

Subject Access Request



Patient	Mr Paul Ewing
Date of birth	11-May-1978 (age 48)
Gender	M
NHS number	
Patient's address	40 Lothian Road Stewarton Kilmarnock Ayrshire KA3 3BT
Date range selected	Full record
Organisation	MMA Legal
Reference	1000076

Problems

Active

10-Jun-2026 Mrs Sharon Reilly (SR)

Total notes on computer

18-Aug-2025 Ms Sharon Cairnie (SC2)

Personality disorder NOS
background of complex trauma

22-Oct-2024 Ms Sharon Gibson (SG)

Cannabinoid level
- harmful use of cannabinoids

15-Sept-2021 Ms Sharon McReynolds (SMCR)

Opioid type drug dependence
currently on replacement therapy

15-Sept-2021 Ms Sharon McReynolds (SMCR)

Sedative dependence
benzodiazepines

22-Oct-2013 Mrs Fiona Crane (FG)

[X]Paranoid psychosis

14-Feb-2003 Dr Colin Hunter (CH)

Hepatitis C antibody test positive

04-Sept-2001 Mrs Mairi McKelvie (MM)

[X]Heroin addiction

29-Jun-2001 Mrs Mairi McKelvie (MM)

[V]Drug use
intravenous

Significant Past

15-Jan-2014 Mrs Fiona Crane (FG)

Overdose of drug
Mixed

01-Sept-1982 Mrs Mairi McKelvie (MM)

Inguinal hernia
and repair

Minor Past

This section is empty.

Consultations

14-July-2026 Dr W Costley (BC) Data Entry

History

History note q fit. re-refer for this. make appt for blood test

09-July-2026 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History

History note previous. visibly better. colour better

Examination

Examination leg returning to normal

Comment

Comment submitted q fit today .will await result before doing anything else

22-Jun-2026 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History **History** walkign better. I think leg bit softer. did hint at possible injury to leg- this would explain a lot. rx as below. will submit q fit. review as arranged and will do fbc when in

Medication **Medication** Ferrous Fumarate Tablets 210 mg 84 tablet ONE TO BE TAKEN DAILY

Medication **Medication** Fresubin 2Kcal Drink Liquid feed 28*200 ml ONE TO BE TAKEN EACH DAY

19-Jun-2026 Dr W Costley (BC) Telephone Consultation

History **History** given blood results- obviously compensated due to duration. extent of haematoma would be consistent with signif blood loss. review as arranged

18-Jun-2026 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History **History** bloods obtained. unfortunately no coag. call with result

Medication **Medication** Hydrocortisone Cream 1 % 30 GRAM APPLY TWICE A DAY

16-Jun-2026 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History **History** pain lumbar area.

Examination **Examination** pale, lost lot weight. has huge area bruising right leg- from buttock to distal shin. leg swollen - consistent with large haematoma. cannot offer any explanation how this happened. says present at least month. sclera clear, abdo soft, groins nad

Comment **Comment** too late for bloods today. return as arranged - bring urine sample (BJP)

06-Jun-2026 Ms Jemma Wilson (JW3) Data Entry

10-Jun-2026 Medication **Medication** Hydrocortisone Cream 1 % 15 gram APPLY THINLY ONCE A DAY AS DIRECTED

Comment **Comment** Unscheduled Care, Boots Pharmacy, Stewarton - see Docman. jw

27-May-2026 Mrs Katrina Szimaitis (KS2) Stewarton Medical PracticeMain Surgery

History **History** Paul looking to have some bloods done , thinks he has something terminal . wants checked out. See Hx (on methadone) still smokes cannabis. drinks, previous Heroin use. Well known to RADAR. Paul also jumping about from wanting a rash looked at , to a bruise on his leg, and pain in his knees. asked why he thought he had something terminal and he just says he feels he might have. he is very thin but tells me he eats well. he ***** Denies any visible blood anywhere. says no weight loss: always been thin. no cough. no pain anywhere apart from his knees. no other symptoms. nothing of acute concern today .

Comment **Comment** Can attend for routine bloods if he wishes. not had any in a while and does look emaciated. Smoked Cannabis for 30+ years, NOTE HEP C positive in past (Past exposure to Hep C but no active infection confirmed)But be aware when taking bloods.

15-Apr-2026 MS Susan Staddon (SS) Data Entry

Comment **Comment** Request from Boots for further 7day supply to align Rx for next cycle Prescription by Supplementary prescriber

Medication **Medication** Pregabalin Capsules 50 mg 7 capsule ONE TO BE TAKEN EACH MORNING (ALONGSIDE 100MG CAPSULE)

14-Apr-2026 Mrs Katrina Szimaitis (KS2) Stewarton Medical PracticeMain Surgery

History **History** Looking for pain releif for his back and side - says he is sore even when he turns in bed. already on co-codamol, Pregabalin, methadone. long hx of drug abuse .Has personality disorder. advised Paul I cant give him any more analgesia. can try an anti inflammatory gel only. but I am not comfortable giving him anything else. Says he is not happy with his consultant as keeps cutting his methadone. advised Paul to take this up with him . not something we can do in the surgery

Medication **Medication** Ketoprofen Gel 2.5 % 100 gram TO BE USED TWICE A DAY

14-Apr-2026 Miss Lynsey McAuley (ABCDE) Data Entry

Comment Repeated prescription Boots requesting 1/52 to run in sync with other meds

Medication *Medication* Pregabalin Capsules 50 mg 7 CAPSULE ONE TO BE TAKEN IN THE MORNING (ALONGSIDE 100MG CAPSULE)

Read Code Prescription by supplementary prescriber HS

08-Apr-2026 Miss Abbie Figgins (AF2) Data Entry

Comment *Comment* Email from Addictions - Have added 50mg capsule MANE on to repeat. Only 50mg rx required currently as others issued end of March. Rx issued Prescription by Supplementary prescriber

Comment *Medication* increased Pregabalin increased to 150mg MANE, 100mg NOON and 100mg NOCTE

Result Follow up in outpatient clinic

Medication *Medication* Pregabalin Capsules 50 mg 28 capsule ONE TO BE TAKEN IN THE MORNING (ALONGSIDE 100MG CAPSULE)

07-Apr-2026 History Outpatient clinic letter received

08-Apr-2026 Ms Amy Kerr (AK3) Externally Entered

Attachment EMIS attachment reference code
blister pack change

27-Nov-2025 Dr W Costley (BC) Data Entry

History *History* rx issued to allow 100/100/125 dose quetiapine for 1 month then continue 100/100/100 until psyche review

Medication *Medication* Quetiapine Fumarate Tablets 25 mg 28 tablet 1 Tab At night WEEKLY DISPENSE

Medication *Medication* Quetiapine Fumarate Tablets 100 mg 84 tablet 1 TAB MORNING 1 TAB LUNCHTIME 1 TAB NIGHT WEEKLY DISPENSE

29-Oct-2025 Dr W Costley (BC) Data Entry

History *History* see psyche letter. on reducing dose quetiapine. was on 125/100/150. reduce to 125/100/125. next time reduce to 100/100/125 then 100/100/100 and will be reviewed by psyche

Medication *Medication* Quetiapine Fumarate Tablets 100 mg 28 tablet 1 Tab At night WEEKLY DISPENSE

Medication *Medication* Quetiapine Fumarate Tablets 100 mg 84 tablet 1 TAB MORNING 1 TAB LUNCHTIME 1 TAB NIGHT WEEKLY DISPENSE

Medication *Medication* Quetiapine Fumarate Tablets 25 mg 56 TABLET 1 TAB MORNING 1 TAB NIGHT WEEKLY DISPENSE

20-Oct-2025 Dr Docman Dont Delete Docman Dont Delete (DOC1) Docman**02-Oct-2025 MS Susan Staddon (SS) Data Entry**

