	☐
Very fidgety or restless	☐	*Stealing*	☐
Quarrelsome	☐	*Telling lies*	☐

Difficulty in accepting family rules/ parental guidance (e.g. about friends, sex, alcohol, smoking, drugs, solvents etc) ☐

Any further comments on behaviour? .....

.....

.....

.....

.....

.....

6. SCHOOL

How do you find this child reacts to school?

Enjoys school and takes it all in ~~his~~/her stride	☐
Copes with school as well as most other children	☑ *tick one box*
Has definite problems in attending or coping with school	☐

Type of school problem encountered — tick any which apply

Distressed about going to school	☐
Inclined to play truant or 'skive' lessons	☐
Has many aches and pains on school days	☐
Worries or has great difficulty concerning school or homework	☐

Any further comments on school? Wendy enjoys school. Has worked hard and is progressing very well.

.....

.....

.....

7. POSTSCRIPT

Is there anything else you want to mention?

We do staff, are concerned about Wendy's soiling as much as she does and need guidance on this matter.

British Agencies for Adoption & Fostering, 11 Southwark Street, London SE1 1RQ

PRIVATE AND CONFIDENTIAL **FORM D**

Agency .....

Address ..... Social Worker .....

..... Telephone .....

Medical Adviser ..... Telephone .....

If any problems arise in completing this form please contact the Medical Adviser

MEDICAL REPORT AND FUNCTIONAL ASSESSMENT OF CHILD 5 YEARS AND OVER REFERRED FOR ADOPTION OR RECEIVED INTO CARE

Child's surname ..... McLEISH ..... Forename(s) ..... WENDY .....

Also known as ..... Date of birth 25.5.87 Ref No. .....

Date of examination ..... 7-7-93 ..... Age at examination ..... 6 .....

IMPORTANT *The following information should be available to the doctor making the examination. He/she is asked to tick all which are provided*

Any recent medical report
Growth charts to date
Medical history (including record of immunisations)
Psychologist's report (if any)
Any other relevant specialist reports
Perinatal history of child
Family history of parents
List of placements/caregivers
List of nurseries/schools
Recent school report
Social work report
Profile of behavioural and emotional well-being

THE CHILD SHOULD BE ACCOMPANIED BY THE CURRENT CAREGIVER– please give name and indicate if absent.

1. Summary by examining doctor of anything in the collected information which is likely to be relevant to the child's present condition or future prospects *(eg. genetic conditions in family; obstetric or neonatal complications; disability; previous illness, accidents and operations; history of growth, development, speech and learning; traumatic events; frequent changes of caregiver etc.)*

① Requires referral to orthoptist.
② Requires Permanent placement as a matter of urgency.
③ Requires medical treatment for faecal soiling

2. Is the child attending hospital or receiving any medication or other treatment?

no.

3. PHYSICAL EXAMINATION Date 7/7/93 Age 6yrs

Weight; 15.5 kgs 3rd centile. Height; 106 cms 9 centile.

Head circumference; 49.5 cms centile

	General appearance/impression of child *(note any dysmorphic features)*		
	Skin/hair	✓	
	Mouth/state of teeth	✓	
	Spine/limbs/feet	✓	
E.N.T.	Auriscopic examination	R. ✓	L. ✓
E.N.T.	Hearing *(state assessment method)*	whisper – NORMAL	✓ NORMAL
E.N.T.	Nose and throat	✓	✓
EYES	Ophthalmoscopy : media	✓	✓
EYES	retina		
EYES	Vision : acuity *(state assessment method)*	Requires orthoptist referral.	
EYES	any defects?	? ↓ visual acuity	
	Respiratory system	✓	
	Cardiovascular system *(inc BP and pulses)*	✓ Pulse 80 reg	
	Abdomen *(inc hernias)*	✓ Soiled.	
	Genitalia	✓	
	Sexual maturation	✓	
NEUROLOGIC SYSTEM	Cranial nerves		
NEUROLOGIC SYSTEM	Motor : posture	normal.	
NEUROLOGIC SYSTEM	gait		
NEUROLOGIC SYSTEM	tone		
NEUROLOGIC SYSTEM	power		
NEUROLOGIC SYSTEM	co-ordination		
NEUROLOGIC SYSTEM	reflexes *(state if absent)*		
NEUROLOGIC SYSTEM	abnormal movements?		
NEUROLOGIC SYSTEM	Sensory		
NEUROLOGIC SYSTEM	Any other observations?		

TEST RESULTS	Result	Date
Urine, blood etc as appropriate *(list below and give result and date)*	Urinalysis – ve.	7/7/93

CONCLUSION	
Summary of child's physical status *(please specify any problems and state whether further investigation and/or follow-up examination is required)*	① Faecal soiling. Requires follow-up examination from myself. ② Referral to orthoptist.

CONFIDENTIAL

4. FUNCTIONAL ASSESSMENT

a. Gross motor	normal
b. Visual and fine motor	fine motor normal. ? visual acuity.
c. Language and speech i. attention span ii. comprehension iii. expressive language/ articulation	normal for age.
d. Behaviour during interview i. rapport ii. co-operation iii. awareness and general understanding	Good Good ~~good~~. good.

Overall impression

pretty cooperative young child requires help to facial scaling & emotional problems She has potential which will only come to fruition if a stable family live can be achieved.

GENERAL CONCLUSIONS AND RECOMMENDATIONS *(taking account of history, functional assessment, specialist reports and profile of behavioural and emotional well-being)*

Are there any problems in relation to the following areas? *(If 'yes' specify nature of problem and indicate what action is required)*

	Yes/No	Comment	Action required
Gross motor	NO		
Fine motor	NO		
Language and speech	NO		
Behaviour	NO		
Learning	NO		
Relationships		I am unable to comment as I have only met her once	
Any other observations?		obviously very attached to brother	

Signature of examining doctor Sheena

Name in capitals SHEILA McARTHUR Qualifications MBChB MRCGP

Address Abbey Medical Centre Lonend Paisley Telephone 041 889 4066

Date 7.7.93

ARGYLL & CLYDE HEALTH BOARD

CONSULTANTS
Dr. N. A. H. MacDonald Speirs
Dr. R. Lindsay

Child & Family Centre
Hawkhead Hospital
Hawkhead Road
Paisley PA2 7BL
Tel: 041-889 8151

If telephoning, please ask for:

LMCF/JJ

15th March 1994.

CONFIDENTIAL - FIRST CLASS

Dr. McArthur,
Abbey Medical Centre,
Lonend,
Paisley.

FILE	
NOTES PLEASE	
PRESCRIPTION	
MAKE APPT	
VISIT	
OTHER	

Dear Dr. McArthur,

Wendy McLeish (d.o.b. 25.5.87)
1/3 Beech Avenue, Paisley

Thank you for referring Wendy whom I met for the first time on the 18th of February 1994, at the Child & Family Centre, Hawkhead Hospital, with her key-worker from the Children's home, Mrs. Black. I am sorry for the delay in seeing Wendy but, unfortunately, at present the department has a waiting list of referrals.

As you are aware, Wendy and her brother Gerald, are presenting in the care of the Social Work Department and since approximately 1991, following the death of their mother Wendy has suffered frequent soiling.

Mrs. Black was able to tell me that Wendy can soil herself 6 to 7 times per day and that it can occur at school, at the home or during visits to Mr. McLeish. She went on to say that she has never known Wendy to experience enuresis and that Wendy very rarely uses the toilet independently and has to be encouraged a great deal to do so.

When I met with Mr. McLeish at Wendy's third appointment, he informed me that when Wendy lived with him she was able to use the toilet properly and that he never knew her to soil herself. He seemed keen to help deal with the problem and plans to attend further sessions at a later date.

E.H.S.E. 5.09.94. 2 5 0 5 8 7 6 0 6 1

DEPT.OF CHILD & FAMILY PSYCHIATRY XX Shemilt

MC LEISH
QENDY
46 Lamlash Crescent 25.05.87.
GLASGOW.
G33.3XP.

Dear Dr. Shemilt,

You may remember Wendy McLeish whose previous address was 5 Lamlash Square, Glasgow. G33., and then Beech Avenue childrens home, Paisley. She is now back at home for good with her father at 46 Lamlash Crescent, G33.

You previously saw her in 1991/92 and then she was taken into care in the Paisley area. During that time she was assessed at the Child and Family Centre, Hawkhead Hospital, Paisley, by a child psychologist, Lesley McFarlane.

She continues to have a problem with soiling. She soils her bed and soils whilst at school. She very rarely goes to the toilet. She manages to urinate in the toilet O.K.

She is now at primary 3 level in Lamlash Primary School and seems to be doing well at school. However she is starting to be teased about her soiling.

You may remember that this encopretic problem started when her mother died suddenly in September 1991. /I enclose

/I enclose a copy of Minutes of a child in care review from the Social Work Department dated 1993, which explains much of the background.

Wendy's father has asked me to refer her back to your care as he is unable to improve Wendy's soiling problems.

P.S. Can I draw your attention to the Social Works Report, page 3 about the childrens sexualised behaviour. Obviously this may be an important factor.

I would be grateful if you could see Wendy fairly soon.

Yours sincerely,

DR. J. O'NEIL.

On speaking to Wendy herself, she seems a quiet withdrawn girl who really only speaks when spoken to. I was able to find out however, that at present Wendy reports not knowing when she needs to go to the toilet and feels that she has no control over what happens. She also told me that she finds sitting on the toilet boring and wishes to play in her room.

Regarding previous management approaches, I believe that the staff in the Children's home have tried several methods; sennokot, a star chart and the use of nappies, all of which only successful it seems in the short-term.

From the information I have to date it seems that at present Wendy is suffering from severe secondary functional encopresis perhaps brought on by the emotional upset caused by the death of her mother and the move to the children's home.

I plan therefore to offer the Children's Home and Mr. McLeish advice on the following areas.

~~1. To encourage Wendy to use the toilet regularly and to provide her with~~ positive attention for doing so.

2. To help them to increase Wendy's awareness of her bowel cues.

To date, Wendy has actually managed to use the toilet properly on two occasions and she is already showing an increased awareness of bowel cues. Hopefully this will continue.

I plan to see Wendy until the end of March when I will be leaving the department. At that point my colleague, Mrs. McLaren, has agreed to take over the case and will keep you informed of any progress made.

Yours sincerely

Lesley McFarlane

Lesley McFarlane.
Child Psychologist (Trainee)

XXX

R.H.S.C. 26.10.94. 2 5 0 5 8 7 6 0 6 1

PAEDIATRIC CLINIC.

MC LEISH
WENDY
46 LAMLASH CRESCENT 25.05.87.
GLASGOW.
G33.3XP.

*** URGENT *** URGENT *** URGENT ***

Thank you for seeing this 7 year old girl who has recently been re-referred to the Department of Child & Family Psychology. She had a problem with encropeces since the sudden death of her mother 3 years ago. However more recently she has been continually staining her underwear and her uncontrolable liquid stools up to 7 or 8 times a day.

On examination her abdomen is grossly distended and her descending colon is easily palpable. On rectal examination the rectum is filled with soft faeces and is grossly distended. OUr district nurses have given her an Arachis Oil enema followed by 2 Microlax enemas with very little result. I feel this child needs a manual evacuation prior to any input from the psychiatrist and I should be grateful if you would see her as soon as possible.

Yours sincerely,

DR. E.A.CAVEN.

MANUAL EVACUATION.

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-201 0000

Yorkhill
Glasgow G3 8SJ

WENDY McLEISH

On examination her height was on the 10th centile and her weight was on the 3rd centile. There was no anaemia, clubbing, jaundice or lymphadenopathy. Examination of the cardiovascular and respiratory systems reveals no abnormality. Examination the abdomen I could feel a large firm faecal mass in the lower abdomen. On rectal examination the perineum was normal though there was some staining present. The rectum was full of faeces.

I feel that that her problems are secondary to constipation. I discussed her care with Dr Evans and we feel that we will need to admit her for some regular enemas as it is unlikely that we will be able to treat her satisfactorily in the initial period as an out patient.

We will be in touch following her admission.

Yours sincerely

J COUTTS
SENIOR REGISTRAR

EAC ✓	JON ✓
COMP	✓
FILE	
OTHER	

F

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-201 0000

Yorkhill
Glasgow G3 8SJ

JC/MK

DICTATED: 23 11 94
TYPED: 28 11 94

Dr J O'Neil
930 Carntyne Road
Glasgow
G32 6NB

Dear Dr O'Neil

WENDY McLEISH DOB; 25 5 87 HN: 370283
46 LAMLASH CRESCENT GLASGOW G33 3XP

Thank you for sending this 7½ year old girl up to Dr Evans clinic where I saw her today. As you know she has had problems with encropesis since September 1991 when her mother unfortunately died of a heart attack. She had been seen in the Department of child psychiatry out patients but dad had not seemed to think that this had helped. Currently, she is soiling about 6-8 times a day. She is never aware of the need to pass stool though she can go to the toilet and pass stool normally in between. She also soils at night. There is the occasional episode of abdominal pain only, though she does not have a good appetite. She has no urinary problems. I note that you had tried treating her with 3 enemas but this had unfortunately not improved matters.

In August 1992 she had hernia operations. Previous to that she had been admitted for a poor appetite and failure to thrive following salmonella gastroenteritis. She also had a non accidental injury in January 1990. She was born at Glasgow Royal Maternity Hospital at term with a birth weight of 4lb 5oz. Apparently, she was in the neonatal nursery for 1 week because was small for gestational age. She has one brother aged 8 who is well. Dad has emphysema which may be related to smoking. Mum died at age 29 because of a heart attack and I hear that there are heart problems on the mothers side of the family. Currently, she is taking no medication and has no allergies and her vaccinations are up to date. They live in a ground floor flat with no pets and dad is a smoker. They have poor social circumstances in that the dad has previously been in prison in the past ~~when he was~~ and Wendy was the victim of non accidental injury by an uncle. Wendy had been on the at risk registrar in the past.

cont/....

NHS Confidential: Personal data about a patient

HMPI

HOSPITAL MEDICINE PRESCRIPTION FORM

THIS FORM MUST BE COMPLETED FULLY BEFORE IT WILL BE DISPENSED

YORKHILL N.H.S. TRUST
YORKHILL
GLASGOW G3 8SH
Telephone 041-339 8888

FORM NO. 027502

Dear Dr. .....
Your patient ..... Wendy McLeish .....
Age 25/5/87 Weight. ..... Unit No. 370283 ...
Address. .....
.....
Under the care of ..... Dr. Evans .....
was seen as an ~~outpatient~~/discharged from Ward* .... 6B ..... on .....
with a diagnosis of .... constipation .....
Please TICK box if child proof containers are UNSUITABLE ☐

A discharge letter will follow. The patient was discharged on the medicine treatment detailed below. Further duration of treatment ***from date of discharge*** is shown in "Recommended Duration of Treatment" column. Please check Pharmacy use column to identify the product supplied.
(A SEVEN DAYS SUPPLY HAS/HAS NOT* BEEN DISPENSED BY THE HOSPITAL.)
(*Delete as applicable).

