Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: LA/SJ/CHI 31.08.58
3158

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: February 22, 2013

Dictated: 21.02.13
Typed: 22.02.13

PRIVATE & CONFIDENTIAL
Dr. J. Anderson,
Clydeview Medical Practice,
Renfrew Health Centre,
10 Ferry Road,
Renfrew.

Dear Dr Anderson,

Brian MacKenzie, dob 31.08.5822 Lomond Avenue,Renfrew,PA4 0PG.

As you are aware Mr McKenzie had failed to attend numerous appointments at the clinic and as a result subsequently he was offered an appointment on the 27.02.13 at 10.45am. We received a telephone call from Mr McKenzie on the 20.2.12 and he advised that he felt that he did not wish to have any further input from the clinic and he had no plan to resume Antabuse medication. He had advised that he would not be attending the appointment on offer and he wished to be fully discharged from the clinic at this time.

We discussed Mr McKenzie's case at our multidisciplinary team meeting later on the 20.02.13 and a decision was made that he will be discharged from the clinic at this time and his outpatient appointment that was in situ, will be cancelled. We will be happy to re-engage with Mr McKenzie in the future should he wish to have any input . Please do not hesitate to contact us if you require additional information regarding this gentleman.

Yours sincerely

Leonard Anderson
Nurse
APC

31/8/58 FL

NHS GREATER GLASGOW & CLYDE
ALCOHOL SERVICES

CARE PLAN / CLINICAL REVIEW SHEET

NAME: Brian Mckenzie Chi.....
WORKER: O.P GP: Dr Anderson
ADDRESS: 22 Lomond, Renfrew

Review Date: 20/02/13 Reviewed By: MDT

History / Progress / Significant Changes

Contacted clinic, stated he doesn't want to continue with Antabuse. Does not wish any further appointment with the clinic.

ACTIONS	RESPONSIBLE PERSON	COMPLETE DATE
Discharge from Jennie. - Taken own discharge No follow up.	APC	21/2/12

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JM/SJ/CHI 31.08.58
3158

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: February 04, 2013

Dictated:
Typed: 04.02.13

PRIVATE & CONFIDENTIAL
Mr. Brian McKenzie,
22 Lomond Avenue,
Renfrew
PA4 0PG.

Dear Mr. McKenzie,

I note you failed to attend your appointment at the Alcohol Problems Clinic on the 29.01.13. I can offer you a further appointment at the clinic on **Wednesday, February 27, 2013 at 10.45am** and hope to see you then.

Yours sincerely

Stacey Jack

Secretary
APC

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: BB/SJ/CHI 31.08.58
3158

Date: January 30, 2013

Dictated: 29.01.13
Typed: 30.01.13

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

PRIVATE & CONFIDENTIAL
Dr Anderson
Renfrew Health & Social Work Centre
10 Ferry Road
Renfrew

Dear Dr Anderson,

Brian McKenzie, dob 31.08.58, 22 Lomond Avenue, Renfrew PA4 0PG.

I am writing to inform you that Mr McKenzie did not attend for his appointment at the Alcohol Problems Clinic on the 29.01.13. We will reappoint him and update you thereafter.

Yours sincerely

Dr B Beck-Schwahn
Specialty Doctor
Addiction Psychiatry

Dr A Hillman
Consultant Psychiatrist

Renfrewshire Council

NHS Greater Glasgow and Clyde

Community Development Service

Date: 7/12/12
Tel: 0141 842 3400
Chi No: 3004803194

Private & Confidential

Dr Shanmugum,
Charleston Centre,
Paisley.

Dear Dr Shanmugum,

Re: Brian MacKenzie: Flat G1, 100 Brediland road, Paisley, PA2 0HH.

I am writing to update you on the above client's progress. Brian was invited to this service's **Relaxation Skills Course,** which took place at the Charleston Centre from September until November 2012. Please note Brian is now discharged from this service.

Brian attended ten sessions from this twelve week course however arrived to all sessions around ten or fifteen minutes late.
Brian did appear to follow discussion during the sessions but did not make spontaneous contributions. He displayed little in the way of social expression; generally his eye contact was poor and gave very little in the way of non verbal cues. His facial expression did not appear to change much through out the sessions.
Brian was generally dressed appropriately; however it did appear that he is neglecting his personal hygiene somewhat although facilitators did not deem this to be an appropriate issue to discuss with him during the group.

At break time facilitators observed that Brian always took himself away from others and returned late to the session when he knew that facilitators would be back in the room. Facilitators considered that these behaviours may have been to avoid social interaction with other members of the group.

At times Brian seemed to be confused by facilitator direction occasionally interpreting suggestions in a rather literal manner. He did not appear to pick up on unspoken social conventions; for example, one two occasions when all group members were given a book to lean on in order to fill out a worksheet, Brian looked puzzled, spent some time looking at the book and then did not use it for intended purpose. On one occasion Brian put the book in his bag and took it home.

Brian did not seek comfort or reassurance at any time from either facilitators or other group members and seemed to be somewhat out of place in the wider group. When efforts were made to include Brian he responded to these superficially but quickly returned to being detached.

He appeared to complete the relaxation activities and expressed a benefit from these when directly asked and indicated that he may have used these at home. The extent to which he benefited from the course however was very hard to gauge.

Brian also attended one session of **Future Focus** group but said he did not want to continue with this as he felt it reminded him too much of an employment skills group. Facilitator explained to Brian that the group was focused on personal development however he was not keen to continue and said he was exploring some of his issues currently with his psychiatrist and would not be comfortable doing this within a group setting.

Because of the factors highlighted above, facilitators wondered if Brian would benefit from further assessment. At this stage he does not appear to benefit from these types of groups.

Please note that Brian has now been discharged from our service; however he has been invited along to **Community Connections** which is a sign posting group to community resources.

If you have any queries or require further information please do not hesitate to get in touch.

Yours Sincerely

Lynne Henderson, Occupational Therapist
Community Development Service

CC. Dr Rea, Anchor Mill Medical Practice, 4 Saucel Crescent, Paisley.

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: BB/SJ/CHI 31.08.58
3158

Date: December 05, 2012

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Dictated: 05.12.12
Typed: 05.12.12

PRIVATE & CONFIDENTIAL
Dr Anderson
Renfrew Health & Social Work Centre
10 Ferry Road
Renfrew

Dear Dr Anderson,

Brian McKenzie, dob 31.08.58, 22 Lomond Avenue, Renfrew PA4 0PG.

Diagnosis : alcohol dependency F10.2 – currently abstinent.

Psychotropic Medication : nil

I reviewed the above named patient at the Alcohol Problems Clinic on the 27.11.12. He stated he had discontinued Disulfiram following discussion with his wife who had supervised dispensed and by his account was in agreement. He has not taken Antabuse for the last month. He has a long standing history of alcohol dependency for approximately 13 years and has sustained abstinence for more than 12 months following detoxification and 11 month utilising Disulfiram treatment. He tells me of being committed to sustain abstinence in the long term. In exploring why he had discontinued his treatment Mr McKenzie complained of having felt lethargic and experiencing poor appetite which he related to Disulfiram. He however continues to utilise Cannabis 1-2 joints weekly.

He reported his mood as reasonable and tells me his appetite has improved. He stated he is well supported by his partner and 2 grown up sons. He has stopped attending AA meetings.

On review he appeared well related, reasonably kempt. Affect was euthymic and reactive. I discussed with Mr McKenzie the possibility of re-commencing him on Disulfiram which he was not amenable to and explained to him that the symptoms he encountered were unlikely to have been related to Disulfiram. I have arranged for a further appointment in 3 months time to see how he is progressing and encouraged him to get in contact with APC should he encounter any problems.

Yours sincerely

2all

Dr B Beck-Schwahn
Specialty Doctor
Addiction Psychiatry

Dr A Hillman
Consultant Psychiatrist

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: SK/IP/CHI 31.08.58
3158

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: September 27, 2012

Dictated: 27.09.12
Typed: 27.09.12

PRIVATE & CONFIDENTIAL
Mr. Brian McKenzie,
22 Lomond Avenue,
Renfrew
PA4 0PG.

Dear Mr. McKenzie,

I note you did not attend your out-patient appiontment at the Alcohol Problems Clinic on September 26, 2012.

I can offer you a further appointment at the Clinic on **Wednesday, October 24, 2012 at 11am** to see Dr. Kommuri for review.

Yours sincerely

Isobel Prior

Secretary
Alcohol Problems Clinic

□□□□□□□□□□□□□□□□□□□□

ABX

Paisley Community Mental Health Team
The Charleston Centre
49 Neilston Road
PAISLEY
PA2 6LY

Tel: 0141 842 3400
Fax: 0141 842 3415

NHS
Greater Glasgow and Clyde

CHI No: 3004803194
PiMS No: 2209839
Date: 14 May 2026

CONFIDENTIAL

Mr. Brian MacKenzie
0/1, 100 Brediland Road,
PAISLEY,
Renfrewshire
PA2 0HH

Dear Mr. MacKenzie,

Your outpatient appointment has been brought forward to:

Date:	**Wednesday 05 September 2012**
Time:	**09:30**
Consultant:	**Dr. Thom's Team**
Clinic:	**Dr Thom SD Wednesday Dykebar OPC**

At Dykebar Outpatient Department

Please contact us on the above number if this appointment is unsuitable and alternative arrangements can be made.

Yours sincerely

Administration

Administration
Paisley Community Mental Health Team

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: SK/IP/CHI 31.08.58
3158

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: August 2, 2012

Dictated: 01.08.12
Typed: 02.08.12

PRIVATE & CONFIDENTIAL
Dr Anderson
Renfrew Health & Social Work Centre
10 Ferry Road
Renfrew

Dear Dr Anderson,

Brian McKenzie, dob 31.08.58, 22 Lomond Avenue, Renfrew PA4 0PG.

I reviewed Mr. McKenzie on his own at the Alcohol Problems Clinic out-patient clinic on August 1, 2012.

He apparently has been doing very well on Antabuse. He said that he had very occasional cravings but has chosen to stick to the plan of keeping away from the drink. He said that he still smokes cannabis occasionally in the company of friends but not in a regular way. He is having a reasonable appetite, good sleep pattern and a good concentrating ability.

At interview today he was well-mannered, co-operative and appropriate. I did not have any major concerns with regard to his mental health examination. I have suggested that he continues with the same plan. I will review him again in two months' time (26.09.12) or as and when required.

Yours sincerely

Dr. Sri Kommuri
Specialty Doctor
Addiction Psychiatry

Dr. Audrey Hillman
Consultant Psychiatrist

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: AH/IP/CHI 31.08.58
3158

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: July 25, 2012

Dictated: 25.07.12
Typed: 25.07.12

PRIVATE & CONFIDENTIAL
Mr. Brian McKenzie,
22 Lomond Avenue,
Renfrew
PA4 0PG.

Dear Mr. McKenzie,

I note you did not attend your out-patient appiontment at the Alcohol Problems Clinic on July 2, 2012.

I can offer you a further appointment at the Clinic on **Wednesday, August 1, 2012 at 10.15am** to see Dr. Kommuri for review.

Yours sincerely

Isobel Prior

Secretary
Alcohol Problems Clinic

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: CG/SJ/CHI 31.08.58
3158

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: July 05, 2012

Dictated: 02.07.12
Typed: 05.07.12

PRIVATE & CONFIDENTIAL
Dr Anderson
Renfrew Health & Social Work Centre
10 Ferry Road
Renfrew

Dear Dr Anderson,

Brian McKenzie, dob 31.08.58, 22 Lomond Avenue, Renfrew PA4 0PG.

Mr McKenzie failed to attend his appointment at the Alcohol Problems Clinic on the 02.07.12. His wife has now taken over the supervision of his Disulfiram medication. We will merely reappoint him and update you thereafter.

Yours sincerely

Dr C Govender
Specialty Doctor
Addiction Psychiatry

Dr A Hillman
Consultant Psychiatry

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JF/SJ/CHI 31.08.58
3158

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: June 11, 2012

Dictated:
Typed: 11.06.12

PRIVATE & CONFIDENTIAL
Dr Anderson
Renfrew Health & Social Work Centre
10 Ferry Road
Renfrew

Dear Dr Anderson,

Brian McKenzie, dob 31.08.58, 22 Lomond Avenue, Renfrew PA4 0PG.

As you are aware from previous correspondence, the above patient having been commenced on Disulfiram 400mg on Mondays and Wednesdays and 600mg on Fridays, has requested that his wife take over supervision of this medication.

This arrangement was reviewed on the 26.05.12 and appears to be working well. We would therefore be grateful if you could prescribe Brains Disulfiram from the 26.06.12.

In terms of follow up Brian will continue to be reviewed at our outpatient clinic. We will continue to keep you informed of his progress.

Yours sincerely

Jane Forrest
Nurse
APC

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: AH/IP/CHI 31.08.58
3158

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: June 5, 2012

Dictated: 05.06.12
Typed: 05.06.12

PRIVATE & CONFIDENTIAL
Mr. Brian McKenzie,
22 Lomond Avenue,
Renfrew
PA4 0PG.

Dear Mr. McKenzie,

Unfortunately your out-patient appointment at the Alcohol Problems Clinic arranged for Thursday, June 21, 2012 has had to be rescheduled.

Could you please now attend on **Monday, July 2, 2012 at 2.15pm** to see Dr. Govender.

I apologise once again for any inconvenience this may cause.