Comment *Comment* quetiapine. bts. continue dose reduction by 25mg monthly

Comment Repeated prescription

Medication *Medication* Quetiapine Fumarate Tablets 25 mg 28 TABLET TAKE ONE TABLET IN THE MORNING (TOTAL MORNING DOSE 125MG) - DISPENSE WEEKLY

Medication *Medication* Quetiapine Fumarate Tablets 100 mg 56 TABLET TAKE ONE TABLET IN THE MORNING AND AT LUNCHTIME - DISPENSE WEEKLY

Medication *Medication* Quetiapine Fumarate Tablets 150 mg 28 TABLET TAKE ONE TABLET AT NIGHT DISPENSE WEEKLY

Read Code Prescription by supplementary prescriber

04-Sept-2025 Ms Gillian Lynas (GL) Data Entry

Comment Repeated prescription on redcuing dose as per addictions, for note 150mgs bd issued 2/9

Medication *Medication* Quetiapine Fumarate Tablets 100 mg 28 TABLET TAKE ONE TABLET AT LUNCHTIME - DISPENSE WEEKLY

Read Code Prescription by supplementary prescriber SS

19-Aug-2025 Ms Gillian Lynas (GL) Data Entry

Comment *Comment* failed telephone encounter

19-Aug-2025 Ms Gillian Lynas (GL) Data Entry

Comment	Comment medication change form sent to boots
Comment	Medication decreased quetiapine by 25mg per/month. Initially off the afternoon dose, then morning then evening till on 100mg x3
Result	Follow up in outpatient clinic ECG in 8 wks and addictions medication r/v
Medication	Medication Quetiapine Fumarate Tablets 100 mg 28 TABLET TAKE ONE TABLET AT LUNCHTIME (TOTAL LUNCHTIME DOSE DOSE 125MG) - DISPENSE WEEKLY
Medication	Medication Quetiapine Fumarate Tablets 150 mg 56 TABLET TAKE ONE TABLET (150MG) IN THE MORNING AND ONE TABLET (150MG) AT NIGHT DISPENSE WEEKLY
Medication	Medication Quetiapine Fumarate Tablets 25 mg 28 TABLET TAKE ONE TABLET AT LUNCHTIME (TOTAL LUNCHTIME DOSE DOSE 125MG) - DISPENSE WEEKLY
Read Code	Prescription by supplementary prescriber SS

02-Apr-2024 Ms Sharon Gibson (SG) Stewarton Medical PracticeMain Surgery

03-Apr-2024	Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY
	Comment	Comment Enhanced pharmacy first plus - Stewarton Pharmacy

13-Feb-2024 Dr Lynsey Garrick (LG) Data Entry

History	History spoke to ***** dot, key worker of patient, states was meant to attend F2F appt with her today but has DNA. has ahd fluctuating expressions of wanting to harm others she states, I outlined no mention of this on dec psychj assessment, agreed she is happy to reassess today will phone patient initially
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13-Feb-2024 Dr Lynsey Garrick (LG) Telephone Consultation

History	History spoke to patient c/o feeling very low, c/o pain at back, feeling very low as 'just ahd to bury friend' also another friend too OD. asked re thoughts of self harm, denies this but states has thoughts of wanting to harm others states 'will be getting a life sentence' 'feels ready to murder people' states often feels like this, also expressing paranoia surrounding ***** feels they are hearing all conversations. permission to speak with ***** who is in house at present. states patient uses street valium, does not feel he is intoxicated today. no alcohol. patient and ***** agreeing for me to contact CPN, tried phoning ***** dot approx 12:30 no answer, message left to contact me back urgently.
Comment	Comment note hx paranoid psychosis see psych letter dec 23

11-Dec-2023 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History	History feeling bit more positive. has new ***** and seems to be going well. going to attend for bowel investigations
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10-Oct-2023 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History	History bloods obtained .also cxr requested. will refer colorectal
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04-Oct-2023 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History	History says not been out house since april .has lost weight. face pale. c/o 1 yr hx rectal pain. also feelign tensemus?
Examination	Examination abdo /pr nad
Comment	Comment will need 2 person bloods- appt arranged for next week .consider cxr when in

13-Sept-2023 Dr Stewart Wilkie (SW) Telephone Consultation

History	History Pt worried about pain in bottom (inside back passage) aware of a pressure, bowels moving OK no constipation. Prev was constipated ? has piles. Started over a year ago, sore on sitting in AM. Needs exam - will make F2F appointment. Would like BC.
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01-Dec-2022 Mr Anonymous User (ANON) MJog

Read Code Summary of text message sent to patient / REPEAT PRESCRIPTIONS Paul Ewing, A quick reminder that with effect from 1 December the prescription line 01560 480193 will only be open from 10 o'clock until 12 o'clock. The easiest and quickest way to order your prescription is by using the online option on our website or by using the link below.
<https://www.stewartonmedicalpractice.co.uk/clinics-and-services/repeat-prescriptions/> Please do not call the main practice number to order a prescription as this line is for enquiries and appointments only.

27-Nov-2022 Mr Anonymous User (ANON) MJog

Read Code Summary of text message sent to patient / REPEAT PRESCRIPTIONS Paul Ewing, with effect from 1 December the prescription line 01560 480193 will be open from 10 o'clock until 12 o'clock. The easiest and quickest way to order your prescription is by using the online option on our website or by using the link below.
<https://www.stewartonmedicalpractice.co.uk/clinics-and-services/repeat-prescriptions/>

24-Jan-2022 Dr W Costley (BC) Telephone Consultation

History History had stopped taking tamsulosin but has re-started again about 1 week ago. getting urgency. denies constipation. continue tamsulosin and as long as goes back to baseline could be left at that

12-Nov-2021 Dr Victoria Browning (VB) Data Entry

History History In for routine tel call for med review, has had tel call as below since made appt, no reply x2 today, but likely not expecting my call.

03-Nov-2021 Dr W Costley (BC) Telephone Consultation

History History gets regurgitation of food stuff at night in bed. ok during day. trial rx as below. will see GW as arranged also
 Comment can be added to repeats if effective
 Medication Peptac Liquid (peppermint) 500 ML 10 ml
 Take as required

26-Oct-2021 Dr Gail Wilkie (GW) Stewarton Medical PracticeMain Surgery

History History reports swelling R breast few wks. no trauma. was hard and tender, softer now. on 90ml methadone daily amongst prescribed drugs. also admits to marijuana, no heroin, no anabolic steroids. not aware of any testicular change. no FH breast ca.
 Examination Examination slight asymmetry in adiposity R breast area slightly more than L. diffuse, minimal enlargement, no skin excess. on palpation no firm lumps / disc of tissue behind nipple. no lymphadenopathy. overweight, BMI not checked.
 Comment Comment imp adiposity rather than gynaecomastia. note hx drug use which can cause gynaecomastia. if any worsening swelling / ongoing tenderness / firm lumps re-examine 6/52. advised reduce and stop cannabis.

15-Jun-2021 Mrs Lesley McGinney (LMCG) Stewarton Medical PracticeMain Surgery

Comment Comment EWO to both ears. Pt had been using oil for 3/52. Good result on minimal power. Both drums now visible.

