



South Perthshire Community Mental Health Team
King's Centre
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Dr RD Humble
Strathmore Surgery
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Date	23/08/2021
Clinic Date	
Your Ref	
Our Ref	GB/ 1003820107
Enquiries to	Admin
Extension	
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Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN DOB: 10/03/1982

Further to my letter dated 5th May 2021, I am writing to update you regarding my contact with Yvonne. We have had telephone contact on four further occasions, most recently on 5th August 2021. One of these sessions was brief as Yvonne was with a friend at the time of our agreed appointment.

Yvonne completed the Survive and Thrive course and reported finding this helpful. During the course Yvonne's mood was variable. When I spoke to her on 20th May 2021, Yvonne reported her mood had been slightly elevated but had dipped after having contact with her ex-partner, Charlene. She denied any suicidal thoughts or any related intent or planning and was aware of the relevant emergency contact numbers should this change.

On 27th May 2021, Yvonne contacted a colleague involved in the Survive and Thrive course and also the duty worker as she had experienced two memories from her past which she found distressing. Yvonne believed these had been triggered by that week's session of the course. When I next spoke to Yvonne on 24th June 2021, Yvonne explained she visited her ex-partner in Glasgow the day after the Survive and Thrive session and whilst there experienced a further "flashback" memory. On further questioning, Yvonne said the memories did not have any re-experiencing qualities and were located in the past, describing them as vivid memories. Yvonne said three days after she returned from Glasgow she took an impulsive overdose of around six or seven tablets of her prescribed medication (a combination of quetiapine and topiramate). I understand she had also fallen out with a friend just prior to this. Yvonne said in the moment she took the tablets she intended to kill herself but then "realised it was a stupid thing to do and I should have reached out" and regretted her actions. She said she did not attend hospital but had bloods taken at the GP practice and said she was "fine".

During our contact on 15th July 2021, Yvonne again rated her mood as variable. She said she had experienced an upsetting memory from her teenage years and as a consequence was very angry with her mother for not protecting her. She advised she had recently rekindled her relationship with Charlene but soon after realised she found this too difficult to cope with and ended the relationship again. Furthermore, Yvonne said she had made the difficult decision to have her puppy, which she had recently acquired, re-homed as she was struggling to care for it as it was a breed which required a lot of exercise. It was my impression Yvonne was having difficulty regulating her emotions and I recommended she use the skills taught to her on the Survive and Thrive course as she indicated she was not using any of these. During our next appointment Yvonne said she had reviewed the course material and was implementing some of the strategies. She noted an improvement in mood (5 out of



10, where 10 is the best). She said she had ended a ten-year-long friendship with a mutual friend of Charlene's and she was avoiding "negative people". Her son had moved back to his flat, which she said she was pleased about, and she had reconnected with the church community which she reports finding particularly supportive. During our final contact, Yvonne's mood had improved further (8 out of 10). She attributed this to positive support from the church and said she had an upcoming appointment in relation to peer support with Mindspace.

Yvonne expressed some concerns in relation to being called as a witness at the upcoming trial of Charlene's father. He apparently physically assaulted his daughter, which Yvonne said she witnessed. Dr Mairi-Anne Miller, GP, contacted me on 18th of July 2021 in relation to this and I advised it was my impression attending the trial would likely be difficult for Yvonne and could adversely affect her mental health.

Towards the end of our sessions, I explained to Yvonne I was planning to discharge her from clinical psychology and the rationale for this. It is my impression she continues to struggle at times with emotional dysregulation triggered by experiencing upsetting memories from the past and relationship and situational difficulties. Yvonne has never reported re-experiencing symptoms and therefore trauma-focussed CBT is not indicated at this time. I explained the importance of using the techniques and skills she has been taught in order to learn how to regulate her emotions as this seems to be her main difficulty. Yvonne was understanding of this but subsequently contacted duty worker to explain she was unhappy with my decision and wanted a second opinion. I discussed this further with Yvonne who indicated she wanted further "support". I consulted Dr Ailie Castle, Consultant Clinical Psychologist, who agreed further input from clinical psychology at this time is not indicated. In addition to the support she currently has (the church community and Mindspace peer support) we wondered if Yvonne might benefit from a counselling approach if she wishes to talk about past experiences and I explained she could access this through Mindspace. Trauma Counselling Line Scotland would be another option but Yvonne indicated she would prefer face-to-face contact and their counselling is by telephone. On explaining again the rationale for not offering further clinical psychology input at this time, Yvonne said she understood this better having had it explained to her again and she was agreeable to being discharged from my caseload. In future, Yvonne might benefit from reinforcement of the techniques and strategies she has learned from the Survive and Thrive course and this could be delivered by the nursing team within the CMHT. Yvonne can of course be re-referred to clinical psychology in future, if appropriate.

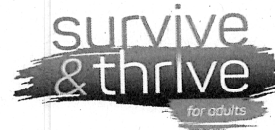
Please do not hesitate to contact me should you wish to discuss Yvonne's case further.

Yours sincerely

Authorised on 23/08/2021 13:57:38 by Gillian Bailey.

Dr Gillian Bailey
Clinical Psychologist

(P) Dr Christopher Sheridan, North Perthshire CMHT, Blairgowrie Community Hospital, Perth Road, Blairgowrie, PH10 6EE



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Gillian Bailey
North Perthshire CMHT
Blairgowrie Community Hospital
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Date Typed
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16/06/2021
RWF/J Survive and Thrive
Rachel Warner
562383
01738 562383
Tay-UHB.PAPTSAdmin@nhs.net

Dear Kate

RE: Yvonne Jamieson CHI: 1003820107, 13 Hatton Place, Rattray, Blairgowrie, PH10 7AN

I write to inform you that Yvonne Jamieson has completed Survive & Thrive between 14 April and 16 June 2021. Their electronic patient record has been updated on Emis for each session. They have now been discharged from the course.

If you would like to discuss any aspect of the course and their attendance please do hesitate to contact the facilitators on 01738 562383.

Yours sincerely,

Rachel Warner
Clinical Associate in Applied Psychology

✓ Cc: Dr Humble, Strathmore Surgery, Jessie Street, Blairgowrie, PH10 6BT



Working in partnership with NHS Tayside and Dundee City Council



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Date	05/05/2021
Clinic Date	
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Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN DOB: 10/03/1982

Further to Dr Julie Cottrell's, Clinical Psychologist, letter dated 2nd March 2021, I am writing to update you regarding my contact with Yvonne. Yvonne was transferred to me from Dr Cottrell for trauma-focused therapy. Dr Cottrell undertook psycho educational work around trauma and phase one safety and stabilisation skills with Yvonne and referred her to the Survive and Thrive course which commenced on 12th April 2021.

Further to Dr Cottrell's assessment letter dated 19th January 2021, the following is a review of Yvonne's case.

Presenting Problems

I met with Yvonne on two occasions, on the 18th and 25th March 2021 via Near Me video link. Yvonne rated her mood over the previous week as 5/10, where 10 is the best. She denied experiencing any current suicidal thoughts or any related intent or planning. She confirmed she already has the relevant emergency contact numbers should this change.

Yvonne described her mood as stable and showed me the Bipolar II Workbook and the Bipolar II Journal she has been working on. When asked what she found most useful in relation to her sessions with Dr Cottrell, she reported benefitting from regular check-ins in relation to her mood. She struggled to recollect the safety and stabilisation work they had completed.

Yvonne understood she was transferred to me to undertake trauma-focussed therapy. However, she denied experiencing any flashbacks, nightmares or dissociation. She said she sometimes experiences memories from the past but these do not have a re-experiencing quality and feel as though they are located in the past. Yvonne explained there was an increase in difficult memories from the past which were triggered when she was in her previous relationship but there were no re-experiencing symptoms and these memories have now subsided.

Yvonne said she was not experiencing any particular difficulties at the moment. I administered the Clinical Outcomes in Routine Evaluation (CORE)-10 which gives an indication of difficulty severity and she scored 12 which falls within the mild range.

Relevant Background

This is summarised in Dr Cottrell's letter dated 19th January 2021 and I will therefore not reiterate it here.

Current Circumstances

Yvonne said a typical day at the moment is spent mostly indoors because of lockdown restrictions. She said she found this quite difficult as she is usually someone who likes "to get out and about". She said her 18 year old son, Kyle, is currently staying with her despite him having his own house. He appeared in court between our sessions in relation to an alleged sexual offence with a minor. He has apparently been referred for a social work background report and has been advised he will not go on the sex offender's register. Yvonne said she and her son are both pleased with the outcome which means he will still be able to apply for a position in the British Armed Forces as planned.

In terms of social support, Yvonne attends video calls with her church and described her faith as important to her. She said her neighbours also check in on her to make sure she is okay.

Yvonne said although she has made it clear to her ex-partner their relationship is over and wants no further contact, her ex-partner is still contacting her by text message. I suggested she keeps a record of contacts should this continue and she wishes to take further action in the future.

Treatment Plan

I explained to Yvonne as she is not currently experiencing any re-experiencing symptoms Trauma-Focussed-CBT is not indicated at the moment. Yvonne said she was looking forward to starting the Survive and Thrive Course and I can see from the notes on EIMIS she has attended the first three sessions and has engaged well.

When I asked Yvonne what she would find most useful at the moment in terms of clinical psychology input she suggested that checking in with her from time to time to monitor her mood whilst she completes the Survive and Thrive course would be most helpful. I agreed to this and when asked when she would like me to next contact her she indicated after the fifth session (half way through). We have therefore agreed a further appointment on 20th May, 2021. We agreed this would be by telephone as the sound and picture quality on our Near Me sessions had been poor.

When Yvonne has completed the Survive and Thrive course we will have a review appointment to identify any further individual work required. In the meantime, please do not hesitate to contact me to discuss Yvonne's case further.

Yours sincerely

Authorised on 05/05/2021 14:23:00 by Gillian Bailey.

Dr Gillian Bailey
Clinical Psychologist

(P) Dr Chris Sheridan, Consultant Psychiatrist, North Perthshire CMHT, Blairgowrie, PH10 6EE

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Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN DOB: 10/03/1982

Update – Transfer of care

I write to inform you that as I am shortly leaving the department, my colleague in the South Perth CMHT, Dr Gillian Bailey, has kindly offered to continue to meet with Yvonne for ongoing psychological therapy. Appointments will continue to be undertaken via NEAR ME video link. During my contact with Yvonne we have spent time undertaking psycho educational work surrounding trauma and phase one safety and stabilisation skills. She now wishes to progress to emotional processing/exposure work with my colleague with regards to difficult memories from her past, as detailed in my assessment letter. I have referred Yvonne to the Survive and Thrive program to support the work we have covered. I understand the next group may commence at the end of March.

There have been no issues of risk during my contact with Yvonne. Her mood has tended to fluctuate based on relationship difficulties with a partner, although she reports they are now just friends. She is aware she can contact the CMHT Duty Worker/NHS 24 if she is in crisis or there is a change to risk. She will continue to be reviewed by the Consultant Psychiatrist within the team. Please do not hesitate to contact me if you have any queries and Dr Bailey will update you in due course.

Yours sincerely

Dr Julie Cottrell

Authorised on 04/03/2021 09:54:02 by Julie Cottrell.

Clinical Psychologist

(P) Dr Sheridan Christopher, MAPS, Alloway Centre, 1 Alloway Place, DUNDEE, DD4 8UA
(P) Dr Gillian Bailey, South Perthshire Community Mental Health Team, Kings Centre, Crieff, PH7 3SA



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Date	09/04/2021
Clinic Date	26/03/2021
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Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
CHI: 10/03/1982 0107

Diagnosis: Bipolar Affective Disorder Type II

Medication: Quetiapine 150mg nightly
Topiramate 50mg twice daily
Levothyroxine and other medications as prescribed for physical health by the practice

Follow Up: At outpatient clinic in around 6 months' time

I spoke with the above named patient at my outpatient clinic on the 26th of March 2021; this was via telephone due to current Coronavirus guidelines. She last spoke with Dr Day in October of 2020 at which point she was commenced on **Topiramate** as an additional mood stabiliser, being unable to tolerate higher doses of **Quetiapine** and being unable to tolerate **Aripiprazole**, **Lamotrigine** and being not keen to try **Lithium** due to Hypothyroidism. This was to be increased from 25mg BD to 50mg BD after 4 weeks as tolerated. She has also regularly seen Clinical Psychology with Dr Julie Cottrell and is about to start Survive and Thrive psychoeducation course and is now seeing Psychologist Gillian Bailey.

Yvonne tells me that generally her mood is more stable and she feels that the combination of **Quetiapine** and **Topiramate** has been beneficial, she denies any side effects. She feels more recently that her medication is "taking longer to kick in" and further elaborated by saying she felt she was not getting the same sleepiness effect sometimes for a bit longer at night time. She tells me she works hard to try and take her medication at the same time but sometimes life circumstances can vary this a little. I note that recent difficulties with her son appearing in court have been resolved, generally positively and Yvonne confirmed this was in the past and positive that she is moving beyond this. She is feeling ok about starting Survive and Thrive, which starts next month, and feels reasonably prepared to talk about difficult or traumatic events, having had some preparation with Psychology already. She also tells me she likes to be "quite resourceful" and proactively has bought some books online around Bipolar Disorder and charting her moods, which she regularly does. She is also due to start a college course soon in Health and Social Care, moving from Level 5 to Level 6, and is looking forward to this.

Mental State Examination

Yvonne was pleasant in demeanour on the phone and rapport was easily built. Her speech was normal in rate, rhythm and volume and displayed variation in tone with no pressure or poverty, but appropriate amounts of spontaneous speech. There was no formal thought disorder and no thoughts of harm to her or others. She did not disclose, and I did not elicit, any psychotic features and cognitively she was grossly intact, being alert, attentive and orientated in time, place and person. She displayed insight into her mental illness and was able to talk about how she is managing this proactively, discuss what medication she is on, psychological treatment and her focus on the future and getting better.

Opinion and Plan

Yvonne's mental health seems to be relatively stable and in fact has improved since previous review. She is still undergoing psychological treatment which should hopefully further benefit her and recent social stressors have to a large extent resolved. She has found the addition of **Topiramate** beneficial and feels her medication is at about the right balance and is helping to keep her stable therefore I did not recommend any changes to her treatment plan today. She will see Survive and Thrive group regularly from next month and also has regular support from Gillian Bailey within Psychology and thus I will offer a follow up in 6 months. She discussed today that she would proactively get in touch should she be struggling before then and I have reminded her she can request a sooner appointment or to speak to our Duty Worker should support from Psychology not be available and Yvonne has assured me she would do so if needed.

I hope the above is useful in your ongoing care of this patient, please do not hesitate to contact me if you have any further enquiries.
Yours sincerely,

Authorised on 15/04/2021 16:25:02 by Chris Sheridan.

Dr C Sheridan
Locum Consultant Psychiatrist

(P) Dr Julie Cottrell, Clinical Psychologist, North Perthshire CMHT, Blairgowrie Community Hospital,
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Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN DOB: 10/03/1982

Diagnosis: Bipolar Affective Disorder type II

Yvonne was referred within the CMHT to Clinical Psychology by Dr Day, Consultant Psychiatrist for trauma focused therapy in relation to adverse childhood events and alleged sexual abuse.

To summarise Yvonne's history of contact with mental health services to date, she was most recently referred to the CMHT in January 2019. Mood dysregulation and a background of trauma was noted, with a request for psychiatric diagnosis and pharmacological treatment. I understand Yvonne was previously referred to psychological services in 2004 due to difficulties with suicidal ideation and superficial self harm (on account of a previous perpetrator living near her), but failed to attend her appointment. She was first referred to the CMHT in 2009 following a mental health admission after the loss of a baby and appears to have had previous mental health admissions in Fife. I understand Yvonne failed to engage with the CMHT in 2009 and again in 2012. She informed me she has previously attended Mindspace, Cruse and Women's Aid. As a child, she noted she attended Pollpark Family Centre.

Presenting Problems

Yvonne described her mood as low, but "unpredictable" at times. She attributed low mood to relationship difficulties with her partner and shared with me that her son is to attend court on account of sexual offences against a minor. Yvonne explained how incidents in her partner's life have triggered memories of her own abuse. She described symptoms of low mood as being tearful, withdrawn and quiet. Her scores on the CORE 10 (19) and PHQ (14) were indicative of a moderate level of psychological distress.

Yvonne dated onset of low mood to early childhood. She said she always had to be self reliant as her mother was both physically and emotionally absent, often out drinking alcohol with friends. Her father worked all week and on a Sunday would administer physical punishment to Yvonne and her two brothers following a behaviour report by their mother. She said she cannot recall any happy memories from childhood or a time in her life when mood has not been low. She alleges she was sexually assaulted by a family friend between the ages of 8 and 10 years. Further to disclosing this to services, Yvonne said she was placed in foster care in Fife. Her father unfortunately died around the same time as going into care. Yvonne said all her siblings were in care at some point. She described herself as an angry child. She noted during a care home placement in Glenfarg, she would have a tendency to run away and on one occasion lifted a knife to her foster carer.

With regards to school, Yvonne explained that she attended three different primary schools, which she found difficult. She said she was often bullied and on one occasion decided to fight back. She brought in a knife to school and made this visible to her perpetrators (although did not use this). She attended the liaison base in school and recalled having sessions at Pollpark Family Centre. After leaving school, between the ages of 16 and 20ys she moved around frequently and lived with her mother, auntie and in homeless accomodation. She fell pregnant at age 20 years with her son, Kyle. She said this was a one night stand and Kyle's father has never been involved in his life. She subsequently met her now ex husband, whom she alleges was physically and emotionally abusive. She related that he held her by the throat in PKC buildings, which was witnessed by others. In 2009 she fell pregnant but the pregnancy was difficult (pre-eclampsia and HELPP syndrome) and the premature baby sadly passed away shortly after birth (leading to a hospital admission as noted). Shortly after her loss, her son disclosed alleged sexual abuse by her then husband. Yvonne said she "chose [her] husband over [her] son" and following this allegation by her son, he then stayed with his auntie, with whom he remained until age 16 years. Her marriage ended in 2010.

Yvonne continues to have contact with her mother and reports an improved relationship. She finds it difficult how kind her mother is to her grandchildren and that she did not receive the same care. She does not currently have a lot of contact with her siblings. She said her main coping strategy is to write about her feelings and she has shared some of her journal in therapy.

In terms of risk, Yvonne said she has not experienced suicidal thoughts for many months ("absolutely not"). She rated both the risk items (thoughts and plans) on the mood questionnaires as nil. She shared she took an overdose of her lamotrigine tablets (x7) at the start of last year, but has not felt suicidal since and attributed her distress at the time to a disagreement with her partner. She explained she telephoned the CMHT after taking the overdose. She noted she has no history of self harm via self laceration. She said she has previously taken overdoses, although could not provide further details. Whilst Yvonne highlighted an absence of protective factors, she assured if there was a change to her risk she would adhere to a safety plan and would continue to telephone the CMHT Duty Worker/NHS 24. She denied the use of alcohol, recreational drugs or a criminal history.

To summarise, Yvonne is a year old female with a diagnosis of Bipolar Affective Disorder Type 2. She appears to have had a difficult childhood and describes experiencing neglect by her mother and physical punishment by her father. In addition, she alleges she was sexually assaulted as a child and due to these adverse childhood experiences, was placed in foster care. This resulted in disruption to schooling and Yvonne recalls being bullied and having longstanding difficulties with low mood and anger. As an adult she unfortunately experienced the loss of a child and a difficult relationship with her ex husband, including allegations made towards him by her son, which resulted in him living with his auntie. Her son is currently awaiting his own court case for a sexual offence. More recently she has been in a relationship which has had some difficulties and impacted on mood. Fortunately she reports a reduction in risk and states she would utilise the CMHT/NHS 24 for crisis support if required.

Yvonne has requested trauma focused therapy. We will initially review safety and stabilisation coping skills prior to progressing to trauma processing work. I have shared some of the Survive and Thrive material with Yvonne and have offered to refer her to this course for complex trauma, which she said she will think about. I will update you on Yvonne's progress in due course.

Dr Julie Cottrell

Authorised on 20/01/2021 08:42:08 by Julie Cottrell.

Clinical Psychologist

(P) Dr Richard Day, Consultant Psychiatrist, North CMHT, Blairgowrie Community Hospital, Perth Road, PH10 6EE

NHS Confidential: Personal data about a patient



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Dr RD Humble
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Date	20/10/2020
Clinic Date	20/10/2020
Your Ref	
Our Ref	RD/KM/ 1003820107
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Direct Line	01250 877852
Email	

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
CHI: 10/03/1982 0107

NearMe video call today with Yvonne in view of COVID-19 restrictions.

Diagnosis: Bipolar Affective Disorder Type II

She reports that her mood continues to vary, being low most of the time but will infrequent days of euthymia when she can, for example, enjoy a bus ride to visit somewhere. Most of the time she is low, lacking in motivation and energy, with reduced sleep and anxiety. In particular she has the worry of having to appear as a witness in a court case in which her partner's father is the accused, and also that her son is also due in court, accused of sexual offences.

She is taking Quetiapine 150mg and tolerates this OK but with some morning sedation and sleepiness. She also takes Thyroxine 125micrograms. There is evidence that Quetiapine has had some benefit but the dose is now limited by sedative side-effects.

At interview she made reasonable eye contact and there was some rapport. Her speech was within normal limits and her affect appeared low but with some reactivity. She did not voice suicidal intent and had reasonable insight.

Plan

We discussed additional mood stabilisation options – she has been unable to tolerate Aripiprazole and Lamotrigine and remains unkeen to trial Lithium due to her pre-existing hypothyroidism, which is currently stable. I would therefore recommend that she starts Topiramate, initially 25mg bd, increasing to 50mg bd in 4 weeks if tolerated.

She also remains keen to have her medication dispensed on a monthly basis and I have no objection to this on the grounds of her current mental state.

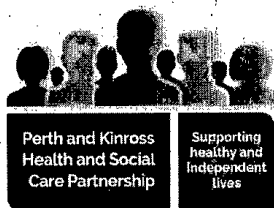
I will arrange for her to be seen again in 3 months.

Yours sincerely

Authorised on 21/10/2020 09:39:48 by Richard Day.

NHS Confidential: Personal data about a patient

Dr Richard Day
Consultant Psychiatrist



28 AUG 2020

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Our Ref	
Date	28 August 2020

Miss Yvonne Jamieson
13 Hatton Place
Ratray
Blairgowrie
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PH10 7AN

Dear Yvonne

I am writing to inform you that you have been referred within the Community Mental Health Team to Clinical Psychology.

Unfortunately there is currently a waiting list for Clinical Psychology. Your name has been placed on this list and an opt-in letter or appointment will be sent to you when one becomes available. It is the aim of the service that you are seen within 18 weeks of being referred to Clinical Psychology, however, this may continue to be impacted by the Covid-19 situation over the coming months. We will endeavour to appoint you as soon as this is possible. If you do not wish for your name to be on the Psychology waiting list please telephone 01250 877852 and your name will be removed.

Whilst you are waiting to be appointed, the Community Mental Health Duty Worker is available in the event of a crisis on **01250 877852** during the working hours of Monday to Friday 9am-5pm.

Yours sincerely

Appointments Office

Copy to: GP

Out with office hours, if you require support urgently please use of the following numbers:

NHS 24: 111

Breathing Space: 0800 83 85 87 (Mon-Thurs 6pm-2am and weekends 6pm-6am)

Samaritans: 116 123 (free phone number)



General Adult Psychiatry
NHS Tayside

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Date	30/07/2020
Clinic Date	30/07/2020
Your Ref	
Our Ref	RD/KM/ 1003820107
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Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
CHI: 10/03/1982 0107

NearMe call today (in view of COVID-19 restrictions):

Diagnosis: Bipolar Affective Disorder Type II

She reports that in the past 3 months her mood has become more settled again and she is currently "not too bad". She finds lockdown difficult in that she is not able to do very much. She struggles to find things to do through the day, but on days when her female partner visits, they can go on day trips e.g. to St Andrews, and Yvonne can enjoy this. She is managing her day-to-day routine OK, is sleeping reasonably (with Quetiapine) but can feel a bit groggy on waking. She denies recent suicidal ideation. She can be quite "grumpy" and I am not clear how much this has to do with being a bit low and how much it might be related to boredom during lockdown.

She currently lives with her 18 year old son, although he is due to move out to Alyth soon. Her partner comes to stay for a few days each week.