Note to hospital prescriber :
(a) Use a ballpoint pen
(b) In the "Recommended Duration of Treatment" column it is important to state the number of days for which the treatment should be continued from the date of discharge.
(c) If treatment is to be for an indefinite period, mark 'INDEFINITE'.
(d) If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.

Medicine	Dosage Form eg. Tablets	Dose	Times of Administration	Recommended Duration of Treatment from Date of Discharge (Days)	PHARMACY USE: No. of Days Supply	PHARMACY USE: Quantity, Name and Strength supplied by Pharmacy.
sennakot	pc 15ml	15mg*	nocte			70ml 7.5mg/5ml R+C
Lactulose		10mls	twice a day			1/4 mixt Dyphar

Medicine Sensitivity 1. _____ 2. _____ Dispensed by: _____ Checked by: _____ Date Dispensed 21/12/94

OTHER TREATMENT and COMMENTS (Including details of appliances, etc.)
OPD 6/52

MEDICATION COLLECTED BY (MESSENGER)
.....

FOR WARD USE ONLY
Received on Ward by .....
Issued by .....
Date Issued .....
Signature of Patient or Representative .....

DRs. NAME IN BLOCK CAPITALS ... J FRIER ... SIGNATURE ... DATE 21/12

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy Radiopager No 2103

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
0141-201 0000

Yorkhill
Glasgow G3 8SJ

JC/MK

Dictated: 23 12 94
Typed: 05 01 95

Dr J O'Neil
930 Carntyne Road
Glasgow
G32 6NB

Dear Dr O'Neil

WENDY McLEISH DOB: 25 5 87 HN: 370283
46 LAMLASH CRESCENT GLASGOW G33 6NB

Admitted: 6 12 94
Discharged: 21 12 94
Consultant: Dr. Evans
Diagnosis: Constipation

Further to my letter from the clinic when she was admitted to ward 6B for treatment of a constipation. She was initially noted to be very loaded with faecal matter and required 4 Phosphate enemas to start her bowels moving. Following the enemas she had been started off on Lactulose 10mls twice a day and Senokot, initially 5mls once a day but increased over the next few days to 15mls once a day.

On the day during her admission she was pyrexial and had some vomiting and symptoms of headache and sore throat. This responded to Paracetamol and a clean catch urine specimen was clear. By the time she was discharged she was not soiling though she soiled on the day of discharge and was passing up to 2 stools a day in the toilet. Clinically, she appeared less loaded with faeces. She was discharged to continue her medication which was Lactulose 10mls orally twice a day, Senokot 15mls once at night and she will be seen in the clinic in 6 weeks time.

Yours sincerely

J COUTTS
SENIOR REGISTRAR

EAC	JON
COMP	✓
FILE	✓
OTHER	

YORKHILL NHS TRUST

MRS JOAN CAMERON M.B.E. J.P.
CHAIRMAN

GERRY MARR
CHIEF EXECUTIVE

Date: 7th March 1995

Ref: IB/JE/jm

Tel: 0141/531-6106 / 6110

Department of Child & Family Psychiatry
Yorkhill NHS Trust
GLASGOW
G3 8SJ

Dr. J. O'Neil,
Lightburn Medical Centre,
930 Carntyne Road,
GLASGOW,
G32 6NB.

Dear Dr. O'Neil,

RE: Wendy McLeish - D.O.B.: 25.05.1987
46 Lamlash Crescent, Glasgow, G33 3XP

Thank you for referring the above child to this Department.

We have once again discussed this family with their Social Worker, Ricky Sneddon, and that we have sent the family an appointment for 21st March 1995. We will contact you again subsequently.

Yours sincerely,

EAC ✓	JON ✓
COMP	
FILE	✓
OTHER	

Mr. I. Brooksbank
Social Worker

pp J. Ellwood
Mrs. J. Ellwood
Principal Child Psychotherapist

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
0141-201 0000

Yorkhill
Glasgow.G3 8SJ.

AD/KD

OUTPATIENT DEPARTMENT

DATE DICTATED 20.3.95
DATE TYPED 27.3.95

Dr J O'Neil
930 Carntyne Road
GLASGOW
G32 6NB

Dear Dr O'Neil

WENDY MCLEISH DOB 25.5.87 HN 370283
46 LAMLASH CRESCENT GLASGOW G33 3XP

I reviewed Wendy in Dr Evans' clinic today. I am sorry to say that her soiling which was minimal after discharge from hospital had become worse over the past few weeks, she is now soiling every single day. Unfortunately she has not had any medication because her father has said that you were trying to wean her medication down.

She is still complaining of pain in passing bowel motions and says that she is having occasional runny bowel motions once or twice a day.

On examination she looked well. She is growing. Her abdomen was soft and rather difficult to examine but she had definite faecal masses palpable in both illiac fossa.

I think we should re-start Wendy's medication i.e Lactulose 10mls twice a day and Senokot 15 mls at night time and I will arranged admission for bowel clearance to the ward within the next few weeks. I also noted today that her dad indeed smelt quite strongly of alcohol.

Yours sincerely

Anne

ANNE DEVENNY
PAEDIATRIC REGISTRAR

EAC ✓	JON
COMP	
FILE	✓
OTHER	

YORKHILL NHS TRUST

MRS JOAN CAMERON M.B.E. J.P.
CHAIRMAN

GERRY MARR
CHIEF EXECUTIVE

Tel. No.: (0141) 531 6106

Department of Child and Family Psychiatry
Possilpark Health Centre
85 Denmark Street
GLASGOW
G22 5EG

Date: 4th April 1995

Ref.: IB/JE/jm

Dr. J. O'Neill,
Lightburn Medical Centre,
930 Carntyne Road,
GLASGOW, G32 6NB.

Dear Dr. O'Neill,

RE: Wendy McLeish - D.O.B.: 25.05.1987
46 Lamlash Crescent, Glasgow, G33 3XP

Thank you for referring Wendy to us again.

We discussed the family with their Area Social Worker, Ricky Snedden, whom we have had contact in the past and we sent them an appointment at Yorkhill Hospital on 21st March 1995 at 11.00a.m. Unfortunately, they did not keep this appointment, nor have they contacted us by telephone.

We have written to Mr. McLeish asking him to contact us by telephone within the next two weeks if he would like a further appointment.

We will let you know the outcome of this as soon as possible.

Yours sincerely,

I. Brooksbank

Mr. I. Brooksbank
Social Worker

J. Ellwood

Mrs. J. Ellwood
Principal Child Psychotherapist

HMPI

HOSPITAL MEDICINE PRESCRIPTION FORM

THIS FORM MUST BE COMPLETED FULLY BEFORE IT WILL BE DISPENSED

YORKHILL N.H.S. TRUST
YORKHILL
GLASGOW G3 8SH
Telephone 041-339 8888

FORM NO. 036086

Dear Dr. .....
Your patient ... WENDY McCLEISH
Age DOB 25/5/87 Weight ..... Unit No ... 37 0283 ...
Address .....
.....
Under the care of ... DR EVANS
was seen as an outpatient/discharged from Ward* ... 6B ... on ... 18/4/95
with a diagnosis of ... CONSTIPATION / FECAL LOADING
Please TICK box if child proof containers are UNSUITABLE ☐

A discharge letter will follow. The patient was discharged on the medicine treatment detailed below. Further duration of treatment ***from date of discharge*** is shown in "Recommended Duration of Treatment" column. Please check Pharmacy use column to identify the product supplied.
(A SEVEN DAYS SUPPLY HAS/HAS NOT* BEEN DISPENSED BY THE HOSPITAL.)
(*Delete as applicable).

Note to hospital prescriber :
(a) Use a ballpoint pen
(b) In the "Recommended Duration of Treatment" column it is important to state the number of days for which the treatment should be continued from the date of discharge.
(c) If treatment is to be for an indefinite period, mark 'INDEFINITE".
(d) If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.

Medicine	Dosage Form eg. Tablets	Dose	Times of Administration	Recommended Duration of Treatment from Date of Discharge (Days)	PHARMACY USE: No. of Days Supply	PHARMACY USE: Quantity, Name and Strength supplied by Pharmacy.
LACTULOSE	10 ml	ORAL	2x/DAY			
SENEKOT	15 ml	ORAL	NIGHT TIMES			

Medicine Sensitivity 1. _____ 2. _____ Dispensed by: _____ Checked by: _____ Date Dispensed _____

OTHER TREATMENT and COMMENTS (Including details of appliances, etc.)

MEDICATION COLLECTED BY (MESSENGER)
.....

FOR WARD USE ONLY

Received on Ward by .....
Issued by .....
Date Issued .....
Signature of Patient or Representative .....

DRs. NAME IN BLOCK CAPITALS ... G R VELDMAN ... SIGNATURE ... [signature] ... DATE ... 18/4/95

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy Radiopager No ... 2179 ...

NHS Confidential: Personal data about a patient

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
0141-201 0000

Yorkhill
Glasgow G3 8SJ

TJE/MK

THURSDAY CLINIC

Dictated: 15 6 95
Typed: 16 6 95

Dr J O'Neil
930 Carntyne Road
Glasgow
G32 6NB

Dear Dr O'Neil

WENDY McLEISH DOB: 25 5 87 HN: 370283
46 LAMLASH CRESCENT GLASGOW G33 3XP

I am sorry that you did not get a typed discharged letter following Wendy's admission to hospital in April. Her faecal retention and soiling improved during the first day in the ward following the use of enemas and regular Lactulose and Senokot.

I felt that it was very important to have a psychologist and social work department involvement and report on this child. You will know of the previous concerns.

However, despite our best attempts there appears to have been no progress.

I saw Wendy with her father and her father's sister at the clinic on the 15th June. They said that she was generally better and soiled perhaps now only twice a week but may go a week or a little more without soiling at times. She is still on Lactulose 10mls twice a day and Senokot 15mls at night which I would like her to continue.

The abdomen as always was difficult to palpate as she is very tickly but I could not feel any faecal masses in the colon.

I will write again to Dr Ann Sneddon, Consultant Child Psychiatrist for the Northern and Eastern District based at Possilpark Health Centre and I will ask for her departments' assistance.

I suggested seeing Wendy again at my clinic in 2 months.

Yours sincerely

T J EVANS
CONSULTANT PAEDIATRICIAN

EAC	JON ✓
COMP	
FILE	✓
OTHER	

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
0141-201 0000

Yorkhill
Glasgow G3 8SJ

TJE/MK

Dictated: 17 8 95
Typed: 18 8 95

Dr J O'Neil
930 Carntyne Road
Glasgow
G32 6NB

Dear Dr O'Neil

WENDY McLEISH DOB: 25 5 87 HN: 370283
46 LAMLASH CRESCENT GLASGOW G33 3XP

I saw Wendy with her father today. She had just started her new school term and seemed very happy. I gather that she is opening her bowels every day once or twice and soils a very slight amount every 1-2 weeks.

Certainly, there was no evidence on abdominal palpation of major faecal retention. I arranged to see her again in 2 months and suggested that she continue with the laxatives she was using ie. Lactulose 10mls twice a day and Senokot paediatric liquid 15mls at night.

She is to return in 2 months.

Yours sincerely

T J EVANS
CONSULTANT PAEDIATRICIAN

cc Dr Anne Sneddon, Consultant Child Psychiatrist, Possilpark Health Centre, 85 Denmark Street, Glasgow
(ps. Following your letter of 6th July I have still not had any further communication).

EAC	JON ✓
COMP	
FILE	✓
OTHER	

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
0141-201 0000

Yorkhill
Glasgow G3 8SJ

TJE/KD

OUTPATIENT DEPARTMENT

Date Dictated: 12.10.95
Date Typed: 13.10.95

Dr J O'Neil
930 Carntyne Road
GLASGOW
G32 6NB

Dear Dr O'Neil

WENDY MCLEISH DOB 25.5.87 HN 370283
46 LAMLASH CRESCENT GLASGOW G33 3XP

I saw Wendy with her father at the clinic today. I am afraid that she has been soiling again and on abdominal examination had evidence of faecal retention.

I feel all this is likely to be the inevitable ~~in~~ consequence if there is not some positive input from the Department of Child and Family Psychiatry and the social work department.

I have written again to Dr Sneddon, Consultant Child Psychiatrist at Possilpark Health Centre asking if they would get involved with the family again. I am also asking Dr June Ross, Consultant in Community Child Heath if and when they could be seen by the Consultant Community Paediatrician, Possilpark Health Centre.

Wendy has one further review at Yorkhill but I really feel that it is rather pointless me seeing her and also difficult for the family to bring her across Glasgow to my clinic and the Community Child Health Service are setting up the local facilities. cs

Yours sincerely

DR T J EVANS
CONSULTANT PAEDIATRICIAN

EAC	JON ✓
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YORKHILL NHS TRUST

MRS JOAN CAMERON M.B.E. J.P.
CHAIRMAN

GERRY MARR
CHIEF EXECUTIVE

CHILD HEALTH DIRECTORATE

Tel No 0141-201 0557

	ION	EAS	CM
UND		COMMENT	
COMP			
FILE	✓		

KMcK/ECC/370283

25 March 1996

Dr James O'Neill
Lightburn Medical Practice
Carntyne Road
GLASGOW

Dear Dr O'Neill

Wendy McLeish - 25.5.87
46 Lamlash Crescent GLASGOW G33

I reviewed Wendy on 19 March 1996 with Ian Brookesbank at the Department of Child and Family Centre in Possilpark. As you know, we have planned a meeting on 2 April 1996 to discuss with the Team in the East how we could best co-ordinate local services for Wendy.

Today, dad confirms that Wendy's encopresis and constipation are the same. She has not moved her bowels much since her last enema in January at the Out-Patients Clinic and she continues to soil her pyjamas when wakening, and on her return from school when dad says she has stained pants. She has not missed any school recently and symptomatically has had a cough but no diarrhoea or vomiting. She continues on Lactulose 10 ml bd and dad says Senokot 10 ml bd.

When I examined her today, her weight surprisingly is on the 10th centile at 22.6 Kilos, having previously been less than the 3rd centile. Her height is on 10th to 25th centile and general examination revealed a pale, sallow complexioned child who was alert with no evidence of bruising or other evidence of neglect in general. Her chest was clinically clear although she has mild hyperinflation with a Harrison's sulcus and I note her history of persistent cough.

Contd/

Abdominal examination again revealed a large, palpable faecal mass supra-pubically with a loaded left colon and this was confirmed on PR examination with a rectum full of soft faeces. There were no focal neurological abnormalities with normal sensation over the perineum and pre-pubertal genitalia.

I explained to Wendy that as she still has a loaded rectum she would require either to defaecate herself or to have an enema. She remains extremely anxious about defaecation in general and the thought of an enema worried her, but I have tried to encourage her by using local cream, such as Anusol, she might find it less painful.

I arranged for Marion Mairs, the Paediatric Homecare Sister from Yorkhill, to visit and give a Micolette enema in the first place and for Wendy to continue on Lactulose and Senokot regularly. We have arranged, as you know, the meeting on 2 April 1996 but I understand before that the Children's Hearing on 26 March 1996 is to review the supervision order and whether the children will remain on the "At Risk " Register. I certainly have my concerns that there is still a risk situation for both Wendy and Gerard at home with their father and his alcohol problem.