01-Jun-2021 Mr Anonymous User (ANON)

31-May-2021 Vaccination Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By J Newlands) PV46696/ AZ/IM/RUA/C-19 (By J Newlands)

25-Mar-2021 Mr Anonymous User (ANON)

23-Mar-2021 Vaccination Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By L Bain) 4120Z002/ AZ/IM/LUA/C-19 (By L Bain)

09-Feb-2021 Mr Usman Din (UD) Telephone Consultation

Comment Comment SR for Lansoprazole. Spoke with pt, normally been taking two 15mg caps a day. Last issue was for One 15mg daily. Would prefer to remain on previous dose as that is what pt is stable on. Have spoke with Dr. G Wilkie and have issued Rx for 30mg OD. GP to sign please.
 Medication Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

15-Jan-2021 Dr Stewart Wilkie (SW) Telephone Consultation

History History Spoke to ***** (*****). Paul and ***** spoke to CPN this AM and yesterday. Has been variable in mood, ***** hoping to speak to psychiatrist today about ongoing management. ***** is managing medication. rv prn

13-Jan-2021 Dr Stewart Wilkie (SW) Telephone Consultation

History History Task: ***** from Scottish Ambulance Service called out to patient, took and overdose of pregabalin yesterday has slept it off, it was intentional, they are looking for you to speak to patient regarding medication and CPN input mobile 07850 450634 is ***** mobile. sr
Pt took intentional late last night between 10 and 11pm. 28 x 300mg pregabalin. Phoned ***** to say goodbye. ***** committed suicide over Christmas. This was upsetting. Was unable to get in touch with Bentinck CPN or addiction. Coherent. CPN is ***** Pendrill. ***** visited 3:30pm today and pt confessed to taking OD. No vomiting. Still has thoughts of DSH. ECG normal BM 6.6, HR 82 reg BP 129/89 resp 16 sats 98% GCS 14-15 (drowsy but on methadone and other meds). Paramedic spoke to A&E who advised no need to attend for assessment. I phoned to d/w A&E consultant who agreed no need for further monitoring. Pt needs urgent MH assessment - Phoned FNC hub - to arrange urgent assessment tonight by crisis team. Updated paramedic, pt and ***** (***** Ewing). Changed all meds to weekly dispense and ***** will monitor this. Advised to contact 111 if no contact from crisis team by 8pm

23-Sept-2020 Dr W Costley (BC) Data Entry

History History rx as requested- added to repeats
Medication Medication Lansoprazole Capsules (Gastro-Resistant)
15 mg 56 capsule ONE OR TWO CAPSULES DAILY

11-Aug-2020 Mr Stuart Robertson (SR4) Data Entry

Comment Comment mirta, tamsuloson and quetiapine changed to 28days to bring in sync(no Rx requi) - actioned and syncd as requested.

04-Aug-2020 Dr W Costley (BC) Data Entry

History History rx as requested
Medication Medication Lansoprazole Capsules (Gastro-Resistant)
15 mg 56 CAPSULE ONE TO BE TAKEN TWICE DAILY

23-July-2020 Dr Victoria Browning (VB) Stewarton Medical PracticeMain Surgery

History History As below. Pt states hasn't got chronic cough as below, hasn't been coughing, but can cough when taking lots of medication in am. Since tel appt has rubbed on some topical NSAID and feels it has helped. No SOB.
Examination Examination Speaking in full sentences Temp 36.5 HR 88reg RR12 Sats99%OA Has bruise R shoulder where states was assaulted by *****; fainter bruises on upper R chest wall, normal chest expansion, some general anterior chest wall tenderness on R side, nil focal. Full ROM of R shoulder. Chest- resonant BS throughout, good AE. No calf swelling.
Comment Comment Imp- likely muscular chest wall pain, consistent with bruising/alleged assault, ok to continue topical NSAID, pt will contact if not settling or in meantime if any concerns at all, if ongoing then consider CXR.

23-July-2020 Dr Victoria Browning (VB) Telephone Consultation

History History Triaged by phone due to COVID-19 pandemic. Pain R shoulder, all week, since Monday. Has chronic cough, worried about lung cancer, is a smoker. Never any haemoptysis. Had alleged assault too earlier this week, bruises to upper body. No SOB. Weight steady. No temp or loss of taste or smell. Appt to assess.

09-July-2020 Dr Fiona Watt (FW) Telephone Consultation

History History Triaged by phone due to COVID-19 pandemic - feels build up of wax in L ear, using OTC drops. No pain/itch or discharge
Comment Comment advice - continue with drops, can buy self syringe *****

08-July-2020 Miss Kim Moore (KM) Data Entry

Comment Prescription by supplementary prescriber - Lansoprazole 15mg Boots plz. see entry 2/6- getting as alternative to ranitidine.

Medication **Medication** Lansoprazole Capsules (Gastro-Resistant) 15 mg 56 CAPSULE ONE TO BE TAKEN TWICE DAILY

02-Jun-2020 Miss Kim Moore (KM) Data Entry

Comment Prescription by supplementary prescriber alt ro ranitidine tried omeprazole before did not work. Boots. last had omeprazole 2011. Last U+Es 2018 normal. started 2011-intermittent heartburn. trial switched to omeprazole. Note 2011 that pt prefers ranitidine- no note of adverse effects with omperazole. spoke to pt, understands situation. discussed possibility of peptac but pt was unsure about this and likes to take alongside other meds. used to taking 2x ranitidine so have issued lansoprazole as 2xdaily for ease of use. feels suffers from heartbuurn if dose not take ranitidine.

Medication **Medication** Lansoprazole Capsules (Gastro-Resistant) 15 mg 56 CAPSULE ONE TO BE TAKEN TWICE DAILY

05-May-2020 Miss Kim Moore (KM) Data Entry

Comment Prescription by supplementary prescriber request for pregabalin, however this is already on repeat. last addiaction services letter Dec- states on pregabalin 100mg tid- matches current repeat dose.

Medication **Medication** Pregabalin Capsules 100 mg 84 CAPSULE 1 CAPSULE THREE TIMES DAILY

27-Mar-2020 Dr Lynsey Garrick (LG) Stewarton Medical PracticeMain Surgery

History **History** Task:Hi Dr Garrick, please see emis 24/03, boots looking for 1 day supply of pregablin. They were looking for pregablin not ranitidine. They have the other items, only 1 day of pregablin required. Would you be happy to do this? Thanks *****

Comment **Comment** px issued see below

27-Mar-2020 Dr Lynsey Garrick (LG) Stewarton Medical PracticeMain Surgery

Medication **Medication** Pregabalin Capsules 100 mg 3 capsule 1 CAP 3 TIMES DAILY

24-Mar-2020 Dr Fiona Watt (FW) Data Entry

History **History** Boots Pharmacy called to advised that Mr Ewing is being moved to a Tuesday pick up for his outside medication and he collects his weekly dispense from us on a Monday. She is wondering if they can have a 1 day supply of the following so he is only required to come in once a week at the moment; Quetiapine Tamsulosin Ranitidine

Medication **Medication** Tamsulosin Hydrochloride M/R capsules 400 micrograms 1 capsule ONE TO BE TAKEN EACH DAY

Medication **Medication** Ranitidine Tablets 300 mg 2 tablet 1 TABLET TWICE DAILY

Medication **Medication** Quetiapine Fumarate Tablets 150 mg 3 tablet ONE TO BE TAKEN THREE TIMES DAILY

05-Dec-2019 Dr Victoria Browning (VB) Stewarton Medical PracticeMain Surgery

History **History** ***** passed away 2/7 ago (was patient here too). Pt stays with ***** their ***** pt feels some pressure to make sure ***** is ok, can't sleep, keps seeing ***** face when she was unwell, worried about the funeral but wants to be strong for his ***** Reports has psychiatry appt tomorrow.

Comment **Comment** Agreed for once off script for z-hypnotic given circumstance, knows not to be repeated, pt unhappy I am not prescribing benzodiazepines (already prescribed diazepam by psychiatry)- asking for nitrazepam- declined. Didn't wish zopiclone due to metallic taste. Reports has CPN and drug worker, also encouraged to use their support.

Medication **Medication** Zolpidem Tartrate Tablets 10 mg 7 tablet 1 Tab At night

03-May-2019 Ms Sarah Bothwell (SB3) Data Entry

Comment *Comment* Changed to an 8 week supply and issued as requested by chemist to fall in line with other blister pack meds. Will leave for doctor to sign.