Yours sincerely

Isobel Prior

Secretary
Alcohol Problems Clinic

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: CG/IP/CHI 31.08.58
3158

Date: 26.05.12

Dictated: 26.05.12
Typed: 26.05.12

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

PRIVATE & CONFIDENTIAL
Mr. Brian McKenzie,
22 Lomond Avenue,
Renfrew
PA4 0PG.

Dear Mr. McKenzie,

Unfortunately your out-patient appointment at the Alcohol Problems Clinic arranged for Thursday, June 7, 2012 has had to be rescheduled.

Could you please now attend on **Thursday, June 21, 2012 at 10.45am** to see Dr. Govender.

I apologise for any inconvenience this may cause.

Yours sincerely

Isobel Prior

Secretary
Alcohol Problems Clinic

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JF/IP/CHI 31.08.58
3158

Date: May 1, 2012

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Dictated: 30.04.12
Typed: 01.05.12

PRIVATE & CONFIDENTIAL
Dr Anderson
Renfrew Health & Social Work Centre
10 Ferry Road
Renfrew

Dear Dr Anderson,

Brian McKenzie, dob 31.08.58, 22 Lomond Avenue, Renfrew PA4 0PG.

As you are aware from previous correspondence, the above gentleman, having worked with Vicki Crawford in the Integrated Alcohol Team, commenced and successfully completed day patient detoxification on December 19, 2011.

Following detox, Brian attended our group programme and then commenced on to Disulfiram treatment.

Brian requested that his wife [redacted] take over supervision of his treatment. We have granted this as his treatment has been going well.

His treatment plan will be reviewed again on May 15, 2012 when we will advise you of his progress.

Yours sincerely

Jane Forrest
Nurse
Alcohol Problems Clinic

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Alcohol Problems Clinic
Dykebar Hospital
Paisley
PA2 7DE
0141 314 4435

13.04.12
CHI: 3108583158

Private & Confidential,
Mr Brian McKenzie,
22 Lomond Avenue,
Renfrew,
PA4 0PG

Dear Mr McKenzie,

I note you failed to attend your appointment at the Alochol Problems Clinic on the 12.04.12. I can offer you a further appointment at the clinic for **Thursday, June 07, 2012 at 12 noon** with Dr Govender and hope to see you then.

Yours sicnerely

Stacey Jack

Secretary
Alcohol Problems Clinic

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: CG/SJ/CHI 31.08.58
3158

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: April 13, 2012

Dictated: 12.04.12
Typed: 13.04.12

PRIVATE & CONFIDENTIAL
Dr Anderson
Renfrew Health & Social Work Centre
10 Ferry Road
Renfrew

Dear Dr Anderson,

Brian McKenzie, 22 Lomond Avenue, Renfrew PA4 0PG.

Mr McKenzie failed to attend his appointment at the Alcohol Problems Clinic on the 12.04.12, stating that this was an oversight because he continues to attend the APC and is currently fully compliant with his Disulfiram treatment. We will reappoint him and update you at a later stage.

Yours sincerely

Dr C Govender
Specialty Doctor
Addiction Psychiatry

Dr. A. Hillman
Consultant Psychiatrist

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: AH/IP/CHI 31.08.58
3158

Date: February 1, 2012

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Dictated: 01.02.12
Typed: 01.02.12

PRIVATE & CONFIDENTIAL
Mr. Brian McKenzie,
22 Lomond Avenue,
Renfrew
PA4 0PG.

Dear Mr. McKenzie,

I would be pleased if you could attend an out-patient appointment at the Alcohol Problems Clinic on **Thursday, April 12, 2012 at 10.15am** to see Dr. Govender.

Yours sincerely,

Isobel Prior

Secretary
Alcohol Problems Clinic

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Renfrewshire Integrated Alcohol Team
Larchgrove
Dykebar Hospital
Paisley
PA2 7DE
0141 314 4277

30.01.2012
CHI: 3108583158

Private & Confidential,
Dr Anderson,
Renfrew health and Social Work Centre,
10 Ferry Road,
Renfrew

Dear Dr Anderson,

REF: Brian McKenzie, 22 Lomond Avenue, Renfrew, PA4 0PG.
CHI: 3108583158

Thank you for referring Mr McKenzie to the Integrated Alcohol Team. As you will be aware Mr McKenzie was assessed by my colleague, Claire McAlpine. Mr McKenzie advised that he was consuming 8-10 cans of Cider on a daily basis. He also advised that he was smoking Cannabis on daily basis. Mr McKenzie stated that he could smoke up to one ounce of Cannabis per week.

Initially Mr McKenzie stated that he was aware of the effects his alcohol and drug misuse may have on both his physical and mental health, however, did not wish to stop drinking. He advised that he would like support to reduce is current alcohol intake by receiving support within the community.

I started to work with Mr McKenzie using motivational and harm reduction interventions. However, it appeared that his family situation had deteriorated and his wife had threatened to ask him to leave the family home. Due to this Mr McKenzie stated that he wished to become abstinent ad a day patient detox at the Alcohol Problems Clinic was arranged for 29.11.2011. Mr McKenzie commenced day patient detox and is continues to attend the Alcohol Problems Clinic.

Due to Mr McKenzie's current engagement with the Alcohol Problems Clinic he will now be discharged from the Integrated Alcohol Team.

Yours sincerely

Vicki Crawford

Vicki Crawford
Social Worker
Integrated Alcohol Team

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Renfrewshire Integrated Alcohol Team
Larchgrove
Dykebar Hospital
Paisley
PA2 7DE
0141 314 4277

08/12/2011
CHI: 3108583158

Private & Confidential,
Mr Brian McKenzie,
22 Lomond Avenue,
Renfrew,
PA4 0PG

Dear Mr McKenzie,

I would like to offer you an appointment for day patient detoxification at the Alochol Problems Clinic on **Tuesday, December 13, 2011 at 12noon** to see Dr Govender. If the appointmet date or time is unsuitable please contact the clinic to re-arrange.

Yours sicnerely

Stacey Jack

Secretary
Alcohol Problems Clinic

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Renfrewshire Integrated Alcohol Team
Larchgrove
Dykebar Hospital
Paisley
PA2 7DE
0141 314 4277

08/11/2011
CHI: 3108583158

Private & Confidential,
Mr Brian McKenzie,
22 Lomond Avenue,
Renfrew,
PA4 0PG

Dear Mr McKenzie,

Following your assessment on 30/09/2011 with Claire McAlpine, Alcohol Problems Clinic, you have been referred to the Integrated Alcohol Team.

I would like to visit you at home on **Monday 14th November 2011 at 11.00am.**

Please do not hesitate to contact me if this time is unsuitable.

Yours sincerely

Vicki Crawford
Integrated Alcohol Team

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Renfrewshire Integrated Alcohol Team
Larchgrove
Dykebar Hospital
Paisley
PA2 7DE
0141 314 4277

24/10/2011
CHI: 3108583158

Private & Confidential,
Mr Brian McKenzie,
22 Lomond Avenue,
Renfrew,
PA4 0PG

Dear Mr McKenzie,

Following your assessment on 30/09/2011 with Claire McAlpine, Alcohol Problems Clinic, you have been referred to the Integrated Alcohol Team.

I would like to visit you at home on **Friday 28th October 2011 at 2.15pm.**

Please do not hesitate to contact me if this time is unsuitable.

Yours sincerely

Vicki Crawford
Integrated Alcohol Team

Client's name

Update to be passed to admin worker to key onto Excel

Treatment Codes
1. Structured preparatory and motivational intervention
2. Prescribed drug treatment.
3. Community based support and/or rehabilitation.
4. Residential detox and rehabilitation.

Discharge code
1 Planned
2 Unplanned
3 Disciplinary

				First Treatment			Second Treatment					
Worker's name	Client id	Date referral received/first contact	First appointment date offered for assessment	Date care plan is agreed/decision on treatment is made	Treatment required	First appointment date offered	Date client ready for treatment	Treatment required	First appointment date offered	Date of discharge/referral on	Discharge code	Has SMR25 been completed & sent to ISD for this patient?
	3108 583158	29/9/11	30/9/11									

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Renfrewshire Integrated Alcohol Team
Larchgrove
Dykebar Hospital
Paisley
PA2 7DE
0141 314 4277
CHI: 3108583158
REF: CMc/CB
20/10/2011

PRIVATE & CONFIDENTIAL
Dr J Anderson
Clydeview Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew

Dear Dr Anderson

Re: Brian McKenzie d.o.b 31.08.58

You recently referred the above named patient for assessment by the Integrated Alcohol Team. Mr McKenzie was assessed on 30th September 2011 at Renfrew Health Centre by the writer.

Mr McKenzie states that he has used alcohol since the age of 14 years, with his early adulthood experiences involving periods of being a Looked After and Accommodated Child. Mr McKenzie states that illicit substance misuse was prevalent throughout his adolescent years and into adulthood.

At this time, Mr McKenzie states he consumes 8-10 cans of cider daily, often increasing this if he has finances available to him. However, Mr McKenzie also spoke of using Cannabis on a daily basis, often using up to one ounce of Cannabis weekly. The consequence of such is that he finds his mood is low and his coping strategies altered. Approximately 3 years ago, Mr McKenzie spoke of a period within his life where Cocaine was used on a daily basis and to excess.

Mr McKenzie has an awareness of the effects of alcohol on both his physical and mental health; however states he does not wish to become abstinent and is looking for advice on ways to control his alcohol intake. When discussing this, one of his main reasons for such is that he feels his use of illicit substances will increase if he reduces his alcohol intake, in turn he states illicit substance use is part of his lifestyle and he does not wish to address this.

The writer felt that it was difficult to assess Mr McKenzie's level of motivation in addressing his alcohol use and when asked to further discuss this, Mr McKenzie states that he is only attending today's appointment to please his family. It appears that it is them who wish for him to change his level of alcohol use. Mr McKenzie presented with a degree of ambivalence towards his need to address his alcohol use.

Cont'd.../

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow
and Clyde

Re: Brian McKenzie d.o.b 31.08.58

In order to further assess Mr McKenzie's level of motivation, his case has been allocated to Vicki Crawford, Social Worker, in order to work with Mr McKenzie to reduce his level of alcohol intake.

Vicki will be able to provide you with a further update on Mr McKenzie's progress upon completion of this piece of work.

Please feel free to contact me on the above telephone number if you require any further information at this time.

Yours sincerely

Claire McAlpine
Social Worker
Alcohol Problems Clinic

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: AH/IP/CHI 31.08.58
3158

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: September 27, 2011

Dictated: 27.09.11
Typed: 27.09.11

1st class
PRIVATE & CONFIDENTIAL
Mr. Brian MacKenzie,
22 Lomond Avenue,
Renfrew,
PA4 0PG.

Dear Mr. MacKenzie,

Your GP, Dr. Anderson, has referred you to the Alcohol Problems Clinic at Dykebar Hospital.

I can offer you an out-patient appointment at the **Renfrew Health Centre, (1st Floor), 10 Ferry Road, Renfrew** for:-

Friday, September 30, 2011 at 10.30am to see Nurse Lynn MacDonald

and hope this is convenient. If this date is not suitable, please let me know as soon as possible and a further appointment can be arranged.

Yours sincerely,

Isobel Prior

Secretary
Alcohol Problems Clinic

c.c. Dr. J. Anderson, Clydeview Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew.

DLS

10044278.

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

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

AC MH Single Pt Entry 16 to 65y Protocol (Argyll and Clyde, vR13.0)

21/9/11 Pass to APC. 22/9 A.P.C.