I will plan to see Wendy if Dr Evans from Bridgeton Child Development Centre does not take over her management but we will discuss this further on 2 April 1996. I look forward to meeting you then.

Yours sincerely

KMcKay

KATE McKAY
Consultant Paediatrician

cc Dr T J Evans
Consultant Paediatrician
Royal Hospital for Sick Children
Yorkhill NHS Trust
GLASGOW

Unfortunately, the child refused the enema. The Home Care Sister has spoken to your health visitor

Minutes of Case Review
held at Bridgeton Child Development Centre
on 2 April 1996 at 9.30 am

Subject of Review: **Wendy McLeish**
Date of Birth: **25.05.87**
Address: **930 Carntyne Road, G32**

Present:
Mr McLeish (Wendy's father)
Ms Norma Wilson, Social Worker
Dr Caven, General Practitioner
Ms Fiona Craig, Class Teacher
Dr Kate McKay, Consultant Community Paediatrician
Mr Iain Brooksbank,Social Worker at Child and Adolescent Psychiatry, Possilpark Health Centre
Ms Margaret Deighan, Health Visitor

Mr Brooksbank gave a brief resume of the history of Wendy's problems. There have been social problems in the family and Wendy's mother had died in 1991. Since then the family have been cared for by Wendy's father, Mr McLeish, who has health problems of his own. Wendy had spent a period of 18 months in care at one point. She had been soiling, at least since 1991 and has been attending Dr T J Evans, Gastroenterologist, Royal Hospital for Sick Children. He established that the faecal retention with soiling was not due to any physical cause, but emotional causes and Dr Evans had made a referral to the Department of Child and Adolescent Psychiatry at Possilpark. Mr Brooksbank and the psycho-therapist had attempted to make contact with Wendy and her family on several occasions and these have been unsuccessful in the past. A referral had also been made to Dr Kate McKay, Consultant Community Paediatrician at Possilpark Health Centre, who had seen Wendy on 2 occasions. She reported that Wendy was a bright little girl, who now had a real fear of defecation. When she had examined her, there was loading of soft faeces and Dr McKay had organised a visit from Home Care Nursing Staff to perform an enema. The nursing sister had had difficulty gaining entry to the house and when she eventually did so, she did express some concerns about the home circumstances.

Mr McLeish described Wendy's soiling problem and expressed his difficulties in dealing with this in any way as a single father. This difficulty was acknowledged by all present. He also expressed some difficulties in disciplining the children and his very real concerns when they went out to play. It is evident that these concerns resulted in the children frequently being "grounded" and being kept in doors a great deal.

Norma Wilson confirmed that she would now be the main social worker consigned to the family and expected to be working much more closely with Mr McLeish and Wendy in the near future. At the present time, the family are visited by a worker from Crossroads every morning, who helped Wendy clean herself and saw that she was properly dressed and went to school.

Ms Wilson expressed her eagerness to work with other professionals to help Wendy.

Mrs Fiona Craig, Wendy's teacher then described Wendy as being a bright and happy little girl at school who is popular and mixed well with her peers. Although an odour was sometimes detectable, this was apparently infrequent and certainly Wendy was not the "butt" of her classmates. Wendy stayed in to school dinners and there is an auxiliary at the school.

Dr Caven had known Wendy from approximately the age of 5 years. She found her to be a bright, attractive little girl. Present medication is 10 mls lactulose Bd., 10 mls of Senna Bd., but there was some concern that the medication had not been taken regularly in the past.

Health Visitor, Margaret Deighan stated that she had only been involved since just before Christmas 1995. However, she was very willing to work with other professionals to help Wendy.

It was generally agreed that Wendy had severe emotional problems. It appeared that during her period in care the soiling had improved somewhat and that she had reacted well to having the security of a mother figure. There is also general concern about the number of people involved with Wendy, and an acknowledgement that it is difficult to reduce this number since Mr McLeish found it difficult to work with Wendy over the toileting issue as a single father.

Decisions

Norma Wilson:-

1. To explore the possibility of a worker to visit the family daily after school (preferably the same Crossroads Worker as in the morning).

2. To develop a relationship with Wendy.

3. To personally escort Wendy to sessions at psycho-therapist at Possilpark Health Centre.

4. Seek out after school activities for Wendy eg, Brownies, various clubs etc.

Mr Brooksbank:-

1. To organise psycho-therapy sessions at Possilpark Health Centre

2. To work with Mr McLeish on Child Behaviour Management and discipline issues.

Health Visitor, Margaret Deighan to instigate toileting programme:-

1. Preparing Wendy .
2. Preparing workers visiting the home twice a day.
3. Preparing the school auxiliary.
4. Visit Wendy once a week at home to give encouragement and record progress.
5. Active links with Dr Caven.

Dr Caven:-

1. To provide prescriptions for Lactulose Syrup and Senna (Health Visitor to ensure that these reach the home), and appropriate ointment for anal region.
2. To check on progress at 2 monthly intervals, to ascertain whether an enema is necessary.
3. Enema to be arranged with District Nurse or Home Care Nurse and visit the health visitor when necessary.

It was acknowledged that arrangements would be complex and that Mr McLeish would need help from Norma to deal with the intrusion at home, and the intrusions in his life-style. It was also acknowledged that the plans could not be instigated immediately, but would depend upon Norma Wilson arranging after school visitor etc.

Dr McKay felt that all should be arranged locally, and that she would now be withdrawing. Dr Evans would not at this point be seeing Wendy personally, since there are so many people involved already, but will review the situation in approximately 4 months time.

Dictated: 02.03.96
Typed: 03.04.96

reports/wmclesh.doc

Minutes - Review Meeting
Bridgeton Child Development Centre

Date of Review Meeting: 02.12.96 at: 2.00 pm

Subject: **Wendy McLeish**
Date of Birth: **25.05.87**
Address: **46 Lamlash Crescent, G33**

Present: **Mr McLeish (Wendy's father)**
Norma Wilson, Social Worker
Iain Brooksbank, Social Worker from DCFP, North Team
Joyce Carroll, Crossroads Representative
Margaret Deighan, Health Visitor
Jane Elwood, Psycho-therapist (joined meeting late)
Dr S E Evans, Consultant Community Paediatrician

Apologies from: **Dr Caven**

It was noted that a letter of notification of the meeting was not sent out to the school, this will be remedied for the next review meeting and Dr Evans undertook to contact Wendy's school teacher, Mrs Fiona Craig to discuss the present school situation.

Dr Caven has spoken to Dr Evans on the telephone. She was pleased about the lack of soiling and the fact that there has been no build-up of faeces in the descending colon. She still expressed some concerns about Wendy's situation and the fact that she has been sent home from school twice, because of unexplained fainting episodes.

Mr McLeish reported that his own health was poor. He has cut down smoking, but has great difficulty breathing first thing in the morning. He is very pleased at Wendy's progress and feels that she is doing well. The soiling more or less stopped very soon after the regime was instigated. There is some very slight soiling just occasionally. Wendy seemed happy in school and was well behaved at home. He expressed a lot of concern about Gerry's behaviour, but does not feel that Wendy's behaviour is a problem in any way.

Norma Wilson explained that Crossroads worker was going to the house every morning and for four afternoons a week. Arrangements have been made for Wendy to use the toilet in school at lunch time and this has worked out well. There is still some concern that Wendy was not getting out to socialise as much as she could be, but Norma herself was taking her out on a weekly basis. Both children have been to foster parents for a weekend respite break and this has gone very well indeed. Norma is hoping to arrange another such weekend. At the present time she is trying to identify a befriender for Wendy. All present considered this to be a very good idea. Joyce Carroll suggested that Norma should look into the after school care situation in the area.

Joyce Carroll then described the Crossroads input and in particular the fact that Wendy appeared to have quite a close relationship with Sadie, the main worker involved. Both children seemed to get on very well with Sadie. Sadie has known the children for two and a half years. Because of the improvement in Wendy's soiling has been consistent for quite a while, it was now considered possible to reduce four afternoons to one afternoon a week, but Sadie would continue to go into the house every morning at present. This was generally approved. Although it was acknowledged that Mr McLeish finds the presence of so many people visiting the house intrusive, he also acknowledged that this service seemed to be of benefit to Wendy.

Iain Brooksbank reported that he had been unable to start work with Mr McLeish on handling issues and that this is now becoming important and because of Gerry's behaviour difficulties both at home and in school. Mr Brooksbank announced the intention of starting sessions as soon as possible.

Health Visitor Margaret Deighan, described the dramatic improvement in Wendy's soiling and explained that the improvement had been maintained. She was still visiting the house once weekly and now intended to reduce these visits to once twice weekly. Wendy is taking lactulose syrup very regularly and was attending Dr Caven for physical examination regularly.

Jane Elwood joined the meeting late, but described her involvement with Wendy as being now on a weekly basis. The sessions were still at a very early stage, but were promising. She saw her role as helping Wendy with her emotional development.

Decisions

Norma Wilson

1. To endeavour to identify befrienders for both Wendy and Gerry.
2. To set up another respite weekend for the children.
3. To seek after school facilities which may afford Wendy more evening socialisation.

Crossroads

1. To continue to visit five mornings per week.
2. To cut afternoon visits to one afternoon per week.

Health Visitor Margaret Deighan

1. To cut her visits to one visit per two weeks.
2. To continue to ensure that Wendy sees Dr Caven at 2 monthly intervals.

Dr Caven

1. To continue to provide prescriptions for lactulose syrup and senna.
2. To continue to check progress at 2 monthly intervals.

Mr Brooksbank

To work with Mr McLeish on child behaviour management and discipline issues.

Jane Elwood

To continue weekly psycho-therapy sessions with Wendy.

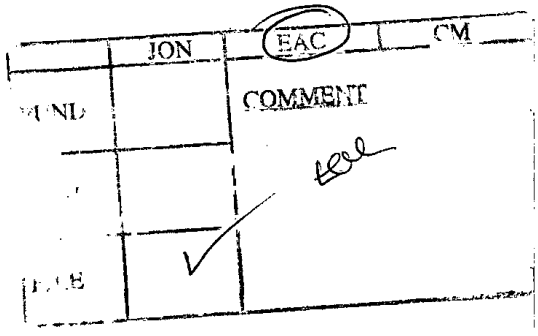
It was acknowledged throughout the meeting that Mr McLeish's health was very poor indeed and that he was having difficulty coping with Gerry in particular.

A review meeting will be called in June 1997.

Dr Evans stated that she will not be seeing Wendy personally as all issues appeared to be being addressed adequately, but should any concerns arise, she could be contacted.

P.S.

Suggested diary date for review meeting:- 2.00 pm, Monday 16th June 1997 at Bridgeton Child Development Centre.



COMMUNITY CHILD HEALTH SERVICES

se/ld/wmcl2706

27 June 1997

Dr S E Evans
Consultant Paediatrician
1st Floor
Springburn Health Centre
200 Springburn Way
Glasgow G21

Tel: 0141-531 6758

Dr Caven, General Practitioner
Lightburn Medical Centre
930 Carntyne Road
Glasgow G32 6NB

Dear Dr Caven

Re: Discussion Meeting - Wendy McLeish

to Margaret Dobson

Further to my telephone call, I am writing to confirm the date of the next meeting.

The meeting will take place on **10th July 1997**, at **4.00 pm**, at **Bridgeton Child Development Centre, Bridgeton Health Centre, 201 Abercromby Street, G40**. I hope you will be able to attend and look forward to seeing you then.

Yours sincerely

Dr Sandra E Evans
Consultant Community Paediatrician

JOB ✓
FUND
COMP
FILE

Apologise Does not ✓

REVIEW MEETING
Bridgeton Child Development Centre
16th June 1997, at 2.00 pm

Re: Wendy McLeish **D.o.B. 25.05.87**

Present: Margaret Deighan, Health Visitor
Dr Caven, General Practitioner
Norma Wilson, Social Worker
Susan Rigmond, Crossroads
Mr McLeish, Wendy's father
Dr Evans, Consultant Community Paediatrician

Apologies: Mr Iain Brooksbank, Social Worker
Mrs Jane Elwood, Psycho-therapist
Elizabeth Maighan, Respite Carer
Helen Burns, Link Worker
Mrs Craig, Teacher

Dr Evans commenced the meeting by outlining information received from Mrs Craig, Wendy's class teacher, who had sent her apologies.

Wendy had been attending school punctually and appeared to be very well looked after, being neat, tidy and clean, and there was no hint whatsoever of soiling. Her behaviour was however causing some concern in school. She had become very chatty in class and insolent to adults. She had been involved in playground incidents and could be rather aggressive and arguementative with her peer group.

Mr McLeish

Mr McLeish stated that Wendy's behaviour at home could be difficult also. She had become very cheeky towards adults and that he had noticed this particularly over the last month or so. She could always be cheeky towards himself, but now he noticed that she could be insolent towards other adults. He had no concerns about her toileting now. There had been no soiling whatsoever and she took herself to the toilet regularly.

He reported that he found the numerous professional visitors to the house very intrusive, but realised that it was in the interest of the children. He reported that as well as receiving regular visits from Crossroads worker, Sadie and Margaret Deighan, Health Visitor and Norma Wilson, Social Worker, young Jerry now had an IT worker, who visited twice weekly on Tuesdays and Thursdays and a befriender, who visited once a week.

Dr Caven

Dr Caven had been seeing Wendy for routine abdominal examinations. Her abdomen was always soft and there was no evidence of a loaded colon. She regularly prescribed Lactulose and Senokot and will continue to do this, but it is agreed that it is no longer necessary to continue the 3 monthly abdominal examinations. She remarked that Wendy had been perfectly well behaved, but she noted that she was far more confident child than in the past.

Margaret Deighan

Margaret Deighan had continued to visit Wendy every 2 or 3 weeks. There were no longer any problems with toileting or cleanliness. She had stopped the star chart some time ago. Wendy still appeared to look for her visits, so that she intended to scale them down to about once 6 weekly in the future.

Susan Rigmond

Suan Rigmond from Crossroads reported that Crossroads Worker Sadie continued to visit the household in the mornings, helping to ensure that Wendy took her medication and that she was ready for school. Wendy had developed a very good relationship with Sadie. There had been no behaviour problems and Wendy had not been cheeky at all. The relationship was a very positive one indeed. Sadie continues to visit one afternoon a week for half an hour. It was agreed that this would continue.

Norma Wilson

Norma Wilson reported that she visited Wendy's home once a week on a Wednesday, took her to MacDonald's, then took her to see Jane Elwood, Psycho-therapist at Possilpark Health Centre. This has been going very well and had been quite positive. Wendy was also taking part in out of school activities in that she had joined a club in Easterhouse, which she attended 2 evenings per week. She was taken and returned to the house by a friend's mother. This was welcomed by everyone present.

Norma also reported that both children had been spending weekends every 6 - 8 weeks or so with a respite carer, Mrs Maighan. This had generally been going very well, although Wendy's behaviour has been quite difficult on one occasion. It has been noted that during respite Wendy always tried to put down her brother and to control situations and other children.