Medication *Medication* Tamsulosin Hydrochloride M/R capsules 400 micrograms 56 CAPSULE ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

12-Feb-2019 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History *History* reports good response to tamsulosin- add to repeats. requests weekly pick up would be best

Medication *Medication* Tamsulosin Hydrochloride M/R capsules 400 micrograms 28 capsule ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

14-Jan-2019 Dr Valerie Dudgeon (VD) Stewarton Medical PracticeMain Surgery

History *History* pool appt. very sore mouth difficulty accessing dentist, hx is vague and he appears very sedated.no fever or vomiting. no swallowing difficulties or trauma. hasn't seen dentist for years

Examination *Examination* doesn't look well I suspect not new. dry esp mouth and foul halitosis. temp 36.8. pulse 80. crt 1 sec no rash. 8mm bulge behing upper left 1 and 2 and stump of rotten tooth visible in an otherwise edentulous mouth. no nodes

Comment *Comment* managing to eat and drink well. He needs expert dental advice and he knows the importance of arranging this even if he has to wait-adv see dentist before returning to dr with same issue

Medication *Medication* Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY

Medication *Medication* Metronidazole Tablets 200 mg 21 TABLET ONE TO BE TAKEN THREE TIMES A DAY

12-Nov-2018 Dr Stewart Wilkie (SW) Stewarton Medical PracticeMain Surgery

History *History* ongoing LUTs - poor stream note urology letter didn't try tamsulosin Rx issued rv 1/12

History *History* sore throat bad breath last week, cough

Examination *Examination* afab RR normal chest cklear pustular tonsillitis no neck LN Rx as below worsening advice

Medication *Medication* Tamsulosin Hydrochloride M/R capsules 400 micrograms 30 CAPSULE ONE TO BE TAKEN EACH DAY

Medication *Medication* Phenoxymethylpenicillin Tablets 250 mg 80 TABLET TWO TO BE TAKEN FOUR TIMES A DAY

31-July-2018 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History *History* bloods obtained

17-July-2018 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History *History* trial rx as per urology but more out of hope than expectation. if no change after 2/12 then discontinue. presentation much as before. psychotic symptoms. worried about *****. has lost weight. see as arranged for usual bloods

Medication *Medication* Tamsulosin Hydrochloride M/R capsules 400 micrograms 60 capsule ONE TO BE TAKEN EACH DAY

30-Jan-2018 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History *History* bloods all fine. genitalia ok. tends to spray when passing. has to pass urine about 3 times in succession to empty bladder. suspect degree urethral stenosis. refer urology

23-Jan-2018 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History *History* longstading poor urine flow. tends pass urine suitting down .has to push. due bloods- obtained. add psa but sounds more like stenosis. see as aranged with urine sample

21-Nov-2017 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History *History* chesty cough, coloured spit

Examination *Examination* chest clinically clear. temp 36.8

Comment *Comment* rx as below. in general terms not looking great, obvious weight loss, self neglect. see for bloods when feeling better

Medication *Medication* Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY

06-Nov-2017 Dr Kimberley Taylor (KT) Stewarton Medical PracticeMain Surgery

Read Code Medication review done

03-July-2017 Dr Victoria Browning (VB) Data Entry

History History quetiapine 150 mg manuf problem, req same as issued 17/5 lh

17-May-2017 Dr W Costley (BC) Data Entry

History History see request. rx as below
Medication Medication Quetiapine Fumarate Tablets 25 mg 1008 tablet 6 TABS THREE TIMES DAILY WEEKLY DISPENSE

08-Nov-2016 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History History m/h review. as per pro-forma. engaging well with services. regular cons/ cpn/ addaction

26-July-2016 Dr Fiona Watt (FW) Stewarton Medical PracticeMain Surgery

History History at pool appt. Blocked sensation R ear, been using wax softening drops
Examination Examination impacted wax both ears
Comment Comment advice, could make appt for syringing if persists
History History states some difficulties passing urine for years and colour changes. Has to force urine to come out.
Comment Comment check MSSU and STD screen

01-Dec-2015 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History History m/h review. main issue at moment is weght gain. up considerably since last review. has developed soe striae on thigh. MH review as per pro-forma. discontinue supplemental nutrition

05-Oct-2015 Dr Victoria Browning (VB) Data Entry

Read Code Medication review done

12-Jun-2015 Mrs Sharon Reilly (SR) Data Entry

Comment Did not attend

09-Jun-2015 Dr Fiona Watt (FW) Stewarton Medical PracticeMain Surgery

History History pain in back of neck and sore throat over last week. No hx strain.
Examination Examination throat inflamed, neck movements normal, no palpable neck lumps
Comment Comment advice
Medication Medication Penicillin V Tablets 250 mg 56 TABLET TWO TO BE TAKEN FOUR TIMES A DAY

20-May-2015 Mrs Sharon Reilly (SR) Data Entry

Comment Did not attend

16-Mar-2015 Dr W Costley (BC) Data Entry

History History rx
Medication Medication Fortisip Bottle Liquid Feed (Mixed Flavours) Bottle 200 ml 112 bottle TWO TO BE TAKEN EACH DAY FLAVOUR AS PER PATIENT PREFERENCE

18-Feb-2015 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History History in at request of *****. things getting intollerable for ***** at home- 6cit 0- normal result. will write mental health service

18-Feb-2015 Dr W Costley (BC) Stewarton Medical Practice

Read Code Teetotaller
Read Code O/E - Systolic BP reading 140 mm Hg
Read Code O/E - Diastolic BP reading 85 mm Hg
21-Jan-2015 Read Code Mental health review

21-Jan-2015 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History	History mh review. info/ data as per pro-forma.	
Examination	Examination hs pure, chest clear. abdo nad.	
Examination	O/E - height	174 cm
Examination	O/E - weight	75 Kg
Examination	Body Mass Index	24.77
History	Patient feels well	
Social	Self-help group support Addiction Services	
Social	Unfit for work	
Read Code	**** parental home	
Read Code	Patient's **** (****)	
Read Code	Psychiatrist involved Dr Stirling - Addictions Services	
Read Code	Early warning sign of possible relapse patient is aware and knows to contact GP	
Read Code	Care from ****	
Read Code	Mental Health Care Programme Approach	

21-Jan-2015 Dr W Costley (BC) Stewarton Medical Practice

Read Code	Current smoker
Read Code	Smoking cessation advice

12-Jan-2015 Mrs Karen McLay (KMCL) Externally Entered

Attachment	EMIS attachment reference code <i>letter dr stirling, psychiatrist, addiction services, stevenston</i>
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07-Jan-2015 Dr W Costley (BC) Data Entry

History	History see letter addictions. will prescribe pregabalin via gp
Medication	Medication Pregabalin Capsules 100 mg 84 capsule 1 CAP 3 TIMES DAILY

07-Jan-2015 Dr W Costley (BC) Data Entry

History	History rx updated
Medication	Medication Pregabalin Capsules 100 mg 168 capsule 1 CAP TID DISPENSE WEEKLY

17-Nov-2014 Mrs Hazel Hall (HH) Stewarton Medical PracticeMain Surgery

Comment	Needs influenza immunisation <i>post vaccine advice given</i>
Comment	Influenza vacc consent given
Vaccination	Seasonal influenza vaccination (Left arm) <i>Batch No Sanofi L8215-1 exp 05-2015</i>

03-Nov-2014 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History	History sluggish urine flow past 6/52 or so. no other symptoms. reports bowel movement every day or 2
Examination	Examination urinalysis nad .abdo- put on some weight, feels somewhat loaded
Comment	Comment treat constipation in first instance, review if not improving
Medication	Medication Movicol Oral powder (lemon and lime) 13.8 grams/sachet 60 sachet 1 SACHET TWICE DAILY
Medication	Medication Senna Tablets 7.5 mg 100 tablet 2 Tabs At night
Medication	Medication Ibuprofen Tablets 400 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY

21-Aug-2014 Mrs Sharon Reilly (SR) Data Entry

Comment	Did not attend double appt
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11-July-2014 Dr W Costley (BC) Data Entry