REFERRAL TO

General Psychiatry (Mental Illness)
AC MH Single Pt Entry 16 - 65y

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

Renfrewshire Community Mental Health Team
c/o The Charleston Centre
49 Neilson Road
Paisley
PA2 6LY

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

Hospital location code.
C001G

Email address
-

Urgency of referral ROUTINE
Date of referral 21-Sep-2011 **Date sent** 21-Sep-2011

PATIENT DETAILS

Surname	MacKenzie
Forename(s)	Brian
Title	Mr
Sex	Male
Date of birth	31-Aug-1958
CHI no.	3108583158
Area of Residence	-

Patient's address

22 Lomond Avenue
RENFREW
PA4 0PG

Contact number(s)
Voice: 07966154552

101002561940Q Unique Care Pathway Number: 101002561940Q

REGISTERED GP DETAILS

Name	Dr Z Al Najim		
GMC code	5198897	GP code	C39586
Practice name	Clydeview Medical Practice		
Practice code	87700		

Practice address

Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Contact number(s)
Voice: 0141-207-7730
Facsimile: 0141-207-7740

REFERRING GP DETAILS

Name	Dr. Judith Anderson		
GMC code	3171783	GP code	34860
Practice name	Clydeview Medical Practice (87700)		
Practice code	87700		

Practice address

Renfrew Health Centre
10 Ferry Road
Renfrew

Contact number(s)
Voice: 0141 207 7730

RECEIVED 21 SEP 2011

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: alcohol dependence

Comment: mr mackenzie was seen recently in the clinic. he admitted to drinking very heavily recently since an injury to his knee caused him to be unable to run his gardening business. he admits to drinking up to 12 cans of beer a day although he has recently managed to cut this down a bit. he has requested referral to yourself

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Modifier	Date of onset	Date recorded
Dislocation or subluxation of knee	dislocation of right knee	-	25-May-2011	01-Jun-2011
Scarlet fever - scarlatina	-	-	-	31-Aug-2007
Poisoning	librium	-	07-Jun-1984	31-Aug-2007
Mental disorders NOS	-	-	30-Apr-1981	31-Aug-2007
Nondependent alcohol abuse, unspecified	-	-	30-Apr-1981	31-Aug-2007
Chronic gastritis	-	Mild	29-Mar-1994	31-Aug-2007
Misuse of drugs NOS	cannabis, cocaine, alcohol	-	01-Jan-1972	27-Jul-2007
Neurotic depression reactive type	and anxiety	-	-	27-Jul-2007

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Dislocation reduct.-upper limb	right thumb - washout and K wiring	03-Oct-2009	20-Jul-2011
Haemorrhoidectomy	-	15-Aug-1989	31-Aug-2007
Bilateral vasectomy for contraception	-	25-Jun-1986	31-Aug-2007

Family conditions (All priorities)

Description	Date of Onset
No FH: Ischaemic heart disease	06-Jul-2007
No family history diabetes	06-Jul-2007

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Co-Codamol	50	30mg/500mg TABS	1 or 2 Tabs	up to max qid	19-Sep-2011	19-Sep-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Duration of symptoms in weeks:	-	-
Referral Reason::	Not Specified	-
VERIFICATION: Social factors section complete:	true	-
Current smoker:		19-Sep-2011
Alcohol intake above recommended sensible limits:		06-Jul-2007
Enjoys light exercise:		06-Jul-2007

Investigations

Description/Question	Result/Comment	Date
Degree of Risk of Suicide:	0 - No suicidal thoughts	-
Past history of suicide attempt:	Unknown	-
Risk from others:	Unknown	-

Risk to others:	Unknown	-
Risk of self neglect:	Unknown	-
Risk to children:	Unknown	-
Risk of wandering and/or falls:	Unknown	-
Challenges to services:	Unknown	-
Cognitive Impairment Score:	Not applicable	-

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

ARCHIVED ADDICTION NOTES

From

30.07.07

To

19.02.08

10057202

Hospital Use	Clinic	Day Date	Time	Hospital No.	Appt. Cat.	Routine Soon Urgent
						NEW

REFERRAL

Drs B Shapiro, A Ramage, S Davidson, J Anderson & Z Al-Najim
Renfrew Health Centre
103 Paisley Road
RENFREW. PA4 8LH
Tel: 0141~314~4646 Fax: 0141~314~4658
PRACTICE CODE ~ 87700

HOSPITAL ~ RENFREWSHIRE DRUG SERVICE
CONSULTANT ~
CLINIC ~
DATE ~ 23.07.07

NAME	D.O.B.	CHI.No.	Unit No.	Tel. No.
MACKENZIE, Brian **12 Orchard Street** **Renfrew. PA4 8RL**	**31.08.58**	**3158**	**~**	**07966 154552**

Dear Doctor

Brian is a new patient to us. Since the age of 14, he has been abusing drugs and alcohol. He takes cannabis, cocaine and Ecstasy. At present, he drinks 15 cans of lager a day or more, as he takes anything he can get hold of. His wife left in December last year after a 6-month period of difficulties. This has led to more stress and increased substance abuse. He is a self-employed gardener and his business is in jeopardy now, due to his increased drug use. He was also assaulted recently. His mood is low, he has difficulty sleeping and often feels irritable and aggressive. These difficulties have motivated him to seek help now.

On examination, he was alert, but had a slightly confrontational manner. Speech was articulate and thought was appropriate. There was good eye contact and no psychomotor retardation.

I would be grateful if he could be assessed with a view to helping him come off his addictions. He is not on any regular medication.

Thank you

Yours faithfully

Dr Kah Meng Tham
GP Locum

Social Work Department

Director: *David Crawford*

RENFREWSHIRE DRUG SERVICE
10 St. James Street
PAISLEY
PA3 2HT

Tel: 0141 889 1223
Fax: 0141 848 9776

Our Ref:
Date:30/7/07

Dr Tham
Renfrew Health Centre
103 Paisley Rd
Renfrew

Dear Dr Tham,

Re:Brian MacKenzie, 12 Orchard St, Renfrew DOB: 31/8/58

Thank you for your referral of the above named. Brian has been sent a letter asking him to get in touch with the project if he wishes a service. Please contact myself or the duty worker if you require any further information.We will keep you informed of his attendance

Yours sincerely,

Ailsa Boyle
Project Leader

Social Work Department

Director: *David Crawford*

RENFREWSHIRE DRUG SERVICE
10 St. James Street
PAISLEY
PA3 2HT

Tel: 0141 889 1223
Fax: 0141 848 9776

Our Ref:
Date:30/7/07

Brian MacKenzie
12 Orchard St
Renfrew

Dear Brian,

Your GP referred you for support to help you address your drug problem. If you would like to discuss your problem with someone and attend the project please come in to see the duty worker at the above address. We will keep your GP informed of your contact and will assume if you do not contact the project by 13th August that you do not wish to attend at this time.

Yours sincerely,

Ailsa Boyle
Project Leader

Date:	PROGRESS SHEET NO.: 1	Worker
30/7/07	Retrieved by AP - see letter. Letter sent to Brian asking him to contact project by 13/8/07 if he wishes a service. Letter to AP to advise. Open and place on awaiting contact list.	
	SMR 25 still to be completed	A. Boyle
7/8/07	1300hrs: Brian Attended for duty contact. SMR25 completed. Brian is a 48 year old ♂ who is currently on binges of alcohol and cocaine. Said he is ok with dr looking his wife, employment and family if he continues. Assessment date given to Brian for 5th September at 2:30 pm.	MB Moore
5/9/07	Attended assessment awaiting keyworker. may be suitable for Sylviz Cranston.	R Ply
29.1.08	Discussed case with Slyvia Cranston who will review case as to suitability of attending APC for detox, will feed back to myself and then decide if suitable for cocaine group.	Knox
29/1/8	letter sent with appointment for review on 19/2/8.	SCranston
19/2/8	Received message that Brian cancelled appointment but wished another, he left mobile no. 07966154552 Attempted to telephone number but unavailable. Further appointment sent for Tue 26/2/8 @ 2:30pm	SCranston.
26/2/8	DNA, no contact received.	SCranston
3:15pm	Contacted Brian on his mobile - stated he has sorted out problem	

***Client's Name _____ Client's Signature _____	Worker _____ Renfrewshire Drug Service 10 St. James Street Paisley
Date : :	

1. Enter Client's Name (at***) when starting new progress sheet.
2. Initial each entry in right hand margin.
3. Complete box above when client is granted access to personal file.

SW 19 (07/03)

Date:	PROGRESS SHEET NO.:	Worker
	himself and declined further appointment - made aware of how to refer himself if requires further help in future.	SBrandon
8/3/8	Check on swift reveals no childcare responsibilities or issues. Referred initially by GP - attended for assessment - has failed to engage following allocation and declined any further involvement when contacted by telephone.	SBrandon
9.4.08	Discussed at case management meeting and agreed closure of case.	GK

***Client's Name _____

Client's Signature _____

Date : :

Worker _____

Renfrewshire Drug Service
10 St. James Street
Paisley

1. Enter Client's Name (at***) when starting new progress sheet.
2. Initial each entry in right hand margin.
3. Complete box above when client is granted access to personal file.

Carenap Basic Information Sheet

Person's full name :
Mr / Mrs / Miss / Ms / Other Brian MacKenzie
Preferred name :
DOB : 31 / 08 / 58
Lives alone – Yes / No (please circle)

CHI number :
Social work number : 10057202
Other number *(specify)* :
Gender : M / F
Ethnic Background :

Referrer
Name of Referrer : Dr. Tham
Address : Renfrew Health Centre

Profession GP
Telephone : 3144658

Is person aware that referral has been made? Yes / No (please circle)

Reason for assessment

Date of referral : 30 / 07 / 07

using cannabis, ecstasy, cocaine + alcohol.

Person lives in? *(tick box)*

Rented – Local Authority	☐	Sheltered Housing	☐	Residential Home – Local Authority	☐
Rented – Housing Assoc.	☐	Supported accommodation	☐	Residential Home – Private	☐
Rented – Private Landlord	☐	Hospital	☐	Residential Home – Voluntary	☐
Rented – Other (specify what)	☐	Nursing Home	☐	Hostel	☐
Privately Owned	☐	Care Home	☐	Homeless	☐
Relatives home (specify who)	☐	Other (specify what)	☐		

Present address :
12 Orchard St.
Post town : Renfew
Post code : PA4 8QL
Telephone : 07966154552

Home address *(if different)* **:**
Post town :
Post code :
Telephone :

Contact Details	**Main carer**	**Next of Kin (if different)**	**Keyholder (if different)**
Name (include title) :			
Relationship to person :			
Keyholder :	**Yes / No** *(circle)*	**Yes / No** *(circle)*	
Address :			
Post town :			
Post code :			
Tel (Day) :			
Tel (Night) :			
Tel (Mobile) :			

Who is the GP? Dr. Thorn

Address: Renfrew Health Centre

Post town :

Post code :

Tel (Day) :

Tel (Night) : 3144658

Practice number :

Communication Needs

Preferred language :

Is an interpreter required? Yes / No *(circle)*

Sign Language required ? Yes / No *(circle)*

Hearing aid used? Yes / No *(circle)*

Spectacles used? Yes / No *(circle)*

Other - please speciify

Relevant Background History

To include where appropriate : *Work/employment, Family, Marital Status, Religion, Any other factors – Housing/Accommodation issues, recent change in abilities/function, Concerns, Risks, Social network, Bereavement,*

long history of substance use. Currently using 15 cans of lager daily - also cannabis, cocaine + ecstasy. Recently assaulted. Problems sleeping and also feels irritable + aggressive. Wife left him 6 months ago.

Relevant Medical History (including current medical conditions and medication)

Sean on Duty.

Carenap Basic Information Sheet

Person's full name : Brian Mckenzie.
Mr / ~~Mrs / Miss / Ms / Other~~
Preferred name :
DOB : 31 / 08 / 58
Lives alone – ~~Yes~~ / No (please circle)

CHI number :
Social work number :
Other number *(specify)* :
Gender : M / F
Ethnic Background : Scottish

Referrer Dr. Thom
Name of Referrer : Renfrew Health Centre.
Address : Renfrew.

Profession G.P.
Telephone :

Is person aware that referral has been made? Yes / No (please circle)

Reason for assessment

Date of referral : 7 / 8 / 07

Misusing Alcohol + Cocaine.

Person lives in? *(tick box)*

Rented – Local Authority	☑	Sheltered Housing	☐	Residential Home – Local Authority	☐
Rented – Housing Assoc.	☐	Supported accommodation	☐	Residential Home – Private	☐
Rented – Private Landlord	☑	Hospital	☐	Residential Home – Voluntary	☐
Rented – Other (specify what)	☐	Nursing Home	☐	Hostel	☐
Privately Owned	☐	Care Home	☐	Homeless	☐
Relatives home (specify who)	☐	Other (specify what)	☐		

Present address :
12 orchard St.
Post town : ~~Paisley~~ Renfrew.
Post code :
Telephone :

Home address *(if different)* **:**
Post town :
Post code :
Telephone :

Contact Details	**Main carer**	**Next of Kin (if different)**	**Keyholder (if different)**
Name (include title) :		[redacted]	
Relationship to person :		wife.	
Keyholder :	**Yes / No** *(circle)*	(Yes) / ~~No~~ *(circle)*	
Address :		S/A	
Post town :			
Post code :			
Tel (Day) :			
Tel (Night) :			
Tel (Mobile) :			

Who is the GP? Dr. Thom.

Address: Renfrew Health Center
Renfrew.

Post town :

Post code :

Tel (Day) :

Tel (Night) :

Practice number :

Communication Needs

Preferred language : English

Is an interpreter required? ~~Yes~~ / No *(circle)*

Sign Language required ? ~~Yes~~ / No *(circle)*

Hearing aid used? ~~Yes~~ / No *(circle)*

Spectacles used? ~~Yes~~ / No *(circle)*

Other - please speciify

Relevant Background History

To include where appropriate : *Work/employment, Family, Marital Status, Religion, Any other factors – Housing/Accommodation issues, recent change in abilities/function, Concerns, Risks, Social network, Bereavement,*

Self referral looking for help with alcohol and cocaine addiction issues. Feels his life is becoming worse and he is in danger of loosing his wife, family, flat and employment.

Housing: Living in rented flat. At fear of losing it if his life style continues.

Children: 30 yrs – 26 yrs. Living away from home.

Employment: Self employed. Landscaper.

Legal: Breach of the peace + possession of class 'C' drug
Case Pending.

Relevant Medical History (including current medical conditions and medication)

None.

7/8/07

MN 11/3/08.