Decisions

1. Dr Caven will continue to prescribe Lactulose and Senokot, but will discontinue 3 monthly abdominal examinations.

2. Margaret Deighan to visit 6 weekly.

3. Crossroads involvement to continue.

4. Wendy to continue to attend psycho-therapy seesions with Mrs Jane Elwood, and to be accompanied there by social worker Norma Wilson.

5. Out of school activities to continued and encouraged. Holiday care at the local community centre to be looked into for school holidays for both children.

6. Respite weekends to continue.

7. Dr Evans to contact Mrs Elwood and Iain Brooksbank, particularly in view of behaviour concerns re; Wendy.

8. Review meeting scheduled for December 15th, at 2.00 pm, at Bridgeton Child Development Centre.

MEETING OF 10th JULY 1997
Held at the Child Development Centre, Bridgeton Health Centre

SUBJECT: Wendy McLeish

D.o.B. 25/05/87

Present: Margaret Deighan, Health Visitor
Norma Wilson, Social Worker
Irene Anderson, Senior Social Worker
Iain Brooksbank, Social Worker from DCFP
Jane Elwood, Psycho-therapist
Dr S Evans, Consultant Community Paediatrician

This meeting of involved professionals was convened because of continuing concerns about Wendy's home situation and concern about Mr McLeish's deteriorating health. It was also convened to discuss Wendy's behaviour in the therapy sessions with Mrs Jane Elwood.

Irene Anderson has known the family since Wendy was born and spoke about the issues of her mother's alcohol abuse and prostitution. Although Mr McLeish has always taken the role of Wendy's father, he is unlikely to be the natural father, Wendy appearing to be semi-Asian. Wendy experienced early physical abuse and has obviously undergone traumatic experiences including seeing her mother's death.

Norma Wilson gave an update on the present conditions. Wendy appeared to be developing a trusting relationship with Norma. She has begun to confide, telling Norma about things that her father has specifically told her not to say anything about. Because of this Norma knew that a middle aged woman called Maggie had moved into the house. Maggie's surname is not known. She is believed to have been an ex-neighbour. Her exact role in the house is unknown, but the house is now reported to be much cleaner, brighter, with new furnishings etc. Margaret Deighan reported that this lady had attended the surgery for medication for head lice and stated quite clearly that she had now moved into the house and was staying there.

Wendy had also confided that her dad was attending the chemist every day for daily medication.

Jane Elwood reported that she had been seeing Wendy for individual psycho-therapy since before Christmas. Wendy has very little sense of identity. She always tried to fit in with whatever she thought might be expected of her. Where she could not do this in psycho-therapy sessions, she became quite disturbed and distressed. Jane reported that Wendy also needed to bargain with people. She would offer to do something for you if you did something for her. The meeting reflected that this and the need for secrecy and the need to keep things from "snoopers", such as social workers and other professionals has been part of Wendy's life.

Recently the sessions have become very disturbing with Wendy producing very sexualised behaviour. She appeared to be producing this behaviour being under the impression that this would interest Jane. She pulls down her pants and has actually masturbated in the session. Although the sessions are often so difficult, Wendy is reluctant to end the sessions and will have temper tantrums when it is time to go.

Norma reported that sexualised behaviour in the children has been noticed in the past and that previously they had been known to play the "shagging" game. There had been an incident while the children were at respite care. Wendy had approached a neighbours little boy and overheard asking to see his private parts saying that she would then show him hers. This was nipped in the bud by the carer. Norma has now started work with Wendy about inappropriate touching etc., and starting to prepare Wendy for puberty and menstruation. This was proving to be difficult. Mr McLeish had welcomed Norma's suggestion that she should start to prepare Wendy for puberty.

Margaret Deighan reported that when she visited the house and was working on a toiletting programme, Wendy always wanted he back rubbed and tickled. She also did this with Sadie, the Crossroads worker and Margaret stated that she had not always felt comfortable with this and needed to share the information. In general people felt that it was probably quite natural for Wendy to enjoy such a physical contact in view of her emotional deprivation.

Discussion took place with everyone expressing concerns about the life experiences Wendy had undergone and may still be undergoing. It seems likely that Wendy may have been sexually abused in the past or at least has witnessed inappropriately adult sexual behaviour. There is some concern that abuse may be occurring at present since many different friends of Mr McLeish visited the house regularly. However, Wendy has not made any disclosure of sexual abuse, so that although everyone present had concerns, there did not appear to be any action that could be taken on this point at the present time.

There was also discussion about the concern that Mr McLeish's health was deteriorating and that he did not appear to be acknowledging this or preparing the children in any way.

There was also discussion about the concern that there was no overt acknowledgement that Mr McLeish was not Wendy's natural father and that Wendy needed to explore this area at some point.

Decisions

1. Jane to continue psycho-therapy and Norma to continue her work with Wendy. Norma and Jane to work closely together.

2. Preparations to be made on the presumption that Mr McLeish's health is likely to deteriorate further.

3. Norma to ensure that Mr McLeish had in fact been married to Wendy's mother and to make checks about any possible extended family in the area.

4. Dr Evans to contact Dr O'Neil, Mr McLeish's general practitioner.

5. Norma to identify "Maggie", and clarify her position in the household and perform a police check.

Dr Sandra E Evans
Consultant Community Paediatrician

Date: 14/7/17

G.P. EMERGENCY MEDICAL SERVICE (GLASGOW)

CENTRE: Li htburn Hospital

NAME OF GP	O'Neill G00949
GP ADDRESS	LMC
FAX NO.	055 .
PATIENT NAME	Wendy McLeish DOB 23.5.87
ADDRESS TODAY	46 Lamlash Cres.
POSTCODE	
HOME ADDRESS (IF DIFFERENT	
SPECIAL DIRECTIONS	B/L .
CALLER'S NAME	Mrs Scott RELATIONSHIP Aunt
TEL. NO.	
COMPLAINS OF	Spots on body since Tues/wed. Getting worse.

ACTION — URGENT VISIT ☐ NON-URGENT VISIT ☐ ATTEND:OWN TRANSPORT ☑
ATTEND: PTS TRANSPORT ☐ AMBULANCE ☐ ADVICE ☐

DATE	14/ 9/ 1997	RECEPTIONIST NAME	Rena
TIME PHONED		TIME PASSED (FOR VISIT/PTS)	
TIME AT CENTRE	18-50.	TIME SEEN	1930

CLINICAL NOTES * Did not phone.

Scabies .

Malathion soln 2 x 200ml

Benzyl benzoate crem + 50g

TREATMENT

REFERRAL

CATEGORY CODE			
SEEN BY DR	MARSHALL	ROTA NO. 12	NURSE

N.B. PLEASE ENSURE THAT ALL AREAS OF THIS FORM ARE COMPLETED, INCLUDING NEW SECTION FOR RECEPTIONIST NAME AND ALL TIMES (BASED ON THE 24 HOUR CLOCK).

COMMUNITY CHILD HEALTH SERVICES

Dr Sandra E Evans
Consultant Community Paediatrician
Bridgeton Child Development Centre, Bridgeton Health Centre
201 Abercromby Street, Glasgow G40
Tel: 0141-531 6550

se/ld/wmcl0812

08 December 1997

Dr Caven, General Practitioner
Lightburn Medical Centre
930 Carntyne Road
Glasgow G32 6NB

Dear Dr Caven

Re: Review Meeting on 15th December 1997, at 2.00 pm, at the Child Development Centre, Bridgeton Health Centre, 201 Abercromby Street, Glasgow G40

Subject: Wendy McLeish d.o.b 25.05.87

A Review Meeting has been arranged for the above date. If you are unable to attend please contact my secretary on 0141-531 6758. I hope you will be able to attend and look forward to seeing you then.

9/12/97
CANNOT ATT AB

Yours sincerely

Dr Sandra E Evans
Consultant Community Paediatrician

	JON	EAC	
FUND			
COMP			
FILE			

COMMUNITY CHILD HEALTH SERVICES

se/ld/wmcl1512

16 December 1997

Tel: 0141-531 6758
Fax: 0141-531 6757

Dr S E Evans
Consultant Paediatrician
1st Floor
Springburn Health Centre
200 Springburn Way
Glasgow G21 1TR

Dr Caven, General Practitioner
Lightburn Medical Centre
930 Carntyne Road
Glasgow G32 6NB

Dear Dr Caven

Re: Wendy McLeish d.o.b 25/05/87

I have enclosed a copy of the minutes of the meeting held at Bridgeton Child Development Centre on 15th December 1997. As you can see I intend to withdraw and will only become re-involved if asked to do so. Wendy has not been soiling for about 18 months. In spite of this I would recommend that the Lactulose Syrup be maintained at the present dose for another 6 months and then gradually tailed off. Thank you for your help.

Yours sincerely

Dr Sandra E Evans
Consultant Community Paediatrician

Enc.1

	EAC	CM	JW
FU	COMMENT		
C			
F			

REVIEW MEETING OF 15TH DECEMBER 1997
Held at the Child Development Centre, Bridgeton Health Centre

SUBJECT: Wendy McLeish

D.o.B. 25/05/87

Present:
Mr McLeish
Margaret Deighan, Health Visitor
Norma Wilson, Social Worker
Iain Brooksbank, Social Worker from DCFP
Dr S Evans, Consultant Community Paediatrician

Apologies:
Dr Caven, General Practitioner
Mrs Craig, Teacher
Jane Elwood, Psycho-therapist
Susan Rigmond, Crossroads Representative

Mr McLeish opened the meeting by stating that Wendy's soiling had not recurred. She is taking her medicine regularly. She has responded well to having Maggie, family friend staying with them in the home until just 3 weeks ago. Unfortunately Maggie has now moved on to her own tenancy, but the children have been staying with her this last weekend and hoped to do so on many other occasions in the future. Wendy has been less cheeky than in the past, but there had been an episode a few weeks ago when neighbours approached Mr McLeish complaining that Wendy had been bullying their children. Mr McLeish had spoken to Wendy about this and had also spoken to the school. There have been no further complaints and he hopes the problem has been resolved.

Norma Wilson - reported that Maggie's presence in the house had made a great difference. Not only is the house decorated and furnished to a much higher standard, but that the female presence had made a great deal of difference for Wendy. The respite breaks for the family had stopped because of Maggie's presence in the house, making them unnecessary and it is hoped that contact with Maggie will be maintained by overnight stays at the weekend. If this does not occur then Norma will look at the possibility of respite breaks being restarted in the new year.

Norma sees Wendy every Wednesday and this is still going well. Wendy appears to enjoy their chats and certainly enjoys going along to see Jane Elwood, Psycho-therapist at Glenfarg Suite.

Wendy has grown up a great deal, not only physically, but her behaviour is more mature. She attended the I.T. Holiday Programme in the summer and appeared to enjoy this. Norma had also completed the work with Wendy about inappropriate touching etc., and prepared Wendy for puberty. This was done with the back-up of Maggie and appears to have gone very well.

Margaret Deighan, Health Visitor has now reduced her input. She still sees Wendy on an intermittent basis and keeps in contact, but Wendy is no longer looking for very frequent contact. Medication is still prescribed regularly and collected and is presumably being taken regularly. Wendy has had treatment for head lice and scabies, but both were promptly treated properly. Margaret felt that her future role would diminish further, but that she aims to keep in contact with Wendy for some time to come on a very intermittent basis.

Iain Brooksbank was able to say that Wendy will still be seeing Jane Elwood on a regular basis. Jane still feels that there is a lot to do with Wendy. She still relates indiscriminately and needs work on forming deeper relationships. She is frightened about ending this and some discussion took place about the need for gradual decrease of involvement by professionals. It was generally agreed that Wendy appeared to be gaining a great deal from the sessions with Jane.

Sadie from Crossroads is still visiting every morning and 2 afternoons a week. This appeared to be a stable regular contact for Wendy. Some discussion took place about young Gerry, who also appeared to be doing well at the moment. He is attending I.T. Group and there had only been the one really problematic incident at the school in the last 9 months. It was also noted that Mr McLeish's health had appeared to have improved recently, but Mr McLeish himself feels that his health fluctuates a great deal.

Decisions

Wendy had not been soiling for 18 months. This no longer appeared to be a problem, although Dr Evans recommended that medication should continue for another 6 months before gradually tailing it off. It was apparent that Wendy had responded to all the input from the different agencies and that it was now clear that the focus of work with Wendy in the future would be in developing her own identity and her ability to form deeper relationships. The Professionals most likely to be involved would be Norma Wilson, Social Worker and Jane Elwood, Psycho-therapist. In view of this it was decided that:-

1. Dr Evans would now withdraw and would only become re-involved if needed.
2. Multidisciplinary reviews would be called when necessary by Norma Wilson.
3. Norma Wilson would continue to see Wendy weekly.
4. Wendy would continue her contact with Jane Elwood on a regular basis.
5. It was hoped that Crossroads input would continue.
6. Margaret Deighan, Health Visitor, to keep in touch on an intermittent basis.
7. Dr Evans to write to Dr Caven re; medication.

Dr Sandra E Evans
Consultant Community Paediatrician

Date: 15th December 1997

repts/wmcl1512.doc

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
0141-201 0000

Yorkhill
Glasgow G3 8SJ

P A MILLER

Tel. No.: 0141-531-6106

Department of Child & Family Psychiatry
Possilpark Health Centre
85 Denmark Street
GLASGOW
G22 5EG

Date: 5th October 1998

Ref.: AS/CM

Dr Sandra Evans , Consultant Community Paediatrician , Child Development Centre , Bridgeton Health Centre , 201 Abercrombie Street , Glasgow , G40 2DA
Dr O' Neill , 979 Carntyne Road , Glasgow , G32 6LY
Caroline Miller , Social Worker , Social Work Department , 1 Ruchazie Place , Cranhill , Glasgow , G33 3HA
Pam Turner , Senior Social Worker , Social Work Department , 1 Ruchazie Place , Cranhill , Glasgow , G33 3HA

TO

Dear Colleague ,

Re : Wendy McLeish - D.O.B.- 25 / 05 / 87
67 Bute Towers , Cambuslang , Glasgow , G72 8YR

As you will know Wendy has been attending the Department of Child & Family Psychiatry for some time now. Her situation in life of course has changed again in the recent past and after discussion amongst the team we think it would a useful moment to meet with the other agencies involved in this case in order to discuss the department's involvement with Wendy and the respective roles of the other agencies involved with this child.

We would therefore like to suggest a meeting on **Tuesday 3rd November 1998 at 11.30 am** in the Department of Child & Family Psychiatry at Possilpark Health Centre. We would envisage that this meeting would take 1 - 1½ hours.

We do hope that you will be able to manage to attend for this meeting and look forward to seeing you then. Please contact us at the above number if you wish to discuss this further.

Yours sincerely,

pp CMcG
DR A SNEDDEN
Consultant Child Psychiatrist

	JON	EAC	CM	JW
FUND		COMMENT		
COMP				
FILE	✓	30 OCT 1998		

STOBHILL NHS TRUST, GLASGOW CASUALTY DEPARTMENT

(5)

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
MCLEISH	WENDY	11	25/05/1987	16/04/99	22:34	014141

Address	Sex	Religion	Date of Inc.	Time
WALLACEWELL CH. WALLACEWELL QUAD GLASGOW	FEMALE		16/04/99~	~~TRANSFERED OUT~~

PC	Tel	Marital Status	Occupation/School	Type of Inc.	Mode of Arrival
	557 2919	SINGLE		EMERG.	WALK/OT

GP

Name	Address	Referred by
CAVEN	LIGHTBURN MEDICAL CENTRE	OTHER/NOT KNOWN REF.