History	History email from addiction services- they are not prescribing quetiapine- we continue to prescribe
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07-July-2014 Ms Maryjane Brown (MJB) Externally Entered

Attachment	EMIS attachment reference code <i>Letter to Dr Stirling, Addiction Services, Crosshouse Hospital</i>
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01-July-2014 Dr W Costley (BC) Data Entry

History	History rx updated. will letter dr stirling
Medication	Medication Pregabalin Capsules 50 mg 1 capsule 1 TAB TWICE DAILY DO NOT ISSUE- ADDICTIONS TEAM

19-Feb-2014 Dr John Duke (JDD13547) Stewarton Medical Practice (13547)

16-July-2013	Read Code	Alcohol consumption not problematic
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14-Feb-2014 Ms Allison Bird (AB13547) Stewarton Medical Practice (13547)Main Surgery

14-Jan-2014 Read Code Mental health review

31-Jan-2014 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History History note recent events. voice still bit hoarse
 Examination Examination hs pure, chest clear. tongue coated.
 Comment Comment rx as below, review prn
 Medication Medication Benzydamine Hydrochloride Spray Sugar
 Free 0.15 % 1 spray ONE SPRAY TO BE USED WHEN
 REQUIRED
 Medication Medication Nystatin Oral suspension 100,000 units/ml 30
 ML 1ML TO BE TAKEN FOUR TIMES A DAY

20-Jan-2014 Dr Colin Hunter (CH) Stewarton Medical PracticeMain Surgery

Problem Problem chest infection
 History History recent ITU with overdose (polydrug)
 Medication Medication Amoxicillin Capsules 500 mg 21 CAPSULE
 ONE TO BE TAKEN THREE TIMES A DAY

14-Jan-2014 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History History mh review. data as per pro-forma. generally
 stable
 Comment Comment Hep C positive. Attends Dr *****, Infectious
 Diseases , Crosshouse Hospital, Kilmarnock

09-Dec-2013 Ms Allison Bird (AB13547) Stewarton Medical Practice (13547)Main Surgery

Read Code MH monitoring first letter
 \\80594PCS\NetworkShare\80594\Letters\MENTAL
 HEALTH_09122013150808161.doc

14-Jun-2013 Ms Sarah Ritchie (SR2) Stewarton Medical PracticeMain Surgery

Comment Comment Bilateral ear syringing clear. Smoking status
 update.

14-Jun-2013 Ms Sarah Ritchie (SR213547) Stewarton Medical Practice (13547)

Problem Smok cessation program declined
 Problem Smoking cessation advice
 Problem Current smoker

23-Jan-2013 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History History see psyche letter. quetiapine issued- on weekly
 basis

19-Jan-2013 Dr W Costley (BC) Data Entry

History History see letter addiction service- quetiapine to repeats
 Medication Medication Quetiapine Fumarate Tablets 150 mg 168
 tablet 1 TABLET THREE TIMES DAILY DISPENSE
 WEEKLY

31-July-2012 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History History says ranitidine 150 partially effective. trial 300mg
 Examination Examination abdo nad
 Medication Medication Ranitidine Tablets 300 mg 120 tablet 1
 TABLET TWICE DAILY
 Read Code Medication review done

09-May-2012 Miss Sarah Higgins (SAH) Stewarton Medical PracticeMain Surgery

Comment Comment Oral nutritional supplements review. No
 change to current Rx. S ***** prescribing support
 pharmacist

13-Jan-2012 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History History trunkal rash. swelling right nipple area
 Examination Examination rash consistent with drug reaction-
 impossible to pin down but couple of associates had same
 thinh. diffuse slight gynaecomastia. abdo nad
 Comment Comment reassured, rx as below
 Medication Medication Cetirizine Hydrochloride Tablets 10 mg 30
 tablet ONE TO BE TAKEN EACH DAY
 Medication Medication Ranitidine Tablets 150 mg 120 TABLET ONE
 TO BE TAKEN TWICE A DAY

12-Aug-2011 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History History appealing dla and wishing further letter etc- have already submitted report for this and advised of charge for further and that subsequent report would contain same information- will leave at moment. prefers ranitidine- re-instated

20-July-2011 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History History ongoing psychotic features. prob public transport. thinks people are laughing at him. low confidence. in habit of using ranitidine

Comment Comment trial omeprazole

19-Jan-2011 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History History continues to do well. engaging with services. carious dentition- frequent dental pain. seeking 30/500 co-cod. on 100mg meth- I have no objection to this. intermittent heartburn

Comment Comment rx as below

30-Aug-2010 Dr W Costley (BC) Data Entry

History History rx to make up recent loss

27-Apr-2010 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History History off diaz. off street heroin. sticking to meth programme. generally more stable. describes paranoid ideas/ thinks people are looking at and talking about him. says hearing voices and talking back to them. refer dual diagnosis team

30-Sept-2009 Dr W Costley (BC) Stewarton Medical Practice

History Encounter [ETK0]: incapacity form likely coming. anxiety/ depression/ paranoid ideas. on diazepam script but will be reduced, continues methadone 80ml

31-Aug-2009 Dr W Costley (BC) Stewarton Medical Practice

History Encounter [ETK0]: seeking diazepam- declined. asking for re-referral to ID re hep c. not injecting. no alcohol. referral agreed

28-Aug-2009 Dr Colin Hunter (CH) Stewarton Medical Practice

History Data Entry [ETK1]: says ***** stole 1 mirtazipine and 1 olanzipine Replaced

24-Mar-2009 Dr John Duke (JDD) Stewarton Medical Practice

History Data Entry [ETK1]:
History Medication review

13-Jan-2009 Messages for Dr Watt (MESSAGES F13547) Stewarton Medical Practice

History Encounter [ETK0]: Boots pharmacy caled to say patient is pleading with them to give him 4 mirtazepine tabs as he has lost these, boots asking if we would do script for 4 tabs or whther to say no to patient - ap

22-May-2008 Ms Anne Marie Lynch (AML) Stewarton Medical Practice

History Encounter [ETK0]: EWO successful.

22-Nov-2007 Dr John Duke (JDD) Stewarton Medical Practice

History Data Entry [ETK1]:
History IB113 DLS Incapacity for work form completed

15-Oct-2007 Dr Juliet Sim (JS) Stewarton Medical Practice

History Encounter [ETK0]: r upper dental abscess with facial swelling and maxillary tenderness - attends dentists at resource needs seen asap. No temp at present but periorbital oedema. Appt 2.15c at northwest kilmarnock resource centre

History Current smoker

History Medication review done

History Medication review

03-Nov-2006 Mrs Alison Keenan (AK) Stewarton Medical Practice

History Encounter [ETK0]: Bilateral EWO. No problems

03-Nov-2006 Dr W Costley (BC) Stewarton Medical Practice

History Encounter [ETK0]: ears waxy. has been using drops.
appt given p/n for ewo. dose mirtaz increased at request
psych

10-May-2006 rec4 (REC4_13547) Stewarton Medical Practice

History Data Entry [ETK1]: Letter sent to patient to attend for
Hep B immunisation as part of enhanced services. ab

29-Dec-2005 manager (MANAGER_13547) Stewarton Medical Practice

History Data Entry [ETK1]:
History Requires a course of hepatitis B

29-Dec-2005 rec3 (REC3_13547) Stewarton Medical Practice

History Data Entry [ETK1]:
15-Dec-2005 History Notes summary on computer
17-July-1979 History Date records held from

23-Dec-2005 manager (MANAGER_13547) Stewarton Medical Practice

History Data Entry [ETK1]: Letter sent to invite patient to attend
for Hep B immunisation as part of new enhanced service.
ab

28-Oct-2005 Dr W Costley (BC) Stewarton Medical PracticeMain Surgery

History Tel Encounter [ETK2]: t/c with pharmacy. note rx hx
History mirtazipine- change to weekly dispense
Medication review

23-Sept-2005 rec3 (REC3_13547) Stewarton Medical Practice

History Data Entry [ETK1]: Automatically generated by
transaction
Problem Patient MRE received from HB priority=1

21-Sept-2005 Dr John Duke (JDD) Stewarton Medical Practice

History Encounter [ETK0]: Form IB 113 completed.