NATIONAL WAITING TIMES INFORMATION FRAMEWORK

CLIENTS NAME Brian MacKenzie
SERVICE ID

WORKERS NAME	CLIENT SWIFT NO.	DATE REFERAL RECEIVED FIRST CONTACT	FIRST APPT DATE OFFERED FOR ASSESS	DATE CARE PLAN IS AGREED/DECISION or TREATMENT MADE	FIRST TREATMENT		SECOND TREATMENT			DATE DISCHARGE/ REFERAL ON	DISCHARGE CODE	Has SMR24 been completed + sent to ISD for this patient
					TREATMENT REQUIRED	FIRST APPOINTMENT DATE OFFERED	DATE CLIENT READY FOR TREATMENT	TREATMENT REQUIRED	FIRST APPOINTMENT DATE OFFERED			
SYLVIA CRANSTON	10057202	30/7/08	13/8/08	29.1.08						28/2/8	2 ✓	

TREATMENT CODES
1. STRUCTURED PREPARATORY AND MOTIVATIONAL INTERVENTION
2. PRESCRIBED DRUG TREATMENT
3. COMMUNITY BASED SUPPORT AND/OR REHABILITATION
4. RESIDENTIAL DETOX AND REHABILITATION

DISCHARGE CODE
1. PLANNED
2. UNPLANNED
3. DISCIPLINARY

Renfrewshire Joint Care

Partnership

Shared Information

Client Details

Surname:	BRIAN MACKENZIE	**Date of Birth:**	31/8/58
Forename:		**Social Work ID:**	
Contact Agency:	RDS	**Department:**	

I Mr/Mrs/Ms ----------BRIAN MACKENZIE----------have had the principles of joint care planning explained to me by my health/social worker.

----------Angela Perry----------. I understand that it may be necessary for information relating to me to be shared between the various agencies involved in my care, i.e.. health and social work professionals and voluntary agency staff. Where appropriate. The information shared will only be that relevant to my care and it will be only on a "need to know " basis.

•**I give** my consent to the sharing of my personal information for the joint care planning purposes explained to me.

•**I give** restricted consent to the sharing of my personal information for the joint care planning purposes explained to me.

•**I do not give** my consent to the sharing of my personal information for the purposes explained to me and I understand that this could place restrictions on the integrated service within my care plan. These restrictions have been explained to me.

I * have/have not received a copy of an information leaflet which explains how information about me is used.

**Please delete as appropriate*

Signed ---------- Date 5.9.87

Status if not client: _____

alth/Social Worker Statement:

I confirm that I have explained to ----------the principles of joint care planning, including the fact that information may be shared with others on a "need to know" basis. I have also explained that should information sharing consent be refused the level of integrated service could be restricted.

Signed ---------- Date 5/9/07

Designation ----------Addiction Nurse----------

Client Signature:	Worker Signature:	Additional Information:	Date:

Single Shared Assessment

Drug / Alcohol Support
Needs Assessment Package

15 November 2006: Version 9

Person's Name:	Brian Mackenzie
Person's DOB:	31-8-58
Lead Assessor's Name:	A Perry
Agency of Lead Assessor:	RDS
Date of Assessment:	5/9/07
Date of Review:	
Date of Review:	
Date of Review:	

Section 1: BASIC INFORMATION

Person's Full Name:	Brian Mackenzie	CHI / PIMS Number:	
ADDRESS	12 Orchard St Paisley Renfrew	SWIFT/CARE FIRST/REFERENCE Number:	
GP NAME, ADDRESS AND TEL NUMBER	Dr Ramage Renfrew H/C	Date Consent Form Completed:	5/9/07
Location (where seen):	RDS	Date of Birth:	31/8/58

Section 2: ALCOHOL / DRUG CURRENT USE & HISTORY

Drugs / Alcohol History: Please indicate onset / development of difficulties, short history leading to present use (present use should be more detailed). Indicate type of substance (legal (L), illegal (I) or prescribed (P). Method of Use

Current

Substance Used (What, How much, How often, and Last used)	Type (L, I or P)	Consequences
Cannabis	I	1/2 quater daily
Alcohol - lager 20 units daily.		A few pints during day most at night.
Cocaine - snorting.	I	1gm daily not had for 1wk.

Have you ever injected?	YES		NO	✓
Have you ever shared injecting equipment?	YES		NO	✓

Comments – relating to above

Section 2: ALCOHOL / DRUG CURRENT USE & HISTORY (contd)

History

Age	Substance Used (What, How much, How Often)	Type (Legal, illegal or prescribed)	Consequences
14yrs	Alcohol	L	weekend.
15yrs	Cannabis Acid.	I	Depending on money & access.
18-26	Speed. daily.	I	approx every few days.
	Cocaine..		when trying to stop speed. a few lines daily.
26	From this age cannabis & alcohol for 15 yrs		
46	Alcohol & Cocaine.		not at same time

Section 3: SERVICE HISTORY DETAILS	Yes	No	N/A

Current and Previously Known Details: Please indicate whether client has any other current involvement, and whether s/he is previously known to this agency and / or other agencies

Contact Details Named Worker (address & telephone) Dates of Involvement	Interventions	Outcomes (please include dates)
✓		

Section 4: GENERAL INFORMATION / PROFILE

HOUSING (Tenancy, Problems, Complaints, Arrears, Length of Tenure)	Yes	No	N/A

Details:
Private Rental,

FIRE RISK: Information given	YES	NO	Leaflet Given	YES	NO	Referral On	YES	NO	DECLINED
	(YES)			(YES)					

FINANCE (Present Income, Outgoings and Debts)	Yes	No	N/A

Details: Self Employed - wages

Income Maximisation Required?	Yes	No	N/A

EMPLOYMENT (Past/Current Difficulties, Literacy and Numeracy)	Yes	No	N/A

Details:
Self Employed.

EDUCATION (Past/Current Difficulties, Literacy and Numeracy)	Yes	No	N/A

Details:
Did not finish education poor literacy (can read.)

CURRENT LEGAL STATUS (Please indicate status below)	Yes	No	N/A

None	Probation	Licence	DTTO
Community	In Prison	Other	DTTO Assessment

Details:

Previous Offences:	(Yes)	No	N/A

—

Current / Outstanding Offences	(Yes)	No	N/A

Trial ongoing - offensive weapon. possession of drugs.

Any Other Details (including any periods in Prison)

1 sentence age 22yrs Police assault

Section 5: HEALTH INFORMATION / PROFILE

Physical Health (including hospital admissions, current prescribed medication, Hepatitis B vaccination, Hepatitis C information, Pregnancy).

Smoker (Y/N) If yes How many 20-30 daily

losing weight

Mayfever

no medication

occasional sleeper not prescribed for him

Psychological Health (including hospital admissions and current prescribed medication).

mood swings

angry -

no previous admissions

no medication

Section 6: SOCIAL SITUATION / CONTEXT

Living / Domestic Arrangements, Family Relationships (Past and Present), Current/history of domestic violence

Current

Wife of 30yrs argument Dec '06' moved out of house - rented flat. Wife good support had enough of drug & alcohol She has moved back in flat 2 grown up children. Self employed gardener Becomes verbally agressive when under the influence of drugs & alcohol

Past

Section 7: INFORMATION ON CHILDREN, PRENANCY & OTHER CARE RESPONSIBILITIES

Children?	Yes	No	Contact with children	Yes	No

Name	D.O.B	Address	Main Carer	Nursery /School	SW Status

Who is in the Household?	Number of Adults	2	Number of Children	Under 16 0
				Over 16 0

Children seen ?	Yes	No

Comments (Clarify if this information has been verified)

Pregnancy

Is client pregnant	Yes	No	Is partner pregnant	Yes	No

If Yes, stage of pregnancy:

Are they Drug/Alcohol Users:	Yes	No
Are they attending ante-natal care	Yes	No
Are maternity services aware of drug/alcohol use:	Yes	No

Comments:

Section 8: ASSESSMENT OUTCOME / INITIAL PLAN OF CARE

Identified Need (Should be in order of priority of user)	**Proposed Interventions** (Demonstrate how intervention will take account of gender, enthicity and disability)	**Timescale** Include person responsible
Alcohol detox		

Please identify any factors related to children's issues arising from assessment and action taken

Section 8: ASSESSMENT OUTCOME / INITIAL PLAN OF CARE (contd)

Summary of Assessment

49 yr old gentlemen with a long history of alcohol & drug misuse. Cannabis since age 15yrs. which is still ongoing During his 20's Acid speed & cocaine. From Age 26 cannabis alcohol & cocaine. Stopped cocaine 1 week ago. History has put a strain on his marriage Now seeking help for alcohol abuse Does not wish to do detox until after gram cutting season is over cannot afford to stop work

Unmet Need	N/A	Reasons

Client's Perception of the Above

Unsure of Librium had it in past made him feel very drowsy

No further action / Referral to other agency (please give details why)

Service Users Signature:	Date
B Mackenzie	5.9.07
Assessors Signature:	**Date**
P Reay	5/9/07

Mental Health & Learning Disabilities

RISK ASSESSMENT AND MANAGEMENT (LEVEL 1)

CLIENT NAME: Brian Mackenzie **D.O.B.:** 3/1 08 /58 **ID No:**.....

ADDRESS: 12 Orchard St Renfrew **POSTCODE:**.....

DATE/PERIOD OF ASSESSMENT: / / **TIME:**..... **REVIEW DATE:** / /

RISK FROM OTHERS (eg. Abuse, exploitation) **YES / NO UNKNOWN**
Details of identified risk: Further investigation required*

RISK TO SELF(eg. Suicide, self harm) **YES / NO UNKNOWN**
Details of identified risk: Further investigation required*
Neglect.

RISK TO OTHERS (eg. Aggression, violence) **YES / NO UNKNOWN**
Details of identified risk: Further investigation required*
Verbal aggression.

RISK OF NEGLECT(eg. Health, personal) **YES / NO UNKNOWN**
Details of identified risk: Further investigation required*

RISK TO CHILD(REN) (eg. Neglect, abuse) **YES / NO UNKNOWN**
Details of identified risk: Further investigation required*

RISK OF PHYSICAL IMPAIRMENT(eg. Medical, sensory) **YES / NO UNKNOWN**
Details of identified risk: Further investigation required*

RISK OF WANDERING and/or FALLS **YES / NO UNKNOWN**
Details of identified risk: Further investigation required*

MEMORY & COGNITIVE IMPAIRMENT **YES/NO UNKNOWN**
(eg. Forgetfulness) Further investigation required*
Details of identified risk: Poor short term Memory

CHALLENGES TO SERVICES **YES / NO UNKNOWN**
(eg. Inappropriate demands, poor service response) Further investigation required*
Details of identified risk:

SIGNIFICANT KNOWN HISTORY (including known diagnoses):

.....

.....

.....

.....

.....

INITIAL ASSESSMENT OF RISK (including context, situations in which risks may occur):

.....

Can be verbally abusive when under the influence.

.....

.....

.....

INITIAL RISK MANAGEMENT PLAN (including who is to do what):

.....

.....

.....

.....

.....

.....

SOURCES OF INFORMATION : AVAILABLE

.....

.....

CONTEXT OF CLIENT FOR ASSESSMENT

.....

.....

.....

ROLE OF CLIENT and/or CARER IN PLAN:

CLIENT INVOLVED: YES / NO **CARER INVOLVED: YES / NO**

CLIENT AGREED: YES / NO **CARER AGREED: YES / NO**

COMMENTS:.....

.....

NEED FOR RISK ASSESSMENT & MANAGEMENT (LEVEL 2) YES / NO

Recorded by: P Kemp ..... **Date:** 5/9/17

Discussed with: ..... **Time:** .....

PLOT

(Personal Lifestyle Outcome Trace)

PATIENT'S NAME: Brian MacKenzie DOB: 31/8/58

SECTOR & NURSE: ..... DATE COMPLETED: 5/9/07

SCORE		0	1	2	3	
CATEGORY		Chaos	Regularisation	Stabilisation	Socialisation	Totals
DRUG BEHAVIOUR	Repertoire	> 2 drugs	<3 drugs	Prescribed Drugs	Drug Free	1
	Daily dose variation	Max/min>2	Max/min=<2	No Variation	Drug Free	1
	Route	High Risk IV	Low Risk IV	Non Injecting	Drug Free	2
					TOTAL	4
ROUTINE	Reference Times	No daily routine	1reference times	2 reference times	3 reference times	0
	Insomnia	Early, middle & late	2 of early, middle &late	Early, middle & late	Good Sleep	0
					TOTAL	0
UNHEALTHY FEATURES	Weight	Low, falling	Low, steady	Low, rising	Normal High	0
	Physical Co morbidity	Untreated	Treated symptomatic	Treated Asympotomatic	Well	3
	Mental Co morbidity	Untreated	Treated symptomatic	Treated Asymptomatic	Well	0
					TOTAL	3
GEOGRAPHIC FEATURES	Sleeping in same bed	2 nights/week	3 nights/week	4 nights/week	5 nights/week	3
	Housing	Homeless	Own bed (e.g. B&B)	Own Room e.g. lodgings	Own House	3
					TOTAL	6
SOCIAL FEATURES	Relationship	Alone & lonely	Unsupported adult	1 supportive adult	>1 supportive adult	3
	Legal	Non-compliance	Order outstandig	Compliance with order	No trouble	1
	Finance	Debt increasing	Debt steady	Debt reducing	Not in debt	3
					TOTAL	7
IV Route Checked	Use of High risk sites	Use of low risk sites	No evidence of IV use	Not Checked		
			Plot score (total of category score)			20

Social Work

Director: Peter MacLeod

RENFREWSHIRE DRUG SERVICE
10 St. James Street
PAISLEY
PA3 2HT

Tel No: 0141 889 1223
Fax No: 0141 848 9776

Renfrewshire Council

Our Ref:

Date: 29/1/18

Bryan McKenzie
12 Orchard St
Renfrew

Dear Bryan,

I am aware that since your assessment at our service you are still awaiting allocation of a keyworker.