NEXT OF KIN

Name	Address	Complaint
Relat. NOT STATED	930 CARNTYNE ROAD GLASGOW	MED/CAS
Tel No. FATHER		MED

P A Muller

32/4618

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

THE ABOVE NAMED PERSON ATTENDED THE ACCIDENT & EMERGENCY DEPARTMENT TODAY

DIAGNOSIS _____ INVESTIGATION SHOWS _____

T36.0

TREATMENT GIVEN (11) ♀ Seen 0345 - RW

Brought in by carers from St Mary's Home.
Had been out wandering on the campsites —
? hypothermic.
O/E Alert & orientated in time, place, person
GCS 15/15, PEARL
CVS: Power, tone, reflexes (N).
Plan ⟶ discharge.

NORMAL / ABNORMAL / COMMENTS

INFO: JON EAC CMcN EF KMcN JW

NOTES REQ FILE X

PATIENT (NOT) NOTIFIED

WOULD YOU PLEASE ARRANGE

Investigations	X-Ray	Lab	ECG	Match	Bact

Admitted to ward | Consultant

Hospital Transferred

Treatment	Dressing	Suture	Tet Tox	Antibiotic	Analg

Pop | Resusc | Nurse's Signature

Comments

21 MAY 1999

Medical Officers Signature Mwoatesspoon | Medical Officers Name (BLOCK) WOTHERSPOON

Disposal Time	Home	Admit	A/E Clinic	Irreg Dis	Died	DOA	GP	Transfer	Other Clinic	DNW
23 55										

STAFF GRADE: REG (SHO) JHO CA — PLEASE CIRCLE

Drugs ____ days supply of _____ has been given

Drugs ____ days supply of _____

Drugs ____ days supply of _____

Written Advice Issued:

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

Patients Name

COMMUNITY CHILD HEALTH SERVICES

YORKHILL NHS TRUST

Adoption and Fostering Clinical Team

Report to General Practitioner

05-Nov-99

Registered General Practitioner Details ***Foster Carer's General Practitioner Details***

Dr Turner
Springburn Health Centre
200 Springburn Way

Glasgow **G21 1TR**

Child's Details

ID: **2160** CHI: **2505876061** D.o.B: **25/05/87**

NAME: **Wendy** **McLeish**

Current Address: **The Officer in Charge**
Wallacewell Children's Unit **70 Wallacewell Quadr**
Glasgow **G21 3PX**

The above named child is currently in the care of the local authority. At a recent Medical Examination, the following significant medical problems were noted:-

Date of Examination: **14/10/99** Examining Doctor: **Dr Winter**

Significant Findings Identified:-

1 VA 6/12 6/12 - attends optician. Has glasses but doesn't wear them
2 Behaviour normal for circumstances - has outbursts of frustration
3
4
5
6

Referrals to Other Professionals/ Actions Taken:-

1
2
3
4
5
6

Further Information: Wendy will be reviewed in one year if still in Local Authority Care.

Dr S E Evans, Consultant Community Paediatrician
Based at: 1st Floor (Community Section)
Springburn Health Centre
200 Springburn Way
Glasgow G21
Tel No.: 0141-531-6758 *Fax:*

Signature:-

NHS Confidential: Personal data about a patient

~~Comp~~ – STOBHILL HOSPITAL, GLASGOW

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
MCLEISH	WENDY	13	25 May 1987	17/06/00	10:20	606785 016579/00-ST0:1

Address	Sex	Religion	Date of Inc.	Time
70 WALLACEWELL QUAD GLASGOW	FEMALE		15/06/00	
PC G21 2PX Tel 5572919	Marital Status	Occupation/School	Type of Inc. OTHER	Mode of Arrival

GP Name: J TURNER
Address: SPRINGBURN HEALTH CENTRE, 200 SPRINGBURN WAY, GLASGOW G21 1TR
Referred by: SCHOOL REFERRAL
Complaint: INJURY R/LEG

Next of Kin — Name: Address: Relat.: Tel No.:

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

THE ABOVE NAMED PERSON ATTENDED THE ACCIDENT & EMERGENCY DEPARTMENT TODAY

DIAGNOSIS ______ INVESTIGATION SHOWS ______

TREATMENT GIVEN 11.45am

in care – accompanied by care worker

→ ① 5 contu... ... flat ... ® lower leg – several weeks – keeps picking at it – itchy

4 – scab 2° to chronic picky – needs occlusion

② Mild eczema ① axilla → needs calaton ... } ... Diprobase

→ go to GP – ?/7

WOULD YOU PLEASE ARRANGE

Investigations	X-Ray	Lab	ECG	Match	Bact

Treatment	Dressing	Suture	Tet Tox	Antibiotic	Analg
	Pop	Resusc	Nurse's Signature		

Admitted to ward: Consultant:
Hospital Transferred:
Comments:
Medical Officers Signature: [signature] Medical Officers Name (BLOCK): [illegible]

Disposal Time	Home	Admit	A/E Clinic	Irreg Dis	Died	DOA	GP	Transfer	Other Clinic	DNW

STAFF GRADE: REG SHO JHO (CA circled) PLEASE CIRCLE

Drugs ____ days supply of ____ has been given
Drugs ____ days supply of ____
Drugs ____ days supply of ____
Written Advice Issued:
Tetanus Prophylaxis has / has not been administered. TT Course ☐ TT Booster ☐ HATI ☐ (Please Tick)
Patients Name

file ✓

Wendy McLeish.
25/5/87.
58 Lamlash Crescent.

18/5/01.

Into SW Care : SWD medical
Attends with Angela Bennett : care worker Wallacewell Children's Un
She has no formal back of care (RIC3)
On treatment for a throat infection and acne.
Has been living with her father and brother, having previously been in SW care. Deterioration of relationships 3 weeks ago.

O: 4ft 11 ~7½ stone.
No visible injuries.
Throat infection currently - red; chest clear, ears NAD.
Dandruff ? eggs adherent to hair.
Seems subdued in manner ? as a consequence of this exam.
Current medication ? rosex.
? antibiotic liquid.

IMP No reason from a medical point of view that She can't be in care

Treatment : Lyclear shampoo :

NHS Confidential: Personal data about a patient

Self susp
Letter sent

DOCTOR

YORKHILL N.H.S. TRUST

B.C.G. VACCINATION CONSENT FORM

CONSENT REQUIRED

15 MAY 2002

All Saints RC School

Pupil's Surname	Other Names	Date of Birth	Boy
Wendy Mcleish		25/5/87	
		Class: 3D	Girl: ✓

I consent for a skin test and B.C.G. vaccination if necessary.

Signed Wendy mcleish ..... Pupil

Signed ..... Parent

Address Wallace Hill Quad Barrhead ..... Date 5-2-02

Please tear here

PLEASE PROVIDE THE FOLLOWING INFORMATION

Previous B.C.G. Vaccination? YES / NO / (DON'T KNOW)

If YES, age at the time? 14

Does the pupil have any serious illness? No

Is the pupil currently on any treatment? If YES, what? No

Name and Address of family doctor ? DR Spence Boyd

Health Centre ..... Tel No .....

FOR USE OF HEALTH PERSONNEL

BJ

PREVIOUS SITE IDENTIFIED		YES:	NO: ✓
DATE OF MANTOUX	5-2-02	RESULT OF MANTOUX	NEG
DATE OF B.C.G.	8-5-02	BATCH NUMBER	75918X

DOCTOR

Signature of person giving the vaccine

RECORD REQUIRED 14 MAY 2002

L. Gilchrist

Print Name L. GILCHRIST

NHS Confidential: Personal data about a patient

(Rev.99)

YORKHILL N.H.S TRUST

PREVENTION OF DIPHTHERIA, TETANUS AND POLIOMYELITIS

CONSENT FORM

..... School

Pupils Surname	Other Names	Date of Birth	Boy
M·LEISH	WENDY	Class	Girl ✓

Consent to have booster immunisation in school against Diphtheria, Tetanus and Poliomyelitis.

Signed ..... Pupil

Signed ..... Parent

Address ..... Date 13·11·01

PLEASE PROVIDE THE FOLLOWING INFORMATION

Is the pupil allergic to any antibiotic? ..... NO

Does the pupil have any serious illness? ..... NO

Is the pupil on any treatment at present? If YES, What? ..... NO

Has the pupil had an anti-tetanus injection in the past five years? ~~YES~~/NO

If YES give details .....

Name and address of family doctor ..... DR. TURNER

..... SPRINGBURN H/C ..... Tel No 531-6710

FOR USE OF HEALTH PERSONNEL

	Date	Maker	Batch No
Diphtheria and Tetanus	21·11·01	PMR	905-A
Polio	21·11·01	SKB	126GK

Signature of person giving the vaccine

..... Print Name Wendy McLeish

L. Nurse L-6 KCTHIST

0141-531-9630
0141-531-9695

Our ref: FH/EYS

Dictated 05.06.02
Typed 10th June 2002

To whom it may concern:

Dear Sir/Madam

Re: WENDY McLEISH (d.o.b.25.05.87)
70 Wallacewell Quadrant, Glasgow G21 2PX

I am writing to confirm that the placement at Fern Towers that has been made for the above named patient is appropriate.

Wendy would benefit from help with anger management.

I thank you for your interest in my patient and hope that the outcome is beneficial.

Yours faithfully

Fiona E. Harris Dr.

NHS Confidential: Personal data about a patient

Hospital Use Only	Clinic.....	Day ..... Date	Time.....	Hospital No.....	GP112

SPRINGBURN HEALTH CENTRE
Tel. No. 0141 531 6700

Name Address & Tel.No. of G.P.
(Please use rubber stamp)

DATE	**Dictated 05.06.02 Typed 10.06.02**	**G.P.**	**F. E. HARRIS**
SURNAME	**McLEISH**	**PRACTICE NUMBER**	**43504**
FIRST NAME	**WENDY**		
DATE OF BIRTH	**25.05.87**	**HOSPITAL**	**BALVICAR CENTRE**
ADDRESS	**70 WALLACEWELL QUADRANT GLASGOW**	**CLINIC**	**FORMAL HEARING TEST**
		DR./MR.	
POST CODE	**G21 2PX**		
PHONE NUMBER	**557-2919**	**URGENT/NON URGENT/SOON**	
HOSPITAL NUMBER	**RHSC Unit No. 370283**		

Dear Doctor

I would be very grateful if you could arrange a formal hearing test on this 15-year-old girl. She presented with the Carer from her home and they both expressed concern about her hearing. Her Carers are particularly worried that she seems to be missing most conversations that go on around her. They describe that she is fine on a one-to-one basis but in a room full of people, doesn't appear to hear what is being said to her. They also comment that Wendy speaks very loudly.

There have, however, been no reports of problems at school.

Wendy herself appears quite anxious about the possible hearing loss.

I am a little uncertain about possible other agendas behind this request but would be grateful for an assessment (there was no obvious deficit at examination).

Thank you

Yours sincerely

FIONA E. HARRIS Dr.

THE NOTRE DAME CENTRE

for Children Young People and Families

CLINICAL DIRECTOR/CHIEF EXECUTIVE OFFICER: *Sister Mary Ross Ph.D.*

Child Guidance Clinic
20 Athole Gardens
GLASGOW
G12 9BA
Tel: 0141 339 2366
Fax: 0141 357 1443

Adolescent Unit
1 Dundonald Road
GLASGOW
G12 9EJ
Tel: 0141 334 6131
Fax: 0141 334 6260

AJC/AJC

26th September 2002

Dr Fiona E Harris
Springburn Health Centre
200 Springburn Way
GLASGOW
G21 1TR

Dear Dr Harris

RE: WENDY McLEISH (25.5.87)
70 WALLACEWELL QUADRANT, GLASGOW

Thank you for your referral of the above named girl. We are now able to offer appointments to Wendy and Christine Liddle, Psychologist in our adolescent unit will be in touch with Wendy shortly with appointments.

Yours sincerely

Audrey Cull

Audrey Cull
Referral Secretary

cc. Eleanor Moir, Wallacewell Children's Unit, 70 Wallacewell Quadrant, G21 2PX

A Company Limited by Guarantee SC. 150187
Registered Charity No. SC. 002851
Registered Office: 1 Dundonald Road, Glasgow

Hospital Use Only	Clinic	Day ..... Date	Time.....	Hospital No.....	GP112

SPRINGBURN HEALTH CENTRE
200 Springburn Way, Glasgow G21 1TR.
Tel. No. 0141 531 6700

Name Address & Tel.No. of G.P.
(Please use rubber stamp)

DATE	**4TH JUNE 2003**	**G.P.**	**DR C S S MacKELVIE**
SURNAME	**McLEISH**	**PRACTICE NUMBER**	**43504**
FIRST NAME	**WENDY**		
DATE OF BIRTH	**25.5.87**	**HOSPITAL**	**STOBHILL**
ADDRESS	**70 WALLACEWELL QUAD GLASGOW**	**CLINIC**	**DERMATOLOGY**
		DR./MR.	
POST CODE	**G21 3PX**		
PHONE NUMBER	**557 2919**	**URGENT/NON URGENT/SOON**	[redacted]
HOSPITAL NUMBER			

Dear Doctor

This girl has had a number of preparations for her acne, which at present is mainly facial and upper chest front plus upper arms.

Unfortunately her acne seems to be at present aggravated by Tetralysal and I am concerned now about the possibility of permanent scarring. I would appreciate your advice once seen.

Many thanks

Yours sincerely

DR C S S MacKELVIE

North Glasgow University Hospitals
NHS Trust

STOBHILL GENERAL HOSPITAL

DERMATOLOGY DEPARTMENT

DR. COLIN CLARK
DR. FREIDA SHAFFRALI

NHS Greater Glasgow

FAX NO. 0141 201 3144
TEL. NO. 0141 201 3141

FOR OUTPATIENT APPOINTMENT ENQUIRIES
PLEASE CONTACT: MRS. ELIZABETH CLARKE *0141 201 3382/3459*

AS/VAT

CLINIC: 17.9.03
DICT: 17.9.03
TYPED: 19.9.03

DR. CLARK'S CLINIC

Dr. C.S.S. MacKelvie,
Springburn Health Centre,
Springburn Way,
Glasgow,
G21 1TR.