25-Aug-2005 Dr Fiona Watt (FW) Stewarton Medical Practice

History Data Entry [ETK1]:
History Medication review

07-Jun-2005 rec4 (REC4_13547) Stewarton Medical Practice

History Data Entry [ETK1]:

08-Feb-2005 Dr W Costley (BC) Stewarton Medical Practice

History Encounter [ETK0]: requesting amitriptyline for psychotic
thought- does not appear psychotic today. advised to
speak to psych. at bridge. co-cod. for dental pain. will
phone if does not hear from ID at XH

07-Dec-2004 Dr W Costley (BC) Stewarton Medical Practice

History Data Entry [ETK1]: Rx for hep b vaccine

06-Dec-2004 Dr Colin Hunter (CH) Stewarton Medical Practice

History Data Entry [ETK1]: Lfts remain grossly deranged

03-Dec-2004 Dr John Duke (JDD) Stewarton Medical Practice

History Encounter [ETK0]: has appt DR Stirling 5 Jan 05.
Diazepam - was down to 5mg daily at Bridge - been
stopped. On 50ml Methadone still.LFT - copy t o Dr *****
Hep C Clinic.

03-Dec-2004 rec3 (REC3_13547) Stewarton Medical Practice

History Data Entry [ETK1]:
History Liver function tests abnormal

13-Oct-2004 Dr John Duke (JDD) Stewarton Medical Practice

History Data Entry [ETK1]: DNA'd Hep C clinic - copy next LFTs
to Dr *****

08-Sept-2004 Dr Colin Hunter (CH) Stewarton Medical Practice

History	Encounter [ETK0]: cert 6 weeks Substance abuse
History	MED3 issued to patient 6 weeks Substance abuse

09-Aug-2004 Dr Stewart Wilkie (SW) Stewarton Medical Practice

History	Encounter [ETK0]: impetigo - L elbow, R shoulder Rx flucloxacillin advice,
History	Current smoker 10 cpd
History	Smoking cessation advice
History	Medication review

28-July-2004 Dr John Duke (JDD) Stewarton Medical Practice

History	Encounter [ETK0]: Appt ID clinic 5/10/04. Down to 32mg Diaz, Methadone 60ml/day. LFT
History	MED3 issued to patient 6 wks - hepatitis C

28-July-2004 rec3 (REC3_13547) Stewarton Medical Practice

History	Data Entry [ETK1]:
History	Liver function tests abnormal AST 187, ALT 319

17-Jun-2004 Dr John Duke (JDD) Stewarton Medical Practice

History	Encounter [ETK0]: On 36 mg Diaz, 2mg down every 2wks. Productive cough 1 wk green sputum.
History	MED3 issued to patient 6 wks - hepatitis C

26-May-2004 Dr John Duke (JDD) Stewarton Medical Practice

History	Encounter [ETK0]: On 60ml methadone long term reduction
History	MED4 - issued to patient 6 mths

12-May-2004 Dr John Duke (JDD) Stewarton Medical Practice

History	Encounter [ETK0]: Still awaiting Inf Dis appt
History	MED3 issued to patient 6 wks - hepatitis C

31-Mar-2004 Dr John Duke (JDD) Stewarton Medical Practice

History	Encounter [ETK0]: On 60ml Methadone & 45 mg Diazepam maintenance (Dr Stirling) long term reduction. Missed ID clinic - was in custody. Bloods today
History	MED3 issued to patient 6 wks - hepatitis C

31-Mar-2004 rec3 (REC3_13547) Stewarton Medical Practice

01-Apr-2004	History	Liver function tests abnormal AST 373 ALT 520 - as before
	History	Data Entry [ETK1]:
	History	Hepatitis C PCR Positive

18-Feb-2004 Dr Stephen Galbraith (DRGALBRAITH13547) Stewarton Medical Practice

History	Encounter [ETK0]: stable ; rpt med 3.
History	MED3 issued to patient 6 wks - hepatitis C

14-Jan-2004 Dr Stephen Galbraith (DRGALBRAITH13547) Stewarton Medical Practice

History	Data Entry [ETK1]: DNA AT LOUDEN HOUSE/DISCHARGED
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08-Jan-2004 Dr John Duke (JDD) Stewarton Medical Practice

History	Encounter [ETK0]: Awaiting new Inf Dis appt - was in custody. Saw Dr Stirling last week - up from 16 to 40, 50, then 60ml Methadone, then long term reduction.
History	MED3 issued to patient 6 wks - hepatitis C

27-Nov-2003 Dr John Duke (JDD) Stewarton Medical Practice

History	Encounter [ETK0]: Dr ***** 9 Dec. 'Should not have been on Job Seekers allowance. On 24ml Methadone
History	MED3 issued to patient 6 wks - hepatitis C

31-Oct-2003 rec3 (REC3_13547) Stewarton Medical Practice

30-Nov-2003	History	Liver function tests abnormal AST 258, ALT 430 - slight improvement
	History	Data Entry [ETK1]:
	History	Hepatitis B surface antigen level Negative
	History	Hepatitis C antibody level Positive Confirmed by PCR

31-Oct-2003 Dr John Duke (JDD) Stewarton Medical Practice

History Encounter [ETK0]: Disruptive at home, was arrested - got bail. ***** been to lighthouse foundation. Zispin helping. On 24ml Meth & 45mg Diazepam. Always had short rtemper.

17-Oct-2003 rec5 (REC5_13547) Stewarton Medical Practice

History Data Entry [ETK1]:
History Liver function tests abnormal AST 373 ALT 520 Bilirbn 24 - refer Dr Williams

17-Oct-2003 Dr John Duke (JDD) Stewarton Medical Practice

History Encounter [ETK0]: Zispin helping - ct LFTs then refer

22-Sept-2003 Dr John Duke (JDD) Stewarton Medical Practice

History Encounter [ETK0]: 48 Kg Depressed since Hep C dose. Meth 27ml & Diaz 45mg/d. For LFTs next Refer dietitianGreen phlegm - bronchitic sounding
History Current smoker
History O/E - height 171
History O/E - weight 48

08-Sept-2003 Dr Kenneth Hambly (DRHAMBLY_13547) Stewarton Medical Practice

History Encounter [ETK0]: CHECK REFERRAL TO LIVER SPECIALISTS. HEP. C.

08-Sept-2003 Dr Kenneth Hambly (DRHAMBLY_13547) Stewarton Medical Practice

History Data Entry [ETK1]: OLD NOTES NOT AVAILABLE. REFER WHEN MORE INFORMATION TO HAND.

08-July-2003 Dr Kenneth Hambly (DRHAMBLY_13547) Stewarton Medical Practice

History Encounter [ETK0]: GOING TO APPEAL DSS.

02-July-2003 Dr John Duke (JDD) Stewarton Medical Practice

History Encounter [ETK0]: On 60ml Methadone & 9 x 5mg Diazepam daily (Dr Stirling). Not going out - feels paranoia, scared to go out. Got letter frommm DSS - failed medical. Needs 10 pts for MH - only has 7. No correspondence in file. Wants to appeal.

10-Apr-2003 Dr Kenneth Hambly (DRHAMBLY_13547) Stewarton Medical Practice

History Encounter [ETK0]: CERT. HEP C POSITIVE.. FOR HEP B INJ. LETTER RE REFERRAL RE HEP C. APPARENTLY LETER IN NOTES.