She is taking Quetiapine 150mg and tolerates this OK – with less oversedation than when she was taking Quetiapine and Mirtazapine.

At interview she made good eye contact and there was reasonable rapport. Her speech was within normal limits and her affect was low but reactive. She does not have suicidal ideation over recent months.

Plan

I would recommend that she continue on Quetiapine 150mg. Given that her suicidal ideation has resolved, I would be happy for this to be dispensed on a monthly basis again, now.

She has requested psychological therapy (partly in relation to past sexual abuse, but also to deal with ongoing negative thinking). Given that her mood is relatively stable at present, this would be a good time to embark on psychological therapy.

I will see her for review in 3 months.

Yours sincerely

Authorised on 30/07/2020 17:18:01 by Richard Day.

Dr Richard Day
Consultant Psychiatrist



General Adult Psychiatry
NHS Tayside

North Perthshire Community Mental Health Team
Blairgowrie Community Hospital
Perth Road
Blairgowrie
www.nhstayside.scot.nhs.uk

Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Date	27/04/2020
Clinic Date	16/04/2020
Your Ref	
Our Ref	MF/KM/ 1003820107
Enquiries to	Administrator
Extension	
Direct Line	01250 877852
Email	

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
CHI: 10/03/1982 0107

Diagnosis: Bipolar Affective Disorder type 2
Medication: Quetiapine 50mg for 3 days at night, then 100mg for 3 days, then 150mg once daily at night and continue
Follow-up: Clinic review 3 months

Yvonne was reviewed by telephone this afternoon. She has stopped her Lamotrigine now and has had no side-effects. She feels well, "chilled" with Diazepam but knows that she cannot continue this for any length of time. She requested to be put back on Quetiapine which I think is a reasonable choice.

She says that her period has re-started and she is not pregnant.

She is not anymore romantically involved with her female friend in Glasgow but they are keeping in contact as friends which suits Yvonne well.

She sounded bright on the telephone and I had no specific concerns.

Plan

Re-start Quetiapine as above
Clinic review in 3 months

Yours sincerely

This letter has not been authorised

Dr Matthias Feile
ST4 General Adult Psychiatry



General Adult Psychiatry
NHS Tayside

North Perthshire Community Mental Health Team
Blairgowrie Community Hospital
Perth Road
Blairgowrie
www.nhstayside.scot.nhs.uk

Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Date	20/04/2020
Clinic Date	16/04/2020
Your Ref	
Our Ref	MF/KM/ 1003820107
Enquiries to	Administrator
Extension	
Direct Line	01250 877852
Email	

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
CHI: 10/03/1982 0107

Diagnosis: Bipolar Affective Disorder type 2

Medication: reduce/stop Lamotrigine in 50mg steps every two days from her current 150mg daily;
short term Diazepam up to 20mg per day

Follow-up: telephone review in one week's time

Your patient Ms Yvonne Jamieson was reviewed as an outpatient in the general adult psychiatry clinic on 9 April 2020. Due to the Coronavirus the review took place by the NHS video system NearMe.

Yvonne reported that things have been "up and down" since January 2020. She said she came "out of the closet" at that time, she is "gay" and she started a new same-sex relationship with a lady from Glasgow in her thirties. This lady is currently not working and her living circumstances are changeable. She had been living with her father but due to her father's alcohol and substance use had been forced to leave his house and was now homeless. Her new partner Yvonne said was exposed to physical abuse from her "very controlling father". Due to this abuse police was recently involved and her partner was re-housed but because her new house was in the next street from her father her partner felt unsafe and could effectively not use it, hence her homelessness.

Yvonne said that in the face of all this she was coping remarkably well even though she was also experiencing the stress of the situation which involved regular travel to Glasgow by bus.

Once Yvonne had described her relationship difficulties she went on to say that she had not had a period as she was expecting and thought she could be pregnant due to the timing of her last sexual intercourse with a man on 8 March. She asked about the safety of Lamotrigine. I was not able to state that there would be no risks to the fetus even if the teratogenic risks from Lamotrigine are very likely lower than those from other mood stabilisers. Yvonne was keen to stop it as soon as possible. She did not want any other medication to replace it (return to Quetiapine may have been an option). She was very happy about the possibility of being pregnant and was clear that she wanted to keep the baby if the pregnancy was confirmed.

Yvonne has continued to take Lamotrigine 150mg once daily but feels it has "not made the slightest difference" to her mental state.

On examination, Yvonne looked appropriately dressed for the season. She maintained good eye contact and conversational exchange flowed easily despite the unusual video setting and despite the fact that the internet connection was not always stable. She felt subjectively well and was objectively euthymic, without any sign of thought disorder or psychosis. She denied having had any suicidal feelings for a number of weeks now.

We discussed the risks and benefits of different reduction regimes of Lamotrigine and finally arrived at the solution of reducing it by 50mg every 2 days. We agreed that she could use prn Diazepam in the short term if she were to feel destabilised. We agreed that Yvonne would stay off any regular medication at the moment but that I would follow her up regularly if her pregnancy was confirmed and that we would discuss other management options in due course if this becomes necessary.

Plan:

- Medication as above
- Telephone review in one week.

Please don't hesitate to contact me if you require further information.

Yours sincerely

Authorised on 21/04/2020 17:37:19 by Matthias Feile.

Dr Matthias Feile
ST4 General Adult Psychiatry

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic	telephone review	CHI	1003820107		
Hospital	Blairgowrie Community Hospital	Surname	JAMIESON		
Clinician	Matthias Feile	First Name	YVONNE		
Date	16/04/2020	Address	13 HATTON PLACE RATTRAY PH10 7AN		
		GP/Address	Strathmore Surgery Jessie Street Blairgowrie Perthshire PH10 6BT		
Dear Doctor,					
The above patient was reviewed today; please accept this brief communication.					
Provisional/Diagnosis is: bipolar affective disorder 2					
Comment/Recommendations: Please re-start Quetiapine at 50mg once daily at night for 3 days, then 100mg once at night for 3 days, then 150mg once daily at night and continue. Lamotrigine is stopped now, Diazepam also stopping.					
Follow up by clinic required: No					
Specific Monitoring Required: No					
The following treatment is recommended:					
	Medication	Dose	Frequency	Indication	Duration
1.					
Is any Medication to be discontinued: No					

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic	telephone review	CHI	1003820107		
Hospital	Blairgowrie Community Hospital	Surname	JAMIESON		
Clinician	Matthias Feile	First Name	YVONNE		
Date	09/04/2020	Address	13 HATTON PLACE RATTRAY PH10 7AN		
		GP/Address	Strathmore Surgery Jessie Street Blairgowrie Perthshire PH10 6BT		
Dear Doctor,					
The above patient was reviewed today; please accept this brief communication.					
Provisional/Diagnosis is: bipolar type 2					
Comment/Recommendations: Yvonne stating she might be pregnant, wanting to come off Lamotrigine asap. We discussed reduction by 50mg every two days then stop. Please prescribe Diazepam pm tds max 15mg per day, please make 5mg and 2mg doses available. Psych telephone review in one week.					
Follow up by clinic required: No					
Specific Monitoring Required: No					
The following treatment is recommended:					
	Medication	Dose	Frequency	Indication	Duration
1.					
Is any Medication to be discontinued: No					



Emergency Department Ninewells Hospital

RD Humble
10445/1, Strathmore Surgery
Jessie Street, Blairgowrie, Perthshire
Blairgowrie
PH10 6BT

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

Dear Doctor

Miss Yvonne Jamieson
13 HATTON PLACE
RATTRAY
Blairgowrie
PH10 7AN

Date of Birth: 10/03/1982
ACHI Number: 1003820107
ED Attendance Number: E0000205875
No. of Previous Attendances: 1
Occupation:
School:
Responsible Consultant: Dr Andrew Bogacz

The above patient attended the Emergency Department Ninewells Hospital on 06/03/2020 at 01:09 and was discharged with no follow up on 06/03/2020 at 04:28. The letter has been collated by Dr Simon Roeder.

Diagnosis:		
Description	Body Site	Laterality
ED diagnosis - Psychiatry / toxicology - other - see frreetext		

Diagnosis Comments: Overdose of levothyroxine, aripiprazole, lamotrigine. Non-toxic for all. No concerning features. No ongoing suicidal thoughts.

Procedures:

Prescriptions:

Discharge Destination: Residential institution - Usual place of residence

Discharge Type: Discharged with no follow up

Referred To:

Notes for GP:



Yours sincerely

Emergency Department Ninewells Hospital

Tayside Out of Hours Service OOH Call Incident Report

Call number:	60259	Receive Date:	5-Mar-2020 21:49
Patient's Name:	Yvonne Jamieson	Gender:	F
Date of birth:	10-Mar-1982 (37 years)	Current Address:	45 Ferguson Park
Address:	13 Hatton Place	Address:	Ratray Blairgowrie
	Ratray Blairgowrie		Ratray Blairgowrie
	PH10 7AN		PH10 7AU
Return Contact No:			
Tel No:	07387 771899		07387 771899
Mobile No:			
Priority:	NHS24 Advised (Info Only)	Call Origin:	NHS24
Received:	5-Mar-2020 21:49	Calltype:	NHS24 Advised (Info Only)
Advised:	22:08	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Richard Humble

Reported Condition:
OVERDOSE 1 HOUR AGO

Followups:
None

NHS24 details:
Disposition - **999 - Ambulance (ASAP)**

Tayside Out of Hours Service OOH Call Incident Report

Call number:	51030	Receive Date:	2-Feb-2020 15:40
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (37 years)	Gender:	F
Address:	13 Hatton Place Ratray Blairgowrie PH10 7AN	Current Address:	13 Hatton Place Ratray Blairgowrie PH10 7AN
Return Contact No:			
Tel No:	07598 793992		07598 793992
Mobile No:			
Priority:	Routine	Call Origin:	NHS24
Received:	2-Feb-2020 15:40	Calltype:	NHS24 Advised (Info Only)
Advised:	17:31	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Richard Humble

Reported Condition:
MENTAL HEALTH SPIRALLING OUT OF CONTROL - 6 DAYS

Followups:
None

NHS24 details:
Disposition - **Self Care**



Crisis Resolution and Home Treatment Team

Carseview Centre
4 Tom McDonald Avenue
Dundee
DD2 1NH
sPrefPhoneNo
sPrefFax
www.nhstayside.scot.nhs.uk

Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Date	30/01/2020
Clinic Date	29/01/2020
Your Ref	
Our Ref	CM/ 1003820107
Enquiries to	CRHTT
Extension	Extension
Direct Line	DirectLine
Email	Email

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN DOB: 10/03/1982

Diagnosis: Bipolar type 2

Referral Date – 29/01/20

Name and Agency of Referrer – Dr Kibria, A & E, Ninewells

Criteria of Referral - Emergency

Reason for Referral – Referred following an intentional overdose of 7 x Lamotrigine tablets after an argument with friend and partner, taken with suicidal intent at that time, remorseful now for her action.

Date and Location of Assessment – 29/01/20 @ 2130 hrs at Carseview Centre.

Name of Assessors – Carol McLean/Lisa McKinnie, SMHN's

History of Presenting Complaint (Provided by Patient)

Yvonne relayed she had a disagreement with her girlfriend and friend earlier today via text. Reports she had said personal stuff about them and that her friend had intimated thoughts of wanting to hang or harm her-self. She described feeling "mentally unstable", felt tearful and overwhelmed and had subsequently taken the overdose with the intention of ending her life. She had however contact the Duty Worker and told them of her actions and was advised to attend A & E which she subsequently did.

Yvonne remorseful for her actions, reports she has been in touch with both people and has apologised for her hurtful words to them.

Yvonne was at home with her teenage son who was in his room when she took the overdose. She does not feel she is getting any benefit from her lamotrigine as of yet and is keen for this to be increased.

No on-going suicidal ideation and lots of positive forward planning both short and long term.

Past psychiatric history:

Previous in-patient admissions to Whitemans Braes (post overdose) and Morden Unit 2009 (following stillbirth of her child)

Currently supported by North Perth CMHT, Medical review by Dr Feile

History of previous overdoses.

Medication & Treatment:

Lamotrigine 100mgs daily (to be increased to 150mgs)

Mirtazapine/Quetiapine/Aripiprazole previously
Levothyroxine
Inhalers

Medical history:
Asthma
Underactive thyroid

Allergic to Morphine MR and Diclofenac

Family history of psychiatric illness / suicide:
Sister is Bipolar
No family history of suicide.

Alcohol / Drug use:
Very occasional social drinker.
No illicit drug use.
Non smoker.

Forensic History:
Nil

Pre-morbid personality:
Unable to answer

Personal history/ Social Circumstances including support network / usual Coping Methods:
For full history see Dr Day letter dated 01/03/19 on Clinical Portal.
History of childhood physical abuse at the hands of her father, spent time in care, poor relationship with Mum. Good relationship with her aunt. 4 older siblings, limited contact.
Domestic abuse from the father of her son (separated 2010), son was in Kinship care as a consequence of this.
Now has her 17 year old son residing with her, along with 2 cats and 2 Staffie puppy's.
Previously worked as a care assistant in a nursing home and last year attempted to embark on pursuing her SVQ, level 2 in Social Care
Recently disclosed her same sex sexuality and embarked on a relationship with a woman in Glasgow 18 days ago.
Currently unemployed and in receipt of benefits (ESA and PIP), reports finances to be tight, some debts but these are manageable.
Enjoys attending the church, looking forward to walking her dogs, pursuing her new relationship.

Child/adult protection issues: No
Gender Based Violence/Domestic Abuse issues: No

MENTAL STATE EXAMINATION AT INTERVIEW

Appearance and Behaviour:
Yvonne is around 5'4" tall and of medium build, she has shoulder length dark brown hair which she wore loose. She has a fair complexion and wore no make-up. She was dressed in clean casual clothing, leggings, t-shirt and padded jacket.
She engaged well and there was no restlessness or agitation.
Good eye contact throughout.

Speech:
Normal in all modalities.

Answered all questions asked of her, rapport easily established.

Mood and Affect:

Subjectively/objectively no evidence of low mood, Yvonne offered that she couldn't tell us the last time she felt depressed.

She spoke of feeling "mentally unstable", that last week she had a "manic" episode which lasted for a couple of days, she described that at that time her mind wanders, she can't focus and has racing thoughts at these times. No evidence of any mania today.

No evidence of neglect and is maintain her domesticities.

Sleep poor, initial insomnia despite practicing good sleep hygiene and wakens early and is unable to get back to sleep.

Reduced appetite, mostly snacking however is trying to lose weight.

Reports reduced motivation, however this only seems to pertain to her exercising or going to the gym.

Has never self harmed.

No suicidal ideation, plan or intent.

Looking forward to her new relationship progressing and managing to go out walking with her dogs.

Thought content:

No formal thought disorder.

Perceptions:

Nil evident nor described. No evidence of any pre-occupation.

Cognitive function:

Intact, no current concerns.

Insight:

Good insight into her illness and into the situational stressor today that resulted in her taking an overdose. Is aware of her diagnosis and agrees with this.

Does not feel her current medication is keeping her stable.

Summary of relevant points / Problems identified:

Long history of contacts with mental health services, today's contact appears to have been a direct response to a disagreement with her friend/partner, immediately following taking the small overdose she had sought help and was immediately remorseful for her actions. No suicidal ideation and lots of hopes and goals for the future.

Currently undergoing medication changes and medications being titrated, does not feel she is gaining the optimum benefit from these as of yet.

Suggestions/plan / outcome of assessment

Discharged home.

No further support indicated at this time as necessary.

She has been given advice on Wisecraft and how to access this service to aid her with Social inclusion and to promote her mental health.

Follow up by North Perth CMHT.

Yvonne is aware of how to access Services if further support required.

Yours sincerely

Authorised on 30/01/2020 05:47:21 by Carol McLean.Carol McLean



Emergency Department Ninewells Hospital

RD Humble
10445/1, Strathmore Surgery
Jessie Street, Blairgowrie, Perthshire
Blairgowrie
PH10 6BT

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

Dear Doctor

Miss Yvonne Jamieson
13 HATTON PLACE
RATTRAY
Blairgowrie
PH10 7AN

Date of Birth: 10/03/1982
ACHI Number: 1003820107
ED Attendance Number: E0000198323
No. of Previous Attendances: 0
Occupation:
School:
Responsible Consultant: Dr Liz Skelly

The above patient attended the Emergency Department Ninewells Hospital on 29/01/2020 at 15:43 and was admitted on 29/01/2020 at 17:30. The letter has been collated by Dr Imran Kibria.

Diagnosis:		
Description	Body Site	Laterality
ED diagnosis - Psychiatry / toxicology - Antidepressant overdose		

Diagnosis Comments: Patient ingested 7*100mg lamotrigine tablets at 15:00 today after argument with friends/partner. Taken to end life, now regretfull though is unsure if she would attempt to overdose again if she was discharged home. Not planned, did not leave a note. Feeling drowsy and nauseated since taking tablets. ECG normal, no QT prolongation. Dose is sub-toxic and therefore does not require bloods taken. For observation in EDOU until 4hr post-ingestion.

Procedures:

Prescriptions:

Discharge Destination: Admission to same NHS healthcare provider / hospital - A&E Ward

Discharge Type: Admitted

Referred To:

Notes for GP:



Yours sincerely

Emergency Department Ninewells Hospital

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic	EDOU	CHI	1003820107		
Hospital	Ninewells Hospital	Surname	JAMIESON		
Clinician	Imran Kibria	First Name	YVONNE		
Date	29/01/2020	Address	13 HATTON PLACE RATTRAY PH10 7AN		
		GP/Address	Strathmore Surgery Jessie Street Blairgowrie Perthshire PH10 6BT		
Dear Doctor,					
The above patient was reviewed today; please accept this brief communication.					
Provisional/Diagnosis is: Intentional overdose of lamotrigine					
Comment/Recommendations: As per discharge letter. Drowsiness improved while on ward. Patient referred to Carseview Crisis Team for psychiatric assessment, transferred over by ambulance.					
Follow up by clinic required: No					
Specific Monitoring Required: No					
The following treatment is recommended:					
	Medication	Dose	Frequency	Indication	Duration
1.					
Is any Medication to be discontinued: No					

STRATHMORE SURGERY

Message from Doctor / Nurse

F.A.O: Dr

DATE: 19.12.19 1140

From: Jc

Priority: Routine

Yvonne Jamieson

13 Hatton Place
Ratray
Blairgowrie
PH10 7AN

1003820107

MESSAGE (Include Patient Name and DOB)

Asthma review - not getting on with
current Fostair, + poor control.
Suggest switching to Relvar +
also Fasibreath Salbutamol.
6/52 review appr made.

REPLY: (please initial and date any comment)

DONE.

MCh

20112119 @ 11.15 NO reply - text sent
11:37 PE informed.

Name: _____ Date: 19.12.19

Yvonne Jamieson

13 Hatton Place
Ratray
Blairgowrie
PH10 7AN

1003820107

**asthma
control
test™**

Please note: Any data captured in this form will not be passed on to any third party. It will only be used by your healthcare professional

Asthma is a common and treatable disease which can impact heavily on quality of life. Medical experts now agree that the level of asthma control is a key feature when determining the best asthma treatment required.

Why take the Asthma Control Test™?

The Asthma Control Test has been conceived by medical asthma experts and scientifically tested on hundreds of asthmatic sufferers. It provides asthma sufferers and their doctors and nurses with a useful score which will help them determine the level of treatment required. Your healthcare professional may ask you additional questions during a consultation.

Are you in control of your asthma? Or is your asthma in control of you? Here's how to find out
Step 1: Read each question below carefully, circle your score and write it in the box.
Step 2: Add up each of your five scores to get your total Asthma Control Test™ score.
Step 3: Use the score guide to learn how well you are controlling your asthma.

Q1 During the last 4 weeks, how much of the time has your asthma kept you from getting as much done at work, school or home? Score: _____

All of the time 1 Most of the time 2 Some of the time 3 ✓ A little of the time 4 None of the time 5

Q2 During the last 4 weeks, how often have you had shortness of breath? Score: _____

More than once a day 1 Once a day 2 3-6 times a week 3 ✓ 1-2 times a week 4 Not at all 5

Q3 During the last 4 weeks, how often have your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) woken you up at night or earlier than usual in the morning? Score: _____

4 or more times a week 1 2-3 nights a week 2 ✓ Once a week 3 Once or twice 4 Not at all 5

Q4 During the last 4 weeks, how often have you used your rescue inhaler or nebuliser medication (such as Salbutamol)? Score: _____

3 or more times a day 1 1-2 times a day 2 2-3 times a week 3 ✓ Once a week or less 4 Not at all 5

Q5 How would you rate your asthma control during the last 4 weeks? Score: _____

Not controlled 1 Poorly controlled 2 Somewhat controlled 3 ✓ Well controlled 4 Completely controlled 5

Total Score 14

What does your score mean?

Score: BETWEEN 20-25¹ - ON TARGET

- YOUR ASTHMA APPEARS TO HAVE BEEN UNDER CONTROL OVER THE LAST 4 WEEKS.
- HOWEVER, IF YOU ARE EXPERIENCING ANY PROBLEMS WITH YOUR ASTHMA, YOU SHOULD SEE YOUR HEALTHCARE PROFESSIONAL (E.G. DOCTOR, NURSE, PHARMACIST).

Score: BETWEEN 16-19¹ - OFF TARGET

- YOUR ASTHMA APPEARS TO HAVE BEEN REASONABLY WELL CONTROLLED DURING THE PAST 4 WEEKS.
- HOWEVER, IF YOU ARE EXPERIENCING ANY PROBLEMS WITH YOUR ASTHMA, YOU SHOULD SEE YOUR HEALTHCARE PROFESSIONAL (E.G. DOCTOR, NURSE, PHARMACIST).

Score: 15 OR LESS¹ - OFF TARGET

- YOUR ASTHMA HAS NOT BEEN CONTROLLED DURING THE PAST 4 WEEKS.
- MAKE AN APPOINTMENT WITH YOUR HEALTHCARE PROFESSIONAL (E.G. DOCTOR, NURSE, PHARMACIST) STRAIGHT AWAY TO DISCUSS WHAT ACTION IS NEEDED.

* PEF 310



North Community Mental Health Team
Blairgowrie Community Hospital
Perth Road
Blairgowrie
PH10 6EE
Telephone Number 01250 877852
www.nhstayside.scot.nhs.uk

Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Date	02/12/2019
Clinic Date	02/12/2019
Your Ref	
Our Ref	MF/CAS/ 1003820107
Enquiries to	administrator
Extension	
Direct Line	01250 877852
Email	

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
DOB: 10/03/1982 0107

I reviewed Yvonne by telephone today. My ability to interview her was limited by the fact that she was on the bus. She is now at Lamotrigine 50mg once daily and does not have any side effects. She sounded bright and alert on the telephone.

Plan

- Continue Lamotrigine increase by 25mg every two weeks until the target dose of 150mg once daily.
- Clinic review in three months.

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

Yours sincerely

Authorised on 02/12/2019 18:57:15 by Matthias Feile.

Dr Matthias Feile
Registrar (ST4 in General Adult Psychiatry)



North Community Mental Health Team
Blairgowrie Community Hospital
Perth Road
Blairgowrie
PH10 6EE
Telephone Number 01250 877852
www.nhstayside.scot.nhs.uk

Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Date	19/11/2019
Clinic Date	15/11/2019
Your Ref	
Our Ref	MF/KC/ 1003820107
Enquiries to	administrator
Extension	
Direct Line	01250 877852
Email	

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
CHI: 10/03/1982 0107

Diagnosis: Bipolar Affective Disorder Type 2

Follow Up: Clinic review in three months

Your patient, Ms Yvonne Jamieson, was reviewed in the General Adult Psychiatry Outpatient Clinic on the 15th of November 2019. She had an early review because she could not tolerate the Aripiprazole started only recently, it made her nauseous and she developed vomiting and diarrhoea after two days of usage. She was completely well before, had not eaten anything untoward and the only explanation for her nausea and vomiting appears to be the start of the Aripiprazole. Yvonne was feeling too unwell to be able to envisage trying to sit it out. She wished to discontinue the Aripiprazole.

She did not want to be without medication and I had advised her by telephone earlier in the week to bridge the gap between stopping Aripiprazole and the clinic review today by taking Quetiapine at the lower dose of 50mg once daily at night. She again felt significantly sedated and slept well into the morning, even though this was not as pronounced as at the higher dose of 150mg.