Dear Dr. MacKelvie,

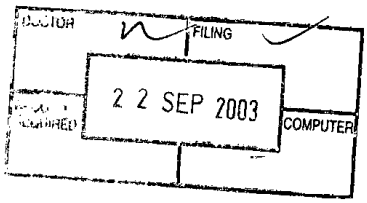
RE: Wendy McLeish, D.o.B. 25.5.87. (Unit No. 10606785V)
70 Wallacewell Quadrant, Glasgow, G21 3PX.
Diagnosis: Acne vulgaris – face – mild to moderate
Treatment: Differin gel nocte
Minocin MR od.
Follow up: Three months

This 16-year-old girl has an approximately three year history of facial acne. She has tried many topical treatments but has not yet received an adequate trial of an oral antibiotic. In the first instance we should therefore treat her with a topical treatment such as Differin gel and antibiotics such as Minocin MR. This should be taken for at least three months. If there are side effects with the Minocin MR, then she should try another antibiotic such as Erythromycin. If this treatment does not work then we will consider Dianette as she appears to have no contra-indications to this treatment and if this does not work then we will consider Roaccutane therapy. We will review her back in the clinic in three months to see how see has got on.

Yours sincerely,

A Sergeant

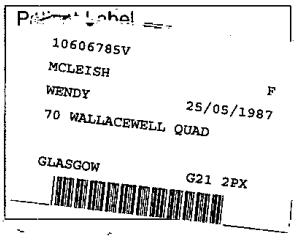
Ann Sergeant
Senior House Officer



NHS Confidential: Personal data about a patient

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow



The patient attended DERMATOLOGY Clinic at STOBHILL

Hospital on ..... and I would advise a change to drug therapy from

..... to .....

or additional therapy of DIFFERIN GEL

MINOCIN MR

as detailed below. Full letter to follow.

Additional Comments: .....

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
MINOCIN MR	1 tab (100mg)	od	3/12
DIFFERIN GEL	Apply	od	3/12

Yours Sincerely

Signature: Signed

Name (print) SERGEANT Grade: SHO Ext. No:

White copy to - *G.P.* Pink copy - *File this copy in Case Records*

00545

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

Patient Label

10606785V
MCLEISH F
WENDY 25/05/1987
70 WALLACEWELL QUAD
GLASGOW G21 2PX

The patient attended Dermatology Clinic at Stobhill

Hospital on 17/12/03 and I would advise a change to drug therapy from

to

or additional therapy of

as detailed below. Full letter to follow.

Additional Comments: Acne Rosacea

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
Dianette	take 1 tablet	as directed	6/12

Yours Sincerely

Signature:

Name (print) DR J MASON Grade: SHO Ext. No:

White copy to - *G.P.* Pink copy - *File this copy in Case Records*

00545

North Glasgow University Hospitals
NHS Trust

STOBHILL GENERAL HOSPITAL
Balornock Road
Glasgow G21 3UW

NHS
Greater
Glasgow

DERMATOLOGY DEPARTMENT

DR. COLIN CLARK
DR. FREIDA SHAFFRALI

CODED

TEL. NO. 0141 201 3141
FAX NO. 0141 201 3144

FOR OUTPATIENT APPOINTMENT ENQUIRIES
PLEASE CONTACT : MRS. ELIZABETH CLARKE
SF/AMD

0141 201 3381/3459

CLINIC: 17.12.03.
DICT: 18.12.03.
TYPED: 23.12.03.

DR. CLARK'S CLINIC

Dr. C. MacKelvie,
Springburn Health Centre,
Springburn Way,
Glasgow,
G21 1TR.

FILING
30 DEC 2003

Dear Dr. MacKelvie,

Re. Wendy McLeish, D.o.B. 25.5.87. (Unit No. 10606785)
70 Wallacewell Quadrant, Glasgow, G21 3PX.
Diagnosis: Acne vulgaris
Management: Minocin, Differin and Dianette
Review: Six months

I reviewed Wendy in our outpatient clinic today. Her acne has improved slightly with the Minocin and Differin.

On examination today she has some comedones and small pustules over her cheeks, chin and forehead. The overall picture is still of a very mild acne. We discussed further treatment today and she was keen to try Dianette. I would advise that she add this into her regime. She does not appear to have any contra-indications to using Dianette so I have asked her to attend you for this prescription explaining that she must have her blood pressure checked before going on this. I also advised her that this should only be continued for six months as per the recent guidelines. She could continue the Minocin for a further few months to see if there is any further improvement but if she decides to stay on it for any longer than six months she should have bloods checked. We plan to review her in six months time.

Many thanks.

Yours sincerely,

Sheena Fraser
Senior House Officer

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

A&E No: 010165/04
WENDY [redacted]
7 WALLACEWELL QUAD
GLASGOW
25/05/87
CRN: 231235321

A & E Record / GP Letter
Glasgow Royal Infirmary

CLINICAL NOTES

Date: 28/2/4 | Seen By: [illegible] | Time | Discipline | Page No.

16 ♀

(R) ankle - kicked back [illegible]
[illegible]
swollen ant ankle + ant. [illegible]

[redacted]

C. XRAY — # [illegible]
[illegible]

A&E DIAGNOSIS (R) ankle - undisplaced [illegible]

MANAGEMENT IN A&E (N.B. Prescribe drugs and IV fluids on charts provided)	Performed by	Time
backslab / crutches / elevate		

Drug Prescription	Dose	Route	Freq.	Prescribed by	Signature	Administered by	Time
Ib-pen	400	o	tid	[illegible]	[illegible]		

[redacted]

Fluid Prescription	Volume	Rate	Prescribed by	Signature	Batch No.	Administered by	Time

FURTHER RECOMMENDATIONS ON DISCHARGE FROM A&E
clinic

FILING
04 MAR 2004
COMPUTER

DISPOSAL Discharge / GP | Clinic | Admitted | Other | Disch / Admn. Time:

North Glasgow University Hospitals
NHS Trust

Trauma & Related Services Division
Glasgow Royal Infirmary
Trauma & Orthopaedic Department
84 Castle Street
GLASGOW G4 0SF

NHS
Greater
Glasgow

Personal Assistant: 0141 211 4422
Fax: 0141 211 4060
Appointments: 0141 211 5067/5146
E-mail: Eileen.Fox@northglasgow.scot.nhs.uk

MR WHEELWRIGHT'S FRACTURE CLINIC –1st MARCH 2004

EFW/EF 23123532V

Dr MacKelvie
Springburn Health Centre
200 Springburn Way
GLASGOW
G21 1TB

Dear Dr MacKelvie

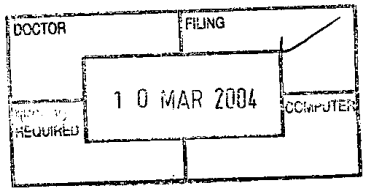
WENDY MCLEISH 7 WALLACEWELL QUADRANT GLASGOW G21 3NJ
DOB 25/05/87

Wendy was seen in the fracture clinic following an injury to her right ankle following an incident when she kicked full beer bottle. She was aware of pain over the anterior aspect of the right ankle. She has no tenderness in this area today, and has no pain on ankle dorsi flexion. There was some discomfort with full plantar flexion, but her movements were restricted.

X-rays have been interpreted as showing a fracture, but on balance I think that the appearances are not suggestive of the remnants of the epiphyseal scar of the distal tibia and a fracture is therefore most unlikely. She has been provided with a tubigrip support at this stage, and left free to mobilise without splintage. I would anticipate the effects of the injury settling completely over the next 10/14 days. She has been discharged from the fracture clinic back to your care.

Yours sincerely

Mr E F Wheelwright
Consultant Orthopaedic Surgeon



North Glasgow University Hospitals
NHS Trust

STOBHILL GENERAL HOSPITAL

DERMATOLOGY DEPARTMENT

DR. COLIN CLARK
DR. FREIDA SHAFFRALI

NHS
Greater
Glasgow

TEL. NO. 0141 201 3141
FAX NO. 0141 201 3144

FOR OUTPATIENT APPOINTMENT ENQUIRIES
PLEASE CONTACT : MRS. ELIZABETH CLARKE 0141 201 3382/3459

DATE: 16/6/04

10606785V
MCLEISH F
WENDY 25/05/1987
70 WALLACEWELL QUAD

GLASGOW G21 2PX

Dr. MACKELVIE
SPRINGBURN HEALTH CENTRE
200 SPRINGBURN WAY
GLASGOW

G21

Dear Doctor,

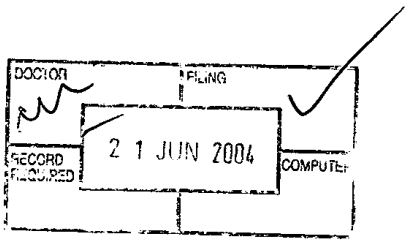
D/w Wendy at next appt

You will recall referring this patient to the dermatology clinic at Stobhill Hospital. Unfortunately he/she failed to attend for his/her appointment and no further appointment will be sent to him/her, however, we would be happy to see him/her in the future, at your request, should you have any concerns.

Yours sincerely,

RKSL

Dermatology Clinic



Yorkhill NHS Trust

Dalnair Street
Glasgow, G3 8SJ
Telephone 0141 201 0000
www.show.scot.nhs.uk/yorkhill

NHS
Greater Glasgow

The Looked After Children & Young People's Nurse Team
Springburn Health Centre,
200 Springburn Way
Glasgow G21 1TR

Tel: 0141-232-9105 or 531- 6758

Fax: 0141-531-6757

Date: 24/6/04

Dear Dr Mckelvie

Name..Wendy Mcleish.....Date of birth...25-5-87.

School .....N/A.....

The above young person was seen at...Wallacewell Unit...

by....Allan Lynn...(LAC Nurse) for a health assessment/~~review~~.

I have /~~have not~~ enclosed a copy of the Health Action Plan for your information as has been agreed by the above young person.

Yours faithfully,

E Greaves

Elaine Greaves
Public Health Nurse
Looked After and Accommodated Children & Young People

FILING
25 JUN 2004
COMPUTER

Copy to:
Young person, Social Worker, GP, School Nurse, Key worker/ carer, parent, other health professional.....

LOOKED AFTER CHILDREN & YOUNG PEOPLES HEALTH TEAM
SPRINGBURN HEALTH CENTRE, GLASGOW, G21 1TR

HEALTH ACTION PLAN

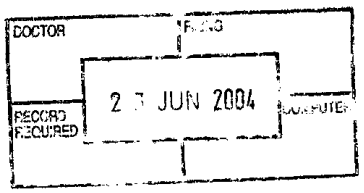
Date: 23 June 2004
Name of Young Person: Wendy McLeish
Completed By: Allan Lynn
Signature:

Social Worker: Mark Cairney
D.O.B.: 25/05/87
Designation: LAC Nurse
Base and Telephone No: Springburn HC
0141 232 9105 / 07834 334041

Health Issue to be assessed	Summary of Need	Action Taken / Necessary	Review Date and Person Responsible
Immunisations	Unclear immunisation history	Lac nurse to seek school health records to obtain immunisation details. Wendy to then make appt with GP to catch up on missed immunisations.	LAC Nurse 3 months
Dental Health	Good oral hygiene and dental care	Continue twice daily brushing and regular attendance at dentist. Next appt 21/07/04 for fillings	Wendy Ongoing
Management of Specific Health Conditions	Hayfever	Currently not taking antihistamine tablets. To make and appointment with GP in order to obtain prescription for appropriate medication to help with symptoms.	Wendy & Key worker 3 months
Lifestyle	Alcohol consumption/ Binge drinking	LAC nurse to liase with social work about re-referring for an addictions worker as agreed by Wendy to discuss her alcohol intake. Issues around personal safety and keeping safe discussed with Wendy as well as long term health implications.	LAC Nurse & Social Worker 3 months
Education and Social Progress	Seeking college placement	Wendy is currently seeking college placement for NC Childcare. Keyworker providing assistance with this and will link with Positive Futures for further assistance.	Wendy and Keyworker 3 months
Emotional and Behavioural Development	Attends Young Woman's Project	Continue to attend Young Woman's Project, working with Pauline.	Wendy Ongoing
Any Other Issues Identified	Previous foot injury Missed Dermatology Appt	Appt to be made regarding previous R foot injury with GP. Wendy and Keyworker to make further appointment for Dermatology Clinic at Stobhill.	Wendy & Keyworker 3 months Wendy & Keyworker 3 months

Please send copies on blue paper to social worker, GP, carer, young person or school nurse as agreed with young person. Parent copy via social worker if requested.

This young person will be contacted again in **3 months.**



updated 5/8/04 [illegible] CNC House

IMMUNISATION HISTORY WENDY McLEISH 25/5/87

	1	2	3	BOOSTER Pre-School	BOOSTER Leaving School
DIPTHERIA	11/8/88	4/1/89	31/5/89	4/6/92	[redacted]
TETANUS	✓	✓	✓	✓	[redacted]
POLIO	✓	✓	✓	✓	[redacted]
PERTUSSIS	✓	✓	✓		
HIB					
MENINGITIS C	23/3/00				
MMR	28/6/89	[redacted]			
MEASLES					
BCG	8/2/02				
RUBELLA					
HEPATITIS A					
HEPATITIS B					
OTHERS			[redacted]		

DOCTOR | FILING

- 6 AUG 2004

RESULTS REQUIRED | COMPLETE

Any Contraindications or Adverse Reactions to Vaccines? **Yes/No**
(If Yes, please specify)

Any Outstanding/Overdue Immunisations? **Yes/No**
(If Yes, please specify)

Leaving school DTP booster
2nd MMR

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals Division

NHS Greater Glasgow

Patient Label

10606785V F
MCLEISH 25/05/1987
WENDY
70 WALLACEWELL QUAD
GLASGOW
G21 2PX

The patient attended DERM Clinic at Stobhill

Hospital on 29/9/04 and I would advise a change to drug therapy from

to

or additional therapy of

as detailed below. Full letter to follow.

Additional Comments:

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
Duac Gel	ICP	Nx	at night

Gp 30/9/04

Yours Sincerely

Signature:

Name (print) Grahame Grade: Ext. No:

White copy to - *G.P.* Pink copy - *File this copy in Case Records*

00545

North Glasgow University Hospitals
NHS Trust

STOBHILL GENERAL HOSPITAL
BALORNOCK ROAD
GLASGOW G21 3UW

NHS
Greater Glasgow

DEPARTMENT OF DERMATOLOGY

Dr. Colin Clark
Dr. Freida Shaffrali

Secretaries: 0141 201 3141
Clinic Co-ordinator: 0141 201 3459/3405
Fax No. 0141 201 3144

HG/AMD

CLINIC: 27.9.04.
DICT: 1.10.04.
TYPED: 4.10.04.

DR. CLARK'S CLINIC

Dr. C. MacKelvie,
Springburn Health Centre,
Springburn Way,
Glasgow,
G21 1TR.

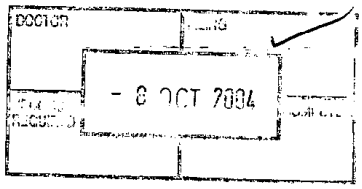
Dear Dr. MacKelvie,

Re. Wendy McLeish, D.o.B. 25.5.87. (Unit No. 10606785)
70 Wallacewell Quadrant, Glasgow, G21 3PX.
Diagnosis: Acne vulgaris
Action: Duac gel
Consider stopping Dianette
Follow up: Discharge

I reviewed Wendy. Her acne has improved considerably on Dianette and she stopped the Minocin. I have explained that she probably could not remain on Dianette as there are new guidelines about this therefore I have added in Duac gel with a view to stopping her Dianette. One alternative to consider would be Yasmin if she is requiring oral contraception.