I would like to offer you an appointment to come and see me for review as your circumstance may have changed since assessment I would be grateful if you could attend to see me on Tuesday 19/2/18 at 10am. If this date is unsuitable please contact myself or the duty worker to arrange an alternative.

Yours sincerely

Sylvia Cranston
Community Addictions Nurse

Social Work

Director: Peter MacLeod

RENFREWSHIRE DRUG SERVICE
10 St. James Street
PAISLEY
PA3 2HT

Tel No: 0141 889 1223
Fax No: 0141 848 9776

Renfrewshire Council

Our Ref:

Date: 19/2/18.

Brian McKenzie
12 Orchard St
Renfrew.

Dear Brian,

I am sorry that you had to cancel your recent appointment with me. I am able to offer you a further appointment on Tuesday 26/2/18 at 2.30pm. I look forward to meeting you then.

Yours Sincerely

Sylvia Cranston
Community Addictions Nurse.

Care Plan – Brian McKenzie

- Day detox arranged for Brian commencing on 29/11/2011.
- Brian to attend group work programme following detox.
- IAT to support Brain within the community in terms of motivational work/harm education work until he commences detox.

Action Plan

Home visit to be carried out on Monday 21 November and Friday 25th November 2011 to carry Out motivational work/harm reduction work with Brain.

- Bloods to be taken prior to commencing detox.
- GP to be updated of Action Plan

Vicki Crawford (SW-IAT)

17/11/2011

Record of home visits to Brian McKenzie by IAT – Social Work (Vicki Crawford)

DATE	Work Carried Out	Summary
17.11.2011	Gathering current information in relation to his alcohol use. Motivational work – looking at the positives of changing his behaviour.	Brain presented as tearful throughout visit. He advised that he now needs to stop drinking as he is going to loose his family. Brain stated that he has watched friends and family doe through alcohol and wants to become abstinent. Drinks diary given and advised to gradually reduce (currently drinking between 4-12 cans daily). Information on crisis number given and motivational worksheet looking at the positives of changing his behaviour. Brian requesting detox as he wants to be alcohol free. Day detox arranged for 29/11/2011. IAT continuing to support whilst awaiting appointment in relation to harm reduction and motivational support.

CAREPLAN (ASSESSMENT) **for** **NAME** Brian McKenzie **CHI No** 3108583158

D.O.B. 31:08:58 **KEYWORKER** Vicki **Client offered copy YES / NO**

DATE	NO.	PRESENTING ISSUES	GOALS	INTERVENTIONS	SIGNATURE		REVIEW DATE
					KEY WORKER	CLIENT	
		Experiencing Problems related to Alcohol and other drugs. eg. problems related to Intoxification Regular Heavy Use Dependence	Record an accurate and complete history / assessment To identify nature of problem – dependence or problematic use. To identify any other issues needing addressed.	Utilise Single Shared Assessment tool. Complete SADQ. Complete Risk Assessment. Arrange for routine bloods to be taken. Assess for dependence or problematic alcohol use. Identify any issues related to: -Physical Health -Mental Health -Child Care -Pregnancy -Other Drug Use -Any Additional Needs Discuss treatment options with Brian McKenzie and agree further plan of care to deal with identified issues.	VC VC VC VC wk beg 21/11/11 VC Ongoing Drug misuse?		

CAREPLAN (ACTIVE TREATMENT) f NAME..... CHI No .....

D.O.B. ..... KEYWORKER..... Client offered copy YES / NO

DATE	NO.	PRESENTING ISSUES	GOALS	INTERVENTIONS	SIGNATURE		REVIEW DATE
					KEY WORKER	CLIENT	
		Alcohol dependence which Brian McKenzie wishes to address. Commencing day detox 28/11/11	To become alcohol free. ✓ To increase knowledge about alcohol and impact on self and others. To explore and develop strategies for maintaining abstinence from alcohol.	Engage client in motivational enhancement sessions to explore reasons for changing behaviour and assist with robust decision making & realistic goal setting. Allow time to explore and understand problems experienced through alcohol and other issues related to alcohol. If detoxification from alcohol is required – discuss suitable options for this providing information on attendance, regimes and medications used. Monitor for effectiveness /side effects of medication. Discuss abstinence policy and agree suitable attendance times/days. Discuss and provide information on DVLA requirements.	On-going		

				Nutritional assessment utilising MUST tool, referring to dietician if appropriate. **Assess sleep pattern & discuss reasons why sleep may be affected.** **Provide individual or group-work sessions as appropriate to:** **- Provide information on alcohol, its use and impact on physical, social, psychological wellbeing.** **- Assist in developing ways of coping with problems experienced through alcohol use.** **- Assist in identifying high-risk areas, feelings, emotions and situations.** **- Assist client to formulate strategies to deal successfully with those HR situations identified.** **- Discuss use of Campral and Antabuse as aids to remain alcohol free. If Antabuse treatment agreed complete checklist.** **Provide client with written material to complement sessions.**			

				If appropriate involve partner / carers in treatment plan. Referral to other agencies as appropriate.			
		Tick if identified and specify…….					
		Child Care Issues……	Children's wellbeing.	Explore with client the impact of alcohol use on child / childrens wellbeing and client's ability to meet child / childrens needs. Liaise with Social Work / Health Visitor / Schools as appropriate. Refer to other services if required ……			
		Housing Issues……..	Work towards alleviating problems.	Refer to Housing Advice Liaise with other agencies as appropriate.			
		Forensic Issues……	Work with client towards alleviating problems.	Liaise with other agencies as appropriate.			
		Other Drug Use Issues…….	Abstinence or Reduced Harm.	Assess use and problems. Refer to specialists if appropriate.			

		Family/Relationship Issues……	**Work with client to reduce problems.**	**Refer to other Agencies eg. local Counselling Services…….**			
		Money Problems……	**Work with client to reduce problems.**	**Refer to specialist eg. Advocacy, Advice Works.**			
		Employment Issues……	**Work with client**	**Refer to specialists……**			
		Vulnerable Adult Issues……..	**Minimise issues - promote safety & wellbeing.**	**Refer to specialists eg. CLDT…….**			
		Low Self-Esteem & other Mental Health Issues…….	**Minimise impact of these upon client**	**Meet regularly with client.** **Refer to Psychiatrist……** **Refer to Psychologist……..**			
		Any Additional Needs…….. **Specify here..(**					

CARE PLAN 3 (MAINTAINING RECOVERY) for NAME: ..... CHI No .....

D.O.B. ..... KEYWORKER..... Client offered copy YES / NO

DATE	NO.	PRESENTING ISSUES	GOALS	INTERVENTIONS	SIGNATURE		REVIEW DATE
					KEY WORKER	CLIENT	
		Maintaining abstinence when moving on.	To continue on path of recovery towards self management of continued abstinence. Maintain lifestyle changes enabling and empowering independent living.	Assist in developing ways of coping with problems experienced through recovery. Encourage client to identify places and groups to attend in the community. i.e. AA, RCA, Womens Group, Abstinence Support Group. Encourage client to source local activities. Continue use of acamprosate and disulfiram as aids to abstinence if appropriate.			
		Completion of NHS care period	Seemless transfer of care to self, carer or other agency	Pass supervision of disulfiram over to suitable family member. If no Suitable family member consider alternatives eg RCA, support worker at APC.			

		Any other identified needs, specify here .. (		**Ensure that medical reviews have been arranged.** **Establish contact with agencies** **Establish contact with family/carer.** **Ensure client, family, agencies are aware of transfer plans & date.**			

ARCHIVED NOTES

PLEASE NOW FILE ALI PAPERWORK IN NEW CHRONOLOGICAL ORDER

SUA/JM.

Dr. S.U. Ahmed. 30th April, 1981.

Private & Confidential.

Dr. G.J. McQuoney,
Renfrew Health Centre,
103 Paisley Road,
RENFREW PA4 8LH.

c.c. Dr. D.F. Torley
Consultant Psychiatrist,
Dykebar Hospital,
PAISLEY PA2 7DE.

Dear Dr. McQuoney,

Re: Mr. Brian McKenzie (d.o.b. 31.8.1958)
11 Ard Road, Renfrew.

Thank you for your letter regarding this patient whom I saw yesterday in my Clinic.

He has a very disturbed history in the past. He has attended Approved Schools, Remand Homes and also had prison sentences and is currently on bail following assault charges and would be appearing in Court in the end of June this year. He also has a drinking problem and has been drinking since the age of 14 and now consumes up to 15 cans of heavy beer in one evening. Once he starts he cannot stop it and gets drunk becomes violent and obviously does not remember anything.

[redacted]

His motive to attend the Psychiatry Department would appear to be to create an impression of good behaviour at his court appearance and that he is trying to get help to control his drinking. The prognosis would appear to be very unsatisfactory, however, I would refer him to the Alcoholic Unit and leave it to them to decide whether they would like to include him in the Group Therapeutic Programme.

Yours sincerely,

.....
DR. S.U. AHMED,
Assistant in Psychiatry.

Hospital use Only	Clinic	Day Date 25/6	Time 3PM.	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION

Hospital: Dykebar Hospital Date: 3/6/81

Urgent Appointment Required YES/NO

Please arrange for this patient to attend the Psychiatric clinic of Dr/M Ahmed in Renfrew

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname: McKENZIE Maiden Surname:

First Names: BRIAN Single/Married/Widowed/Other (Married ticked)

Address: 11 ARD Rd. Renfrew. Date of Birth: 31/8/58

Patient's Occupation:

Postal Code: Telephone Number:

Has the patient attended hospital before YES/NO if "YES" please state:

Name of Hospital:

Year of Attendance: Hospital No.:

If the patient's name and/or address has/have changed since then please give details:

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

Q. J. McQuoney MB ChB
HEALTH CENTRE,
103 PAISLEY ROAD,
RENFREW. PA4 8LL.
TEL. 041-886 2455

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

This man has asked if he could be referred to psychiatrist.

He is currently on Bail following assault charges. He remembers nothing of the fight about 3/52 ago and this worries him. He had been drinking that night and had been overdoing it some time before.

He has other problems, financial etc and his wife is pregnant at the moment.

He was under psychiatric care as child again under court order – I should be obliged if you would see & advise.

Diagnosis/provisional diagnosis: Personality problem / alcohol abuse

Present drug treatment and potential special hazards:

Relevant x-rays available from: No. (if known):

Signature: [signature]

AL 53-2064 PP3 5/78

ARGYLL & CLYDE HEALTH BOARD

RENFREW DISTRICT

DYKEBAR HOSPITAL, PAISLEY OUT PATIENTS NOTES

Surname	McKENZIE	Christian Name	BRIAN		
Age	23	Date of Birth	31.8.1958	Occupation	Unemployed.
G/P	Dr. G.J. McQuoney	Address	11 Ard Road, Renfrew.		

Date

25.6.81

Past record unsatisfactory.
Approved School, Remand Home etc Prison Sentences.
Presently ~~on~~ on bail to appear in Court – in June on assault charge by boyfriend
Drinking problem since 14.
Consumes up to 15 Cans of heavy beer in One evening. Gets drunk + doesn't remember any thing. Assault + fighting mentioned above happened under the influence.

[redacted]

in 1975 aged 4.
He is married + has one child – wife is expecting again in July.
Has a job of gardner – Liverpool – but has Come up because wife couldn't cope. Says that he still has the job although he worked there for only a week

Came up to this office dressed in Jeans and neat + tidy. Appears keen to attend the group programme at the Alcoholic Unit. Prognosis would appear to be poor because of the past

distorted history familial predisposition to drinking and longevity of drinking history. The motive would appear to be to create an impression of good behaviour at the Court appearance.

16.6.81 APP. CARD SENT FOR THIS DATE/DM.

4 brothers and 3 sisters. Patient - the youngest. Still drinking over the weekends - McEwans export - and gets drunk - and goes to sleep. He says that his job is still open but he can't go because of the Court case & wifes pregnancy. Getting rashes anxious and gets headaches.

Agreed that a report be given to the Solicitor. SNA.

Did not SOH because he can't walk

NHS GREATER GLASGOW & CLYDE
ALCOHOL SERVICES

CARE PLAN / CLINICAL REVIEW SHEET

NAME: Brian McKenzie 31.08.58 **Chi.** 3158
WORKER: Jane **GP:**
ADDRESS:

Review Date: 14.12.11 **Reviewed By:** MDT.

History / Progress / Significant Changes

- Referred initially by GP.
- worked with Vicki Crawford @ IAT.
- Stated that he stopped drinking 5 days ago.
- No visible signs of withdrawal.
- Commenced on Chlordiazepoxide regime Day 7

Short Term Goals /New Care Plan A Unhappy today with treatment due to not receiving enough medication or being given counselling. Admitted that he has not disclosed until today that he has been taking 60 Street valium a week for the past 4 weeks.

ACTIONS	RESPONSIBLE PERSON	COMPLETE DATE
- If attending discuss whether he wishes to be referred to RDS. - If he does not attend offer a out patient appt - Inform Vicki Crawford @ IAT.	Jane.	

N.H.S. Greater Glasgow & Clyde
ALCOHOL PROBLEMS CLINIC

Admission Date 13.12.11

CHI No 3158

Name Brian McKenzie **M/F** Male **Date of Birth** 31.08.58

Address C/o 22 Lomond Ave
Renfrew
PA4 0PG

Tel.No. 07966154552.

G.P. Dr Anderson.