We discussed further medication options and after some deliberation settled on Lamotrigine. I have explained potential side effects, particularly skin rashes and the rare but significant risk of Stevens-Johnson syndrome. I have also given Yvonne written material and she will inform herself further about the ins and outs of the medication and potential other side effects.

For completeness I have also given her information about Lithium and about Depakote.

Yvonne appeared well today and I had no specific concerns about her mental health.

Plan: Start Lamotrigine at 25mg once daily at night, please increase by 25mg every two weeks until the dose of 150mg once daily has been reached
Clinic review in three months' time or earlier if necessary

Please don't hesitate to contact me if you require further information.

Yours sincerely

Authorised on 19/11/2019 20:00:17 by Matthias Feile.

Dr Matthias Feile
ST4 General Adult Psychiatry

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic	outpatient clinic	CHI	1003820107		
Hospital	Blairgowrie Community Hospital	Surname	JAMIESON		
Clinician	Matthias Feile	First Name	YVONNE		
Date	15/11/2019	Address	13 HATTON PLACE RATTRAY PH10 7AN		
		GP/Address	Strathmore Surgery Jessie Street Blairgowrie Perthshire PH10 6BT		
Dear Doctor,					
The above patient was reviewed today; please accept this brief communication.					
Provisional/Diagnosis is: Bipolar affective disorder II					
Comment/Recommendations: Please start Lamotrigine at 25mg once daily at night. Please increase by 25mg every 2 weeks until dose of 150mg once daily is reached.					
Follow up by clinic required: No					
Specific Monitoring Required: No					
The following treatment is recommended:					
	Medication	Dose	Frequency	Indication	Duration
1.					
Is any Medication to be discontinued: Yes					
Medication to be discontinued: Aripiprazole					



North Community Mental Health Team
Blairgowrie Community Hospital
Perth Road
Blairgowrie
PH10 6EE
Telephone Number 01250 877852
www.nhstayside.scot.nhs.uk

Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Date	11/11/2019
Clinic Date	07/11/2019
Your Ref	
Our Ref	MF/CAS/ 1003820107
Enquiries to	administrator
Extension	
Direct Line	
Email	

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
DOB: 10/03/1982 0107

Diagnosis: Bipolar Affective Disorder Type 2

Medication: Change over from Quetiapine to Aripiprazole

Follow Up: Telephone review in two to three weeks

Your patient Yvonne Jamieson was reviewed in the General Adult Psychiatry Outpatient Clinic at Blairgowrie Community Hospital on November 7th, 2019.

She reported that in general her mood although slightly lower than what she called "level" she nevertheless is quite happy how she is feeling with respect to her mood. However, her main difficulty is that she is significantly sedated from the Quetiapine so much so that she had to give up her university course because she found it impossible to stick to the regular routine required particularly attending classes in the morning. Her sleep has increased to fourteen hours per night without interruption and she still feels sedated and sleepy during the rest of the day.

She rated her mood as 5/10 (1 her lowest, 10 her best). Her appetite is good and has not changed.

Medication

Quetiapine 150mg once daily at night at present. She has been on Mirtazapine in the past. This is now stopped and she has not noticed any difference in her mental state and mood.

Social History

Yvonne had to give up her college course in Care Studies as mentioned above. Her weekly commitments consist of attending church in Perth on Sundays, helping with a homeless charity and with Food for Thought on Mondays. She has no other regular structured activity.

She lives with her seventeen year old son who has moved in with her again earlier in the year. He is doing well, being active in a number of ways including with the Police Scotland Youth Volunteering

Scheme, with Cadets and with Work Experience. He has applied to and is expecting to start in the Army.

Cont'd

Cont'd Yvonne Jamieson (1003820107)

Mental State Examination

Yvonne was appropriately dressed for the season. She was polite and appropriate. Her self care was good. Her speech was normal in all modalities. Her mood was subjectively as described above and objectively mildly subdued but she was reactive and she elaborated spontaneously and increasingly generously in the course of the consultation. There was no thought disorder and no psychosis.

Impression

Yvonne presented as mildly subdued but otherwise well. There were no ideations of self harm or suicide and in fact Yvonne state that she has never struggled with suicidality. Given her significant sedation issues with Quetiapine we reviewed her medication options with a view to change to an alternative. She was still aware of different options from previous consultations. After some discussion we settled on a trial of Aripiprazole.

Plan

- Reduce Quetiapine in a step wise fashion over the next few days
- After a day without medication start Aripiprazole 5mg once daily in the morning
- Telephone review in two to three weeks

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

Yours sincerely

Authorised on 12/11/2019 10:19:20 by Matthias Feile.

Dr Matthias Feile
(ST4 in General Adult Psychiatry)

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic	outpatient clinic	CHI	1003820107		
Hospital	Blairgowrie Community Hospital	Surname	JAMIESON		
Clinician	Matthias Feile	First Name	YVONNE		
Date	07/11/2019	Address	13 HATTON PLACE RATTRAY PH10 7AN		
		GP/Address	Strathmore Surgery Jessie Street Blairgowrie Perthshire PH10 6BT		
Dear Doctor,					
The above patient was reviewed today; please accept this brief communication.					
Provisional/Diagnosis is:					
bipolar affective disorder II					
Comment/Recommendations:					
Please reduce Quetiapine from 150mg to 100mg for two days, then stop. Start Aripiprazole 5mg once daily in the morning after one clear day without medication.					
Follow up by clinic required: No					
Specific Monitoring Required: No					
The following treatment is recommended:					
	Medication	Dose	Frequency	Indication	Duration
1.					
Is any Medication to be discontinued: No					



North Perthshire Community Mental Health Team
NHS Tayside
Blairgowrie Community Hospital
Perth Road
Blairgowrie
PH10 6EE
Tel: 01250 877852

Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Date	11/07/2019
Clinic Date	02/07/2019
Your Ref	
Our Ref	RD/DM/ 1003820107
Enquiries to	Administrator
Extension	Extension
Direct Line	DirectLine
Email	Email

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
DOB: 10/03/1982

Diagnosis: Bipolar Affective Disorder type II

She reports that things have got quite a bit better with Quetiapine – there is still some variation in her mood but on the whole, she has been feeling better, with more motivation and energy, more ability to get things done, and less anxiety about being around other people. She has applied to go to Dundee College from August and managed to attend two preparatory days this semester.

She is taking Quetiapine 150mg nocte as well as Mirtazapine 15mg nocte but has noticed that the combination of both drugs is causing her a lot of daytime sedation. She thinks that she has also gained some weight.

She appeared well at interview with no particular abnormalities in her mental state.

Plan:

I have asked her to continue Quetiapine 150mg but to discontinue Mirtazapine.

I will also write a medical note to support her appeal for PIP benefit.

I will see her in 3 months.

Yours sincerely

Authorised on 23/07/2019 17:19:53 by Richard Day.

Dr Richard Day
Consultant Psychiatrist



North Perthshire Community Mental Health Team
NHS Tayside
Blairgowrie Community Hospital
Perth Road
Blairgowrie
PH10 6EE
www.nhstayside.scot.nhs.uk

Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Date	02/07/2019
Clinic Date	02/07/2019
Your Ref	
Our Ref	RD/DM/ 1003820107
Enquiries to Extension	Administrator
Direct Line	01250877852
Email	

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
DOB: 10/03/1982

Yvonne attended my outpatient clinic today.

Diagnosis: Bipolar Affective Disorder type II

She reports that things have got quite a bit better with Quetiapine – there is still some variation in her mood but on the whole, she has been feeling better, with more motivation and energy, more ability to get things done, and less anxiety about being around other people. She has applied to go to Dundee College from August and managed to attend two preparatory days this semester.

She is taking Quetiapine 150mg nocte as well as Mirtazapine 15mg nocte but has noticed that the combination of both drugs is causing her a lot of daytime sedation. She thinks that she has also gained some weight.

She appeared well at interview with no particular abnormalities in her mental state.

Plan:

I have asked her to continue Quetiapine 150mg but to discontinue Mirtazapine.

I will also write a medical note to support her appeal for PIP benefit.

I will see her in 3 months.

Yours sincerely

Authorised on 02/07/2019 16:30:52 by Richard Day.

Dr Richard Day
Consultant Psychiatrist



North Community Mental Health Team
Blairgowrie Community Hospital
Perth Road
Blairgowrie
PH10 6EE
Telephone Number 01250 877852
www.nhstayside.scot.nhs.uk

Dr M Miller
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Date	28/02/2019
Clinic Date	28/02/2019
Your Ref	
Our Ref	RD/KM/ 1003820107
Enquiries to	Administrator
Extension	
Direct Line	01250 877852
Email	

Dear Dr Miller

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
CHI: 10/03/1982 0107

Yvonne attended outpatient clinic today, 28 February 2019.

Diagnosis

Bipolar Affective Disorder Type II

Clinical Global Impression: 4

Global Assessment of Function: 55

She gives a long history of depressive symptoms (low mood, loss of motivation and energy, poor sleep, not getting up all day, social avoidance and oversensitivity and, sometimes, thoughts of life not being worth living. She has realised though, in the past two years or so, that she also gets "hyper" times, for about two days at a time. During these hyper times she is "impulsive" e.g. spending money on new vacuum cleaners or pens when she doesn't need them, that will then make her short on money for electricity and gas bills. She tends to be argumentative and to speak to others in a way that upsets them. She is overtalkative (commented on by her sister), has "big ideas" that she later realises are overly ambitious. Her mind races with thoughts and she struggles to stay asleep at night, instead, waking up feeling very awake after only a short time asleep. She has increased energy but is distractible and tends to start things but not get them finished. At these times, she will also go on dating websites and agree to meet strangers – although usually does not go through with the plan (and is generally not interested in pursuing a relationship). At the end of one of these hyper periods she tends to regret things that she has said and done and tries to undo the damage she has caused (e.g. to relationships with others).

She recognises that one friend will increase or decrease contact with her, depending on her mood each day and she thinks that her moods have probably varied over many years. She has taken many antidepressants in the past but has never really felt that they have helped and has tended to stop them after a while. She has had 2 or three hospital admissions due to low mood in the past (2009, 2013 and once in Dunfermline) but has mainly had GP treatment rather than psychiatry.

She does have asthma and hypothyroidism and currently takes Thyroxine 175micrograms, inhalers and Mirtazapine 30mg. She says that Mirtazapine has helped with her sleep in the two months that she has been taking it.

Yvonne Jamieson, CHI: 10/03/1982 0107

She is the youngest of 5 (having 2 sisters and 2 brothers). She is not in close contact with them and does not have contact with her mum – mainly related to the fall-out from childhood sexual abuse that Yvonne suffered. She has worked in Care Homes in the past but has been unemployed for the past 2 years – when she was last working, she saw a resident being abused by a care worker and this activated memories of her previous abuse. She has sought help for the abuse but still struggles with thoughts of it.

She currently lives alone, although her 16 year old son may be moving in with her soon. She does not drink much alcohol and does not use illicit drugs. She has applied to return to college to do a Level 6 in Health and Social Care, but is not sure if she will cope with this.

At interview there was evidence of self-care and she made good eye contact. It was possible to establish rapport with her. Her speech was within normal limits and her affect was low but reactive. Her thoughts were relatively self-critical e.g. thinking that she will not manage to return to college and she was still affected by the previous childhood abuses. She did not have thoughts of suicide and was hopeful that further treatment could be helpful.

Plan

I think that she is describing a history of Bipolar Affective Disorder type II which is likely to have been present for many years. We discussed treatment options – given her hypothyroidism, we will avoid Lithium as the first option; of the options of Quetiapine, Aripiprazole and Lamotrigine, she was keen to commence Quetiapine in the first instance.

I would be grateful if she could be prescribed Quetiapine 25mg nocte initially, increasing in 25mg steps as she is able to, to a target of 150-200mg. If sedation becomes a problem as the dose is increased then she could decrease or stop Mirtazapine.

I will see her in 3 months to review her progress.

Yours sincerely

Authorised on 01/03/2019 12:57:16 by Richard Day.

Dr Richard Day
Consultant Psychiatrist

Full Report

Ms Yvonne Jamieson	10/03/1982	Female	390/82/223	Transferred Out
11/02/2016	Asthma trigger	viral infections and possibly hayfever		Mrs Carol Fullerton
11/02/2016	Asthma monitoring by nurse	Irregular user of inhalers, Fostair 100mcgs/6mcgs. and salbutamol 100 mcgs as required. No presc requested for the 5 months between July and Dec. Has miss laid inhalers presc in Dec. new presc done today. inhaler technique checked using in-check dial, and corrected, arochamber given to aid this. PEF 340, which is Yvonne's best. predicted around 454l/min. peak flow meter prescribed. Advised to use inhalers reg, record peak flows and review in a month.	Recall due: 11/03/2016	Mrs Carol Fullerton
05/02/2016	Asthma monitor	1st letter		Ms Lynne Whittet
02/02/2016	Letter encounter from patient	Unscheduled Care Report Tayside Out of Hours Service Accident Emergency		Mrs Alison Shaw
29/12/2015	Consultation	just started new job. finding 12 hour shifts tiring and stressful. wanting time off. suggest that as such early days in her new job she needs to discuss her difficulties with her manager rather than going off and if this is not working then needs to consider if this work is suiting her. patient not happy with this	Dr C Hutton	
19/12/2015	Letter encounter from patient	Lab Result Tayside Clinical Laboratory Services Biochemistry		Mrs Alison Shaw
18/11/2015	Administration	last notification re thyroid monitoring		Mrs Linda Ronketti
18/09/2015	Letter encounter from patient	Lab Result Tayside Clinical Laboratory Services Biochemistry		Mrs Alison Shaw
17/09/2015	Ankle sprain	mild left sided- advised		Dr L Compson
02/09/2015	Hypothyroidism monitoring	first letter		Ms Lynne Whittet
17/08/2015	Vitreous floaters	feels more pronounced- Not effecting vision mostly but if particularly aware may cause some blurring. and not always present BP OK suggest optician	Dr L Compson	
27/03/2015	Seen by doctor	needing more mirtazapine. also has slight left sided back pain. no red flag symptoms. normal exam. advice re exercises and analgesia. craig fleming locum	Dr Dr Locum	
17/02/2015	Consultation	attending for more meds- finding helpful. asking to be referred for CPN. hasnt contacted mindspace as suggested, encouraged to try mindspace 1st	Dr C Hutton	
19/01/2015	Depressed mood	over festive period and is requesting restarting an antidepressant and have direct to counselling via Mindspace	Dr L Compson	
09/01/2015	Referral to G.P.	Pt under a lot of stress at the moment - feels she is going mad. Has the sensation of something crawling over her at night ?spiritual. Advised to discuss with pastor of the church. Not sleeping and feels very agitated and short tempered - will make a doctors appt to discuss	Ms Gillian Harris	
07/01/2015	Letter encounter from patient	Lab Result Tayside Clinical Laboratory Services Biochemistry		Mrs Alison Shaw
06/01/2015	Administration	asthma appointment given		Mrs Carol Fullerton
08/12/2014	Upper respiratory infection	NOS chest clear. blocked nose		Dr L Compson
04/11/2014	Asthma monitor	2nd letter		Ms Lynne Whittet
07/10/2014	Asthma monitor	1st letter		Ms Lynne Whittet
08/08/2014	Letter encounter from patient	Lab Result Tayside Clinical Laboratory Services Biochemistry		Mrs Alison Shaw
29/07/2014	Failed encounter	for bloods		Mrs Maureen Reid
19/06/2014	Consultation	hay fever ?affecting chest- agree antihistamine and nasal spray. TFTs due- however ran out of thyroxine a week ago- restart and make appt in a few weeks	Dr C Hutton	
19/06/2014	Hay fever	- pollens		Dr C Hutton
07/05/2014	Asthma monitor	1st letter		Ms Marlen Fairweather
17/04/2014	Consultation	sore right ankle for 2 weeks. painful when wlaiking and stiff in the morning o/e full ROM, non tender no abnormality detected. imp- ?resolving sprain. advice	Dr C Hutton	
24/03/2014	Medication decreased	Levothyroxine 100 mcg[cut from 125]		Dr L Compson
21/03/2014	Letter encounter from patient	Lab Result Tayside Clinical Laboratory Services Biochemistry		Mrs Alison Shaw
21/03/2014	Letter encounter from patient	Lab Result Tayside Clinical Laboratory Services Haematology		Mrs Alison Shaw
20/03/2014	Consultation	worried as in contact with child with chickenpox- has had herself before. reassured no concerns continues to feel tired. finds college stressful at times- numeracy and literacy but enjoys most of the time	Dr C Hutton	
19/02/2014	Consultation	1. requesting change of inhaler re appt with gillian last year. inhaler tehnicue assessed as adequate at the time and underlined the need for the use of the volumatic. reports tightness in chest no cough /exercise issues P- step up to fostair2. tiredness- requesting bloods. college workload heavy stressed and not sleeping. recently moved house. advised nil indicatio for checking TFTs at present as were fine in November. suggest she reassess her symptoms in a month or so and check TATT bloods then if needed	Dr C Hutton	
19/02/2014	Clinical management plan agreed	Attended wanting TFT's checked done in Nov. Feels tired but not sleeping well due to college work load. Has GP next. If bloods needed will see after GP	Mrs Carol Fullerton	
27/01/2014	Letter encounter from patient	Administration Letter Letter from Patient		Mrs Alison Shaw
23/01/2014	Letter encounter from patient	eNCCRS Result Notification Scottish Cervical Call Recall System Cytology		Mrs Alison Shaw
23/01/2014	Consent given for communication by SMS text messaging			Dr E Harvey
24/12/2013	Telephone encounter	feeling better on clinil modulite, has spacer, but thinks its paed one, asked to bring in next time in practice and we will check.	Ms Lucille Ironside	
19/12/2013	Consultation	Attended asking to change inhalers. Feels QVAR not as helpful. Feels clenil more useful in past. Admits inhaler technique not good and was to get spacer for salbutamol, but never happened. Denies salbutamol every day and noted last repeat October. Not taking QVAR as should. Discussed if technique & compliance not good then alt inhaler may not be succesful either. Advises can improve things. Nil sob or wheeze and chest completely clear today. Chatty. Agree return to clenil and r/v with CH.	Dr E Harvey	
30/11/2013	Letter encounter from patient	Lab Result Tayside Clinical Laboratory Services Biochemistry		Mrs Alison Shaw
14/11/2013	Clinical management plan agreed	attended today for tff's but has not taken thyroxine for one week since she ran out of meds. Bloods not taken. to request new script and attend in 2 weeks for bloods and asthma review.	Mrs Carol Fullerton	
14/11/2013	Alcohol misuse	- enhanced services administration		Mrs Carol Fullerton
30/10/2013	Influenza vaccination	telephone invite - appointment made		
02/07/2013	Consultation	attends to report that her thyroxine is not working. pointed out she appears not to be taking it every day- last script issued 4 months ago. chat re geting herself in to a routine. agree recheck in 3 months if not feeling any better. she also requests glucose check as FHx diabetes	Dr C Hutton	
24/06/2013	Letter encounter from patient	Clinical Letter Drumhar Health Centre Family Planning Clinic		Mrs Linda Ronketti
09/05/2013	Consultation	insomnia. began by complaining her antidepressants were too sedating and had stopped. she does not feel she needs. estranged husband hassling her via facebook about their divorce- this is playing on her mind. tried sleep hygiene and cut out caffeine. agree few zopiclone. however advised that if she has some worries then this will affect her sleep and may have to accept this until things settle	Dr C Hutton	

Maue Practice, Drumhar Health Centre, North Methven Street, Perth, PH1 5PD

Tel: 01738 622421

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Full Report

Ms Yvonne Jamieson	10/03/1982	Female	390/82/223	Transferred Out
22/04/2013	Letter encounter from patient	Clinical Letter Drumhar Health Centre Family Planning Clinic		Mrs Linda Ronketti
11/04/2013	Administration	FOR INFORMATION--- I have spoken to Yvonne on a couple of occasions latley up at Anchor house, she has seemed fine, and only concerns are her usual ones regarding her son and her sister, her son was also involved in an accident on the way to school one morning but only received minor injuries and Yvonne had been in touch with her sister at the time for update.		Mr Richard Sime
11/04/2013	Administration	Medical d/c received today regarding OD last Feb. Appears not been seen since. Will get CHC team to fu.		Dr E Harvey
15/03/2013	Asthma monitor	1st letter		Mrs Maureen Reid
11/03/2013	Letter encounter from patient	Discharge Perth Royal Infirmary General Medicine		Mrs Alison Shaw
14/02/2013	Letter encounter from patient	Clinical Letter .Perth Royal Infirmary Accident Emergency		Mrs Alison Shaw
13/02/2013	Overdose of drug	Vis NHS24 999 ambulance called. Trazodone- admitted Ward4.		Dr E Harvey
13/02/2013	Letter encounter from patient	Unscheduled Care Report Tayside Out of Hours Service Accident Emergency		Mrs Alison Shaw
11/02/2013	Consultation	lawyer asking for us to provide letter to support her housing application . declined on basis that we cannot do this for everyone. finding very groggy on 150 trazodone- agree reduce to 100 but watch mood		Dr C Hutton
11/02/2013	Asthma			Dr C Hutton
01/02/2013	Consultation	single episode of haemoptysis in context of a cough and cold, reassured. asking for asthma check- directed to Gillian		Dr C Hutton
22/01/2013	Letter encounter from patient	Lab Result Tayside Clinical Laboratory Services Biochemistry		Mrs Alison Shaw
22/01/2013	Letter encounter from patient	Unscheduled Care Report Tayside Out of Hours Service Accident Emergency		Mrs Alison Shaw
21/01/2013	Consultation	Seen in CHC for general health check. appears well, bp and weight as below, advised she has had blood taken this morning.		Dr L Compson
21/01/2013	Patient's condition improved	feels slightly overactive		Dr L Compson
18/01/2013	Failed encounter	for bloods		Mrs Maureen Reid
17/01/2013	Letter encounter from patient	EDT letter from the MiDIS system T101H Mental Health		Mrs Alison Shaw
16/01/2013	Letter encounter from patient	Unscheduled Care Report Tayside Out of Hours Service Accident Emergency		Mrs Alison Shaw
16/01/2013	Third party encounter	with carers at Anchor house, concerned re Yvonne. housemate reported that Yvonne taken over by the devil overnight and needing exorcised. carer contacted alternatives to admission team who advised we would go and visit. told that if they had concerns yvonne should come to an appointment here. agree to bring her. note attended surgery yesterday and no evidence of psychotic illness .		Dr C Hutton
16/01/2013	Urinary tract infection,	site not specified		Dr C Hutton
15/01/2013	Letter encounter from patient	Lab Result Tayside Clinical Laboratory Services Microbiology		Mrs Alison Shaw
15/01/2013	Failed encounter	Arrived very late for appt. Was on messages earlier- when contacted said was going on spiritual journey. Advised reception that I would see if waited. Told reception that she would make another appointment and was fine. Noted was here by colleague who felt was behaving appropriately.		Dr E Harvey
14/01/2013	Letter encounter from patient	Clinical Letter Murray Royal Hospital Psychiatry Department		Mrs Alison Shaw
12/01/2013	Letter encounter from patient	Unscheduled Care Report Tayside Out of Hours Service Accident Emergency		Mrs Alison Shaw
11/01/2013	Telephone encounter	Yvonne called asking for call back. spoke with her, she is requesting a letter to submit to housing stating she has an anxiety disorder and needs re-housed. she advised she had spoke with Dr Hutton this am and was not given a letter. Advised also that we would not issue a letter regarding this and encouraged to speak to housing on the matter.		Dr C Hutton
11/01/2013	Consultation	recently discharged- was transferred to dunfermline which she found unsettling. main problem is relatd to her temporary accommodation and wanting re housed- will speak to them today. trazodone has been increased to 150mgs		Dr C Hutton
09/01/2013	Letter encounter from patient	Discharge/Summary Letter Queen Margaret Hospital Dunfermline Psychiatry Department		Mrs Alison Shaw
09/01/2013	Letter encounter from patient	Discharge/Summary Letter NHS fife Psychiatry Department		Mrs Alison Shaw
06/01/2013	Emergency hospital admission	MRH- suicidal ideation and intent.		Dr E Harvey
06/01/2013	Letter encounter from patient	EDT letter from the MiDIS system T101H Mental Health		Mrs Alison Shaw
05/01/2013	Letter encounter from patient	Unscheduled Care Report Tayside Out of Hours Service Accident Emergency		Mrs Alison Shaw
31/12/2012	Letter encounter from patient	Lab Result Tayside Clinical Laboratory Services Virology		Mrs Alison Shaw
29/12/2012	Letter encounter from patient	Lab Result Tayside Clinical Laboratory Services Microbiology		Mrs Alison Shaw
27/12/2012	Consultation	has noted pinky discharge for a couple of days after sex on the last few occasions. has nexplanon in situ, amenorrhoea. o/e normal appearance cervix- cannot remember when last had smear so taken. swabs for chlamydia, gonorrhoea and C&S. advised all appears normal- ?endometrial . await swabs		Dr C Hutton
21/12/2012	Consultation	feeling and looking calmer. wants to change antidepressant as feels mirtazapine not wokring any more. agree to stick to a sedating antidepressantP- cross taper to trazodone and see for review		Dr C Hutton
14/12/2012	Consultation	feels increasingly agitated and stressed. current access battle for child. feeling very low P- ref CMHT, agree short term lorazepam as felt that mirtazapine working up to now. see next week- advised can access CHC team if needed		Dr C Hutton
20/11/2012	Notes summary on computer			Dr L Compson
20/11/2012	Gastric reflux			Dr L Compson
20/11/2012	Notes summary on computer			Dr L Compson
20/11/2012	Hypothyroidism	diagnosed about 2004		Dr L Compson
08/11/2012	Letter encounter from patient	Administration Letter Immunisation		Mrs Alison Shaw
08/11/2012	Homeless - enhanced services administration			Dr E Harvey
08/11/2012	Patient MRE received from HB			Dr E Harvey
08/11/2012	Date records held from			Dr E Harvey
28/06/2012	Suicidal ideation			Dr L Compson
10/05/2012	[X]Moderate depressive episode	with anxiety		Dr L Compson
20/02/2012	H/O: asthma			Dr L Compson
15/03/2011	Depressed mood	situational		Dr L Compson
1995	Asthma	diagnosed about 1995		Dr L Compson