Yours sincerely,

Heather Graham
Staff Grade Dermatologist



NHS Confidential: Personal data about a patient

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY DEPT.
STOBHILL HOSPITAL
GLASGOW
G21 3UW
Tel: 0141-201-3081
Fax: 0141-201-3051

Associate Specialist: Dr Jennifer Devine
Nurse Manager: Susan McFarlane

NHS Greater Glasgow

CRN: 10606785V

G.P. COPY

PATIENT	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
	MCLEISH	WENDY	17	25 May 1987	10/02/05	17:29	004440/05-STO

	Address	Sex	Religion	Date of Inc	Time
	70 WALLACEWELL QUAD GLASGOW	Female		08/02/05	

	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
			OTHER	WALKING

	PC	Tel
	G21 2PX	5572919

GP	Name	Address	Referred by
	C MACKELVIE	SPRINGBURN HEALTH CEN 200 SPRINGBURN WAY GLASGOW G21 1TR	OTHER/NK REFERRA

NEXT OF KIN	Name	Address	Complaint
	Relat. FATHER Tel. No.		LACERATION

Left Hand.
Temp 36.5°C

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

P.C (L) hand Abrasion 2/7 ago

FILING

Imp Infected (L) Abrasion ½ tracking top to mid forearm.

Tx Clean, Inadine Dressing. BAS + AB's
Review 2/7

Drugs 5 days supply of Flucloxacillin 500mgs QID has been given.

Drugs _____ days supply of _____ has been given.

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

Signature of Medical Officer:

DISCHARGE CODES: *Please circle*

Discharge Time: 19:15

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital *(see below)*
5. Died
6. Refer to O.P. Clinic *(see below)*
7. Irregular Discharge
8. D.O.A.

DOCTOR

FILING

Ward No. ~~(if admitted)~~ | Transfer to Hospital | IRIS

RECORD REQUIRED

COMPUTER

Clinic Referred to	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT	Others *(specify)*
	(AE)											

Medical Officer's Name *(in BLOCK LETTERS)*

L M Glynn

Signature of Medical Officer

L M Glynn

Cons SpR SHO3 SHO JHO Clin Assist (ENP) AS SG

NHS Confidential: Personal data about a patient

S Greater Glasgow and Clyde
partment of Emergency Medicine
STERN INFIRMARY
LASGOW
11 6NT
Tel: 0141-211-2304/2409
Fax: 0141-211-2559

CRN: 23123532V

CONSULTANTS: Mr W M Tullett, Mr P T Grant, Dr S Perry, Dr N Dignon, Dr S Taylor, Mr G D Wright

NURSE MANAGER:

NHS Greater Glasgow

G.P COPY

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
MCLEISH	WENDY	19	25/05/87	09/08/06	23:25	032679/06

Address	Sex	Religion	Date of Inc	Time
1/1 52 Buccleuch Street, GLASGOW	Female		09/08/06	18:00

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
Single -	STUDENT	OTHER	WALKING

PC: G3 6PQ Tel: 332 5950

RECEIVED 11 AUG 2006

Referred by: SELFREF

Initial Complaint: LIMB PROBLEMS LOWE

GP

Name: Dr BLACKWOOD

Address: GOVAN HEALTH CENTRE, 5 DRUMOYNE ROAD, GLASGOW, G51 4BJ, 01415318470

NEXT OF KIN

Name: PENELOPE SPARROW

Relat. SUPPORT WORKER

Tel. No. 332 5950

Address: 1/1 52 Buccleuch St, GLASGOW, G3 6PQ

Triage Category:	Triage Time:
NO CATEGORY	23:25

A&E DOC1/ENP Code: MS (3) Time: 2350

A&E DOC2 Code: Time:

Referred To: (Specialty) Time:

Specialty DOC1: Time:

Specialty DOC2: Time:

Time of completion of treatment or decision to admit: Time: 00.45

Flow Group (see over) No: 1

ADMIT ☐ DISCHARGE ☒ Time: 00.45

Breach Code (see over)

Dear Doctor,
The above named patient attended the A & E Department today.

Diagnosis: Avulsion # from heel spur

X-ray/ECG shows: Padded crepe

Treatment: Analgesia

LW

Drugs : 1 3 days supply of Codydramol has be

Drugs : 2 _____ days supply of _____ has

Tetanus Prophylaxis:(please tick) Booster_____ Course required _____ HATI_____ Not required_____

Would you please arrange_____

DISCHARGE CODES: *Please circle*

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital *(see below)*
5. Died
6. Refer to O.P. Clinic *(see below)*
7. Irregular Di
8. D.O.A.

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

Follow-up	None	Arranged	We will arrange:

Service/ Clinic Referral	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT
				(Fracture)							

Doctor/ENP name *(PRINT)*: ALISON POLLOCK

Signature of Doctor/ENP:

CON AS SpR SG SHO3 SHO FY1 FY2 CA ENP
(please circle)

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde
Department of Emergency Medicine
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409
Fax: 0141-211-2559

CRN: 23123532V

CONSULTANTS: Mr W M Tullett, Mr P T Grant, Dr S Perry, Dr N Dignon, Dr S Taylor, Mr G D Wright

NURSE MANAGER:

NHS Greater Glasgow — G.P COPY

PATIENT

Surname	Forename		Age	Date of Birth	Arr Date	Time	AE Number
MCLEISH	WENDY		19	25/05/87	10/08/06	13:55	032741/06

Address	Sex	Religion	Date of Inc	Time
1/1 52 Buccleuch Street GLASGOW	Female		10/08/06	

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
Single -	STUDENT	OTHER	WALKING

PC	Tel	Referred by
G3 6PQ	332 5950	SELFREF

GP

Name: Dr BLACKWOOD

Address: GOVAN HEALTH CENTRE, 5 DRUMOYNE ROAD, GLASGOW, G51 4BJ, 01415318470

NEXT OF KIN

Name: PENELOPE SPARROW

Relat.: SUPPORT WORKER

Tel. No.: 332 5950

Address: 1/1 52 Buccleuch St, GLASGOW, G3 6PQ

RECEIVED 14 AUG 2006

Initial Complaint: LIMB PROBLEMS LOWE

Triage Category: NO CATEGORY 4 — **Triage Time:** 13:55

A&E DOC1/ENP Code: Megan 14:10 — Time:

A&E DOC2 Code: — Time:

Referred To: (Specialty) — Time:

Specialty DOC1: — Time:

Specialty DOC2: — Time:

Time of completion of treatment or decision to admit — Time:

Flow Group (see over) No:

ADMIT ☐ DISCHARGE ☑ Time: 14:10

Breach Code (see over)

Dear Doctor,
The above named patient attended the A & E Department today.

Diagnosis : Mined # clavic

X-ray/ECG shows: apt

Treatment : Padded sling / cuffs.

Drugs : 1 _____ days supply of _____ has been given.

Drugs : 2 _____ days supply of _____ has been given.

Tetanus Prophylaxis:(please tick) Booster_____ Course required _____ HATI_____ Not required ✓

Would you please arrange

DISCHARGE CODES: *Please circle*

1. Admission 3. Refer to G.P. 5. Died 7. Irregular Discharge
2. Discharge 4. Transfer to other hospital *(see below)* 6. Refer to O.P. Clinic *(see below)* 8. D.O.A.

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

Follow-up	None	Arranged	We will arrange:
		60	

Service/ Clinic Referral	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT	IRIS	Others *(specify)*
				✓									

Doctor/ENP name *(PRINT)* Megan — Signature of Doctor/ENP

CON AS SpR SG SHO3 SHO FY1 FY2 CA ENP *(please circle)* — CODE:

North Glasgow University Hospitals Division
Orthopaedic Department Notes

NHS Greater Glasgow

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
0141 211-2563
0141 211-1853
0141 211-2938
0141 211-2422

WENDY MCLEISH
1/1
52 BUCCLEUCH STREET
GLASGOW
G3 6PQ

D.O.B 25.05.87

Mr J Roberts New Fracture Clinic – 11 August 2006

This patient was reviewed today in the fracture clinic. A car ran over her foot 2 days ago. She has been complaining of left sided heal pain since.

On examination there is slight swelling in the lateral aspect of the heal. She is tender mildly around the calcaneus. Her ankle is non-tender and has a full range of movement. Remainder of the foot is non-tender. She does not appear to have sustained any significant soft tissue or crush injury. There is no neurovascular deficit. Achillies tendon is clinically intact.

X-ray perhaps reveals a calcaneal spur fracture.

A tubi grip has been provided and the patient has been encouraged to mobilise as her symptoms allow. She has been discharged from the clinic.

MM/DF/23123532

Yours sincerely

Michael Mullen
SHO III in Orthopaedics

Dr Blackwood
Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

RALEIGH INTERNATIONAL MEDICAL FORM

(in confidence when complete)

Expedition: NAMIBIA

Family Name: McLEISH First Names: WENDY

Date of Birth (day/month/year): 25th MAY 1987 Age: 19

Address: 52 BUCCLEUCH STREET, GARNETHILL

GLASGOW G3 6PQ

Telephone Numbers: Daytime: 0141 332 5950 Evening: SAME

Mobile: 07919034470

Personal Medical History

1. Have you ever suffered from a psychiatric or mental disorder, including depression? YES / (NO)
2. Have you ever suffered from fits, seizures or severe head injuries? (YES) / NO - used to get fast lots when young
3. Have you ever had an operation under general anaesthetic? YES / (NO)
4. Have you been hospitalised within the last 12 months? (YES) / NO - Broken heel
5. Do you suffer from any allergies? (Including drugs, hayfever, etc) (YES) / NO - Hayfever
6. Do you suffer from Diabetes? YES / (NO)

If 'YES' to any of the above then please give details and dates on this form or on a separate sheet. Please also give details of any family history of the above.

Have you ever suffered from asthma? If yes - YES / (NO)

1. When was the last time you needed hospital treatment?
2. When was the last time you needed steroid tablets?
3. What medication / inhalers do you use?

Current Health

Do you currently use any form of medication regularly? (including birth control pills)? If so, please give details: Dianette (YES) / NO

Have you ever taken anti - malaria tablets? YES / (NO)

If yes, name which ones:

Did you have any problem/side effects? YES / (NO)

Do you have any physical or other disability? YES / (NO)

If so, please give details and dates. Use a separate sheet if necessary:
Any old injuries/illnesses that are not declared and reoccur whilst on expedition will not be covered by Raleigh's insurance.

This health history is correct to the best of my knowledge. In the event of illness or accident on my expedition, I hereby give permission for Raleigh International medical or other expedition Staff to initiate medical treatment and inform my next of kin in case of hospitalisation.

Candidate's Signature: W McLeish **Date:** 9/3/07

IF *ANYTHING* TO DO WITH YOUR PHYSICAL OR MENTAL HEALTH CHANGES AFTER RETURNING THIS FORM, YOU MUST INFORM THE MEDICAL COORDINATOR AT HEAD OFFICE.

This section to be completed by Family Doctor/Physician who has access to patient's medical history

The above named person will be participating in a Raleigh International expedition of ten weeks duration, during which he/she will be subject to basic living conditions, harsh physical and mental stress as well as extremes of climate.

These demands will involve back packing, being able to carry weights of up to 20kg, and being fit enough to trek in conditions which will involve possible extreme temperatures, climate, altitude changes and rough terrain. Projects will vary from on the move to static project sites. These will provide very basic facilities, such as long drop toilets and primitive washing facilities, and they will be living under canvas or the stars.

The diet provided will be dehydrated food and fresh vegetables or fruit, when available, this being cooked on open wood fires. Raleigh International aims to provide a Medic (Doctor/Nurse) on each project site to give immediate first aid and ensure high hygiene standards are taught and maintained. The project site can be a considerable distance from any hospital back up.

With the above information, if there are any matter of which you feel the Medical Staff should be aware, please supply on a separate sheet. If you require further details please contact the Medical Co-ordinator on 0207 371 8585: Ext. 140.

have read the above paragraph and agree that the candidate's medical details are correct. Based upon notes in my possession in my opinion this patient is fit and healthy, mentally and physically, and able to participate in a Raleigh International expedition.

Doctor's Signature: Una Houston Date: 20/3/17.

Doctor's Name (in capitals): FIONA HOUSTON

DOCTORS STAMP & GMC NUMBER
GMC - 6056120.

Address: WOODSIDE HEALTH CENTRE.
BALL ST.

Additional information on above patient should be attached securely to this sheet.

THIS FORM MUST BE SIGNED BY A DOCTOR & RETURNED TO YOUR EXPEDITION CO-ORDINATOR AT HEAD OFFICE BY. IF IT IS NOT RETURNED BY THIS DATE YOU MAY WELL LOSE YOUR PLACE ON EXPEDITION.

TREATMENT ROOM CARD

Practice Stamp

DR S BURTON & RENFREW
WC[illegible]E HEALTH CENTRE
BA[illegible]EET
GLASGOW
TEL: 0141 531 9530

Other Relevant Information & Allergies

Patients Name: Wendy McGirr.

Address: _____

Postcode _____

Date of Birth: 25-8-87.

M/F ☐ **Diabetes** ☐ **Hypertension\IHD** ☐ **Asthma** ☐ **PVD** ☐

Date	Treatment Request	Doctors Signature
21/3/17.	- Rabies Vaccine 1st dose.	
	- ~~MMR~~ ACWY Vaccinahe - only once off	
	- Hep B Vaccine dose 1.	

TREATMENT ROOM CARD

Practice Stamp Dr. Burton

Other Relevant Information & Allergies

Patients Name: Wendy Mclesh.

Address: _____

Postcode _____

Date of Birth: 25.5.84.