Address Renfrew H/C.
Renfrew.

Alternative Contact Margaret McKenzie **Relationship** Ex-wife.

Address As Above. **Tel.No.** 07973435422

Medication on Admission

Tramadol
Zopiclone.

Allergies

None Known.

RCA Involvement Y/N

No.

NHS Greater Glasgow & Clyde

ACCOUNTABILITY RECORD FOR CARE GIVEN

ALCOHOL PROBLEMS CLINIC

AGREED DAYS	WEEK COMM.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	WK 12.12.11		✓	✓	✓	✓	✓

NAME Brian McKenzie D.of B_____ CHI _____

ALCOHOL SERVICE TREATMENT AGREEMENT

Personal Responsibilities: -

- You will not consume alcohol/illicit drugs whilst attending the service for treatment including evenings and weekends.
- You agree to random breath tests and drug screens accept that consumption of alcohol/illicit drugs may result in immediate discharge.
- You will not use uprescribed drugs or substances. If staff suspect you of being under the influence of unprescribed drugs/substances you may be discharged from the service, irrespective of whether the drug was taken during or prior to treatment.
- Failure to attend service as agreed will result in care being reviewed and may lead to discharge from service.
- Attendance at General Practitioners is required for all other medical needs (except when in-patient). General Practitioners must not be approached for any psychotrophic medication e.g. opiates, sedatives, or sleeping tablets, without first discussing it with clinic staff. Failure to inform staff may result in discharge.
- You must behave responsibly at all times whilst attending the service, failure to do so may result in an instant discharge from the service.
- You agree to be responsible for any medication prescribed and will take care when carrying and storing them. You will make sure children do not have access to them, and will not supply medication to others under any circumstance.

Service Responsibilities: -

- You will be allocated a keyworker where you will mutually agree frequency and venue of appointments.
- You will have regular medical reviews by the prescribing doctor.
- You will be provided information on other services/agencies/supports available and assistance in accessing if required.
- Keyworker will discuss and initiate a care plan,which will be agreed and signed by the keyworker and the client
- The service recognises that members of your family may have needs. Information can be provide on services and support agencies, where these needs may be best met.
- We acknowledge that children are important, and will ask you about any children you are in contact with.

- **Driving: -**

The DVLA (Driver Vehicle Licensing Agency) considers alcohol problems to be a disability likely to affect safe driving. The Road traffic Act requires drivers to inform the DVLA of any disability likely to affect safe driving. **It is your responsibility** to inform the DVLA and your motor insurance company of your alcohol problem. It is an offence not to do so. If you intend to drive. Medication prescribed at the alcohol service may cause drowsiness and will impair your ability to drive or operate machinery.

YOU MUST NOT UNDER ANY CIRCUMSTANCES DRIVE A MOTOR VEHICLE WHILST ATTENDING THE ALCOHOL SERVICE FOR DETOXIFICATION AND TREATMENT.

DECLARATION

I have had the above treatment agreement explained to me, and agree to abide by the conditions within it. I am aware that breach of this agreement will result in discharge from service and that I may not be considered for re-assessment for a period of 3 months.

Client Signature..... Date..13..12..11

Staff Signature..... Date..13..12..11

NHS GREATER GLASGOW & CLYDE
ALCOHOL PROBLEMS CLINIC

NURSING CARE PLAN REVIEW

NAME Brian McKenzie **NAMED NURSE** Jane Farrest

Review Date **Reviewed By** MDT.

Significant changes/achievements

- Attended day patient detoxification ✓
- Completed APC's group programme ✓
- ECG taken, another to be taken on Re 6/3/12
- Bloods obtained

Short Term Goals

- To remain abstinent / alcohol, drugs.
- Antabuse to be commenced if a appropriate candidate. Attend Recovery Group.

New Care Plans Identified

Nurse sign Farrest **Client sign** B McKenzie

Review Date - **Reviewed By -**

Significant changes/achievements

Short Term Goals

New Care Plans Identified

Nurse sign_____ **Client Sign** _____

Brian McKenzie

Antabuse Consent Form

I understand that I am alcohol dependent

I understand that antabuse is an alcohol deterrent and is used in the treatment of alcohol dependence It helps achieve abstinence.

I have read the patient information leaflet and understand that even small amounts of alcohol in combination with antabuse can cause a reaction that is unpredictable. It can be severe and cause collapse. This effect lasts 7 days after the anbtabuse has been stopped.

I have been informed that certain food, liquid medicines and toiletries can contain sufficient alcohol to cause a reaction.

I understand that certain drugs should be avoided whilst on antabuse and will discuss any new medication with my GP or clinic staff first.

I understand that my antabuse will be supervised by APC staff. I am aware that I will be responsible for taking my antabuse at the specified time.

I agree to attend appointments as directed and to be breathalysed or provide blood samples as requested.

I understand that antabuse should be used in caution in people with heart problems. I have discussed the risks with my doctor.

Date 26.03.12.
Signed B MacKenzie
Witness K Davis. J Fin

NHS GREATER GLASGOW & CLYDE - MENTAL HEALTH CARE PLAN

NHS Greater Glasgow and Clyde

CHRONOLOGICAL ACCOUNT OF CARE

PIMS NO/CHI NO:	LABEL	WARD:	APC
NAME:	Brian McKenzie		
ADDRESS:	c/o 22 Lomond Avenue, Renfrew		
POST CODE:	PA4 0PG		
DOB & GENDER:	31 08 58 male		

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
13.12.11	Attended, Examined by Dr Gwender. Commenced on Day 7 of detox Regime.	
	Admission paperwork completed showing no signs of alcohol withdrawal.	
14.12.11	Attended, continues to exhibit no visible signs of withdrawal from alcohol.	
	Continued on 10mg QID. on chlordiazepoxide regime.	
	Refused to eat any lunch. Then appeared disgruntled with staff.	
	Spoke to Brian, who was complaining of not receiving enough medication or counselling. Explained that the staff assess on what they see, and what they are told when interviewing clients.	
	Brian admitted feeling edgy and unhappy as he has been buying 60 sheer valium	

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
(cont'd)	(blues) a week to assist with withdrawals.	
	He also stated that since he stopped taking Sheer valium on Friday 9.12.11, he has compensated by taking more Tramadol than he is prescribed.	
	Informed Brian that as he has not been honest with staff and staff will have to discuss @ the M.DT meeting on the 14.12.11.	J Fut Nurse
15.12.11	Attended, breathalysed - scored zero. No visible signs of withdrawal.	
	Brian complaining of not receiving enough chlordiazepoxide, stated that he expected more. Again the writer reminded Brian, of the fact that we treat what we see and are told by the client.	
	Discussed with Dr Gavender, who spoke to Brian, explaining that it has been detrimental to his treatment, in that he did not reveal to staff that he had been using valium.	
	Treatment Plan :- To continue on Day (7) of regime, until weekend and then to be reduced to 10mg twice daily.	J. Fut Nurse
	Obs. 150/100 P. 69. Next appt Friday 16.12.11	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - NURSING

Brian McKenzie

Date & Time		Signature, Print Name & Designation
25.01.12	Attended Session (2) of Relapse Prevention Group. Participated in discussion. Breathalysed at zero. Brian now considering Disulfiram treatment. ECG appointment arranged for Tues 2.02.12, bloods obtained	J. Forrest Nurse.
11.00am 3/2/12	Attended Clinic today breathalysing negative for alcohol. Mood appeared to be at an appropriate level, no concerns raised.	J. Forrest Nurse T. Gibson (STN)
20/02/12	Discussed ECG taken on 2.2.12 - abnormal QT. with Dr Hillman. ECG to be repeated.	
	Attended today - breathalysed as zero. Next appt wed. 22.2.12	J. Forrest Nurse.
9/3/12	Attended, breathalysed - scored zero. Unable to commence Disulfiram today, due to receiving a date (19.3.12)	

193443

Date & Time		Signature, Print Name & Designation
cont'd	for surgery to his knee.	
	Agreed That Brian will	
	continue to attend on	
	Tuesdays and Fridays to	
	be breathalysed.	
	To commence Disulfiram, after	
	surgery.	J. Furb Nurse
26.3.12 14.05	Brian attended today following leg	
	surgery. He breathalysed zero for	
	alcohol and denied any alcohol use in	
	the past 24 hours. Brian started on	
	Disulfiram 200mg on a regime of Monday,	
	Wednesday and Friday. Brian will receive	
	~~200~~ 400mg on Monday and Wednesday and	
	then 600mg on Friday. Working with Brian	
	in a view to have his wife supervise	J. Forrest Nurse
	his medication in the future. ——	~~J Plumb~~ (student).
9/4/12	Attended, disulfiram administered	
	as per kardex.	
	Reminded of appointment with	
	Alan Curley on Friday 11/4/12	J Furb Nurse
22/4/12	Attended, arranged for Brian	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - NURSING

Brian McKenzie

Date & Time		Signature, Print Name & Designation
24/4/12 (cont'd)	to attend with his wife on	
	24/4/12 to discuss her taking	
	over supervision of his	
	treatment.	J. Forrest Nurse
24/4/12	Brian attended with his wife	
	[redacted] who has agreed to take	
	over supervision of his disulfiram.	
	Safety information provided.	
	28 days of Disulfiram provided.	
	Letter to GP to advise.	
	Treatment to be reviewed on	
	19.05.12.	J. Forrest Nurse
19/5/12	Attended the clinic today on	
11.30	his own. Stated everything was	
	fine, however his wife was unable	
	to attend today. Advised he would	
	need to arrange for her to come to	
	the clinic to review Antabuse situation	
	otherwise it would be discontinued	
	stated he would phone on monday	

193443

Date & Time		Signature, Print Name & Designation
	to arrange another time for his partner to attend the clinic - Given a 7 day supply of Antabuse today stated he had 3 tablets supervised by partner yesterday - stated their relationship has not been too good and he is "SOFA surfing" at present. Denied any wish to return to alcohol. Will inform Nurse Forrest of same on monday.	Anne Hodgson
25/6/12	T/C received from Brian stating that he will attend 26/6/12 with his wife for supervision of antabuse talk	Support Worker A/Buchanan
26/6/12	Brian attended today accompanied by his wife [redacted] who stated that everything was going well with supervision. Advised that he will be discharged from day service and will be followed by Medical staff	Nurse AHP

Nutrition Profile

NHS Greater Glasgow and Clyde

Name: Brian McKenzie	Date of admission: 13/12/11
Address: C/o 22 Lomond Avenue, Renfrew. PA4 0PG.	Time: 13.30
	HOSPITAL: Dykebar
DoB: 31.08.58	Ward: APC
CHI number: 3158	
Affix patient data label	

To be recorded within 24 hours of admission*

Height: 173m 5ft 8½ m/ft Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Weight: 70.9kg 11st 2½ kg/stones Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☑

If 'Yes' how much?: kg/stones. Over what period of time?: weeks/months

Is there evidence of recent weight loss?

No ☑ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐

Eating and drinking likes and dislikes (including appetite and/or NBM status):

Likes most foods.

Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☑

Please state:

Are there any contributing factors that may affect food intake such as **physical** (e.g. swallowing difficulties), **physiological** (e.g. nausea), **psychological** (e.g. dementia), **social or environmental**? Yes ☐ No ☑

Please specify all factors:

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☑

Please state:

Profile completed by: Name (PRINT): J Forrest Signature: J Forrest Date: 13.12.11.

NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.

* Quality Improvement Scotland (2003). Food, Fluids and Nutritional Care in Hospitals Edinburgh QIS

CARE PLAN / ACTIVE TREATMENT for NAME Brian McKenzie CHI No 3158

D.O.B. 31.08.58 KEYWORKER Jane Farash Client offered copy YES / NO

DATE	NO.	PRESENTING ISSUES	GOALS	INTERVENTIONS	SIGNATURE KEY WORKER	SIGNATURE CLIENT	REVIEW DATE
13.12.11 27.02.11		Alcohol dependence which ..... wishes to address.	To become alcohol free. To increase knowledge about alcohol and impact on self and others. To explore and develop strategies for maintaining abstinence from alcohol.	Engage client in motivational enhancement sessions to explore reasons for changing behaviour and assist with robust decision making & realistic goal setting. Allow time to explore and understand problems experienced through alcohol and other issues related to alcohol. If detoxification from alcohol is required – discuss suitable options for this providing information on attendance, regimes and medications used. Monitor for effectiveness /side effects of medication. Discuss abstinence policy and agree suitable attendance times/days. Discuss and provide information on DVLA requirements.	JFarash JFarash	BMack BMack	

2.02.12			Nutritional assessment utilising MUST tool, referring to dietician if appropriate. Assess sleep pattern & discuss reasons why sleep may be affected. Provide individual or group-work sessions as appropriate to: - Provide information on alcohol, its use and impact on physical, social, psychological wellbeing. - Assist in developing ways of coping with problems experienced through alcohol use. - Assist in identifying high-risk areas, feelings, emotions and situations. - Assist client to formulate strategies to deal successfully with those HR situations identified. - Discuss use of Campral and Antabuse as aids to remain alcohol free. If Antabuse treatment agreed complete checklist. Provide client with written material to complement sessions.	JW Black JW Black

			If appropriate involve partner / carers in treatment plan.	
			Referral to other agencies as appropriate.	
	Tick if identified and specify.....			
27.02.12	Child Care Issues.....	Children's wellbeing.	Explore with client the impact of alcohol use on child / childrens wellbeing and client's ability to meet child / childrens needs.	
			Liaise with Social Work / Health Visitor / Schools as appropriate.	
			Refer to other services if required	
	Housing Issues.....	Work towards alleviating problems.	Refer to Housing Advice Liaise with other agencies as appropriate.	
	Forensic Issues.....	Work with client towards alleviating problems.	Liaise with other agencies as appropriate.	
	Other Drug Use Issues.....	Abstinence or Reduced Harm.	Assess use and problems. Refer to specialists if appropriate.	