Acute and Repeat Issue Therapy

Mauve Practice, Drumhar Health Centre, North Methven Street, Perth, PH1 5PD

Tel: 01738 622421

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Full Report

Ms Yvonne Jamieson	10/03/1982	Female	390/82/223	Transferred Out
14/12/2018	5 issued	Levothyroxine sodium 25microgram tablets	Supply: (192) tablet	TAKE FOUR TABLETS ON
MON, WEDS,AND FRI AND THREE TABLETS ON TUES,THURS<SAT AND SUNDAY				
05/10/2018	3 issued	Fostair 100micrograms/dose / 6micrograms/dose inhaler (Chiesi Ltd)	Supply: (120)dose 1 PUFF TWICE A DAY	
05/10/2018	3 issued	Salbutamol 100micrograms/dose inhaler CFC free	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR
TIMES DAILY AS REQUIRED				
05/10/2018	4 issued	Levothyroxine sodium 25microgram tablets	Supply: (192) tablet	TAKE FOUR TABLETS ON
MON, WEDS,AND FRI AND THREE TABLETS ON TUES,THURS<SAT AND SUNDAY				
30/07/2018	3 issued	Levothyroxine sodium 25microgram tablets	Supply: (192) tablet	TAKE FOUR TABLETS ON
MON, WEDS,AND FRI AND THREE TABLETS ON TUES,THURS<SAT AND SUNDAY				
07/06/2018	2 issued	Levothyroxine sodium 25microgram tablets	Supply: (192) tablet	TAKE FOUR TABLETS ON
MON, WEDS,AND FRI AND THREE TABLETS ON TUES,THURS<SAT AND SUNDAY				
04/04/2018	1 issued	Levothyroxine sodium 25microgram tablets	Supply: (192) tablet	TAKE FOUR TABLETS ON
MON, WEDS,AND FRI AND THREE TABLETS ON TUES,THURS<SAT AND SUNDAY				
25/01/2018	2 issued	Salbutamol 100micrograms/dose inhaler CFC free	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR
TIMES DAILY AS REQUIRED				
25/01/2018	2 issued	Fostair 100micrograms/dose / 6micrograms/dose inhaler (Chiesi Ltd)	Supply: (120)dose 1 PUFF TWICE A DAY	
22/01/2018	issued	Mirtazapine 15mg tablets	Supply: (28) tablet	1 TABLET ONCE A DAY
AT NIGHT				
22/01/2018	3 issued	Levothyroxine sodium 25microgram tablets	Supply: (192) tablet	TAKE FOUR TABLETS ON
MON, WEDS,AND FRI AND THREE TABLETS ON TUES,THURS<SAT AND SUNDAY				
15/12/2017	issued	Amoxicillin 500mg capsules	Supply: (21) capsule	1 CAPSULE THREE TIMES
A DAY				
13/12/2017	issued	Mirtazapine 15mg tablets	Supply: (28) tablet	1 TABLET ONCE A DAY
AT NIGHT				
12/12/2017	2 issued	Levothyroxine sodium 25microgram tablets	Supply: (192) tablet	TAKE FOUR TABLETS ON
MON, WEDS,AND FRI AND THREE TABLETS ON TUES,THURS<SAT AND SUNDAY				
29/11/2017	issued	Mirtazapine 15mg tablets	Supply: (28) tablet	1 TABLET ONCE A DAY
AT NIGHT				
07/11/2017	issued	Mirtazapine 15mg tablets	Supply: (28) tablet	1 TABLET ONCE A DAY
AT NIGHT				
11/10/2017	issued	Mirtazapine 15mg tablets	Supply: (28) tablet	1 TABLET ONCE A DAY
AT NIGHT				
11/10/2017	1 issued	Levothyroxine sodium 25microgram tablets	Supply: (192) tablet	TAKE FOUR TABLETS ON
MON, WEDS,AND FRI AND THREE TABLETS ON TUES,THURS<SAT AND SUNDAY				
12/09/2017	3 issued	Levothyroxine sodium 50microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
12/09/2017	3 issued	Levothyroxine sodium 25microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
12/09/2017	issued	Mirtazapine 15mg tablets	Supply: (28) tablet	1 TABLET ONCE A DAY
AT NIGHT				
15/08/2017	issued	Mirtazapine 15mg tablets	Supply: (28) tablet	1 TABLET ONCE A DAY
AT NIGHT				
10/07/2017	2 issued	Levothyroxine sodium 25microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
10/07/2017	2 issued	Levothyroxine sodium 50microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
15/05/2017	1 issued	Levothyroxine sodium 25microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
15/05/2017	1 issued	Levothyroxine sodium 50microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
04/04/2017	4 issued	Levothyroxine sodium 100microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
15/12/2016	1 issued	Salbutamol 100micrograms/dose inhaler CFC free	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR
TIMES DAILY AS REQUIRED				
15/12/2016	1 issued	Fostair 100micrograms/dose / 6micrograms/dose inhaler (Chiesi Ltd)	Supply: (120)dose 1 PUFF TWICE A DAY	
15/12/2016	3 issued	Levothyroxine sodium 100microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
02/12/2016	issued	Desogestrel 75microgram tablets	Supply: (168) tablet	1 TABLET ONCE A DAY
01/12/2016	2 issued	Levothyroxine sodium 100microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
21/09/2016	1 issued	Levothyroxine sodium 100microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
21/09/2016	issued	Desogestrel 75microgram tablets	Supply: (84) tablet	1 TABLET ONCE A DAY
02/08/2016	6 issued	Levothyroxine sodium 100microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
23/05/2016	5 issued	Levothyroxine sodium 100microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
07/04/2016	4 issued	Levothyroxine sodium 100microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
23/02/2016	1 issued	Levothyroxine sodium 25microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
23/02/2016	1 issued	Levothyroxine sodium 50microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
11/02/2016	issued	Salbutamol 100micrograms/dose inhaler CFC free	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR
TIMES DAILY AS REQUIRED				
11/02/2016	issued	Fostair 100micrograms/dose / 6micrograms/dose inhaler (Chiesi Ltd)	Supply: (120)dose ONE PUFF TWICE DAILY	
11/02/2016	issued	Peak flow meter standard range	Supply: (1) device	AS DIRECTED
11/02/2016	issued	AeroChamber Plus (Trudell Medical UK Ltd)	Supply: (1) device	AS DIRECTED
18/12/2015	4 issued	Fostair 100micrograms/dose / 6micrograms/dose inhaler (Chiesi Ltd)	Supply: (120)dose 1 PUFF TWICE A DAY	
18/12/2015	3 issued	Levothyroxine sodium 50microgram tablets	Supply: (56) tablet	1 TABLET ONCE A DAY
18/12/2015	1 issued	Salbutamol 100micrograms/dose inhaler CFC free	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR
TIMES DAILY AS REQUIRED				

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Tel: 01738 622421

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Full Report

Ms Yvonne Jamieson		10/03/1982	Female	390/82/223	Transferred Out
18/12/2015	3 issued	Levothyroxine sodium 25microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
19/11/2015	2 issued	Levothyroxine sodium 50microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
19/11/2015	2 issued	Levothyroxine sodium 25microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
24/09/2015	1 issued	Levothyroxine sodium 50microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
24/09/2015	1 issued	Levothyroxine sodium 25microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
17/09/2015	issued	Tubigrip bandage 6.75cm size C (Molnlycke Health Care Ltd)		Supply: (1) m APPLY	
22/07/2015	3 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
26/05/2015	6 issued	Salbutamol 100micrograms/dose inhaler CFC free		Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR
TIMES DAILY AS REQUIRED					
26/05/2015	3 issued	Fostair 100micrograms/dose / 6micrograms/dose inhaler (Chiesi Ltd)		Supply: (120) dose 1 PUFF TWICE A DAY	
26/05/2015	2 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
28/04/2015	issued	Mirtazapine 15mg tablets		Supply: (28) tablet	1 TABLET ONCE A DAY
AT NIGHT					
27/03/2015	5 issued	Salbutamol 100micrograms/dose inhaler CFC free		Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR
TIMES DAILY AS REQUIRED					
27/03/2015	2 issued	Fostair 100micrograms/dose / 6micrograms/dose inhaler (Chiesi Ltd)		Supply: (120) dose 1 PUFF TWICE A DAY	
27/03/2015	issued	Mirtazapine 15mg tablets		Supply: (28) tablet	1 TABLET ONCE A DAY
AT NIGHT					
24/03/2015	1 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
17/02/2015	issued	Mirtazapine 15mg tablets		Supply: (28) tablet	1 TABLET ONCE A DAY
AT NIGHT					
19/01/2015	issued	Mirtazapine 15mg tablets		Supply: (28) tablet	1 TABLET ONCE A DAY
AT NIGHT					
09/01/2015	6 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
08/12/2014	4 issued	Salbutamol 100micrograms/dose inhaler CFC free		Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR
TIMES DAILY AS REQUIRED					
08/12/2014	1 issued	Fostair 100micrograms/dose / 6micrograms/dose inhaler (Chiesi Ltd)		Supply: (120) dose 1 PUFF TWICE A DAY	
08/12/2014	issued	Doxycycline 100mg capsules		Supply: (8) capsule	2 IMMEDIATELY THEN
ONE DAILY					
21/10/2014	5 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
04/08/2014	4 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
19/06/2014	3 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
19/06/2014	issued	Avamys 27.5micrograms/dose nasal spray (GlaxoSmithKline UK Ltd)		Supply: (120) dose ONE PUFF EACH NOSTRIL TWICE DAILY	
19/06/2014	issued	Cetirizine 10mg tablets		Supply: (30) tablet	1 TABLET ONCE A DAY
17/04/2014	issued	Ibuprofen 5% gel		Supply: (60) gram	APPLY THREE TIMES
DAILY TO THE AFFECTED AREA(S)					
25/03/2014	2 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
19/02/2014	3 issued	Salbutamol 100micrograms/dose inhaler CFC free		Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR
TIMES DAILY AS REQUIRED					
19/02/2014	issued	Fostair 100micrograms/dose / 6micrograms/dose inhaler (Chiesi Ltd)		Supply: (120) dose ONE PUFF TWICE DAILY	
11/02/2014	1 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
11/02/2014	1 issued	Levothyroxine sodium 25microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
19/12/2013	issued	Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd)		Supply: (200) dose 1 PUFF TWICE A DAY	
19/12/2013	issued	Volumatic (GlaxoSmithKline UK Ltd)		Supply: (1) device	AS DIRECTED
14/11/2013	6 issued	Levothyroxine sodium 25microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
14/11/2013	6 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
02/10/2013	5 issued	Levothyroxine sodium 25microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
02/10/2013	5 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
02/10/2013	2 issued	Salbutamol 100micrograms/dose inhaler CFC free		Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR
TIMES DAILY AS REQUIRED					
02/10/2013	1 issued	Qvar 50 inhaler (Teva UK Ltd)		Supply: (200) dose	1 PUFF TWICE A DAY
02/07/2013	4 issued	Levothyroxine sodium 25microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
02/07/2013	4 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
09/05/2013	issued	Zopiclone 7.5mg tablets		Supply: (5) tablet	1 TABLET AT NIGHT
04/03/2013	3 issued	Levothyroxine sodium 25microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
04/03/2013	3 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
11/02/2013	issued	Trazodone 50mg capsules		Supply: (56) capsule	TWO CAPSULES AT
NIGHT					
11/02/2013	1 issued	Salbutamol 100micrograms/dose inhaler CFC free		Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR
TIMES DAILY AS REQUIRED					
16/01/2013	issued	Zopiclone 7.5mg tablets		Supply: (5) tablet	1 TABLET AT NIGHT
16/01/2013	issued	Nitrofurantoin 50mg capsules		Supply: (28) capsule	1 CAPSULE FOUR TIMES
DAILY					
11/01/2013	issued	Trazodone 50mg capsules		Supply: (84) capsule	THREE CAPSULES DAILY
11/01/2013	2 issued	Levothyroxine sodium 25microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
11/01/2013	2 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY

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Full Report

Ms Yvonne Jamieson	10/03/1982	Female	390/82/223	Transferred Out
21/12/2012 issued	Trazodone 50mg capsules		Supply: (56) capsule	ONE TABLET AT NIGHT
INCREASING TO 2 AT NIGHT AFTER ONE WEEK				
21/12/2012 issued	Mirtazapine 15mg orodispersible tablets		Supply: (15) tablet	2 TABLETS AT NIGHT
FOR 5 DAYS THEN ONE TABLET AT NIGHT FOR 5 DAYS THEN STOP				
14/12/2012 issued	Lorazepam 1mg tablets		Supply: (14) tablet	HALF TABLET AS
NEEDED FOR ANXIETY MAX 4 DOSES PER DAY				
20/11/2012 1 issued	Levothyroxine sodium 25microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
20/11/2012 1 issued	Levothyroxine sodium 100microgram tablets		Supply: (56) tablet	1 TABLET ONCE A DAY
20/11/2012 issued	Mirtazapine 45mg tablets		Supply: (30) tablet	1 TABLET ONCE A DAY
AT NIGHT				

Recall

26/09/2018	Recall on 26/03/2019 for	Influenza vaccination invitation first letter sent with Ms Julia Moore		Status:Outstanding
14/09/2017	Recall on 14/12/2017 for	Serum TSH level with Dr L Compson		Status:Complete
10/07/2017	Recall on 10/07/2018 for	Asthma annual review with Ms Allison Mcneil		Status:Outstanding
11/05/2017	Recall on 11/08/2017 for	Serum TSH level with Dr C Hutton		Status:Complete
03/02/2017	Recall on 24/01/2020 for	Cervical smear: negative with Dr L Compson		Status:Outstanding
call Advice: Routine Recall				
25/04/2016	Recall on 25/04/2017 for	Asthma monitoring with Ms Allison Mcneil		Status:Complete
11/02/2016	Recall on 11/03/2016 for	Asthma monitoring by nurse with Mrs Carol Fullerton		Status:Complete
17/09/2015	Recall on 17/12/2015 for	Serum TSH level with Dr L Compson		Status:Complete
09/01/2015	Recall on 09/02/2015 for	Asthma annual review with Ms Gillian Harris		Status:Complete
06/01/2015	Recall on 06/04/2015 for	Serum TSH level with Dr L Compson		Status:Complete
21/11/2014	Recall on 21/11/2015 for	Asthma annual review with Dr 2 Locum		Status:Complete
07/08/2014	Recall on 07/08/2015 for	Serum TSH level with Dr C Hutton		Status:Complete
13/06/2014	Recall on 13/09/2014 for	Asthma annual review with Ms Gillian Harris		Status:Complete
20/03/2014	Recall on 20/06/2014 for	Serum TSH level with Dr C Hutton		Status:Complete
08/02/2014	Recall on 23/01/2017 for	Cervical smear: negative with Dr E Harvey		Status:Complete
call Advice: Routine Recall				
29/11/2013	Recall on 29/11/2014 for	Serum TSH level with Dr C Hutton		Status:Complete
29/11/2013	Recall on 28/02/2014 for	Asthma annual review with Ms Gillian Harris		Status:Complete
09/04/2013	Recall on 09/04/2014 for	Asthma annual review with Ms Gillian Harris		Status:Complete
21/01/2013	Recall on 21/01/2014 for	Serum TSH level with Dr C Hutton		Status:Complete
20/11/2012	Recall on 20/01/2013 for	Asthma annual review with Dr L Compson		Status:Complete

Consultation

14/12/2018	Administration	Mrs Linda Ronketti
26/10/2018	Administration	Mrs Maureen Reid
23/10/2018	Other	Ms Debbie Reid
17/10/2018	Surgery consultation	Mrs Carol Fullerton
05/10/2018	Medicine Management	Dr C Hutton
05/10/2018	Administration	Mrs Alison Shaw
26/09/2018	Mail to patient	Ms Julia Moore
26/09/2018	Other	Ms Julia Moore
30/07/2018	Administration	Mrs Alison Shaw
12/07/2018	Third Party Consultation	Mrs Alison Shaw
11/07/2018	Surgery consultation	Mrs Carol Fullerton
28/06/2018	Third Party Consultation	Mrs Alison Shaw
25/06/2018	Third Party Consultation	Mrs Alison Shaw
07/06/2018	Administration	Mrs Linda Ronketti
01/06/2018	Third Party Consultation	Mrs Linda Ronketti
24/05/2018	Surgery consultation	Dr L Compson
17/05/2018	Medicine Management	Dr L Compson
04/05/2018	Administration	Dr C Hutton
10/04/2018	Medicine Management	Dr E Harvey

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Full Report

Ms Yvonne Jamieson	10/03/1982	Female	390/82/223	Transferred Out
10/07/2017	Never smoked	cigarettes per day	Never smoked tobacco	Ms
Allison Mcneil				
08/12/2016	Never smoked	cigarettes per day	Never smoked tobacco	Mrs
Maureen Reid				
11/02/2016	Never smoked	cigarettes per day	Never smoked tobacco	Mrs
Carol Fullerton				
09/01/2015	Never smoked	cigarettes per day	Never smoked tobacco	Ms
Gillian Harris				
21/11/2014	Never smoked	cigarettes per day	Never smoked tobacco	Dr 2
Locum				
13/06/2014	Never smoked	cigarettes per day	Never smoked tobacco	Ms
Gillian Harris				
29/11/2013	Never smoked	cigarettes per day	Never smoked tobacco	Ms
Gillian Harris				
09/04/2013	Never smoked	cigarettes per day	Never smoked tobacco	Ms
Gillian Harris				
20/11/2012	Never smoked	cigarettes per day	Never smoked tobacco	Dr L
Compson				

Alcohol

08/12/2016	Current drinker	units per week	Alcohol intake within recommended sensible limits
	Mrs Maureen Reid		
14/11/2013	Current drinker	units per week	Alcohol intake within recommended sensible limits
	Mrs Carol Fullerton		

Weight

11/07/2018	Weight: 96 kgs	BMI: 36.5	O/E - weight
10/07/2017	Weight: 85.6 kgs	BMI: 32.6	O/E - weight
08/12/2016	Weight: 95 kgs	BMI: 36.1	O/E - weight
11/02/2016	Weight: 93.7 kgs	BMI: 35.7	O/E - weight
21/11/2014	Weight: 92.7 kgs	BMI: 35.3	O/E - weight
09/04/2013	Weight: 89 kgs	BMI: 33.9	O/E - weight
21/01/2013	Weight: 90.4 kgs	BMI: 34.4	O/E - weight
20/11/2012	Weight: 94 kgs	BMI: 35.8	O/E - weight

Height

20/11/2012	Height: 1.62 metres	O/E - height	Dr L Compson
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Contraception

08/12/2016	Pill check	First service	recall due:	No Problems
Mrs Maureen Reid				
14/06/2016	Progestagen only pill		recall due:	started on cerelle by SRH
21/04/2016	Remov subcutaneous contraceptive implant othr healthcare prov	First service	recall due:	
23/04/2013	Insertion of subcutaneous contraceptive		recall due:	removal and replacement- SRH
15/06/2012	Insertion of subcutaneous contraceptive	First service	recall due:	nexplanon
Dr L Compson				

Immunisations

17/10/2018	FLU	Stage: 0	Given	Routine Measure	Due 17/10/2019	Batch: QUAD R3G354V 05/2019 0.5ml
Well today. No previous C.I.		Mrs Carol Fullerton				
24/11/2017	FLU	Stage: 0	Given	Routine Measure	Due 24/11/2018	Batch: N22N 06/2018 0.5ml Under PSD
Mrs Maureen Reid						
25/10/2016	FLU	Stage: 0	Given	Routine Measure	Due 25/10/2017	Batch: BN N4A31 exp 04/17
Ms Allison Mcneil						
18/12/2015	FLU	Stage: 0	Given	Routine Measure	Due 18/12/2016	Batch: J15N 2015/2016 0.5ml Under PSD
Mrs Maureen Reid						
06/01/2015	FLU	Stage: 0	Given	Routine Measure	Due 06/01/2016	Batch: G18N 06-2015 0.5mls well today
no previous se's		Mrs Carol Fullerton				
14/11/2013	FLU	Stage: 0	Given	Routine Measure	Due 14/11/2014	Batch: E11 0.5mls 06-2014 well today no previous se's
08/11/2012	FLU	Stage: 0	Given	Routine Measure	Due 08/11/2013	Batch: J7203-1

Albumin

20/03/2014	Serum albumin	= 35 g/L
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Alkaline Phosphatase

20/03/2014	Serum alkaline phosphatase	= 82 U/L	U/L
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Alanine Aminotransferase

20/03/2014	Serum alanine aminotransferase level	= 22 U/L	Serum ALT level - U/L
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Bilirubin

20/03/2014	Serum total bilirubin level	= 7 umol/L
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Calcium

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Full Report

Ms Yvonne Jamieson **10/03/1982** **Female** **390/82/223** **Transferred Out**

27/05/2011 Score: 21 Method: for: Dr L Compson

Biochemical Screening Tests

26/07/2012 Biochemical screening test Results .Perth Royal Infirmary Biochemistry

Asthma daytime symptoms

10/07/2017	Asthma never causes daytime symptoms		
11/02/2016	Asthma daytime symptoms	Monthly	
09/01/2015	Asthma daytime symptoms		
21/11/2014	Asthma daytime symptoms		have wheeze most days and on exertion
13/06/2014	Asthma daytime symptoms		
29/11/2013	Asthma daytime symptoms	Daily	
09/04/2013	Asthma daytime symptoms		
20/11/2012	Asthma daytime symptoms		nil

Asthma night time symptoms

10/07/2017	Asthma not disturbing sleep		
11/02/2016	Asthma not disturbing sleep	Monthly	Had one episode of cough and chest tightness, on
2/2/16	attended OOH, no treatment given. No symptoms since then.		
09/01/2015	Asthma not disturbing sleep		
21/11/2014	Asthma not disturbing sleep		
13/06/2014	Asthma not disturbing sleep	Daily	Blocked up nose and breathless, not relieved by salbutamol
29/11/2013	Asthma not disturbing sleep	Daily	Gas central heating - triggers cough
09/04/2013	Asthma not disturbing sleep	Monthly	
20/11/2012	Asthma not disturbing sleep		