M/F F **Diabetes** ☐ **Hypertension\IHD** ☐ **Asthma** ☐ **PVD** ☐

Date	Treatment Request	Doctors Signature
28/3/07.	- Hep B } vaccinations course given - Rabies Vaccine - ACWY	
11.4.07.	1st Hep B vaccine 1ml I.M. (Lt) Deltoid. B.N AHBVB266BG Exp 1/09 Bt	9.5.07 MG
9.5.07.	ENGERIX (HEP B) 20mcg BN AHBVB266BG. (R) DELTOID IM. RV 6 June 07. EXP 1.2008. To see accelerated dose. 3rd dose 2 months after 1st Dose.	
24.5.07	ACWY meningococcal Vax. 200mcg/0.5ml. BN A73CA125B. EXP 11.2007. (L) DELTOID DRP S/C. Water for injection A73CA125B Ex 2.2011	af.
6.6.07	3rd Hep B Vaccine Engerix B 1ml given I.M (Lt) Deltoid BN AHBVB266BG Exp 1/09.	M.D

TREATMENT ROOM CARD

Practice Stamp

Other Relevant Information & Allergies

Patients Name

Address:

Postcode

Date of Birth:

CHI: 2505876061
MCLEISH, Wendy | 25/05/1987 F
PG Flat 1/1 52 Buccleuch Street G3 8
0141 332 5950
Reg to Dr Burton GMC 4445566
Dr burton, Glasgow
20/03/2007 11:11 Practice: 40382

M/F ☐ **Diabetes** ☐ **Hypertension\IHD** ☐ **Asthma** ☐ **PVD** ☐

Date	Treatment Request	Doctors Signature
20/3/07.	Vaccinations please	Unc
	Hepatyrix	
	Revaxis	
20. 3 07.	HEPATYRIX® LOT ATYAB011CC EXP 01-2008 (L) DELTOID IM.	AF.
20 3 07.	REVAXIS. BN 2 1008 - 1 EXP 9. 2008. (R) DELTOID IM	AF

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NHS IN SCOTLAND

Application to Register with a General Medical Practitioner

Please complete in **block capitals** and tick relevant boxes

Patient details

Surname MCLEISH

Forename WENDY

Previous Surname

Date of birth 25 05 87 **Male** **Female** ✓

I wish the child named above to be registered at the practice for Child Health Surveillance

Relationship to patient

Address 52 1/1 Buccleuch Street Garnethill

Post code G3 6QQ

I will be in the area for more than three months ✓

Patient's / Patient's representative signature W McLeish **Date** 20/09/06

Voluntary consent to organ donation

If you wish to register on the NHS Organ Donor Register as someone whose organs can be used for transplantation purposes after your death, please tick relevant box(es) below:

Any Organ ✓ **Kidneys** **Liver** **Lungs** **Heart** **Corneas** **Pancreas**

Patient's signature W McLeish **Date** 20/09/06

Please help us to trace your previous medical records by providing the following information if known

NHS No. (not National Insurance No.)

Community Health Index (CHI) No.

Previous address in U.K.

22 Napier Place
Govan
Town Glasgow
County **Post code** G51 2LL

Name and address of previous doctor in U.K.

Govan Health Centre
Dr Blackwood

If returning from abroad

Date of departure from U.K.

Date of return to U.K.

If returning from HM Forces

Date enlisted **Service / Personnel No.**

If **none** of the above information is known then please complete the following:

Town of birth

County of birth

Reg. district of birth (see birth certificate)

Mother's maiden name

Doctor's agreement

Enter 'D' if supplying drugs

CHS acceptance yes no

I accept this patient on my list and I claim payment in accordance with the Regulations.

Mileage claim road water footpath

Enter date if registration examination completed

CHS Ref No. of GP providing service if different from below

Doctor's signature **Date** 20/09/06

Doctor's name BURTON. **GP Ref. No.**

Printed for Astron J0221975 2/05 (037907)

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NHS IN SCOTLAND

COPY.

Application to Register with a General Medical Practitioner

Please complete in **block capitals** and tick relevant boxes

Patient details

Surname MCLEISH

Forename WENDY

Previous Surname

Date of birth 25/5/87 **Male** **Female** ✓

I wish the child named above to be registered at the practice for Child Health Surveillance

Relationship to patient

Address 22 NAPIER PLACE 3/2

Post code G51 2LL

I will be in the area for more than three months ✓

Patient's / Patient's representative signature W McLeish **Date** 11.7.05

Voluntary consent to organ donation

If you wish to register on the NHS Organ Donor Register as someone whose organs can be used for transplantation purposes after your death, please tick relevant box(es) below:

Any Organ ✓ **Kidneys** **Liver** **Lungs** **Heart** **Corneas** **Pancreas**

Patient's signature W McLeish **Date** 11.7.05

Please help us to trace your previous medical records by providing the following information if known

NHS No. (not National Insurance No.)

Community Health Index (CHI) No.

Previous address in U.K.

70 WALLACEWELL QUADRANT
BARMULLOCH
Town GLASGOW
County SCOTLAND **Post code** G21 3PX

Name and address of previous doctor in U.K.

DR MCKELVIE
SPRINGBURN HEALTH CENTRE

If returning from abroad

Date of departure from U.K.

Date of return to U.K.

If returning from HM Forces

Date enlisted **Service / Personnel No.**

If **none** of the above information is known then please complete the following:

Town of birth GLASGOW

County of birth SCOTLAND

Reg. district of birth (see birth certificate)

Mother's maiden name O'DONNELL

Doctor's agreement

Enter 'D' if supplying drugs

Mileage claim road water footpath

CHS acceptance **yes** **no**

Enter date if registration examination completed

I accept this patient on my list and I claim payment in accordance with the Regulations.

CHS Ref No. of GP providing service if different from below

Doctor's signature **Date** 11.07.05

Doctor's name DUNWOODIE **GP Ref. No.** 0688C

DR. BILL DUNWOODIE
GOVAN HEALTH CENTRE
6 DRUMOYNE ROAD
GLASGOW G51 4BJ
Tel: 0141 531 8470

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NEW PATIENT RECORD SLIP - PLEASE COMPLETE & HAND TO RECEPTIONIST

Today's Date 11/7/05

Name WENDY MCLEISH Date of Birth 25/5/87

Phone No 0141 445 4156 Address 22 NAPIER PLACE

Postcode G51 2LL. Main Door ..... Ground ..... Floors up 3/2

MARITAL STATUS

Single ☑ Married ☐ Widowed ☐ Separated ☐ Divorced ☐

Previous GP Name DR MCKELVIE

Previous GP Address SPRINGBURN HEALTH CENTRE

If female, Have you ever had a cervical smear test. Yes ☐

No ☑

If YES When ..... Where .....

Are you in any regular medicines from your doctor? Yes ☑

If yes could you list them here and tell us what you take eg Paracetamol Tablets, 2 tablets a day Dianette 1 a day. HAYFEVER TABS 1 A DAY

No ☐

Have you had a serious illness in the past? If so could you put a rough date against each on eg Heart Attack..... 1978 .....

IMMUNISATIONS

Could you please tick the appropriate box and indicate if your GP arranged the vaccination.

1st Vaccination	Yes	☐	GP	Yes	☐
	No	☐		No	☐
2nd Vaccination	Yes	☐	GP	Yes	☐
	No	☐		No	☐
3rd Vaccination	Yes	☐	GP	Yes	☐
	No	☐		No	☐
MMR	Yes	☐	GP	Yes	☐
	No	☐		No	☐
Whooping Cough	Yes	☐	GP	Yes	☐
	No	☐		No	☐
Pre-School Booster	Yes	☐	GP	Yes	☐
	No	☐		No	☐

ALL THIS INFORMATION IS ENTIRELY CONFIDENTIAL. IT IS USED SOLEY FOR YOUR MEDICAL CARE. IF THERE IS ANYTHING THAT YOU'D RATHER NOT WRITE DOWN, PLEASE ASK TO SEE THE DOCTOR.

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HEALTH PROMOTION SHEET

NAME Wendy M'Lash CHI No ✓

ADDRESS 3/2 22 Napier PL DOB 25/5/87

REG DR Dunwoodie OCCUPATION ~~Steward~~ BAR Steward

DATE 26/1/05 FAMILY HISTORY Nil of note

SMOKER Y (N) ✓ AMOUNT

ALCOHOL (Y) N ✓ AMOUNT 1 BTLE vodka Fri – Sunday

EXERCISE – Gym

HEIGHT 1.57 ✓ WEIGHT 59kg ✓ TARGET WEIGHT

CERVICAL SMEAR N/A BREAST EXAMINATION +

TETANUS BOOSTER – within 10yrs POLIO BOOSTER

RUBELLA STATUS ✓ BP CHECK – 135/77 ✓

URINALYSIS NAD CHOLESTEROL CHECK

HEALTH PROMOTION SUMMARY

Reasonable lifestyle.

HEALTH PROMOTION PLAN

Advise safe alcohol limits

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BIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
GLASGOW ROYAL MATERNITY HOSPITAL

UNIT 1 Yellow

MCLEISH WENDY | Sex F | D.o.B. 25/ 5/87 | Hosp. GP | Ward GP07
5 LAMLASH SQ
GLASGOW
Consultant DR.AYMES | Hosp. No.

Investigation CULTURE | Taken 16/11/89
Specimen FAECES | Received 17/11/89

SALMONELLA,SHIGELLA,CAMPYLOBACTER NOT ISOLATED

RECEIVED
22 NOV 1989
ISOLATED

Microbiologists G.Wills / Dr.A.C.McCartney | Reported 20/11/89 | Bacteriology | Page 1 of 1 | Lab. No. 065041 X f*
FAECES

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MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
GLASGOW ROYAL MATERNITY HOSPITAL

Name MCKEISH WENDY Sex F D.o.B. 25/ 5/87 Hosp. GI Ward GP2
Address 62 LAMLASH CR .T Consultant CAVEN Hosp. No.
GLASGOW
Investigation CULTURE Taken 19/ 5/92
Specimen URINE MID-STREAM SPECIMEN Received 20/ 5/92

MICROSCOPY: NO SIGNIFICANT FINDINGS

CULTURE: NO SIGNIFICANT GROWTH

EAC ✓	JON ✓
COMP	
FILE	✓
OTHER	

Microbiologists G.Wills / Dr.J.E.Coia Bacteriology Lab No. 014667 E f*
URINE Reported 21/ 5/92 Page 1 of 1

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TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
96 SEP 16 18:25	54	Ahmed	665
TIME PASSED	**DEP. No.**	**DEP. NAME**	**S.C.O/O.B.S.**
96 SEP 16 18:50	3 111	LOVATT	
TIME ARRIVED	**PATIENTS NAME**		M (F)
96 SEP 16 19:08	Wendy McLeish		T.R.
AGE YEARS 3 MONTHS	**ADDRESS** 5 Lambash Sqo Cranhill Lpl		
ORIGIN Mum			TEL.
DIRECTIONS			MAP REF

MESSAGE

V + D, drowsy.

Osaw GP Thurs

A bug.

OPERATOR H

DIAGNOSIS

TREATMENT V medication.

ASAP

Clear NAD

Surgery AM

REVISIT

F.P. 10 961

OPERATOR RG

TIME

T 16

A.

BAYER

Bayer UK

Adalat®

nifedipine

Bayer UK Limited, Newbury, Berkshire RG13 1JA Tel: (0635) 39000

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DUTY DOCTOR	CALL NO.
PATIENT'S NAME & ADDRESS	AGE 3
	DATE 16/9/90
	TIME RECEIVED C/R 18:25
TELEPHONE INFORMATION RECEIVED	TIME PASSED
(V) +(D) Drowsy	TIME ARRIVED ~~240~~ 08

HISTORY & EXAMINATION

For 5/7. Diarrhoea + vomiting. Not eating. Won't take Dior dyte

O/E. Not dehydrated

Very quiet child – unusual affect+V. compliant Abdo NAD

TEMP.	
PULSE	
B.P.	/
PATIENT TO CALL IF NECESSARY	
TO SURGERY ON	DAY
PLEASE REVISIT ON	DAY
HOSPITAL ADMISSION ARRANGED	

DIAGNOSIS

TREATMENT/DISPOSAL

Ado seen in surgery

morning

PATIENT'S OWN DOCTOR	GENERIC DRUG BATCH/LOT NO.
AUMW	961

HEALTHCALL SERVICES LIMITED
Printed on Recycled Paper

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FEMALE

SURNAME	CHRISTIAN NAMES
McLaren	Wendy

ADDRESS: 5 Lochlands Sq. — Date of Birth: 25 | 5 | 87.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
8/11/91		Soiling ++ since death of mother.	
		Abd soft NAD.	
		advice	
		See SOS — J O'Neill ref to CFP	
14/11/91		DNA Dr. Alcorn	yr whitl
5/12/91		Pre-admission medical to Foster care. Father	
Ht 98cm		in custody — Rikki Sneddon present	
Wt 15kg		Gram + confirms →	(R) IH
Age 4 yrs		— will require attention	
		SW officers informed.	
23/12/91		Discharge from SW care	
		Medical done	
		SW/Care Officer asked to	
		tell Dad to come re R/H	
9/1/92		Discussed with Dad	
		re surgical referral re (R)H ✓	
		and ? now (L) IH	
		Soiling 6/7 times daily	
		Tel to Child & Family Unit re DNA	

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

Return Tel from Dr McFadyen re discharge from clinic

MEDICAL RECORD CARD — Form G.P. 8 (Scotland)

Dd 8177233MD 224M 7/89 (25364)

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DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
14.7.92	o.o.A.		
24/3/92		URTI - pharyngitis c nodes ++	
		chest clear Rx Amoxil 500mg.	
3/4/92		Medical for Care.	NAD
14/5/92		Brought by SW helper	
		? soiling	
		to have MSSU repeated.	
		with foster parents in	
		Prestonhill.	
19/5/92		MSSU sent ✓	
		Stool - bulky - normal	
		colour → not sent for FOB.	
1/6/92		Going to Foster Care in Milton	
		(Mrs Reilly, 110 Berneray St)	
24/12/92		Going to Childrens Home, Paisley.	
		SHI occas. encopresis.	
		Had bilat. hernia repair.	— Scars ok.

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

FEMALE NHP (CARD SIGNED) 7/11/90

SURNAME	CHRISTIAN NAMES	Date of Birth
McLEISH	WENDY	25 5 87

ADDRESS 5 LAMLASH SQUARE G33 3XH

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
30/11/90		Paronychia R Fricidin Cream. Conjunctivitis & chlamydia.	
18/12/90		Recent URI, fever & ear pain 37 Amoxil 125mg/5ml 100ml CALPOL Inf. 100ml	(R) AOM
8/3/91		Simple Linctus Paed 5mls QDS x200ml	
24/4/91		Nocturnal cough Chest clear. Ventolin 2mg/5ml b.d.	
10/5/91		Cough during the day Not at night Off her food. O/E Temp (N) Chest - few crepes (L) base? MOTHER: KATHLEEN O'DONNELL	

↑ Ventolin to Drug Tab, 300ml

Dr.....

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

Date.....

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

MEDICAL RECORD CARD FORM G.P. 8a (Scotland)

Dd8128636 72M 8/88 R.P.(53791)

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
17.6.91		URTI, started last night coughing. °Co °wheezing	
		Rx Paracetamol	
		Supply of Ventolin	
22/6/91		URTI Chest clear. Galenphol	
23/7/91		Impetigo ? Post Chicken Pox.	
		R Fucidin Cream	
15/8/91		"Pressure" eyes and blinking a lot	
		O/E NAD	
		Throat ✓	
		Ears ✓	
		advice	
19/8/91		Catarrh ++ cough.	
		"pressing eyes"	
		Looks well.	
		Nose blocked	
		Rx amoxil syrup 125mg TDS x100.	
27/8/91		Dad with pt — he noticed in evening at wash time a squashy bubble above pubes to (R) on 25/8/91	
		Pt had NO complaint of pain. No cough / trauma.	? (R) IH.
		O/E No obvious hernia today	
		? Cough → s/o impression of bulge. MONITOR again	

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

See anytime pain if pain.

NHS Confidential: Personal data about a patient

FEMALE

	DATE OF BIRTH	SERIAL No.
MCLEISH	25/05/87	6061

WENDY
617/87/408

5 LAMBLASH SQ
GLASGOW
G33 3XH

DR. J E O'NEIL

DATE 29/11/90 G

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

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 FINAL CERTIFICATE.

MEDICAL RECORD CARD

FORM G.P. 8A(COMP)