NHS GREATER GLASGOW & CLYDE - MENTAL HEALTH CARE PLAN

NHS Greater Glasgow and Clyde

CHRONOLOGICAL ACCOUNT OF CARE

PIMS NO/CHI NO:	LABEL	**WARD:**	ARC.
NAME:	Brian MC Kenzie		
ADDRESS:			
POST CODE:			
DOB & GENDER:	31.08.58 3158, Male.		

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
16.12.11	Attended today breathalised zero medication Administered as per Kardex.	Nurse ARC
17.12.11	Attended today breathalised zero. Administered medication as per Kardex Due to attend again monday 19/12/11	Nurse ARC
26.12.11	Attended. breathalysed - scored zero. Appeared in good order Next appointment Wed 28.12.11	J Farr Nurse.
28.12.11	DNA to be breathalysed. Telephoned Brian who stated that he did not attend, as it was a year today that his brother was found dead. Brian denies drinking alcohol and states that he will attend tommorow 29.12.11.	J Farrell Nurse
29/12/11 14.40	Attended the clinic today breathalised negative for alcohol Stated he had stayed indoors the last few days to avoid having to speak to friends who are drinkers. Attempted to give	

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
	Mo mentioned ~~SHA~~ event educ and Support to Brian. Stated he lost his ~~bus tickets~~ attendance card and was given another. Requesting how he should get re-enbursed for travelling to the clinic. Advised he should speak to social work and get evidence on what benefits he is on and show this to the expenses dept. Agreed to return to the clinic tomorrow. —	Nurse AHP
2/1/12	Attended today breathalised zero on alcometer due to attend again 4/1/12 —	Nurse AHP
9/1/12	Attended session (1) of education programme —	Nurse AHP
16/1/12 2pm	Attended session (4) of Education Group. Participated well. Appears well. Due back Wednesday. —	Sir Nurse. P CURRAN
18/1/12	Attended session (5) of education programme Due to attend again 20/1/12. —	Nurse AHP
20/1/12	Attended session (6) of education programme which he has completed and will commence the relapse prevention group 23/1/12 —	Nurse AHP
7/2/12 10.00	T/c to Brian's mobile advised he had an ECG today at 1.30pm. Advised his card was still in the clinic. —	Nurse AHP
14/5		

CCP-CAC-220506

NHS GREATER GLASGOW & CLYDE - MENTAL HEALTH CARE PLAN

NHS Greater Glasgow and Clyde

CHRONOLOGICAL ACCOUNT OF CARE

PIMS NO/CHI NO:	LABEL	**WARD:**	
NAME:	Brian McKenzie		
ADDRESS:			
POST CODE:			
DOB & GENDER:	310858		

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
12/4/12	DNA APC Antabuse APC ✓ Reappoint.	
2/7/12	DNA APC Wife taken own Antabuse 1 Mth.	
1/8/12	Seen on his own. — Daily will on antabuse. — Occasionally smells cannabis in the carpet of hands. not smelly [illegible] regularly. — Has a [illegible] appetite, a good sleep pattern & a good concentration ability. — Well mood, co-operative & upright — No suicidal ideation noted — Review in 2/12 Dr I-Kamara	

D805726

CCP-CAC-220506

Low risk of suicide

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
27/11/12	OPC	
	states he has discontinued Antabuse	
	~1 month ago.	
	1yr. treatment	
	& D/C with [illegible]	
	C/O feeling lethargic, poor appetite,	
	felt "dependent on tablets."	
	~~states he [illegible]~~	
	consumes Cannabis ~1-2 joints/hrs.	
	& craving for alcohol	
	abstinent for 12 months	
	Hx. of alcohol dep. for ~30yrs.	
	sleep variable	
	mood reasonable	
	appetite reasonable & weight loss	
	med.: - Tramadol 50mg bd. for knee arthritis pending surgery	
	feel supported by family	
	wife and 2 sons	
	went to AA	
	MSE: relaxed, [illegible]	
	euthymic reactive	
	Pl: - abstinent, [illegible]	
	abstinence, & craving	
	- D/C remaining on Antabuse	
	& [illegible]	
	- RV 3/12	[signature]

[signature] spec. doctor

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
29/1/13	OPC	
	David	
	[illegible]	
	(Rheumatology doctor)	

07966154552

Carenap Basic Information Sheet

Person's full name : Brian McKenzie
CHI number : 3108583158

Mr / ~~Mrs~~ / ~~Miss~~ / ~~Ms~~ / Other
Social work number :

Preferred name :
Other number *(specify)* :

DOB : 31 / 8 / 58
Gender : M / F

Lives alone – Yes / No (please circle)
Ethnic Background :

Referrer

Name of Referrer : Dr J. Anderson
Profession GP

Address : Clydeview Medical Practice
Renfrew Health Centre
Telephone : 0141 2077730

Is person aware that referral has been made? Yes / No (please circle)

Reason for assessment

Date of referral : 29 / 9 / 11

Alcohol dependance

Person lives in? *(tick box)*

Rented – Local Authority	☐	Sheltered Housing	☐	Residential Home – Local Authority	☐
Rented – Housing Assoc.	☐	Supported accommodation	☐	Residential Home – Private	☐
Rented – Private Landlord	☐	Hospital	☐	Residential Home – Voluntary	☐
Rented – Other (specify what)	☐	Nursing Home	☐	Hostel	☐
Privately Owned	☑	Care Home	☐	Homeless	☐
Relatives home (specify who)	☐	Other (specify what)	☐		

Present address : 22 Lomond Av
Renfrew

Post town :
Post code :
Telephone :

Home address *(if different)* :

Post town :
Post code :
Telephone :

Contact Details	Main carer	Next of Kin (if different)	Keyholder (if different)
Name (include title) :		[redacted]	
Relationship to person :		Wife	
Keyholder :	Yes / No *(circle)*	Yes / No *(circle)*	
Address :		[redacted]	
Post town :			
Post code :			
Tel (Day) :			
Tel (Night) :			
Tel (Mobile) :		[redacted]	

Who is the GP? Dr. Z. Al Najim
Address: Clydeview medical practice
Post town : Renfrew Health Centre
Post code :
Tel (Day) :
Tel (Night) :
Practice number :

Communication Needs
Preferred language : English
Is an interpreter required? Yes / (No) *(circle)*
Language required ? Yes / (No) *(circle)*
Hearing aid used? Yes / (No) *(circle)*
Spectacles used? Yes / (No) *(circle)*
Other - please specify

Relevant Background History

To include where appropriate : *Work/employment, Family, Marital Status, Religion, Any other factors – Housing/Accommodation issues, recent change in abilities/function, Concerns, Risks, Social network, Bereavement,*

Historical use of alcohol - Alcohol dependence in family. Started using alcohol around 13/14 yr of age. Considerably increased use to around 8-10 cans daily, however has periods of binging on top of this.

Illicit substance misuse prevelant throughout adolescent & adulthood. Uses cannibus daily.

Lost family home through alcohol, no fixed tenancy however lives with estranged wife at this time who supports Jim to address alcohol issues.

Relevant Medical History (including current medical conditions and medication)

painkillers - Dislocated knee - May 11 - present
- Solpadol 35/100

Quinine - cramps in legs.

Knee injury prevents Jim from being employed on a full-time basis. He has a gardening business which he is unable to commit full-time to therefore is losing his livelihood.

Renfrewshire Joint Care

NHS Greater Glasgow and Clyde 1948–2008 60 years of the NHS

Partnership
Shared Information
Client Details

Surname: Mckenzie	Date of Birth: 31/8/58
Forename: Brian	Social Work ID:
Contact Agency:	Department:

I Mr/~~Mrs~~/~~Ms~~ --- Brian Mckenzie ---have had the principles of joint care planning explained to me by my health/social worker.

---. I understand that it may be necessary for information relating to me to be shared between the various agencies involved in my care, i.e.. health and social work professionals and voluntary agency staff. Where appropriate. The information shared will only be that relevant to my care and those I care for and it will be only on a "need to know " basis unless there is a risk to myself or others.

I give my consent to the sharing of my personal information for the joint care planning ~~purposes~~ explained to me.

I give restricted consent to the sharing of my personal information for the joint care planning purposes explained to me.

I do not give my consent to the sharing of my personal information for the purposes explained to me and I understand that this could place restrictions on the integrated service within my care plan. These restrictions have been explained to me.

I * have/have not received a copy of an information leaflet which explains how information about me is used.

*Please delete as appropriate

Signed --- B Mackenzie --- Date 30/9/11

Status if not client: _____

Health/Social Worker Statement:

I confirm that I have explained to --- Brian mckenzie ---the principles of joint care planning, including the fact that information may be shared with others on a "need to know" basis. I have also explained that should information sharing consent be refused the level of integrated service could be restricted.

Signed --- [signature] --- Date --- 30/9/11 ---

Designation --- Social worker ---

Client Signature:	Worker Signature:	Additional Information:	Date:

Consent Restrictions Specified by client

Please note any specific consent restrictions intimated by client and action taken to ensure that they are met.

Notes

This area can be used to record any specific points which the consultant/key worker wishes recorded.

Single Shared Assessment

Drug / Alcohol Support
Needs Assessment Package

14th April 2008: Version 12

Person's Name:	Brian McKenzie
Person's DOB:	31/8/58
Lead Assessor's Name:	Claire MacPhee
Agency of Lead Assessor:	Integrated Alcohol team
Date of Assessment:	30/9/2011
Date of Review:	
Date of Review:	
Date of Review:	

Section 1: BASIC INFORMATION

Person's Full Name:	Brian Mckenzie	CHI / PIMS Number:	3108583158
ADDRESS	22 Lomond Av Renfrew	SWIFT/CARE FIRST/REFERENCE Number:	
GP NAME, ADDRESS AND TEL NUMBER	Dr. Ziad Al Najim Clydeview medical Practice Renfrew H/SC	Date Consent Form Completed:	30/9/11
Location (where seen):	Renfrew H/SC	Date of Birth:	31/08/58

Section 2: ALCOHOL / DRUG CURRENT USE & HISTORY

Drugs / Alcohol History: Please indicate onset / development of difficulties, short history leading to present use (present use should be more detailed). Indicate type of substance (legal (L), illegal (I) or prescribed (P). Method of Use

Current

Substance Used (What, How much, How often, and Last used)	Type (L, I or P)	Consequences
Cannibis - daily 1 ounce a week.	I	Affecting mood if don't have any
Alcohol - daily 8-10 cans cider daily	L	Eating, sleeping patterns disturbed. Stomach pains. Loss of secure tenancy

Have you ever injected?	YES		NO	X	
Have you ever shared injecting equipment?	YES		NO	X	

Comments – relating to above

Section 2: ALCOHOL / DRUG CURRENT USE & HISTORY (contd)

History

Age	Substance Used (What, How much, How Often)	Type (Legal, Illegal or prescribed)	Consequences
12/13	Alcohol -	L	Offending behaviour.
↓	Amphetimes	I	Hangovers, comedowns,
↓	Cocaine		
18	LSD	I	
20	Alcohol - daily/ lager	L	Gang culture.
↓	Cannibis - daily	I	Affecting mood
↓			Dependency on cannibis - mood
30			
30	Alcohol - ~~daily~~	I	affecting physical health
↓	Binge drinking - 3/4 days		
↓	Increasing alcohol use		
40	Cannibis - daily	I	affecting mood
40	Alcohol - daily - 8-10 cans.	L	- relationship with wife breaking down
↓	Cannibis - daily	I	
↓			
50	- Cocaine - daily	I	Split from wife
53 -	Alcohol - 8-10 cans of cider	L	- stomach pains, poor eating & sleep pattern Night sweats, shaking sickness

Section 3: SERVICE HISTORY DETAILS	Yes	No	N/A

Current and Previously Known Details: Please indicate whether client has any other current involvement, and whether s/he is previously known to this agency and / or other agencies

Contact Details Named Worker (address & telephone) Dates of Involvement	Interventions	Outcomes (please include dates)

Section 4: GENERAL INFORMATION / PROFILE

HOUSING (Tenancy, Problems, Complaints, Arrears, Length of Tenure)	Yes	No	N/A

Details: Lives with estranged wife, lost tenancy through alcohol use. Has lived between family members for a number of years.

FIRE RISK: Information given	YES	NO	Leaflet Given	YES	NO	Referral On	YES	NO	DECLINED

FINANCE (Present Income, Outgoings and Debts)	Yes	No	N/A

Details:

Income Maximisation Required?	Yes	No	N/A

EMPLOYMENT (Past/Current Difficulties, Literacy and Numeracy)	Yes	No	N/A

Details: Self-employed Gardener - Cannot work long hours due to knee injury.

EDUCATION (Past/Current Difficulties, Literacy and Numeracy)	Yes	No	N/A

Details: History of children units & residential schooling.