Asthma limiting activity

10/07/2017	Asthma not limiting activities		
11/02/2016	Asthma not limiting activities		
09/01/2015	Asthma not limiting activities		
21/11/2014	Asthma not limiting activities		increased wheeze on exertion
13/06/2014	Asthma not limiting activities		
29/11/2013	Asthma not limiting activities		
09/04/2013	Asthma limiting activities		
20/11/2012	Asthma not limiting activities		
20/11/2012	Asthma limiting activities		nil

Repeat Medication Review

11/10/2017 Medication review long discussion about how to take levothyroxine Due: 11/10/2018 by: Dr L Compson
 Dr L Compson
 12/09/2017 Medication review advised to attend for thyroid check Due: 12/09/2018 Complete: 11/10/2017 by: Dr L Compson Next review: 11/10/2018
 Dr L Compson
 12/09/2017 Asthma medication review discussed use of inhalers Due: 12/09/2018 Complete: 05/10/2018 by: Mrs Carol Fullerton
 Mrs Carol Fullerton
 11/02/2016 Asthma medication review Due: 11/02/2017 Complete: 12/09/2017 by: Mrs Carol Fullerton Next review: 12/09/2018
 Mrs Carol Fullerton
 11/02/2016 Asthma medication review Due: 11/02/2017 Complete: 11/02/2016 by: Mrs Carol Fullerton Next review: 11/02/2017
 Mrs Carol Fullerton
 21/12/2015 Asthma medication review Due: 21/12/2016 Complete: 12/09/2017 by: Ms Gillian Harris
 Ms Gillian Harris
 23/09/2015 Asthma medication review Due: 23/09/2016 Complete: 12/09/2017 by: Ms Gillian Harris
 Ms Gillian Harris
 23/09/2015 Medication review Due: 23/09/2016 Complete: 12/09/2017 by: Dr L Compson Next review: 12/09/2018
 Dr L Compson
 09/01/2015 Asthma medication review Due: 09/01/2016 Complete: 12/09/2017 by: Ms Gillian Harris
 Ms Gillian Harris
 09/01/2015 Asthma medication review Due: 09/01/2016 Complete: 09/01/2015 by: Ms Gillian Harris Next review: 09/01/2016
 Ms Gillian Harris
 08/12/2014 Asthma medication review Due: 08/12/2015 Complete: 21/12/2015 by: Ms Gillian Harris Next review: 21/12/2016
 Ms Gillian Harris
 08/12/2014 Medication review Due: 08/12/2015 Complete: 23/09/2015 by: Dr L Compson Next review: 23/09/2016
 Dr L Compson
 13/06/2014 Asthma medication review Due: 13/06/2015 Complete: 23/09/2015 by: Ms Gillian Harris Next review: 23/09/2016
 Ms Gillian Harris
 13/06/2014 Asthma medication review Due: 13/06/2015 Complete: 13/06/2014 by: Ms Gillian Harris Next review: 13/06/2015
 Ms Gillian Harris
 17/04/2014 Medication review Due: 17/04/2015 Complete: 08/12/2014 by: Dr L Compson Next review: 08/12/2015
 Dr L Compson
 29/11/2013 Asthma medication review Due: 29/11/2014 Complete: 24/03/2015 by: Ms Gillian Harris
 Ms Gillian Harris
 29/11/2013 Asthma medication review Due: 29/11/2014 Complete: 29/11/2013 by: Ms Gillian Harris Next review: 29/11/2014
 Ms Gillian Harris
 09/04/2013 Asthma medication review Due: 09/04/2014 Complete: 08/12/2014 by: Ms Gillian Harris Next review: 08/12/2015
 Ms Gillian Harris

Mauve Practice, Drumhar Health Centre, North Methven Street, Perth, PH1 5PD

Tel: 01738 622421

Tayside Out of Hours Service OOH Call Incident Report

Call number:	38196	Receive Date:	23-Jun-2018 22:53
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (36 years)	Gender:	F
Address:	56 Grampian Court Perth	Current Address:	56 Grampian Court Perth
	PH1 2ST		PH1 2ST
Return Contact No:			
Tel No:	01738 564752		01738 564752
Mobile No:			
Priority:	Routine	Call Origin:	NHS24
Received:	23-Jun-2018 22:53	Calltype:	Home Visit
Advised:	00:57	Arrived PCC:	
Cons start:	24-Jun-2018 02:56	Cons End:	24-Jun-2018 03:19
Consulting Doctor:	Michael Milne	Own doctor:	Lindsey Compson

Reported Condition:
VOMITING 3/7 ASTHMATIC, UNDERACTIVE THYROID

Consultation details:
History - **Vomiting for three days. No diarrhoea. Urine smelly and burning dysuria. Lower back pain.**
Examination - **Temp 38.3C. O2 Sats 95%. P94. V slight right renal angle tenderness. BP 114/70. Slight suprapubic tenderness. No guarding or peritonism.**
Diagnosis - **Probable ascending UTI**
Treatment - **IM Stemetil 12.5mg to left deltoid. Advised wait half an hour, thentake Co-Amoxiclav 625mg tid (21). Report on fast -track number if not keeping antibiotics down, as would then require admission for IV antibiotics. MSSU sent**

Prescriptions:
**co-amoxiclav 500mg/125mg tablets 1 tablet - every 8 hours - oral 21.00
prochlorperazine 12.5mg/1ml solution for injection ampoules 12.5mg - ONCE ONLY - intramuscular - deep injection 1.00**

Followups:
No Follow Up

Clinical Codes:
K190. Urinary tract infection

NHS24 details:
Disposition **Contact GP Practice within 4 Hours (ASAP)**

NHS Confidential: Personal data about a patient

-



Gynaecology Ward
EPAC
Perth Royal Infirmary
Perth
PH1 1NX

Tel: 01738 623311
Fax: 01738 473545
www.nhstayside.scot.nhs.uk

Midwife led clinic:

Date 11/12/17

Morna Forbes
Adele Norris
Fiona McGlashan

Dear	Jamieson Yvonne	1003820107
Re:	FLAT 56, GRAMPIAN COURT CRIEFF ROAD Perth PH1 2ST	U Compson

The above patient has had a complete miscarriage diagnosed by ultrasound + serial HCG measurement at 6 weeks gestation.

Yours sincerely

Fiona McGlashan

pl

Dr Adam Gordon
Consultant Obstetrician & Gynaecologist

Blood Group - *Not checked*

Anti-D given - Y / N

Copy sent to GP - Y / N



Everyone has the best care experience possible
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY (for mail) DD2 1UB (for Sat Nav)

Chairman, Professor John Connell FMedSci FRSE
Chief Executive, Ms Lesley McLay



Community Midwifery Unit
Perth Royal Infirmary

Request for 5mgs folic acid

Date... 11/12/17

Fax No.....

Jamieson	1003820107
Yvonne	
FLAT 56, GRAMPIAN COURT	
CRIEFF ROAD	
PERTH	
PH1 2ST	
	LJ Compson

The above is currently ^{6^{1/2}} weeks pregnant and in accordance with current recommendations please prescribe folic acid 5mgs as her BMI is above 30. *fill 12 week pregnancy*

Many thanks

Catrine A Brown
Outcome A Brown
Midwife 01738 42259
Contact No.

Community Midwifery Unit
Perth Royal Infirmary

Request for 5mgs folic acid

Date.....

Fax No.....

Name.....

Address.....
.....

CHI.....

The above is currently weeks pregnant and in accordance with current
recommendations please prescribe folic acid 5mgs as her BMI is above 30.

*full 12 week
pregnancy.*

Many thanks

Midwife
Contact No

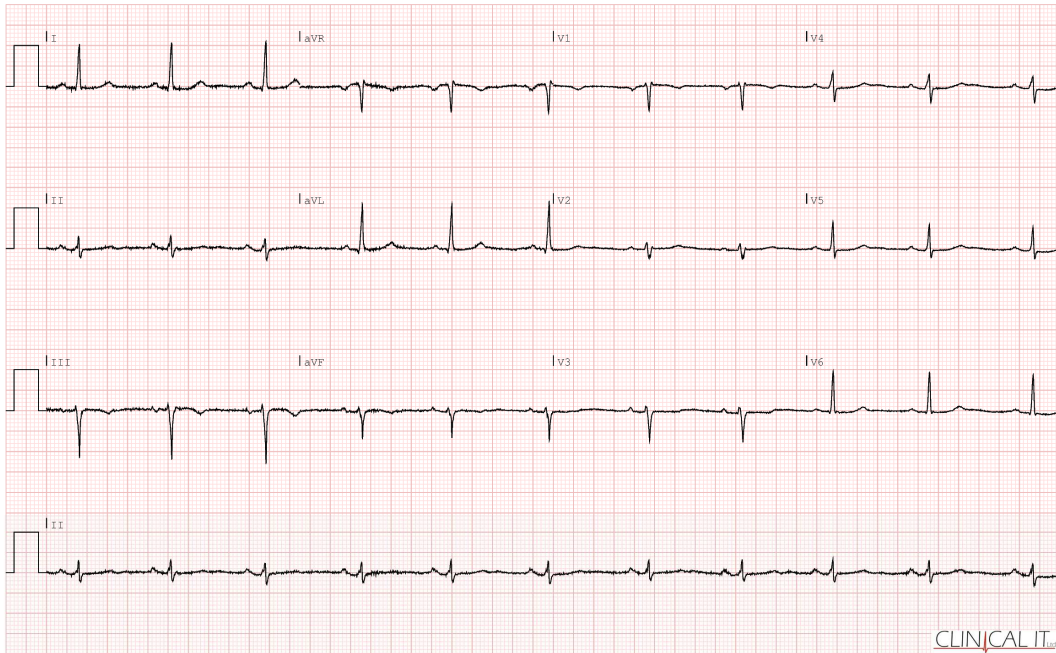
NHS Confidential: Personal data about a patient

Name : Jamieson Yvonne
CHI : 1003820107
Date : 09/12/2016
Time : 10:01:37
Site : Mauve_Practice_Drumhar

Heart Rate : 63 bpm
PR int : 174 ms
QRS dur : 80 ms
QT/QTc : 396/404 ms
P-R-T axis : 27 -23 -3

*** UNCONFIRMED AUTOMATED ANALYSIS ***

Summary : ** borderline ECG **
Rhythm : Sinus rhythm
Analysis : Minimal voltage criteria for LVH, may be normal variant
Moderate left axis deviation



This ECG was processed by ECGManager © 2015 Clinical IT Ltd.

CLINICALIT
25 m/s, 10 mm/mV

Tayside Health Board

Sexual Health Clinic
Tayside Sexual & Reproductive Health Services
Dundee Health & Social Care Partnership
Drumhar Health Centre
North Methven Street
PERTH, PH1 5PD
Tel: (01738) 564272
Fax: (01738) 564564
www.nhstayside.scot.nhs.uk



PRIVATE & CONFIDENTIAL

Dr. Claire L Hutton
Mauve Practice, Drumhar Health Centre
North Methven Street
PERTH

Date: 13 June 2016

Our Ref: /AN07711875

Enquiries to:
Direct Line: (01738) 564272
Fax: (01738) 564564
E-mail:

Dear Dr. Hutton

Yvonne Jamieson, 10/03/1982, Flat 56, Grampian Court, Crieff Road, PERTH, PH1 2ST

Yvonne has been started on a new method of contraception at the above Sexual Health Clinic today,
13 June 2016.

Details of contraception are as follows:

Drug: **Cerelle (6M) | Tab x 28**
Dose: **tab**
Frequency: **daily**

The following were noted:

Complications:
Medical Conditions:
Reproductive History:
Drug History:
Allergies:

Yvonne has been asked to attend their GP for follow-up.

Kind regards

Yours sincerely


Mrs Margaret Shearer
Sexual Health Nurse

Everyone has the best care experience possible
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY (for mail) DD2 1UB (for Sat Nav)

Chairman, Professor John Connell FMedSci FRSE
Chief Executive, Mrs Lesley McLay

Tayside Health Board

Sexual Health Clinic

Tayside Sexual & Reproductive Health Services

Dundee CHP

Drumhar Health Centre

North Methven Street

PERTH, PH1 5PD

Tel: (01738) 564272

Fax: (01738) 564564

www.nhstayside.scot.nhs.uk



PRIVATE & CONFIDENTIAL

Dr. Claire L Hutton
Mauve Practice, Drumhar Health Centre
North Methven Street
PERTH
'''

Date: 21 April 2016

Our Ref: /AN07711875

Enquiries to:
Direct Line: (01738) 564272
Fax: (01738) 564564
E-mail:

Dear Dr. Hutton

Yvonne Jamieson, 10/03/1982, Flat 56, Grampian Court, Crieff Road, PERTH, PH1 2ST

Your patient attended Sexual and Reproductive Health Services at Drumhar Health Centre today, 21 April 2016. An Implanon subdermal implant was removed at the above clinic.

Removal Site: Right arm 5-9 cm above medial epicondyle

Removal Reason: Licence limit

Yvonne's future contraception is Cerelle

The following were noted:

Medical Conditions: Past history of VTE in pregnancy

BMI: 36

Yours sincerely

A handwritten signature in black ink that reads 'L Jarvis'.

Dr. Laura Jarvis
Speciality Doctor

Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY

Chairperson, Mr Sandy Watson OBE DL
Chief Executive, Mrs Lesley McLay



Tayside Out of Hours Service OOH Call Incident Report

Call number:	23993	Receive Date:	2-Feb-2016 18:29
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (33 years)	Gender:	F
Address:	185 Rannoch Road Perth PH1 2DP	Current Address:	185 Rannoch Road Perth PH1 2DP
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Routine	Call Origin:	Walk-In Patient
Received:	2-Feb-2016 18:29	Calltype:	Attend
Advised:	:	Arrived PCC:	2-Feb-2016 18:31
Cons start:	2-Feb-2016 18:38	Cons End:	2-Feb-2016 18:48
Consulting Doctor:	Michael Milne	Own doctor:	Claire Hutton

Reported Condition:

Symptoms: Chest feels tight

Consultation details:

History - **Cough earlier today, associated with chest tightness. Stuffy in the nose, but not wheezy. On 5HTP OTC from Holland and Barrett. Known asthmatic.**

Examination - **Temp 36.0C. BP105/77. P68. PEFr 290 (says best is 300). Chest clear with good AE.No tachypnoea or ^ work of breathing.**

Diagnosis - **Viral URTI.**

Treatment - **Reassured none required**

Followups:

No Follow Up

Clinical Codes:

H05z. Upper respiratory infect.NOS

Tayside Health Board

Sexual Health Clinic
Tayside Sexual & Reproductive Health Services
Dundee CHP
Drumhar Health Centre
N. Methven Street
PERTH, PH1 5PD
Tel: (01738) 564272
Fax: (01738) 564564
www.nhstayside.scot.nhs.uk



PRIVATE & CONFIDENTIAL

Dr. Claire L Hutton
Mauve Practice, Drumhar Health Centre
North Methven Street
PERTH
""

Date: 24 June 2013
Our Ref: /AN07711875
Enquiries to:
Direct Line: (01738) 564272
Fax: (01738) 564564
E-mail:

Dear Dr. Hutton

Yvonne Jamieson, 10/03/1982, 185 Rannoch Road, PERTH, PH1 2DP

Yvonne attended last week as she has been having galactorrhoea for what sounds like many months. She has intermittent clear fluid and what appears to her to be colostrum from her nipples. I have checked her prolactin, which is normal at 91. I feel her symptoms are probably related to antidepressant use rather than a reproductive health problem, and I have advised her to see you.

Kind regards

Yours sincerely,

A handwritten signature in black ink, appearing to read 'S MacPherson'.

Dr Susan MacPherson
Specialty Doctor

Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY

Chairperson, Mr Sandy Watson OBE DL
Chief Executive, Mr Gerry Marr



Tayside Health Board

Sexual Health Clinic
Tayside Sexual & Reproductive Health Services
Dundee CHP
Drumhar Health Centre
N. Methven Street
PERTH, PH1 5PD
Tel: (01738) 564272
Fax: (01738) 564564
www.nhstayside.scot.nhs.uk



PRIVATE & CONFIDENTIAL

Dr. Claire L Hutton
Maue Practice, Drumhar Health Centre
North Methven Street
PERTH

Date: 22 April 2013
Our Ref: /AN07711875
Enquiries to:
Direct Line: (01738) 564272
Fax: (01738) 564564
E-mail:

Dear Dr. Hutton

Yvonne Jamieson, 10/03/1982, 185 Rannoch Road, PERTH, PH1 2DP

Yvonne attended the above service recently complaining of pain around her Nexplanon implant in her L arm. It was inserted in June 2012 and she has only been experiencing pain for the last few weeks. There was no history of trauma or other precipitating factors. On examination there was nil abnormal to find and no tenderness over the implant or evidence of nerve involvement.

It was agreed to resite her implant to exclude this as a cause of her pain.

She therefore attended today and the Nexplanon was removed from her left arm and a new device inserted 8cm above the medial epicondyle of her right arm under local anaesthetic.

Wound advice was given and Yvonne is aware the device will provide contraception for 3 years.

Kind regards

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Elizabeth Cockburn', written over a horizontal line.

Elizabeth Cockburn
Associate Specialist

Working with you for better health and better care

Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY

Chairperson, Mr Sandy Watson OBE DL
Chief Executive, Mr Gerry Marr



Respiratory Medicine
Medicine Directorate
Acute Services Division
NHS Tayside
Perth Royal Infirmary
Perth
PH1 1NX

01738 623311
01738 473510
www.nhstayside.scot.nhs.uk

Dr EA Harvey
Mauve Practice, Drumhar Health Cent
North Methven Street
Perth
PH1 5PD

Date	09/04/2013
Your Ref	
Our Ref	AD/CAC/ 1003820107
Enquiries to	
Extension	13612
Direct Line	01738 473612
Email	caroline.chapman@nhs.net

Dear Dr Harvey

Yvonne Jamieson, 185 Rannoch Road, Perth, PH1 2DP DOB: 10/03/1982

Date of Admission: 13.02.13. Date of Discharge: 14.02.13.
Diagnosis: Trazodone overdose
Past medical history: Asthma, anxiety and depression

Presentation: This 30 year old lady was admitted with a non accidental overdose of 14 tablets of Trazodone 50 mg around 7 in the evening on the day of her admission. This patient's brother was unwell in ITU at the time of the overdose and she got the news the day prior to her admission which seemed to precipitate it.

Examination: On admission her saturations were 98% on air with a temperature of 31.3, pulse of 90 and blood pressure 107/80. She was alert and orientated. Neurological examination was unremarkable as well as the rest of the examination.

Investigations: Her blood results were unremarkable with a normal kidney and liver function and non impaired coagulation screen. Alcohol was not detected, paracetamol and salicylates were not detected either. Her ECG showed a sinus rhythm and nothing acute was seen on the chest x-ray.

Progress: She was due to be reviewed by the Psychiatrist the next morning but did not want to stay and wait for the review. She left the hospital against medical advice with no follow-up and no treatment.

Yours sincerely

Authorised on 10/04/2013 14:29:20 by Respiratory Peter Brown.

Dr Anne Dethier
Medical ST2 to Dr Peter Brown

Dr Peter Brown
Consultant Physician



Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY

Chairman, Mr Sandy Watson OBE DL
Chief Executive, Mr Gerry Marr

**TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
PERTH ROYAL INFIRMARY**

DR. E Harvey
MAUVE PRACTICE, DRUMHAR H
NORTH METHVEN STREET
PERTH
PH1 5PD

Date: 14 Feb 2013

Dear Doctor Harvey

Your Patient: **Yvonne Jamieson**
185 RANNOCH ROAD
PERTH
PH1 2DP

Date of Birth: **10 Mar 1982**
ACHI Number: **1003820107**
A&E Attendance No: **AE-13-002559-1**
No. of Previous Attendances: **7**
Occupation/School: **UNEMPLOYED**

Tel: NO LAND LINE

The above patient attended the A&E department on 13 Feb 2013 at 19:04. The incident occurred at Home or other house and garden
The complaint was **overdose**. The patient was seen by **Keri Malone**, **A+E SHO**.

Diagnosis

Anti depressant overdose,
Ingestion of 18 50mg trazadone tablets with suicidal intent. Quickly regretted ingestion and contacted key worker. ECG normal.

Discharge : Admitted
Destination : 4 (Medical Assessment)

Yours sincerely

Accident & Emergency Dept

Tayside Out of Hours Service OOH Call Incident Report

Call number:	28430	Receive Date:	13-Feb-2013 18:21
Patient's Name:	Yvonne Jamieson	Gender:	F
Date of birth:	10-Mar-1982 (30 years)	Current Address:	205-208 Rannoch Road
Address:	185 Rannoch Road	Address:	Perth PH11 2DP
	Perth PH11 2DP		Perth PH11 2DP
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	NHS24 Advised (Info Only)	Call Origin:	NHS24
Received:	13-Feb-2013 18:21	Calltype:	NHS24 Advised (Info Only)
Advised:	18:36	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Elizabeth Harvey

Reported Condition:

INTENTIONAL OVERDOZE 20 MINS SEE AV

Followups:

None

NHS24 details:

Triage NHS24 -	This call should be transferred via serious and urgent telephony route.
	Transfer this call to a pharmacist.
NHS24 Comments -	TRAZADONE HYDROICHLORIDE 50MG - STATES HAS TAKEN MORE THAN 7 - BUT DOESN'T KNOW HOW MANY . SUPPORT WORKER IS NOW WITH THE PATIENT. (Non-Clinical User) (Edinburgh)
Disposition -	999 - Ambulance as soon as possible

Tayside Out of Hours Service OOH Call Incident Report

Call number:	21230	Receive Date:	22-Jan-2013 17:48
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (30 years)	Gender:	F
Address:	185 Rannoch Road Perth PH1 2DP	Current Address:	205-208 Rannoch Road Perth PH1 2DP
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Emergency	Call Origin:	NHS24
Received:	22-Jan-2013 17:48	Calltype:	Telephone Advice
Advised:	18:05	Arrived PCC:	
Cons start:	22-Jan-2013 18:20	Cons End:	22-Jan-2013 18:38
Consulting Doctor:	Kay MacCallum	Own doctor:	Elizabeth Harvey

Reported Condition:

FACIAL WEAKNESS 5 DAYS SEE A/V

Consultation details:

History - **pmh anxiety disorder, depression , asthma , heart murmur , ovarian cystectomy
meds trazodone , clenil Modulite , Serevent , Ventolin ,
on 16/1/13 had episode when she felt sl R sided facial weakness
and ? auditory hallucinations, vomited ,
ptt states she had some sort of convulsion ,poor historian , initially
stated that she went for friend who noted face was sl twisted , but
then stated she was on her own bed , thinks she had a fit and was
drifting in and out of consciousness , no incontinence tongue
biting or injury , no headache , no blurred or double vision , was
shaking all over , but think she remembers episode ,
vomited x 1 , thinks she still has facila weakness , but has been to
see her own gp yesterday about another problem ,no mention of
any facila asymmetry
no new acute problem tonight , and advise attend gp this week for
review**

Examination - **.**

Diagnosis - **anxiety**

Followups:

Patient Advised To Contact Own GP

Clinical Codes:

E200. Anxiety States

NHS24 details:

Triage NHS24 - **Advise the caller that if they get cut off you will call them back immediately.
This call will be transferred directly to a nurse via serious and urgent telephony route.**

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.

NHS24
Comments -

PT HAD HAD 1-SIDED FACIAL WEAKNESS ON 16-17 JANUARY AND TOOK A CONVULSION FIT WHERE HANDS WENT NUMB. FACIAL WEAKNESS IS STILL PRESENT BUT NOT AS BAD. PT HAS AN ANXIETY DISORDER AND IS ASTHMATIC. ((Non-Clinical User) (Edinburgh))

Disposition -

Contact GP Practice within 4 Hours (as soon as possible)

NHS Confidential: Personal data about a patient

Acute Mental Health Response Team
Murray Royal Hospital
Muirhall Road,
Perth
PH2 7BH

MAUVE PRACTICE

Date Dictated:

DRUMHAR HEALTH CENTRE

Date Typed: 17/01/2013

NORTH METHVEN STREET

Your Ref:

PERTH

Our Ref:

PH1 5PD

Enquiries to: AMHRT

Extension:

Direct Line: 01738 562223

Email:

Dear Elizabeth Harvey

Re: YVONNE JAMIESON

1003820107

185 RANNOCH ROAD

PERTH

PH1 2DP

Assessment Letter

Diagnosis:

Assessment/Treatment Details

Situation: (Reason for referral current mental health presentation, risks)

clinical summary from NHS 24, " suicidal for tonight and feels she could self harm. Has been hearing and seeing things. Saw GP today, feels worse tonight, resident in Anchor House, homeless accomodation, GP/CPN to phone 1 hr". Call passed to Perth Acute Mental Health Response Team, AMHRT.