21-Mar-2003 rec7 (REC7_13547) Stewarton Medical Practice

History Data Entry [ETK1]: CLAIM REG MED BEFORE31/03/03

11-Mar-2003 Dr Kenneth Hambly (DRHAMBLY_13547) Stewarton Medical Practice

History Encounter [ETK0]: REQUEST FOR DIAZEPAM. ADVISED. CERT 4 WEEKS. NO MORE DIAZEPAM.
History MED3 issued to patient 4. SUBSTANCE ABUSE.

05-Mar-2003 Dr Kenneth Hambly (DRHAMBLY_13547) Stewarton Medical Practice

History Encounter [ETK0]: ADVISED NO FURTYHER DIAZEPAM. PRACTICE DECISION. GIVEN SCRIPT FOR WITHDRAWAL.

04-Mar-2003 Dr Gail Wilkie (GW) Stewarton Medical Practice

History Data Entry [ETK1]: phone call from Dr *****. has started methadone reduction programme. syas diazepam usually continues "from usual source" whether from street or GP until off methadone and starting diazepam reduction programme. to dw KH whether willing to prescribe.

03-Mar-2003 Dr Gail Wilkie (GW) Stewarton Medical Practice

History Encounter [ETK0]: asking for ongoing script for diazepam. note has aptt with Dr *****. addition services tomorrow. says we have to carry on prescribing diazepam also. told we will not prescribe now. 1 day supply only.

26-Feb-2003 rec3 (REC3_13547) Stewarton Medical Practice

History Data Entry [ETK1]:

24-Feb-2003 Dr John Duke (JDD) Stewarton Medical Practice

History Encounter [ETK0]: Still L arm pain and was kicked L lower ribs posteriorly - starting Methadone & Benzodiazepine reduction programme 4/3/03. No letters on file yet

18-Feb-2003 rec5 (REC5_13547) Stewarton Medical Practice

History Data Entry [ETK1]:
14-Feb-2003 History MINOR SURGERY CLAIM (GPASS code: Z1006)

17-Feb-2003 Dr Gail Wilkie (GW) Stewarton Medical Practice

History Encounter [ETK0]: taking 9 diazepam daily. being prescribed here only until appt Dr Stirling on 04/03/03 ie 2/52 from now.

14-Feb-2003 Dr Colin Hunter (CH) Stewarton Medical Practice

History Encounter [ETK0]: Rotator cuff injury left shoulder Inject 1 ml depomedrone.***** passed away Now hep c +verequsting diazepam. Note he got 20 days' supply on 10 Feb. Adv see Dr Lind at arranged appt in March. None given today
Problem Hepatitis C antibody test positive

10-Feb-2003 Dr John Duke (JDD) Stewarton Medical Practice

History Encounter [ETK0]: Hurt L arm again - bruising - din't go A&E;E.On 9 daizepam daily

03-Feb-2003 Dr Kenneth Hambly (DRHAMBL_13547) Stewarton Medical Practice

History Encounter [ETK0]: DID NOT GO TO A AND E. BEATEN UP BY ***** GOING BRIDGE PROJECT AND BENTICK CENTRE TODAY. TO START METHADONE REDUCTION PROGRAMME.

29-Jan-2003 Dr Fiona Watt (FW) Stewarton Medical Practice

History Encounter [ETK0]: seen by practice nurses yesterday after being assaulted yesterday and had money and Diazepam stolen.Unable to move L shoulder and in a lot of pain. - advised to attend A +E. Given prescription 45 Diazepam - Has appt Dr H. Mon

28-Jan-2003 Dr Kenneth Hambly (DRHAMBL_13547) Stewarton Medical Practice

History Encounter [ETK0]: NOW ATTENDING BRIDGE PROJECT AND DR STERLING,. TO BE ADMITTED TO METHADONE REDUCTION PROGRAMME. (SIC)

28-Jan-2003 Ms Anne Marie Lynch (AML) Stewarton Medical Practice

History Data Entry [ETK1]: Attended H/C having fallen down some icy steps.Seen by both P/N's.No LOC,no vomiting,no visual disturbance.O/e laceration to L side of forehead.Bleeding arrested and wound cleaned steristrip applied.Cooperative throughout.Says left arm painful.Appears tohave full movementand grip.Head injury advice given and self care instructions.

20-Jan-2003 Dr Kenneth Hambly (DRHAMBL_13547) Stewarton Medical Practice

History Encounter [ETK0]: GOING HOLEHOUSE. DISCUSSED LEAVING LIST AND STOPPING DIAZEPAM. NO WD OWN TO ONE BAG A DAY ALL DUE TO THE HELP GIVEN BY DIAZEPAM. 2 WEEKS IN THE GOAL.

13-Jan-2003 Dr Kenneth Hambly (DRHAMBL_13547) Stewarton Medical Practice

History Encounter [ETK0]: ANOTHER DISCUSSION ABOUT DIAZEPAM. STILL WAITING TO GO ON METHADONE REDUCTION PROGRAMME. (SIC)

07-Jan-2003 Dr Kenneth Hambly (DRHAMBL_13547) Stewarton Medical Practice

History Encounter [ETK0]: REQUEST FOR MORE DIAZEPAM BECAUSE BACK IN COURT AND UNABLE TO GET ON METHADONE PROGRAMME. THINKS MAY HAVE DIAZEPAM ADDICTION. DECLINED TO INCREASE Rx.

31-Dec-2002 Dr Kenneth Hambly (DRHAMBL_13547) Stewarton Medical Practice

History Encounter [ETK0]: AWAITING APPT. DR. STIRLING FOR METHOADONE PROGRAMME. THE DIAZEPAM IS REDUCING HEROIN USE. NOW DOWN TO ONE BAG.

24-Dec-2002 Dr Kenneth Hambly (DRHAMBL_13547) Stewarton Medical Practice

History Encounter [ETK0]: Given prescription for diazepam (100) to do over the holidays. AWAITING BOTH BOWHOUSE AS WARENT ISSUED TODAY AND APPT. DR STIRLING. MAY BE GOING AWAY.

20-Dec-2002 UnknownUser (UNKNOWNUSE13547) Stewarton Medical Practice

History Data Entry [ETK1]: Automatically generated by transaction
Problem Pat. GP7B/GP8B card from HB priority=1

19-Dec-2002 rec7 (REC7_13547) Stewarton Medical Practice

History Data Entry [ETK1]:
History NEW PATIENT CHECK OFFERED (GPASS code: Z1004)

19-Dec-2002 rec7 (REC7_13547) Stewarton Medical Practice

History Data Entry [ETK1]: Automatically generated by transaction
Problem Patient reg. form sent to HB priority=1

19-Dec-2002 Dr Kenneth Hambly (DRHAMBL_13547) Stewarton Medical Practice

History Encounter [ETK0]: WAITING TO GO BACK INTO BOWHOUSE ON EXTRACT WARRANT DUE TO NON PAYMENT OF FINES. HOPES TO GET ON TO DRUG PROGRAMME.

12-Dec-2002 Dr Kenneth Hambly (DRHAMBL_13547) Stewarton Medical Practice

History Encounter [ETK0]: WANTS ME TO WRITIE TO DR STIRLING TO GET EARLIER APPOINTMENT.