CURRENT LEGAL STATUS (Please indicate status below)	Yes	No	N/A

None	Probation	Licence	DTTO
Community	In Prison	Other	DTTO Assessment

Details:

Previous Offences:	Yes	No	N/A

Drink driving
Assault, aged 22 yr — possession of a weapon - 5 yr ago.

Current / Outstanding Offences	Yes	No	N/A

Drink driving - pending.

Any Other Details (including any periods in Prison)

—

Section 5: HEALTH INFORMATION / PROFILE

Physical Health (including hospital admissions, current prescribed medication, Hepatitis B vaccination, Hepatitis C information, Pregnancy).

Smoker (Y)/N If yes How many 20 a day

& Cannibis

Psychological Health (including hospital admissions and current prescribed medication).

Previous overdoses - in 20's - recreational drugs

Feels his mood is low if he doesn't have cannibis daily.

Section 6: SOCIAL SITUATION / CONTEXT

Living / Domestic Arrangements, Family Relationships (Past and Present); Current/history of domestic violence

Current

2 sons - 33 & 30y/ - all married with kids

4 grandchildren: 14, 10, 1½, 6mth. Wife always present when grandchildren are there.

Brian is estranged from wife however lives with her. Wife supports Brian.

Brian states his family accept his substance misuse however wish him to stop drinking.

Past

Brian states that his alcohol use has affected his family in terms of his behaviour over the years. Brian states he can be verbally aggressive towards others whilst under the influence of alcohol.

Section 7: INFORMATION ON CHILDREN, PRENANCY & OTHER CARE RESPONSIBILITIES

Children?	Yes Sporadic	No	Contact with children	Yes	No
			Frequency of contact		

Name	D.O.B	Address	Main Carer	Nursery /School	SW Status

Who is the main carer?	Relationship to Adult / Child	Any Care Responsibilities to Children / Child Under 16
Who is in the household (over the age of 16 either resident or on a regular basis)	Relationship to Adult/Child	Do they hold any care responsibilities to Children/Child Under 16 (e.g school run , baby sitting e.t.c.
1.		
2.		
3.		
4.		
Children seen?	Yes	No

Comments (Clarify if this information has been verified)

Where were the children seen

Any issues arising from this

Partner Pregnancy					
Is partner pregnant	Yes	No	Is partner a drug user Is partner a dependant alcohol user Is partner attending ante natal	Yes	No

If Yes, stage of pregnancy / Expected date of delivery

Who has this been verified with (GP, e.t.c.)

Is client currently on Methadone or prescribing in relation to alcohol dependency

Is further support required? (if yes identify)

Client Pregnancy		
Is client Drug/Alcohol Users:	Yes	No
Are they attending ante-natal care	Yes	No
Are maternity services aware of drug/alcohol use:	Yes	No

Have they had regular contact with support services
(establish contact with SNIPS / New Expectations / SW Referrals to determine level of contact/careplan and summarise, discuss any prescribing issues in relation to stability during pregnancy. Potential of neo-natal withdrawal).

Has a Pre-Birth initial or full discussion been arranged?
Date for Same

If no – initiate with senior a SW pre-birth process to inform support needs

Section 7: INFORMATION ON CHILDREN, PREGNANCY & OTHER CARE RESPONSIBILITIES *(continued)*

Other care Responsibility?	Yes	No	N/A

Name	DOB	Address	Main Carer

Relatives / Other Agencies Arranging Childcare:	Yes	No	N/A
Is childcare arrangements made on a regular basis by extended family			

Who provides this, benefits of support

How often
(This will establish planned respite for children/networks and areas of potential resilience)

Help Required with Children or Arranging Childcare:	Yes	No		N/A	

What assistance could be provided and by whom

Has client agreed to action suggested	Yes	No

If yes specify action

Social Work Contact	Yes	No

Contact with other allocated worker/s and summarise priority areas for parent and child joint careplanning
If no state why

Health Visitor Contact	Yes	No

Clarify what child(ren) involved with Health Visitor?
Frequency of nursery placements (a.m. /p.m. daily e.t.c.)
Summarise priority areas for parent and child joint careplanning.
If no state why

School nurse contact –	Yes	No

Specific school concerns?
Summarise priority areas for parent and child joint careplanning
Homelink involvement
Attendance

Children's Health Issues:	Yes	No
Any current applications to be applied/medications to be dispensed by parent	Yes	No
Regular Hospital or clinic appointments for child	Yes	No

Any issues in relation to above

Client's Perceived Effects of their Own or others Alcohol / Drug Use on Children

Ability to manage income and prioritise everyday bills/household expenditure

Ability to emotionally respond to children given the potential physical and mental health impact of alcohol/drug use

Ability to provide activities for children e.g. visits to park, mother and toddler groups

Older children assuming parental role for younger children
What Arrangements are Made for Children when Drug / Alcohol Use Is Being Pursued / Consumed?
Current routines/frequency for alcohol/drug consumption (who with/where/what time)
Discuss areas of potential risk in relation to above and any impact on children. Identify areas of action
Risk from other adults in household
What arrangements are made for Safe Storage of Alcohol / Drugs and associated paraphenalia (both illegal and prescribed) Where are all medications kept (verify at first HV) Discuss potential risks from both and summarise Identify any action to be taken.

Is an appropriate storage box required. If no identify action e.g. purchase of box. Timescales Who will purchase	Yes / No
Please identify any factors related to children's issues arising from assessment and action taken	
When clients stability of alcohol/drug use is obtained how would this change clients lifestyle/parenting	

Section 8: ASSESSMENT OUTCOME / INITIAL PLAN OF CARE		
Identified Need (Should be in order of priority of user)	**Proposed Interventions** (Demonstrate how intervention will take account of gender, ethnicity and disability)	**Timescale** Include person responsible
Alcohol dependence		

Section 8: ASSESSMENT OUTCOME / INITIAL PLAN OF CARE (contd)
Summary of Assessment

Brian states he is wishing to control his drinking as this is what his family wishes. He does want to reduce his intake however also states his illicit substance misuse will increase when he does this.
The writer is aware of Brian's motivation to address his alcohol misuse at this time. He does not wish to address his illicit substance misuse as he feels this has been part of his life since young.

Unmet Need	N/A	Reasons
	✓	

Client's Perception of the Above

Brian states he will begin to reduce his alcohol misuse until he is discussed at review - 5th Oct 2011. Treatment plan to be agreed and Brian informed of outcome.

No further action / Referral to other agency (please give details why)

Service Users Signature:	Date
Assessors Signature:	Date
C Weeks	30/8/-

Mental Health & Learning Disabilities

RISK ASSESSMENT AND MANAGEMENT (LEVEL 1)

CLIENT NAME: Brian McKenzie D.O.B. 31/08/58 ID No:

ADDRESS 22 Lomond Av, Renfrew POSTCODE:

DATE/PERIOD OF ASSESSMENT: 30/8/11 TIME: 10:30am REVIEW DATE: / /

RISK FROM OTHERS (eg. Abuse, exploitation) YES (NO) UNKNOWN
Further investigation required*
Details of identified risk:

RISK TO SELF (eg. Suicide, self harm) YES (NO) UNKNOWN
Further investigation required*
Details of identified risk:
No disclosed information on suicide attempts / self harm

RISK TO OTHERS (eg. Aggression, violence) (YES) / NO UNKNOWN
Further investigation required*
Details of identified risk:
Verbal aggression towards others - Drink driving charge.

RISK OF NEGLECT (eg. Health, personal) (YES) / NO UNKNOWN
Further investigation required*
Details of identified risk:
During binging episodes Brian's self care skills decrease

RISK TO CHILD(REN) (eg. Neglect, abuse) YES / (NO) UNKNOWN
Further investigation required*
Details of identified risk:
Children in adulthood

RISK OF PHYSICAL IMPAIRMENT (eg. Medical, sensory) YES / NO UNKNOWN
Further investigation required*
Details of identified risk:

RISK OF WANDERING and/or FALLS (YES) / NO UNKNOWN
Further investigation required*
Details of identified risk:
Risk of falling if heavily under the influence

MEMORY & COGNITIVE IMPAIRMENT (YES)/NO UNKNOWN
(eg. Forgetfulness)
Further investigation required*
Details of identified risk:
However, daily cannibis use & occasional substance misuse

CHALLENGES TO SERVICES YES / NO (UNKNOWN)
(eg. Inappropriate demands, poor service response)
Further investigation required*
Details of identified risk:

SIGNIFICANT KNOWN HISTORY (including known diagnoses):

History of alcohol misuse prevelant for a number of years. Illicit substance misuse which client wishes to continue with.

INITIAL ASSESSMENT OF RISK (including context, situations in which risks may occur):

Client in a risk to his own emotional & physical health if he continues with alcohol & substance misuse.

INITIAL RISK MANAGEMENT PLAN (including who is to do what):

SOURCES OF INFORMATION : AVAILABLE

CONTEXT OF CLIENT FOR ASSESSMENT

ROLE OF CLIENT and/or CARER IN PLAN:

CLIENT INVOLVED: (YES) / NO CARER INVOLVED: YES / NO

CLIENT AGREED: YES / NO CARER AGREED: YES / NO

COMMENTS:

NEED FOR RISK ASSESSMENT & MANAGEMENT (LEVEL 2) YES / NO

Recorded by:..... Date:.....

Discussed with: ..... Time: .....

CAREPLAN (ASSESSMENT) for NAME. Brian McKenzie CHI No 3108583158

D.O.B. 31/08/58 KEYWORKER..... Client offered copy YES / NO

DATE	NO.	PRESENTING ISSUES	GOALS	INTERVENTIONS	SIGNATURE KEY WORKER	SIGNATURE CLIENT	REVIEW DATE
30/8/11 30/9/11	1 2	Experiencing Problems related to Alcohol and other drugs. eg. problems related to Intoxification Regular Heavy Use Dependence	Record an accurate and complete history / assessment ✓ To identify nature of problem – dependence or problematic use. To identify any other issues needing addressed.	Utilise Single Shared Assessment tool. Complete SADQ. Complete Risk Assessment. Arrange for routine bloods to be taken. Assess for dependence or problematic alcohol use. Identify any issues related to: -Physical Health -Mental Health -Child Care -Pregnancy -Other Drug Use -Any Additional Needs Discuss treatment options with ..... and agree further plan of care to deal with identified issues.	C MAPIRE C MAPIRE C MAPIRE C MAPIRE		

SEVERITY OF ALCOHOL DEPENDENCE QUESTIONAIRE

NAME Brian McKenzie CHI NO 31/ 3108583158

Please recall a typical period of heavy drinking in the last 6 months.
When was this? Month_____ Year_____

Please put a tick ( ) to show how often each of the following statements applied to you during this time.

DURING THAT PERIOD OF HEAVY DRINKING	NEVER OR ALMOST NEVER	SOME-TIMES	OFTEN	NEARLY ALWAYS
1. I woke up feeling sweaty.	☐	☐	☐	☑
2. My hands shook first thing in the morning.	☐	☑	☐	☐
3. My whole body shook violently first thing in the morning if I didn't have a drink.	☑	☐	☐	☐
4. I woke up absolutely drenched in sweat.	☐	☐	☐	☑
5. I dreaded waking up in the morning.	☐	☐	☑	☐
6. I was frightened of meeting people first thing in the morning.	☐	☐	☑	☐
7. I felt at the edge of despair when I awoke.	☐	☑	☐	☐
8. I felt very frightened when I awoke.	☐	☑	☐	☐
9. I liked to have a morning drink.	☐	☐	☐	☑
10. I always gulped my first few morning drinks down as quickly as possible.	☐	☐	☐	☑
11. I drank in the morning to get rid of the shakes.	☐	☑	☐	☐
12. I had a strong craving for drink when I awoke.	☐	☐	☐	☑
13. I drank more than ¼ bottle spirits a day (or 4 pints beer / 2 cans strong lager / 1 bottle table wine).	☐	☐	☐	☑
14. I drank more than ½ bottle spirits a day (or 8 pints beer / 4 cans strong lager / 2 bottles table wine).	☐	☐	☐	☑
15. I drank more than 1 bottle spirits a day (or 15 pints beer / 8 cans strong lager / 4 bottles table wine).	☐	☐	☐	☑
16. I drank more than 2 bottles spirits a day(or 30 pints beer / 15 cans strong lager / 8 bottles table wine).	☐	☑	☒	☐

PLEASE MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS WHICH APPLY TO YOU.
PLEASE TURN PAGE.

DYKEBAR HOSPITAL
PHYSICAL CONDITION

Name Brian McKenzie Ward APC 80, Regular.

Date of Examination 13/12/11 Height Weight T. P. R.

Bruises, Injuries, Deformities, Stigmata Tramadol ® knee pain prn.
dislocated knee May 2011, ? Zopiclone / Zolpidem (Nightmares 2° Alcohol)

Skin Hosp this morning → Xray fine - MRI Scan planned - stopped Hair Eyes ? tinge Jaundice

Physique and General Health drawing dlt bad knee. - Self employed Gardener., No oedema

Respiratory Looks hyperinflated, Sounds chesty but clear lungfield.

Circulatory (N) S1S2 °M°G.

Condition of arteries B.P. 158/96

Alimentary SNT Teeth

No Organomegaly Hernia

Genito-urinary Urine

Nervous Globally intact - Power difficult 4/5

Endocrine

Special Findings No Signs of Withdrawal (5days 4 days)

Assessment of physical condition Librium 10mg q/d
Forensic (needle phobia)

Physical examination carried out by