NHS Confidential: Personal data about a patient

Background: (Past psychiatric history, history of significant risk factors, history of current presentation)

History of low mood, suicidal ideation, anxiety. On thyroxine.

Assessment: (Current assessment of needs, support, treatment, medication)

Phoned Anchor House to speak to Yvonne, she had left to stay with her aunt tonight but had left a mobile number. Phoned and spoke to Yvonne, had arrived at aunts, feeling more settled, did admit that she believed her symptoms had been anxiety induced as she no longer heard or seen anything that she shouldn't. Yvonne was keen to get settled for the night and ended the call.

Recommendations: (Treatment and patient expectations)

Advised to recall NHS 24 if became suicidal or experienced voices or visions.

Yours sincerely,

Anne Sime

Senior Mental Health Nurse.

Tayside Out of Hours Service OOH Call Incident Report

Call number:	19487	Receive Date:	16-Jan-2013 22:37
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (30 years)	Gender:	F
Address:	185 Rannoch Road Perth PH1 2DP	Current Address:	205-207 Rannoch Road Perth PH1 2DP
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Emergency	Call Origin:	NHS24
Received:	16-Jan-2013 22:37	Calltype:	Mental Health
Advised:	22:54	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Elizabeth Harvey

Reported Condition:
SEEING AND HEARING THINGS 3 TO 4 DAYS SEE A/V

Followups:
None

NHS24 details:

Triage NHS24 - **This call should be transferred via serious and urgent telephony route.
Transfer this call to a mental health nurse.**

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.

NHS24
Comments - **NOT ABLE TO SLEEP AS HEARING AND SEEING THINGS THAT ARE NOT THERE - MENTAL HEALTH ISSUES - SKIN COLD TO TOUCH - PT FEEL SSUICIDAL WHEN THEY ARE OWN THERE OWN WITH SOMEONE AT TIME OF CALL ((Other Clinical User) (Edinburgh))**

Disposition - **Contact GP Practice within 4 Hours (as soon as possible)**



Perth & Kinross Community Health Partnership
Department of General Adult Psychiatry
Murray Royal Hospital
Muirhall Road
Perth
PH2 7BH
Tel: 01738 621151
www.nhstayside.scot.nhs.uk

Dr Sinclair
Central Health Care
79 South Street
Perth
PH2 8PD

Date Dictated	14 th January 2013
Date Received	14 th January 2013
Date Typed	14 th January 2013

Our Ref	CL/HM/1003820107
Enquiries to	Miss Hannah McRobbie, Clerical Officer
Extension	62414
Direct Line	01738 562414
Email	hannahmcrobbie@nhs.net

Dear Dr Sinclair

RE: Yvonne Jamieson, 6 St Catherine's Square, Perth PH1 5QT
CHI: 1003820107

Date of Admission: 6th January 2013

Date of Transfer: 6th January 2013

I assessed Ms Jamieson in my capacity as on-call doctor for Psychiatry on 6 January 2013. She was subsequently admitted to Moredun Ward of the Murray Royal Hospital however due to no bed availability Ms Jamieson was transferred to Ward 2 at Queen Margaret's Hospital, Dunfermline where the relevant team will keep you informed of her progress.

Yours sincerely,

Craig Lintern

Dr C Lintern
FY2, Murray Royal Hospital

(checked and signed electronically)

Tayside Out of Hours Service OOH Call Incident Report

Call number:	17928	Receive Date:	12-Jan-2013 03:49
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (30 years)	Gender:	F
Address:	185 Rannoch Road Perth PH1 2DP	Current Address:	185 Rannoch Road Perth PH1 2DP
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Routine	Call Origin:	NHS24
Received:	12-Jan-2013 03:49	Calltype:	Attend
Advised:	04:14	Arrived PCC:	12-Jan-2013 04:33
Cons start:	12-Jan-2013 04:36	Cons End:	12-Jan-2013 04:57
Consulting Doctor:	Jonathan Dickson	Own doctor:	Elizabeth Harvey

Reported Condition:

KIDNEY PAIN 1HR SEE A/V

Consultation details:

History - **1 hr of suprapubic and RIF pain , worse after urination. N o haematuria, no diarrhoea. On trazodone for anxiety and has implanon in situ.No vomitting**

Examination - **T 37.4, restless, hr 72 reg , tender RIF and flank with no rebound, active bowel sounds
urinalysis = WBC+, RBC ++, protein ++, nitrites +ve**

Diagnosis - **upper UTI**

Treatment - **given co-amoxyclav 625mg tds x 21 and co-dydramol 2 tabs qds prn x 20 and MSSU sent**

Prescriptions:

CO-AMOXICLAV tablets 500mg+125mg [ACTAVIS] 1 tablet 3 times a day for 7 days 21.00 co-dydramol (dihydrocodeine and paracetamol) tablets 10mg+500mg as directed 20.00

Followups:

Patient Advised To Contact Own GP

Clinical Codes:

K190. Urinary tract infection

NHS24 details:

Triage NHS24 - **This call should be directed via triage telephony route.**

NHS24 **3RD PARTY CALLER SUPPORT WRK DIONNE SCOT RTN**

Comments - **01738 623963. ((Non-Clinical User) (Edinburgh))**

PASSED URINE AND BOWEL MOVEMENTS TODAY. ((Non-Clinical User) (Edinburgh))

Disposition - **Contact GP Practice within 4 Hours (as soon as possible)**

15



DATE OF ADMISSION:
07/01/2013
DATE OF DISCHARGE:
09/01/2013

IMMEDIATE DISCHARGE & PRESCRIPTION FORM

Hospital Site:

Page of

(Please use BLOCK CAPS when completing this form)

Re: Mr/Mrs/Miss/Ms	DOB:	TO: GP Forename:
Forename: YVONNE	Surname: JAMESON	GP Surname:
Address: 185 RANNOCH RD PERTH		GP Address: DR HARVEY
Postcode:	GP Postcode:	
CHI No: 1003820107	Hosp ID No:	Community Pharmacy:
This patient was admitted to hospital under the care of:		
Consultants Name: DR MCCALLUM		Specialty: PSYCHIATRY
Discharged from Ward: 2	Reason for Admission/presenting complaint: THOUGHTS OF SELF HARM	
Mode of Admission: Elective <input type="checkbox"/> Emergency <input type="checkbox"/> Transfer <input checked="" type="checkbox"/>	Source of admission: GP <input type="checkbox"/> Self <input type="checkbox"/> Out of Hours <input checked="" type="checkbox"/> Other: MRH	
Principal Diagnosis: CRISIS ADMISSION	Legal Status: INF	

Other Conditions:

1	ANXIETY
2	
3	
4	
5	

Significant Operations/Procedures: Yes No

1. Date:

2. Date:

Relevant Investigations: Yes No Comments: D&E showed dehydration on admission + hypotension 2° to poor compliance

Complications: Yes No Comments:

Patient Information discharge summary given to patient and/or carer or relative: Yes No

Follow-up Arrangements

GP + COUNSELLING

Sickness Certificate Issued: Yes No Duration of sickness certification: _____

Results awaited: Yes No If Yes, please specify: _____

Letters to follow: Yes No Comment: _____

Hospital Review: Yes No If Yes, please specify: _____

Forename:	Address:	DOB:
Surname:	Ward:	CHI No / Hospital No:

Medicines on Discharge

Medicine Form & Strength	Dose	Directions for Administration	Continuous/ Course Length	Quantity Supplied
LEVOTHYROXINE	125 micrograms	once PO		7 x 25 mcg 7 x 100 mcg
CLENIL MACHETTE	2 PUFF	INH tds	} POD HC	
SEREVENT EVO INHALER	2 PUFF	INH tds		
TRAZODONE	150mg	once		7

Medicine Continuation Sheet attached: Yes No
 Medication currently prescribed by Day Hospital: Yes No

Dispense in Compliance Aid Yes No
 Type of compliance aid before admission:

Significant Changes to Medication from the Point of Admission

Medicine Form & Strength	Stopped/Started/ Changed	Details of Change and Reasons
TRAZODONE	INCREASED	T 150 mg once to aid sleep + anxiety
LEVOTHYROXINE	RESUMED	POW compliance prior to admission

Additional information attached: Warfarin sheet Yes No Other: Yes No Please specify:

Adverse Reactions/Allergies: Yes No Detail:

Comments:

Signature: <u>[Signature]</u>	Date: <u>9/10/13</u>	Pharmacy Assessment By Pharmacist: <u>[Signature]</u>
Name (in CAPS): <u>S McCORMICK</u>		Dispensed By: <u>[Signature]</u>
Contact No. for enquiries: <u>01383 67002</u>		Check: <u>[Signature]</u>
Designation: Consultant/Registrar <input checked="" type="checkbox"/> SHO <input type="checkbox"/> JHO <input type="checkbox"/> Other <input type="checkbox"/>		Date: <u>9/10/13</u>
		Received On
		Ward By: _____

Kirkcaldy & Levenmouth CHP
Mental Health Service

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife
KY12 0SU
Tel: 01383 623623
Fax: 01383 627044



Enquiries to: Shiona Drylie
Ext No: 24019
Email: shiona.drylie@nhs.net

DISCHARGE SUMMARY

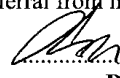
FW/CB/SF5519764K 1003820107	Dictated: 21 January 2013 Typed: 5 February 2013
Dr L J Compson Drumhar Health Centre Maue Practice North Methven Street PERTH PH1 5PD	Yvonne Jamieson 185 Rannoch Road PERTH PH1 2DP Dob: 10/03/1982
Admitted: 6 January 2013 Discharged: 9 January 2013	Medication on Discharge: Levothyroxine 125mcgs once in the morning Clenil Modulite 100mcgs 2 puffs 3 times daily Serevent Evo Inhaler 2 puffs inhaled 2 times daily Trazodone 150mgs once daily at night.
MHA Status on Discharge: Informal	
Diagnosis: Crisis admission - anxiety	Medication subject to treatment plan under MHA - Yes/No
Locus of Care: Ward 2, Queen Margaret Hospital Consultant: Dr Seónaid McCallum	

Responsible Consultant following Discharge: **Dr Hayward, Murray Royal Hospital, Perth**

Follow-up Arrangements: GP follow-up and counselling
Results Awaited:

Diagnostic Summary:

This 30 year old lady who has a previous history of depression was transferred to Ward 2, QMH as there were no beds available at Murray Royal Hospital, Perth with a situational crisis and anxiety, which stemmed from a recent incident when an alleged sex offender came to her door. She had been non-compliant with her Thyroxine and not been eating and drinking, and therefore found to be hypothyroid and mildly dehydrated on U&Es on admission. She recommenced her Thyroxine and encouraged to drink fluids. Her U&Es subsequently returned to normal. She settled quickly on the ward and requested discharge on the 9 January 2013 and was therefore discharged. She plans to continue her current counselling and looked to seek a psychology referral from her GP.

Signed 
Dr Fionnuala Williams
CT1 to Dr S McCallum

Consultant's Comments:

Signed



Dr Seonaid McCallum
Consultant Psychiatrist

Dear Dr Compson

This 30 year old lady who has a previous diagnosis of depression and is known to Psychiatric Services in NHS Tayside was transferred to Ward 2 at Queen Margaret Hospital due to a lack of beds available at the Murray Royal Hospital in Perth. She was admitted from home via NHS24 as she had been experiencing low mood and suicidal ideation. Yvonne had a plan and intent to end her life and was reviewed in Perth. She said that over the past week she had not been eating or drinking well. She described poor concentration and said she had not been coping. She also reported being non-compliant with her Thyroxine for the past 6 weeks. She stated she was unable to maintain her safety at home and that she would take an overdose of tablets. Yvonne had been ruminating about past events such as the death of one of her sons in 2009 and the death of another son in 2010 a few weeks after his birth.

Past Psychiatric History

Depression leading to an admission to Murray Royal Hospital in 2009 for 2 weeks. She'd previously tried to hang herself after her son died.

Medication on Admission

Trazodone 100mgs
Thyroxine 125mcgs
Clenil Modulite
Salbumatol

Past Medical History

Asthma
Hypothyroidism
Heart murmur
Previous laparoscopic surgery for ovarian cysts
C-section in 2010

Family History

Yvonne's mother is alive and lives in Perth; she has COPD. Her dad died 20 years ago. She has 2 older sisters, 1 sister has Asperger's and another has anxiety. She also has 2 older brothers, 1 of whom has a borderline personality disorder.

Personal History

Yvonne lives in homeless accommodation and is awaiting a permanent tenancy. She has a past history of being raped and abused. She was unemployed at the time of admission. She described having been bullied at school. In 2009 her son was taken into care and is now under the care of a family member. There were thought to be sexual allegations involving her children by her sons' father who has unsupervised visiting with them. As mentioned above, Yvonne has had 2 sons who have died.

Drug & Alcohol

Yvonne does not drink alcohol or take illicit substances.

Forensic History

Yvonne denied any forensic history.

Premorbid State

Yvonne described having variable mood and feeling that her mood should improve.

Mental State Examination

Yvonne was lethargic with no evidence of self-neglect. She was socially appropriate and had good eye contact. There were no abnormal movements. Her speech was normal in all modalities. Her mood was felt to be low. She described plans to take an overdose and could not guarantee her safety. There was no formal thought disorder or evidence of delusions. She described seeing faces of a baby and an older woman on a white duvet cover. On further questioning after admission, Yvonne described this as a still image that looked as if an older woman was telling off a baby, this occurred when she was watching TV and she was sleepy at the time. She described having had similar experiences previously. Yvonne was aware that the images were not real but found them "freaky". It was thought that these might be hypnagogic hallucinations. Yvonne was orientated to time, place and person, although she described poor concentration. Her insight was good.

Physical Examination

This was unremarkable. Urinalysis on admission showed 1+ of leucocytes and a trace of ketones. Patient was asymptomatic so no treatment was commenced. Admission bloods were unremarkable apart from a raised creatinine at 84, an eGFR of 54 and a sub-clinical hypothyroidism with a TSH of 13.09 and a free Thyroxine of 11.7. The U&Es were put down to Yvonne not drinking and she was therefore encouraged to increase her oral intake. She was also encouraged to recommence her Thyroxine to treat her hypothyroidism.

Progress on Ward

Yvonne was reviewed the day following admission at which point she attributed her current presentation with a recent stressful incident when a man who is believed to have sexually assaulted a friend of Yvonne's and had come to Yvonne's door. Yvonne stated that this "triggered" her past sexual abuse issues and led to an increase in her anxiety only since this event occurred on the 24 December. She states that prior to this she had been well. Suicidal ideation was "disappearing" at this point. Yvonne complained of feeling vulnerable and of being unhappy due to being away from Perth. She was reviewed on the 8 January 2013 by Dr McCallum and subsequently again on the 9 January, at which point she was much more settled, had slept well and was no longer having suicidal ideas. Yvonne requested discharge at this point. She planned to continue counselling and requested psychology referral from her GP to sort out the practicalities of her homeless situation. A repeat set of U&Es were normal.

Yours sincerely


Dr Fionnuala Williams
CT1 to Dr Seónaid McCallum, Consultant Psychiatrist

copied to:
Dr Hayward, Murray Royal Hospital, Perth

NHS Confidential: Personal data about a patient

Acute Mental Health Response Team
Murray Royal Hospital
Muirhall Road,
Perth
PH2 7BH

MAUVE PRACTICE
DRUMHAR HEALTH CENTRE
NORTH METHVEN STREET
PERTH

Date Dictated:
Date Typed: 06/01/2013

Your Ref:
Our Ref:
Enquiries to: AMHRT
Extension:
Direct Line: 01738 562223
Email:

Dear Elizabeth Harvey

Re: YVONNE JAMIESON
1003820107
185 RANNOCH ROAD
PERTH

PH1 2DP

Assessment Letter

Diagnosis: Suicidal ideation with pain and intent

Assessment/Treatment Details

Situation: (Reason for referral current mental health presentation, risks)
clinical summary from NHS 24: "suicidal fro tonight and feeling very low, strong thoughts of suicide, recent change of antidepressants, has been referred to mental health team by GP but no CPN input at moment. Outcome CPN/DR call back 1 hour". Call passed to Perth Acute Mental Health Response Team, AMHRT.

Background: (Past psychiatric history, history of significant risk factors, history of current presentation)
has had one previous admission to Murray Royal Hospital in 2009 after the death of her son.

Assessment: (Current assessment of needs, support, treatment, medication)
Initially spoke on trhe phone, Yvonne struggling with thoughts about of ending her life. [Invited to attend Murray Royal Hospital for formal assessment of mantla state. Yvonne has numerous situational stressors and finding it difficult to manage her thoughts about ending her life. Yvonne stated she was unable to manage her safety and would complete suicide if left to go home to homeless hostel. Yvonne has also been non compliant with her Thyroxine tablets for arounf 6 weeks.

Recommendations: (Treatment and patient expectations)
PLAN: admit to Moredun Unit to assess mental state further and monitor suicidality.

Yours sincerely,

Anne Sime
Senior Mental Health Nurse.

Tayside Out of Hours Service OOH Call Incident Report

Call number:	16130	Receive Date:	5-Jan-2013 19:43
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (30 years)	Gender:	F
Address:	185 Rannoch Road Perth PH1 2DP	Current Address:	185 Rannoch Road Perth PH1 2DP
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Emergency	Call Origin:	NHS24
Received:	5-Jan-2013 19:43	Calltype:	Mental Health
Advised:	19:54	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Elizabeth Harvey

Reported Condition:
SUICIDAL/LOW MOOD 2 WEEKS - SEE A/V

Followups:
None

NHS24 details:

Triage NHS24 - **Transfer this call to a mental health nurse.
Transfer this call to an S+U nurse if no mental health nurses are available.**

NHS24
Comments - **LOW MOOD, FEELS SUICIDAL, CRYING, CANT SETTLE,
HAD CHANGE OF MEDS 3/4 DAYS AGO. HAD TO STOP
ONE MEDICATION TO START ANOTHER. CHANGE OF
MEDICATION WAS QUITE RAPID. ((Non-Clinical User)
(Edinburgh))**

Disposition - **Contact GP Practice within 4 Hours (as soon as possible)**

Yvonne Jamieson 10/03/1982 390/82/223

Data Summary Sheet

Data Summary Sheet

Yvonne Jamieson 10/03/1982 Female NHS: 390/82/223 CHI: 1003820107

Anchor House Satellite Flat 185 Rannoch Road Perth PH1 2DP

Mobile phone 07594128297

14/01/2011 Height: 1.62 metres O/E - height Mrs Lucille Ironside

19/03/2012 Weight: 93.6 kgs BMI: 35.6 O/E - weight Dr. Locum

14/03/2012 15:26:00 BP 130 / 70 taken Sitting from Left Cuff: Standard recall due: O/E - blood pressure reading Mrs Tracy Connolly

Significant Medical History

09/02/2011 Symptoms of depression Dr. Locum

No data recorded.

No data recorded.

Screening

No data recorded.

Priority Clinical / User Marker

09/02/2011 Symptoms of depression Dr. Locum

Acute Prescriptions

05/10/2012 Mirtazapine 45mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY AT NIGHT DISPENSE WEEKLY Dr. Locum

14/09/2012 Levothyroxine sodium 25microgram tablets Supply: (6) tablet 1 TABLET ONCE A DAY

Notes for dispenser: please supersede prescription dated 10/9 as will be weekly dispense. Dr. Locum

14/09/2012 Levothyroxine sodium 25microgram tablets Supply: (21) tablet 1 TABLET ONCE A DAY WEEKLY DISPENSE FROM 20/9/2012 Dr. Locum

10/09/2012 Mirtazapine 30mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY AT NIGHT, DISPENSE WEEKLY Dr. Locum

10/08/2012 Mirtazapine 30mg tablets Supply: (28) tablet TAKE ONE DAILY AT NIGHT, DISPENSE WEEKLY Dr. Locum

07/08/2012 Calmurid cream (Galderma (UK) Ltd) Supply: (100) gram APPLY TWICE A DAY Dr. Locum

17/07/2012 MIRTAZAPINE tabs 30mg Supply: (28) tablet TAKE ONE DAILY AT NIGHT, DISPENSE WEEKLY Dr. Locum

27/06/2012 MIRTAZAPINE tabs 15mg Supply: (14) tablet ONE TABLET(S) AT NIGHT, DISPENSE WEEKLY Dr. Locum

25/06/2012 MIRTAZAPINE tabs 15mg Supply: (7) tablet ONE TABLET(S) AT NIGHT, DISPENSE WEEKLY Dr. Locum

11/06/2012 FLUOXETINE caps 20mg Supply: (56) capsule TAKE TWO DAILY- DISPENSE DAILY Dr. Locum

09/05/2012 NITROFURANTOIN mr cap 100mg Supply: (6) capsule TAKE ONE TWICE DAILY Dr. Locum

09/05/2012 FLUOXETINE caps 20mg Supply: (56) capsule TAKE TWO DAILY-WEEKLY DISPENSE Dr. Locum

16/04/2012 AMOXICILLIN caps 500mg Supply: (21) capsule TAKE ONE THREE TIMES DAILY Dr. Locum

16/04/2012 FLUOXETINE caps 20mg Supply: (56) capsule TAKE TWO DAILY-WEEKLY DISPENSE Dr. Locum

10/04/2012 ZOPICLONE tabs 3.75mg Supply: (5) tablet TAKE ONE AT NIGHT Dr. Locum

10/04/2012 BECLOMETASONE aqueous nasal spray 50micrograms/actuation Supply: (200) dose TWO PUFFS TWICE DAILY Dr. Locum

03/04/2012 FERROUS FUMARATE caps 305mg Supply: (84) capsule 1 THREE TIMES A DAY Dr. Locum

29/03/2012 FLUOXETINE caps 20mg Supply: (28) capsule TAKE ONE DAILY-WEEKLY DISPENSE Dr Central Healthcare

19/03/2012 FLUOXETINE caps 20mg Supply: (14) capsule TAKE ONE DAILY, DISPENSE WEEKLY Dr. Locum

16/01/2012 FERROUS FUMARATE tabs 322mg Supply: (56) tablet TAKE ONE TWICE A DAY

Instalments: please dispense weekly Mrs Tracy Connolly

10/01/2012 PARACETAMOL tabs 500mg Supply: (24) tablet TAKE 1 OR 2 FOUR TIMES DAILY NO MORE THAN 8 TABLETS IN A DAY Mrs Tracy Connolly

05/01/2012 AMOXICILLIN caps 500mg Supply: (21) capsule TAKE ONE THREE TIMES DAILY Mrs Tracy Connolly

20/06/2011 FLUOXETINE caps 20mg Supply: (14) capsule(s) TAKE TWO DAILY OR DISPENSE FROM 22/6/11 Mrs Tracy Connolly

03/06/2011 FLUOXETINE caps 20mg Supply: (28) capsule(s) TAKE ONE DAILY-WEEKLY DISPENSE Dr Central Healthcare

03/06/2011 FLUCLOXACILLIN caps 500mg Supply: (28) capsule(s) TAKE ONE 4 TIMES/DAY Dr Central Healthcare

02/06/2011 CLOTRIMAZOLE crm 1% Supply: (20) gram(s) APPLY 2-3 TIMES/DAY Mrs Tracy Connolly

27/05/2011 CITALOPRAM tabs 40mg Supply: (28) tablet(s) ONE TABLET(S) DAILY, DISPENSE WEEKLY Mrs Tracy Connolly

13/05/2011 PROMETHAZINE HCl tabs 25mg Supply: (3) tablet(s) TAKE ONE AT NIGHT Mrs Tracy Connolly

03/05/2011 CITALOPRAM tabs 40mg Supply: (28) tablet(s) ONE TABLET(S) DAILY, DISPENSE WEEKLY Mrs Tracy Connolly

03/05/2011 LEVOTHYROXINE tabs 50micrograms Supply: (28) tablet(s) TAKE ONE EACH MORNING. DISPENSE WEEKLY Mrs Tracy Connolly

03/05/2011 LEVOTHYROXINE tabs 25micrograms Supply: (28) tablet(s) TAKE ONE EACH MORNING. DISPENSE WEEKLY Mrs Tracy Connolly

22/04/2011 GAVISCON ADVANCE ANISEED sf oral susp Supply: (500) mls aniseed 5ML OR 10ML 4 TIMES/DAY Dr Central Healthcare

Yvonne Jamieson 10/03/1982 390/82/223

Data Summary Sheet

20/04/2011 SALMETEROL cfc free inh 25micrograms/actuation Supply: (1) 120 dose inhaler INHALE 2 DOSES TWICE DAILY Mrs Tracy Connolly
 20/04/2011 CLENIL MODULITE cfc free inh 100micrograms/actuation Supply: (1) 200 dose inhaler INHALE 2 DOSES TWICE DAILY Mrs Tracy Connolly
 20/04/2011 PREDNISOLONE ec tab 5mg Supply: (40) tablet(s) TAKE 8 TABLETS ONCE DAILY (40MG) FOR 5 DAYS Mrs Tracy Connolly
 11/04/2011 PREDNISOLONE ec tab 5mg Supply: (40) tablet(s) TAKE 8 TABLETS ONCE DAILY (40MG) FOR 5 DAYS Dr Central Healthcare
 11/04/2011 FERROUS FUMARATE tabs 322mg Supply: (56) tablet(s) TAKE ONE TWICE A DAY
 Instalments: please dispense weekly Dr Central Healthcare
 05/04/2011 LEVOTHYROXINE tabs 25micrograms Supply: (28) tablet(s) TAKE ONE EACH MORNING. DISPENSE WEEKLY Dr . Locum
 05/04/2011 LEVOTHYROXINE tabs 50micrograms Supply: (28) tablet(s) TAKE ONE EACH MORNING. DISPENSE WEEKLY Dr . Locum
 05/04/2011 CITALOPRAM tabs 40mg Supply: (28) tablet(s) ONE TABLET(S) DAILY, DISPENSE WEEKLY Dr . Locum
 31/03/2011 AMOXICILLIN caps 500mg Supply: (21) capsule(s) TAKE ONE 3 TIMES/DAY Dr . Locum
 31/03/2011 Peak Flow Meter standard range Supply: (1) device(s) AS DIRECTED Dr . Locum
 15/03/2011 ANUSOL HC oint Supply: (30) gram(s) APPLY AS DIRECTED TWICE A DAY AND AFTER EACH BOWEL MOVEMENT Dr Central Healthcare
 07/03/2011 LEVOTHYROXINE tabs 50micrograms Supply: (28) tablet(s) TAKE ONE EACH MORNING. DISPENSE WEEKLY Dr . Locum
 07/03/2011 LEVOTHYROXINE tabs 25micrograms Supply: (28) tablet(s) TAKE ONE EACH MORNING. DISPENSE WEEKLY Dr . Locum
 07/03/2011 CITALOPRAM tabs 40mg Supply: (28) tablet(s) ONE TABLET(S) DAILY, DISPENSE WEEKLY Dr . Locum
 07/03/2011 DICLOFENAC SODIUM ec tab 50mg Supply: (84) tablet(s) TAKE ONE 3 TIMES/DAY, DISPENSE WEEKLY Dr . Locum
 07/03/2011 NITROFURANTOIN mr cap 100mg Supply: (14) capsule(s) TAKE ONE TWICE DAILY Dr . Locum
 28/02/2011 DICLOFENAC SODIUM ec tab 50mg Supply: (84) tablet(s) TAKE ONE 3 TIMES/DAY, DISPENSE WEEKLY Dr . Locum
 21/02/2011 TERBINAFINE crm 1% Supply: (30) gram(s) APPLY TWICE DAILY TO FEET Dr . Locum
 21/02/2011 TOLNAFTATE foot spray 1% Supply: (1) 150ml aerosol SPRAY SHOES AS DIRECTED BY PODIATRIST Dr . Locum
 21/02/2011 NITROFURANTOIN mr cap 100mg Supply: (14) capsule(s) TAKE ONE TWICE DAILY Dr . Locum
 14/02/2011 LEVOTHYROXINE tabs 25micrograms Supply: (28) tablet(s) TAKE ONE EACH MORNING. DISPENSE WEEKLY Dr . Locum
 14/02/2011 LEVOTHYROXINE tabs 50micrograms Supply: (28) tablet(s) TAKE ONE EACH MORNING. DISPENSE WEEKLY Dr . Locum
 09/02/2011 CITALOPRAM tabs 40mg Supply: (28) tablet(s) ONE TABLET(S) DAILY, DISPENSE WEEKLY Dr . Locum
 18/01/2011 LEVOTHYROXINE tabs 50micrograms Supply: (28) tablet(s) TAKE ONE EACH MORNING. DISPENSE WEEKLY Dr . Locum
 18/01/2011 LEVOTHYROXINE tabs 25micrograms Supply: (28) tablet(s) TAKE ONE EACH MORNING. DISPENSE WEEKLY Dr . Locum
 18/01/2011 CITALOPRAM tabs 20mg Supply: (28) tablet(s) ONE DAILY. DISPENSE WEEKLY Dr . Locum

Active Care Management

No data recorded.

Examination & Lifestyle Findings

14/03/2012 15:26.00 BP 130 / 70 taken Sitting from Left Cuff: Standard recall due: O/E - blood pressure reading Mrs Tracy Connolly
 05/01/2012 11:20.00 BP 101 / 77 taken Sitting from Left Cuff: Standard recall due: O/E - blood pressure reading Mrs Tracy Connolly
 04/05/2011 12:07.00 BP 106 / 70 taken Sitting from Left Cuff: Standard recall due: O/E - blood pressure reading Mrs Tracy Connolly
 27/04/2011 09:30.00 BP 104 / 72 taken Sitting from Right Cuff: Standard recall due: O/E - blood pressure reading Mrs Lucille Ironside
 27/04/2011 09:30.00 BP 93 / 62 taken Sitting from Left Cuff: Standard recall due: O/E - blood pressure reading Mrs Lucille Ironside
 15/03/2011 09:52.00 BP 110 / 70 taken Sitting from Left Cuff: Standard recall due: O/E - blood pressure reading Mrs Tracy Connolly
 14/01/2011 15:45.00 BP 111 / 73 taken Sitting from Left Cuff: Standard recall due: O/E - blood pressure reading Mrs Lucille Ironside
 14/01/2011 Height: 1.62 metres O/E - height Mrs Lucille Ironside
 19/03/2012 Weight: 93.6 kgs BMI: 35.6 O/E - weight Dr . Locum
 14/01/2011 Weight: 80.6 kgs BMI: 30.7 O/E - weight Mrs Lucille Ironside
 No data recorded.
 No data recorded.
 14/09/2012 PEFR - peak exp. flow rate : = 370 L/min Device Type: EN13826 Previous Best Ever = 300.0, Predicted = 437.4. Dr . Locum

Yvonne Jamieson 10/03/1982 390/82/223

Data Summary Sheet

10/05/2012 Peak exp. flow rate: PEFR/PFR : = 270 L/min Previous Best Ever = 300.0, Predicted = . Mrs Lucille Ironside
 10/05/2012 Peak exp. flow rate: PEFR/PFR : = 270 L/min Previous Best Ever = 300.0, Predicted = . Mrs Lucille Ironside
 05/01/2012 Peak exp. flow rate: PEFR/PFR : = 300 L/min Device Type: Wright Previous Best Ever = 260.0, Predicted = 485.5. Mrs Tracy Connolly
 11/04/2011 Peak exp. flow rate: PEFR/PFR : = 260 L/min Previous Best Ever = , Predicted = . Mrs Tracy Connolly
 16/03/2012 Never smoked Never smoked tobacco Mrs Tracy Connolly
 13/05/2011 Never smoked Never smoked tobacco Dr Shona Sinclair
 14/01/2011 Never smoked Never smoked tobacco Mrs Lucille Ironside
 14/01/2011 Current drinker units per week: 2 Alcohol consumption Mrs Lucille Ironside
 14/01/2011 Enjoys light exercise Mrs Lucille Ironside
 14/01/2011 Dietary history Eating habits: Moderate Type of diet: Mrs Lucille Ironside

Test Results

14/09/2012 PEFR - peak exp. flow rate : = 370 L/min Device Type: EN13826 Previous Best Ever = 300.0, Predicted = 437.4. Dr . Locum
 26/07/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Sharon Birrell
 27/07/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Haematology Mrs Sharon Birrell
 27/07/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Sharon Birrell
 25/07/2012 Serum free T4 level = 12 pmol/L Dr Central Healthcare
 25/07/2012 Serum free triiodothyronine level = 4.3 pmol/L Serum free T3 level - Dr Central Healthcare
 25/07/2012 Serum TSH level = 0.02 mU/L Below low reference limit mU/L Dr Central Healthcare
 26/07/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Haematology Mrs Sharon Birrell
 25/07/2012 Basophil count = 0 10⁹/L x10⁹/L Dr Central Healthcare
 25/07/2012 Haematocrit = 0.386 ratio Dr Central Healthcare
 25/07/2012 Full blood count - FBC = <none> Dr Central Healthcare
 25/07/2012 Lymphocyte count = 1.7 10⁹/L x10⁹/L Dr Central Healthcare
 25/07/2012 Total white cell count = 6.6 10⁹/L x10⁹/L Dr Central Healthcare
 25/07/2012 Red blood cell (RBC) count = 4.45 10¹²/L x10¹²/L Dr Central Healthcare
 25/07/2012 Platelet count = 248 10⁹/L x10⁹/L Dr Central Healthcare
 25/07/2012 Neutrophil count = 4.4 10⁹/L x10⁹/L Dr Central Healthcare
 25/07/2012 Monocyte count = 0.4 10⁹/L x10⁹/L Dr Central Healthcare
 25/07/2012 Mean corpuscular volume (MCV) = 86.8 fL Dr Central Healthcare
 25/07/2012 Mean corpusc. Hb. conc. (MCHC) = 32.1 g/dL Dr Central Healthcare
 25/07/2012 Mean corpusc. haemoglobin(MCH) = 27.9 pg Dr Central Healthcare
 25/07/2012 Haemoglobin estimation = 12.4 g/dL Dr Central Healthcare
 25/07/2012 Eosinophil count = 0.1 10⁹/L x10⁹/L Dr Central Healthcare
 09/07/2012 Urine dipstick test = Normal slight trace of blood otherwise Normal Mrs Karen Duncan
 15/05/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Microbiology Mrs Lisa Mcrae
 10/05/2012 Serum free triiodothyronine level = 5.6 pmol/L Serum free T3 level - Dr Central Healthcare
 10/05/2012 Serum testosterone = 1.9 nmol/L Dr Central Healthcare
 10/05/2012 Serum prolactin level = 225 mU/L mU/L Dr Central Healthcare
 10/05/2012 Serum LH level = 5.4 U/L U/L Dr Central Healthcare
 10/05/2012 Serum FSH level = 2.6 U/L U/L Dr Central Healthcare
 12/05/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Sharon Birrell
 10/05/2012 Serum free T4 level = 19.5 pmol/L Above high reference limit Dr Central Healthcare
 10/05/2012 Serum TSH level < 0.01 mU/L Below low reference limit mU/L Dr Central Healthcare
 10/05/2012 Peak exp. flow rate: PEFR/PFR : = 270 L/min Previous Best Ever = 300.0, Predicted = . Mrs Lucille Ironside
 10/05/2012 Peak exp. flow rate: PEFR/PFR : = 270 L/min Previous Best Ever = 300.0, Predicted = . Mrs Lucille Ironside
 02/04/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Sharon Birrell
 30/03/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Haematology Mrs Sharon Birrell
 30/03/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Sharon Birrell
 29/03/2012 Serum free triiodothyronine level = 7.1 pmol/L Above high reference limit Serum free T3 level - Dr Central Healthcare
 29/03/2012 GFR calculated abbreviated MDRD > 60 mL/min GFR calculated abbreviatd MDRD - Dr Central Healthcare
 29/03/2012 Serum free T4 level = 26.3 pmol/L Above high reference limit Dr Central Healthcare
 29/03/2012 GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abbtD MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA Dr Central Healthcare
 29/03/2012 Serum urea level = 4.8 mmol/L Dr Central Healthcare
 29/03/2012 Serum TSH level = 0.01 mU/L Below low reference limit mU/L Dr Central Healthcare
 29/03/2012 Serum sodium = 138 mmol/L Dr Central Healthcare
 29/03/2012 Serum potassium = 4.1 mmol/L Dr Central Healthcare
 29/03/2012 Serum creatinine = 63 umol/L Dr Central Healthcare
 29/03/2012 Serum total bilirubin level = 10 umol/L Dr Central Healthcare
 29/03/2012 Serum alanine aminotransferase level = 22 U/L Serum ALT level - U/L Dr Central Healthcare
 29/03/2012 Serum alkaline phosphatase = 94 U/L U/L Dr Central Healthcare
 29/03/2012 Serum albumin = 38 g/L Dr Central Healthcare
 29/03/2012 Basophil count = 0 10⁹/L x10⁹/L Dr Central Healthcare
 29/03/2012 Haematocrit = 0.384 ratio Dr Central Healthcare

Yvonne Jamieson 10/03/1982 390/82/223

Data Summary Sheet

29/03/2012 Full blood count - FBC = <none> Dr Central Healthcare
 29/03/2012 Lymphocyte count = $1.6 \times 10^9/L$ Dr Central Healthcare
 29/03/2012 Total white cell count = $6.6 \times 10^9/L$ Dr Central Healthcare
 29/03/2012 Red blood cell (RBC) count = $4.43 \times 10^{12}/L$ Dr Central Healthcare
 29/03/2012 Platelet count = $220 \times 10^9/L$ Dr Central Healthcare
 29/03/2012 Neutrophil count = $4.6 \times 10^9/L$ Dr Central Healthcare
 29/03/2012 Monocyte count = $0.3 \times 10^9/L$ Dr Central Healthcare
 29/03/2012 Mean corpuscular volume (MCV) = 86.7 fL Dr Central Healthcare
 29/03/2012 Mean corpusc. Hb. conc. (MCHC) = 30.4 g/dL Below low reference limit Dr Central Healthcare
 29/03/2012 Mean corpusc. haemoglobin(MCH) = 26.3 pg Below low reference limit Dr Central Healthcare
 29/03/2012 Haemoglobin estimation = 11.7 g/dL Below low reference limit Dr Central Healthcare
 29/03/2012 Eosinophil count = $0.07 \times 10^9/L$ Dr Central Healthcare
 10/01/2012 Biochemical screening test Results PRI Biochemistry Mrs Sharon Birrell
 10/01/2012 Basophil count = $0 \times 10^9/L$ Dr Central Healthcare
 10/01/2012 Haematocrit = 0.378 ratio Dr Central Healthcare
 10/01/2012 Full blood count - FBC = FBC Dr Central Healthcare
 10/01/2012 Lymphocyte count = $1.5 \times 10^9/L$ Dr Central Healthcare
 10/01/2012 Total white cell count = $6.2 \times 10^9/L$ Dr Central Healthcare
 10/01/2012 Red blood cell (RBC) count = $4.4 \times 10^{12}/L$ Dr Central Healthcare
 10/01/2012 Platelet count = $225 \times 10^9/L$ Dr Central Healthcare
 10/01/2012 Neutrophil count = $4.1 \times 10^9/L$ Dr Central Healthcare
 10/01/2012 Monocyte count = $0.5 \times 10^9/L$ Dr Central Healthcare
 10/01/2012 Mean corpuscular volume (MCV) = 85.9 fL Dr Central Healthcare
 10/01/2012 Mean corpusc. Hb. conc. (MCHC) = 31.5 g/dL Below low reference limit Dr Central Healthcare
 10/01/2012 Mean corpusc. haemoglobin(MCH) = 27 pg Dr Central Healthcare
 10/01/2012 Haemoglobin estimation = 11.9 g/dL Below low reference limit Dr Central Healthcare
 10/01/2012 Eosinophil count = $0.1 \times 10^9/L$ Dr Central Healthcare
 10/01/2012 GFR calculated abbreviated MDRD > 60 mL/min GFR calculated abbreviated MDRD - Dr Central Healthcare
 10/01/2012 GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abbd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA Dr Central Healthcare
 10/01/2012 Blood Glucose = 5.2 mmol/L
 10/01/2012 Serum urea level = 5.3 mmol/L Dr Central Healthcare
 10/01/2012 Serum TSH level = 1.6 mU/L mU/L Dr Central Healthcare
 10/01/2012 Serum sodium = 141 mmol/L Dr Central Healthcare
 10/01/2012 Serum potassium = 4.1 mmol/L POTASSIUM - Dr Central Healthcare
 10/01/2012 Serum creatinine = 70 umol/L Dr Central Healthcare
 10/01/2012 Serum total bilirubin level = 8 umol/L Dr Central Healthcare
 10/01/2012 Serum alanine aminotransferase level = 17 U/L Serum ALT level - U/L Dr Central Healthcare
 10/01/2012 Serum alkaline phosphatase = 80 U/L U/L Dr Central Healthcare
 10/01/2012 Serum albumin = 44 g/L Dr Central Healthcare
 05/01/2012 Peak exp. flow rate: PEF/PFR : = 300 L/min Device Type: Wright Previous Best Ever = 260.0, Predicted = 485.5. Mrs Tracy Connolly
 13/06/2011 Biochemical screening test Results PRI Biochemistry Mrs Sharon Birrell
 13/06/2011 Serum TSH level = 0.11 mU/L Below low reference limit mU/L Dr Central Healthcare
 13/05/2011 Biochemical screening test Results PRI Biochemistry Mrs Sharon Birrell
 13/05/2011 GFR calculated abbreviated MDRD > 60 mL/min GFR calculated abbreviated MDRD - Dr Central Healthcare
 13/05/2011 Serum free T4 level = 19 pmol/L Dr Central Healthcare
 13/05/2011 GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abbd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA Dr Central Healthcare
 13/05/2011 Blood Glucose = 4.3 mmol/L
 13/05/2011 Serum urea level = 4.2 mmol/L Dr Central Healthcare
 13/05/2011 Serum TSH level = 4.27 mU/L Above high reference limit mU/L Dr Central Healthcare
 13/05/2011 Serum sodium = 141 mmol/L Dr Central Healthcare
 13/05/2011 Serum potassium = 5 mmol/L POTASSIUM - Dr Central Healthcare
 13/05/2011 Serum creatinine = 73 umol/L Dr Central Healthcare
 13/05/2011 Serum total bilirubin level = 7 umol/L Dr Central Healthcare
 13/05/2011 ALT/SGPT serum level = 19 U/L U/L Dr Central Healthcare
 13/05/2011 Serum alkaline phosphatase = 73 U/L U/L Dr Central Healthcare
 13/05/2011 Serum albumin = 44 g/L Dr Central Healthcare
 13/05/2011 Basophil count = $0 \times 10^9/L$ Dr Central Healthcare
 13/05/2011 Haematocrit = 0.391 ratio Dr Central Healthcare
 13/05/2011 Full blood count - FBC FBC Dr Central Healthcare
 13/05/2011 Lymphocyte count = $1.6 \times 10^9/L$ Dr Central Healthcare
 13/05/2011 Total white cell count = $6.4 \times 10^9/L$ Dr Central Healthcare
 13/05/2011 Red blood cell (RBC) count = $4.5 \times 10^{12}/L$ Dr Central Healthcare
 13/05/2011 Platelet count = $219 \times 10^9/L$ Dr Central Healthcare
 13/05/2011 Neutrophil count = $4 \times 10^9/L$ Dr Central Healthcare
 13/05/2011 Monocyte count = $0.5 \times 10^9/L$ Dr Central Healthcare

Yvonne Jamieson 10/03/1982 390/82/223

Data Summary Sheet

13/05/2011 Mean corpuscular volume (MCV) = 86.9 fL Dr Central Healthcare
13/05/2011 Mean corpusc. Hb. conc. (MCHC) = 32.7 g/dL Dr Central Healthcare
13/05/2011 Mean corpusc. haemoglobin(MCH) = 28.4 pg Dr Central Healthcare
13/05/2011 Haemoglobin estimation = 12.8 g/dL Dr Central Healthcare
13/05/2011 Eosinophil count = 0.1 $10^9/L$ $\times 10^9/L$ Dr Central Healthcare
05/04/2011 Biochemical screening test Results PRI Biochemistry Mrs Sharon Birrell
05/04/2011 Biochemical screening test Results PRI Biochemistry Mrs Sharon Birrell
11/04/2011 Peak exp. flow rate: PEF/PFR : = 260 L/min Previous Best Ever = , Predicted = . Mrs Tracy Connolly
31/03/2011 Peak flow rate before bronchodilation = 250 states best peak flow usually 350, has cough and sputum at present - o/e chest no rhonchi and good air entry - pf poor technique and i think could probably have got higher. advised she should not be on diclofenac with asthma as has become wheezy with ibuprofen in past Dr . Locum
15/03/2011 Urine dipstick test Normal Mrs Tracy Connolly
21/02/2011 Biochemical screening test Results PRI Biochemistry Mrs Sharon Birrell

Last Encounter

25/10/2012 Other Mrs Lisa Mcrae - No Data Recorded

last 4 Clinical Notes

05/10/2012 Consultation mood low as has been told will not get custody of son until he is 16. Also appears not to have been receiving her 100mg thyroxine tabs for last few weeks. Agreed to re-issue as script due Dr . Locum
20/09/2012 Failed encounter Mr Chris Lamont
14/09/2012 Clinical management plan agreed increase clenil to 2 puffs tds until further notice Dr . Locum
14/09/2012 Consultation some SOB and wheeze especially at night . PEF/PFR reduced/. Chest clear - also need to rationalise Levothyroxine so at same dosage intervals as rest of thyroid script also discussed mirtazapine - currently appears mentally stable and therefore will remain on 30mg Mirtazapine Dr . Locum

Perth City Community Mental Health Team
Cairnwell
Lower Level 1
Maternity Unit
Perth Royal Infirmary
PERTH
PH1 1NX



Telephone Number 01738 413070
Fax Number 01738 413091
www.nhstayside.scot.nhs.uk



Chris Lamont,
Team Leader,
Central Healthcare,
Drumhar Health Centre,
North Methven Street,
Perth,
PH1 5PD

Date Dictated 22nd August 2012
Date Received 23rd August 2012
Date Typed 23rd August 2012
Our Ref DH/MS/100382/0107
Enquiries to 01738 458950

Dear Chris,

YVONNE JAMIESON, ANCHOR HOUSE, 207 RANNOCH ROAD, PERTH, PH1 2DP
DOB/CHI: 10.03.82/0107

Thank you for referring Ms. Jamieson to CMHT to share formulation and management decisions.

Ms. Jamieson has been well known to Central Healthcare/Keep Well since January 2011. She describes suffering from depression, including insomnia, anorexia, poor motivation and passive suicidal thinking. In June, Ms. Jamieson presented to AMHRT twice and 'phoned NHS24 saying she might self-harm.

Ms. Jamieson also attends Mindspace counselling because she was sexually abused and reports ongoing distress regarding the loss of two children (stillbirth precipitating admission to MRH and neo-natal death of 28-week pre-term birth). 10-year-old son is in kinship care because ex-husband sexually abused him.

Medication

Mirtazapine titration. Daily dispensing. Previously, **Fluoxetine** and **Citalopram** did not help.

Medical History

Asthma. Hypothyroidism. Anxiety. Heart murmur.

Family History

Sister has Asperger's Syndrome. Brother has Borderline Personality Disorder. Mother is alcohol dependant. Father died when Ms. Jamieson was 10 years old.

Ms. Jamieson has regularly attended Central Healthcare requesting hospital admission or trying to precipitate this with her behaviour.

Assessment letter noted Ms. Jamieson regretting her recent suicide note. She had enjoyed voluntary work earlier.../-

Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY

Chairman, Mr Sandy Watson OBE DL
Chief Executive, Mr Gerry Marr



Yvonne Jamieson
DOB/CHI: 10.03.82/0107

2

23rd August 2012

earlier that day but then became upset at St. Catherine's Square so wrote the note to friends who contacted the police.

Previous Psychiatric History

November 2004 – referred with depression and mood lability. Finding it difficult to cope with 2-year-old son. Reported childhood sexual abuse. Assailant now living near her and masturbating on the stairwell.

May 2009 – husband called NHS24. Domestic abuse. Depressive symptoms following stillbirth of baby at 24 weeks gestation. Post-natal depression. Possible grief reaction or post-natal depression. Admitted to MRH. Discharge diagnosis was adjustment disorder (brief depressive reaction). **Citalopram, Thyroxine, Seratide.**

August 2009 – on-call psychiatric assessment. Ms. Jamieson said she needed to be admitted to hospital. Marriage broken down. Husband reportedly suffered from schizophrenia. He had been charged with assaulting their 7-year-old son (Kyle). Neighbours provocative. Had felt angry, tearful and frightened so put rope around her neck, took photos and sent them to husband. Mood had been up and down. Referred to CMHT. DNA. Was not thought to be suffering from a severe or enduring mental disorder.

Today, Ms. Jamieson was kempt with high BMI. She had been accompanied to Cairnwell because "wasn't going to come because of the bad memories (maternity unit upstairs)".

Ms. Jamieson said she was "not too bad now". **Mirtazapine** has helped but new accommodation has been fundamental. Ms. Jamieson explained that she could not tolerate St. Catherine's Square because a neighbour was a paedophile and she had confirmed this on-line. The thought of this paedophile nearby prevented her from sleeping. She "panicked about him visiting". Also, the noise and dissociative behaviour in St. Catherine's Square had Ms. Jamieson "snap, needed to move house or would do herself in".

Ms. Jamieson talked freely about effecting issues like CSA, son in care and difficulties in St. Catherine's Square.

Ms. Jamieson feels more comfortable now that she is in Anchor House. She asked me which "underlying disorders" I thought she had. She was keen that a diagnosis was not recorded in case this made it difficult for her to recover custody of her son.

There being no suicidal plans, preparations to avoid intervention or final acts but future thinking, suicidal intent is low. Mental state examination was not consistent with severe mental disorder, including affective disorder. Cognitive style was not hopeless and helpless (depressive) and reality testing intact. Demographic risk indicators include relative social isolation and history of deliberate self-harm but Ms. Jamieson is female, young and does not misuse alcohol or illicit drugs.

Impression

I do not think that Ms. Jamieson is at high risk of completed suicide or significant deliberate self-harm. She does not fulfil criteria for diagnosis of neurotic disorder, including depressive disorder. Her history suggests chaotic and unstable interpersonal relationships, liability to outbursts of anger, unstable mood, recurrent threats or acts of self-harm and maladaptive care-seeking. Perhaps some of Ms. Jamieson's presentations have been to communicate her distress and/or facilitate her improved housing. I do not think that Ms. Jamieson fulfils criteria for diagnosis of personality disorder...!/-

Tayside Out of Hours Service OOH Call Incident Report

Call number:	54159	Receive Date:	29-Jul-2012 17:22
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (30 years)	Gender:	F
Address:	6 St. Catherines Square Perth PH1 5QT	Current Address:	205-207 Rannoch Road Perth PH1 2DP
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Routine	Call Origin:	NHS24
Received:	29-Jul-2012 17:22	Calltype:	NHS24 Advised (Info Only)
Advised:	18:37	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	

Reported Condition:

VAGINAL BLEEDING 2 MINS & LEGS SORE FEW DYS SEE A/V

Followups:

None

NHS24 details:

Triage NHS24 - **This call should be directed via consult telephony route.**

**This call should be directed via triage telephony route.
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.
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 two hours.**

NHS24 Comments - **RECENTLY ATTENDED FAMILY PLANNING, HAS ROD IMPLANT, WAS BLEEDING FOR 14 DYS, THEN STOPPED FOR 2 DYS, BLEEDING HAS STARTED AGAIN. SORE LEGS WHEN WALKING. ((Non-Clinical User) (Edinburgh))**

D/W T/L ANNE DUNN, RE PROCESS 18, ADVISED CS2 APPROPRIATE. ((Non-Clinical User) (Edinburgh))

Disposition - **SELF CARE JULIA MCDREMORR CSM ((Non-Clinical User) (Cardonald))
Self Care**

Date: 28/06/2012 Time: 21:19 To: 01738 564203 @ 01738 564203
Page: 001



Tayside Out of Hours Service



1 Patient Contacts for Central Healthcare

Page 1 of 2

NHS Confidential: Personal data about a patient

Patient : Yvonne Jamieson **Case No 43906**
(Gender: Female) (DOB: 10/03/1982) (Age: 30 years) (CHI: 1003820107)

Case No 43906 **Case Date** 28/06/2012 20:47

Own Dr
District Nurse

Emergency Care Summary viewed on case

Current Address 47 York Place Perth PH2 8EH Current Phone 07594 128297	Home Address (If Different) 6 St. Catherines Square PH1 5QT Home Phone (If Different)
--	--

Case Type Mental Health	Tel	Name
Call Origin NHS24	Arrival	
Appointment		
Priority On Reception Emergency	Priority After Assessment	Priority On Completion

Patient Allergies	Patient Condition	Patient Medication
--------------------------	--------------------------	---------------------------

Patient notes attached to case

Reported Condition

NHS 24 Advice by (Nurse Advisor) (Edinburgh)	Triage Start 20:50
SUICIDAL 1 WEEK SEE A/V	Triage End 20:56

RETURN CALLER. STARTED NEW MEDICATION ON MONDAY. HARMED HERSELF ON FRIDAY NIGHT. FEELS SHE WILL TONIGHT. ((Non-Clinical User) (Edinburgh))

CPN2 CPN (Dr) to phone patient within 1 Hr

Clinical summary created by: (Nurse Advisor) (Edinburgh) [28/06/2012 20:59:01]
SUICIDAL FOR 1 WEEK AND TEARFUL & UPSET, ONGOING THOUGHTS ABOUT SELF HARMING & SUICIDE, STRONG URGE TONIGHT, IN PROCESS OF CHANGING ANTIDEPRESSANTS FROM FLUOXETINE TO MIRTAZEPINE, SEEING COUNSELLOR & NOT COPING WITH THOUGHTS ABOUT TRAUMATIC PAST, PMH DEPRESSION, ANXIETY, PREVIOUS OD, SPEAK TO DR/CPN WITHIN 1/24.

NHS24 Recorded Allergies MORPHINE	NHS24 Recorded Conditions ASTHMA UNDER ACTIVE THYROID DEPRESSION STILL BORN CHILD 23WKS MARCH 2009 SLEEPING PROBLEMS	NHS24 Recorded Medications MIRTAZEPINE 15MGs
---	--	--

Report Statistics: Report produced by Adastra Version 3 - 28/06/2012 21:19:01

Date: 28/06/2012 Time: 21:19 To: 01738 564203 @ 01738 564203
Page: 002

NHS Confidential: Personal data about a patient

Patient : Yvonne Jamieson	Case No 43906
(Gender: Female) (DOB: 10/03/1982) (Age: 30 years) (CHI: 1003820107)	

HEART MURMUR
ANXIETY

Case Questions

Adastra Consult by	End Type	Consult Start	Consult End
Start Type			
History			
Examination			
Diagnosis			
Treatment			
Clinical Code(s)			
Prescriptions			

Informational Outcome(s)

Report
Statistics:

Report produced by Adastra Version 3 - 28/06/2012 21:19:01



Perth & Kinross Community Health Partnership
Department of Forensic Psychiatry
Murray Royal Hospital
Muirhall Road
Perth
PH2 7BH
Tel: 01738 621151
Fax: 01738 562210

Central Health Care
79 South Street
Perth
PH2 8PD

Date Dictated: 25th June 2012
Date Received: 25th June 2012
Date Typed: 25th June 2012
Your Ref
Our Ref AJ/CM/1003820107

Enquiries to Catherine McIntyre, Medical Secretary
Extension 62253
Direct Line 01738 562253
Email

Dear Doctor

**Re: Yvonne Jamieson, 6 St Catherine's Square, Perth, PH1 5QT
D.O.B 10/03/1982**

I assessed this patient in my capacity as on-call SHO for psychiatry on 22nd June 2012. She had been brought up to Murray Royal Hospital by the police after she had left a suicide note pinned to the door of her friends house.

History of Presenting Complaint

On arrival at Murray Royal Hospital Yvonne denied having suicidal ideation. She said that she had left the note "out of silliness" and regretted it afterwards. She told me that she had attended her voluntary work project during the day (Castle Furniture Project). She had enjoyed this today, had been concentrating well and reported having laughed lots with a fellow colleague there. She then came home to her current residence in St Catherine's Square and she reported feeling lonely and stated that she "started to think about things". She wrote the following note addressed to Kim and Sophie, Let me go now "Kim and Sophie, I have to do this my counselling is too much for me. I need to be with my two boys that are not here. Please do not try and stop me or call the police because you're worried. Thanks for everything burt there is no-one for me and its lonely. Sorry but goodbye – Yvonne. Miss you both always xxx". These two friends called the police. Yvonne said that after leaving the note on the door she went out for a walk to clear her head. She came back home and at that time was wanting to go and retrieve the note from the door. She met the police on her return to St Catherine's Square and they reported that her demeanour was in no way remarkable. They said that she was neither distressed nor evasive and was happy to come up for assessment.

Past Psychiatric History

Yvonne has been attending Mindspace for the past few weeks and reported finding it 'intense' and 'difficult'. She has had one admission back in 2009 after the stillbirth of her son. She was lost to follow up after this as she DNA'd.

Medication and Treatment History

She is currently on **Fluoxetine 40mg**. This is on daily dispensing from the chemist but she denies overdoses in the past.

Family History

Her sister has Aspergers and her brother has Borderline Personality Disorder. There is no family history of completed suicide. She reports having good support from her father's side of the family and is close to her auntie.

Personal History

Yvonne tells us that she has a 10 year old son who is in kinship care at present with her sister after the son was abused by Yvonne's husband. She has since separated from her husband and is very keen to re-gain care of her son. She reports that she was sexually abused as a child. She has had two other children. She had one boy who was stillborn at 24 weeks after she was induced for pre eclampsia and another son who was born prematurely at 28 weeks and underwent surgery at Yorkhill but did not survive.

She said she went to multiple primary schools as a child and was also in care. She currently does voluntary work at Castle Furniture Project twice per week but is not formally employed. She lives alone in St Catherine's Square which she naturally finds very difficult but she has a Social Worker trying to get her alternative accommodation.

Drug & Alcohol Use

She has never used illicit drugs and does not drink alcohol. She reports that she last had a drink of alcohol at New Year but she avoids this because she feels that it makes her mental state worse. She has no forensic history.

Mental State Examination

Appearance & Behaviour - Yvonne displayed no abnormal behaviours. There was no evidence of psychomotor agitation or retardation. There was no evidence of self-neglect and she was socially appropriate with good eye contact and rapport. I found her warm and pleasant and established rapport easily.

Speech - Her speech was normal in rate, tone rhythm and volume. She elaborated spontaneously and sometimes had to be interrupted but there was no pressure of speech or difficulty in interrupting her.

Mood - objectively Yvonne was euthymic but Yvonne herself sees herself as somebody who has depression. She says that she currently has difficulty sleeping as things are running through her head but she has no other biological symptoms (no early morning wakening, loss of appetite or difficulty concentrating). She was reactive, bubbly, laughing and joking.

Thoughts - had no evidence of formal thought disorder. Her thoughts were organised and there was no delusions or hallucinations.

Suicidal ideation - Yvonne denied suicidal ideation. She said that she had just been "silly" tonight.

I discussed her case with SpR Cartlidge who agreed that admission to hospital was not currently indicated. Yvonne had no ongoing suicidal ideation. She had done a "final act" of a note but she had had no plan, preparations or efforts to avoid

intervention at the time. She had clear future thinking and told me of her plans for the weekend including going to visit her auntie to whom she is very close. She reported regretting the note. There is no evidence of affective or psychotic disorder.

Management Plan

Yvonne agreed to see her GP on Monday morning. She also had a CPN who she claims to see on an "informal" basis and she agreed to call him on Monday. There was no indication for alteration of medications or referral to CMHT at this time.

If you require any further information please do not hesitate to contact myself or the team.

Yours sincerely



Dr Amy Jones
GPST2 in Forensic Psychiatry

Acute Mental Health Response Team
Murray Royal Hospital
Muirhall Road,
Perth
PH2 7BH

DR SINCLAIR
CENTRAL HEALTH CARE

Date Dictated: 23/06/2012
Date Typed: 23/06/2012

Your Ref:
Our Ref: ALLAN FARMER
Enquiries to: 02223
Extension: 04738 562223
Direct Line: a.farmer@nhs.net
Email:

Dear Shona Sinclair

Re: YVONNE JAMIESON
1003820107
6 ST CATHERINES SQUARE
PERTH

PH1 5QT

Assessment Letter

Diagnosis: suicidal ?

Assessment/Treatment Details

Situation: (Reason for referral current mental health presentation, risks)
Brought up to Moredun Unit, Friday at 23.30 for assessment. She had left a suicide note on the outside of her door at 21.30 for her neighbours to find. Police met her when she was returning to remove it.

Background: (Past psychiatric history, history of significant risk factors, history of current presentation)
Had one week admission to Moredun A in 2009 following the death of her infant. Recently had an assessment from CPN C.Lamont who did not take her onto his caseload but says she can contact him anytime. Is on Fluoxetine at present. Has started Counselling sessions at Mindspace and she is finding this very difficult. Says episode tonight was spontaneous and she went for a walk to clear her head, realised she had been stupid and was embarrassed to be met by Police. Remorseful about what she has done and going to apologise to neighbours.

Assessment: (Current assessment of needs, support, treatment, medication)
One of main stressors is her accommodation and wishes a move but realises this may take a few months. Says her neighbours and some of her family give her good support. May speak to GP re her poor sleep pattern.

A FULL DRS LETTER FROM DR JONES TO FOLLOW

Recommendations: (Treatment and patient expectations)

Contact GP Monday morning.
Will contact C. Lamont CPN Monday.
Knows how to contact nhs 24 if necessary.

Yours sincerely,

Name Allan Farmer
Designation SCN AMHRT

APF

Tayside Health Board

Sexual Health Clinic
Tayside Sexual & Reproductive Health Services
Dundee CHP
Drumhar Health Centre
N. Methven Street
PERTH, PH1 5PD
Tel: (01738) 564272
Fax: (01738) 564564
www.nhstayside.scot.nhs.uk



PRIVATE & CONFIDENTIAL

Dr. Shona Sinclair
Central Healthcare
Drumhar Health Centre
North Methven Street
PH1 5PD

Date: 15 June 2012
Our Ref: /AN07711875
Enquiries to:
Direct Line: (01738) 564272
Fax: (01738) 564564
E-mail:

Dear Dr. Sinclair

Yvonne Jamieson, 10/03/1982, 6 St. Catherines Square, PERTH, PH1 5QT

The above patient attended our service today and had a Nexplanon inserted.

Kind regards

Yours sincerely,

A handwritten signature in black ink that reads 'L Jarvis'.

Laura Jarvis
Speciality Doctor

Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY

Chairperson, Mr Sandy Watson OBE DL
Chief Executive, Mr Gerry Marr



Tayside Health Board

Sexual Health Clinic
Tayside Sexual & Reproductive Health Services
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Dr. Shona Sinclair
Central Healthcare
Drumhar Health Centre
North Methven Street
PH1 5PD

Date: 01 June 2012
Our Ref: /AN07711875
Enquiries to:
Direct Line: (01738) 564272
Fax: (01738) 564564
E-mail:

Dear, Dr. Sinclair

Yvonne Jamieson, 10/03/1982, 6 St. Catherines Square, PERTH, PH1 5QT

Yvonne attended for an IUS insertion today.

The IUS was fitted with ease but unfortunately Yvonne had a significant vasovagal reaction which resulted in the IUS eventually being removed.

She has decided to opt for a SDI insertion. She has had this previously and was happy with the method. An appointment has been arranged to have this inserted.

Kind regards

Yours sincerely,

Elizabeth Cockburn
Associate Specialist



Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY

Chairperson, Mr Sandy Watson OBE DL
Chief Executive, Mr Gerry Marr





Chris Lamont
CPN
Central Healthcare
Drumhar Health Centre
North Methven Street
Perth
PH1 5PD
Telephone: 01738 564204



Liz Guthrie
Homeless Advice Centre
10 – 16 York Place
PERTH
PH2 8EP

Date	24 May 2012
Our Ref	LM
Enquiries to	Lisa McRae
Direct Line	(01738) 564204
Email	lisa.mcrae@nhs.net

Dear Liz

Re: **Yvonne Jamieson – 10.03.82-0107**
6 St Catherines Square
Perth
PH1 5QT

I met with Yvonne on 10 May 2012 for a mental health assessment at her request.

She spoke at length about her current situation which included her accommodation issues and her finances. There was some evidence of depressive symptoms with associated anxiety and as a result she is currently prescribed Fluoxetine 40mg daily.

Yvonne feels that her problems relate to her upbringing, although her current situation, particularly her housing are exacerbating these. It is difficult to ascertain if this is the case and we had a lengthy discussion around her personal responsibility to try and improve her circumstances. This included trying to find employment and finding private rented accommodation.

In conclusion, Yvonne is suffering from a depressive illness with associated anxiety. She believes that her current housing in St Catherines Square is worsening this although this is difficult to prove. She continues to receive input from Central Healthcare although I will not be offering her any further appointments due to her not exhibiting any severe and enduring illness.

Yours sincerely

Chris Lamont
CPN
Central Healthcare



Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY

Chairman, Mr Sandy Watson OBE DL
Chief Executive, Mr Gerry Marr

LC

Closed Call Details

PCC:	ARBROATH								
Call Number:	0000880281	Date:	24/02/2012	Time:	22:13	Passed:	22:14	Received by:	cwhamond
Patients Present Location					Patient Home Details (1003820107)				
Address: 194A MONTROSE STREET BRECHIN DD9 7DZ					Name: YVONNE JAMIESON Address: 194A MONTROSE STREET Town: BRECHIN Postcode: DD9 7DZ Sex: F DOB: 10/03/1982 Age: 29 years old Contact: Contact Phone Number: 07774387825				
Registered GP Details (at time of call)									
Dr Name: RIPLEY, VICTORIA Practice: BRECHIN HEALTH CENTRE (10498) Script No: T75850									
Complaint:	vomiting								
Started:	22:15	Status:	Attend						
Urgency:	Within 4 Hours	Attended:	<input checked="" type="checkbox"/>	Date:	24/02/2012	Time:	22:13		
Notes to Practice:									
<p>meds inhalers for asthma, thyroxine folic acid pmh asthma underactive thyroide allergies morphine Has been vomiting over last few weeks has seen own gp a good few times advised to drinks fluids. Today has been sick x 2 had supper and brought it all up no abdo pain no diarrhoea. Thinks she may be pregnant although period not due till beginning of week. Last period 30th Jan has recently come off implant contraception periods irregular since. All recordings ok today bp 117/74 sats 100% p 78 temp 36.4 Urine tested tonight protein 1+ ph 5 sg 1.030 pregnancy test negative tonight. Discussed with Dr Acheson plan can give bucaستم to relieve vomiting patient refused any medication. Plan intake of fluids discussed small and often not so worried about food. For review over weekend at out of hours or by own GP on monday. Discharged home with husband tonight.</p>									
Diagnosis:									
Vomitting									
Drugs:	There were no drugs attached to the call								
Outcome:	Death/Presume Life Extinct:		<input type="checkbox"/>	GP to certify:	<input type="checkbox"/>	No Further Action: <input type="checkbox"/>			
Refer To:			None			Dept: None			
Review by GP:	<input type="checkbox"/>	When:			Where:				
Patient to contact GP:	<input type="checkbox"/>								
Consultation 1:	Date	Start Time	Finish Time	Consultation 2:	Date	Start Time	Finish Time		
	24/02/2012	22:15	22:40						
Clinical group:				Name:		Completion Date/Time: 24/02/2012 22:40			
Duty Clinician:	Angus			Ms ISOBEL WILSON		Closed By: iwilson1			

Last Modified by PCEC: 24/02/2012 23:19

NEW PATIENT SCREENING

(C)

DATE	15/2/12	DOB	10 03 82
SURNAME	JAMIESON	FORENAME	YVONNE MURPHY
TEL. NO	0777 4387825		
ADDRESS	194A MONTROSE STREET, BRECHIN DD9 7DZ		
PAST HISTORY	ASTHMA, Underactive thyroid		
FAMILY HISTORY	CHD	YES/NO	Father MI < 60
	DIABETES	YES/NO	Sister type 1
	ASTHMA	YES/NO	
	GLAUCOMA	YES/NO	
	CANCER	YES/NO	maternal uncle (prostate)
MEDICATION	100mcg / 75mcg thyroxine alt days.		
ALLERGIES	MORPHINE		
LIFESTYLE	SMOKING	YES/NO	never
	ALCOHOL	YES/NO	within rec limits
	EXERCISE	YES/NO	walking
CARER	YES/NO		
CARED FOR	YES/NO		
WEIGHT	93	BMI	40
HEIGHT	1.524		
BLOOD PRESSURE	96/72		
URINALYSIS	PROTEIN	-ve	GLUCOSE -ve
WOMEN	CX.SMEAR	2011	
	CONTRACEPTION	trying for baby	
IMMUNISATION	TETANUS	usual childhood at time.	
	POLIO		
	PRIMARY		
	MMR		
	PRE-SCHOOL		
MEDICATION SCREEN	U & E	LFT	GLUCOSE
	CHOL/HDL	TSH	FBC
	OTHER		

|

Brechin Medical Practice - New Patient Questionnaire

SURNAME JAMIESON FORENAMES YVONNE MURPHY
MAIDEN NAME MCLEAN

TITLE MRS DATE OF BIRTH 10-03-1982 OCCUPATION UNEMPLOYED

ADDRESS 194 A MONTROSE STREET, BRECHIN

POST CODE DD9 7DZ TELEPHONE NUMBER 0777 438 7825

STATUS: (please circle) Single / Married / Separated / Divorced / Widowed / Other
Next of Kin (and Tel. Number) JOHN JAMIESON - 07541531294

HOUSING (please circle): House / Maisonette / Flat / Mobile Home / Other

Are You a VOLUNTARY CARER (Unpaid) For Someone? YES NO
Does Someone CARE/LOOK After You on a VOLUNTARY Basis? YES NO

Who lives with you? MY HUSBAND

What serious illnesses have you had? NONE

What operations have you had? OVARIAN CYSTS REMOVED BY KEYHOLE

SurgerY in 2009 - C-Section in 2010

Do you have any medical problems at the moment? ASTHMATIC, UNDER-ACTIVE THYROID

Please list any allergies you are known to have... MORPHINE

Please list any tablets, medicines or other treatments you are taking (including those bought from a Chemist... INHALES: - Clenil, Muculite, Serexent, Ventolin, Thionine: 175mg, 100mg, alternate 4 days, 75mg - Alternate 2 days

Are there any serious diseases that affect members of your family? NONE

QUESTIONS FOR WOMEN ONLY:

When did you last have a breast examination? NOT HAD ONE

When did you last have a cervical smear? 2011 - NOT SURE MONTH or date.

What was the result of your last smear? NEGATIVE

How many pregnancies have you had? 2 / 1 ALIVE + 2 DECEASED

How many of these ended in miscarriage or abortion? NO

Are you taking oral contraceptives? YES / NO

Have you had an IUCD fitted? YES / NO

Which Immunisations/Vaccinations have you had and when:

Diphtheria _____ Measles _____
 Tetanus _____ Measles/Mumps/Rubella _____
 Pertussis (Whooping Cough) _____ Rubella (German Measles) _____
 Polio _____ Other _____

Do you smoke? YES/NO If yes, how much do you smoke each day? _____

Do you drink alcohol YES/NO If yes, how much do you drink each week? MODERATE

What sort of exercise do you take? WALKING

Please describe any special diet you are on: NO SPECIAL DIET

I would describe my ethnic origin as: (please circle)

<u>White Scottish</u>	White Other British	White Irish
White Other	Asian Indian	Asian Pakistani
Asian Bangladeshi	Asian Chinese	Asian Other
Black Caribbean	Black African	Black Other
Mixed / Other Please specify		

I wish / ~~do not wish~~* to accept the offer of a physical examination

I am able / ~~unable~~* to come to the surgery for an examination

*Please delete as applicable

Signature J. Jameson

Date 10th February 2012