Medications (inc. issues)

Acute

22-Jun-2026 Ferrous Fumarate Tablets 210 mg
84 tablet - ONE TO BE TAKEN DAILY

22-Jun-2026 Fresubin 2Kcal Drink Liquid feed
28*200 ml - ONE TO BE TAKEN EACH DAY

22-Jun-2026 Fresubin 2Kcal Drink Liquid feed
28*200 ml - ONE TO BE TAKEN EACH DAY

22-Jun-2026 Ferrous Fumarate Tablets 210 mg
84 tablet - ONE TO BE TAKEN DAILY

18-Jun-2026 Hydrocortisone Cream 1 %
30 GRAM - APPLY TWICE A DAY

18-Jun-2026 Hydrocortisone Cream 1 %
30 GRAM - APPLY TWICE A DAY

06-Jun-2026 Hydrocortisone Cream 1 %
15 gram - APPLY THINLY ONCE A DAY AS DIRECTED

06-Jun-2026 Hydrocortisone Cream 1 %
15 gram - APPLY THINLY ONCE A DAY AS DIRECTED

Repeat

07-July-2026 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

07-July-2026 Quetiapine Fumarate Tablets 100 mg
84 tablet - 1 TAB MORNING 1 TAB LUNCHTIME 1 TAB NIGHT WEEKLY DISPENSE

07-July-2026 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

07-July-2026 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

07-July-2026 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

07-July-2026 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

07-July-2026 Pregabalin Capsules 50 mg
28 CAPSULE - ONE TO BE TAKEN IN THE MORNING (ALONGSIDE 100MG CAPSULE)

11-Jun-2026 Quetiapine Fumarate Tablets 100 mg
84 tablet - 1 TAB MORNING 1 TAB LUNCHTIME 1 TAB NIGHT WEEKLY DISPENSE

11-Jun-2026 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

11-Jun-2026 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

11-Jun-2026 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

11-Jun-2026 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

11-Jun-2026 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

11-Jun-2026 Pregabalin Capsules 50 mg
28 CAPSULE - ONE TO BE TAKEN IN THE MORNING (ALONGSIDE 100MG CAPSULE)

12-May-2026 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

12-May-2026 Pregabalin Capsules 50 mg
28 CAPSULE - ONE TO BE TAKEN IN THE MORNING (ALONGSIDE 100MG CAPSULE)

12-May-2026 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

12-May-2026 Quetiapine Fumarate Tablets 100 mg
84 tablet - 1 TAB MORNING 1 TAB LUNCHTIME 1 TAB NIGHT WEEKLY DISPENSE

12-May-2026 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

12-May-2026 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

12-May-2026 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

21-Apr-2026 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

14-Apr-2026 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

14-Apr-2026 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

14-Apr-2026 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

14-Apr-2026 Pregabalin Capsules 50 mg
7 CAPSULE - ONE TO BE TAKEN IN THE MORNING (ALONGSIDE 100MG CAPSULE)

14-Apr-2026 Quetiapine Fumarate Tablets 100 mg
84 tablet - 1 TAB MORNING 1 TAB LUNCHTIME 1 TAB NIGHT WEEKLY DISPENSE

14-Apr-2026 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

08-Apr-2026 Pregabalin Capsules 50 mg
28 CAPSULE - ONE TO BE TAKEN IN THE MORNING (ALONGSIDE 100MG CAPSULE)

08-Apr-2026 Pregabalin Capsules 50 mg
28 capsule - ONE TO BE TAKEN IN THE MORNING (ALONGSIDE 100MG CAPSULE)

27-Mar-2026 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Mar-2026 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

27-Mar-2026 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

27-Mar-2026 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

27-Mar-2026 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

27-Mar-2026 Quetiapine Fumarate Tablets 100 mg
84 tablet - 1 TAB MORNING 1 TAB LUNCHTIME 1 TAB NIGHT WEEKLY DISPENSE

18-Feb-2026 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

18-Feb-2026 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

18-Feb-2026 Quetiapine Fumarate Tablets 100 mg
84 tablet - 1 TAB MORNING 1 TAB LUNCHTIME 1 TAB NIGHT WEEKLY DISPENSE

18-Feb-2026 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

18-Feb-2026 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

18-Feb-2026 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

20-Jan-2026 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

20-Jan-2026 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

20-Jan-2026 Quetiapine Fumarate Tablets 100 mg
84 tablet - 1 TAB MORNING 1 TAB LUNCHTIME 1 TAB NIGHT WEEKLY DISPENSE

20-Jan-2026 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

20-Jan-2026 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

20-Jan-2026 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

23-Dec-2025 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

23-Dec-2025 Quetiapine Fumarate Tablets 100 mg
84 tablet - 1 TAB MORNING 1 TAB LUNCHTIME 1 TAB NIGHT WEEKLY DISPENSE

23-Dec-2025 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

23-Dec-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

23-Dec-2025 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

23-Dec-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Nov-2025 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

27-Nov-2025 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

27-Nov-2025 Quetiapine Fumarate Tablets 100 mg
84 tablet - 1 TAB MORNING 1 TAB LUNCHTIME 1 TAB NIGHT WEEKLY DISPENSE

27-Nov-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

27-Nov-2025 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

27-Nov-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

29-Oct-2025 Quetiapine Fumarate Tablets 100 mg
84 tablet - 1 TAB MORNING 1 TAB LUNCHTIME 1 TAB NIGHT WEEKLY DISPENSE

29-Oct-2025 Quetiapine Fumarate Tablets 100 mg
84 tablet - 1 TAB MORNING 1 TAB LUNCHTIME 1 TAB NIGHT WEEKLY DISPENSE

28-Oct-2025 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

28-Oct-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

28-Oct-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

28-Oct-2025 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

28-Oct-2025 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

30-Sept-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

30-Sept-2025 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

30-Sept-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

30-Sept-2025 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

30-Sept-2025 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

02-Sept-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

02-Sept-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

02-Sept-2025 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

02-Sept-2025 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

02-Sept-2025 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

05-Aug-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

05-Aug-2025 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

05-Aug-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

05-Aug-2025 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

05-Aug-2025 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

09-July-2025 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

09-July-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

09-July-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

09-July-2025 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

09-July-2025 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

10-Jun-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

10-Jun-2025 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

10-Jun-2025 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

10-Jun-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

10-Jun-2025 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

14-May-2025 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

14-May-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

14-May-2025 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

14-May-2025 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

14-May-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

16-Apr-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

16-Apr-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

16-Apr-2025 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

16-Apr-2025 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

16-Apr-2025 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

19-Mar-2025 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

19-Mar-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

19-Mar-2025 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

19-Mar-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

19-Mar-2025 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

17-Mar-2025 Methadone 1 Mg/MI Oral solution
0.01 ml - HOSPITAL ONLY

17-Mar-2025 Methadone 1 Mg/MI Oral solution
0.01 ml - HOSPITAL ONLY

19-Feb-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

19-Feb-2025 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

19-Feb-2025 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

19-Feb-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

19-Feb-2025 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

22-Jan-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

22-Jan-2025 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

22-Jan-2025 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

22-Jan-2025 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

22-Jan-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Dec-2024 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

27-Dec-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Dec-2024 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

27-Dec-2024 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

27-Dec-2024 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

28-Nov-2024 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

28-Nov-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

28-Nov-2024 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

28-Nov-2024 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

28-Nov-2024 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

30-Oct-2024 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

30-Oct-2024 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

30-Oct-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

30-Oct-2024 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

30-Oct-2024 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

02-Oct-2024 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

02-Oct-2024 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

02-Oct-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

02-Oct-2024 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

02-Oct-2024 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

04-Sept-2024 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

04-Sept-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

04-Sept-2024 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

04-Sept-2024 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

04-Sept-2024 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

07-Aug-2024 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

07-Aug-2024 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

07-Aug-2024 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

07-Aug-2024 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

07-Aug-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

10-July-2024 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

10-July-2024 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

10-July-2024 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

10-July-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

10-July-2024 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

12-Jun-2024 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

12-Jun-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

12-Jun-2024 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

12-Jun-2024 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

12-Jun-2024 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

15-May-2024 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

15-May-2024 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

15-May-2024 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

15-May-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

15-May-2024 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

30-Apr-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

17-Apr-2024 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

17-Apr-2024 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

17-Apr-2024 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

17-Apr-2024 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

20-Mar-2024 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

20-Mar-2024 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

20-Mar-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

20-Mar-2024 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

20-Mar-2024 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

21-Feb-2024 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

21-Feb-2024 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

21-Feb-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

21-Feb-2024 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

21-Feb-2024 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

24-Jan-2024 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

24-Jan-2024 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

24-Jan-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

24-Jan-2024 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

24-Jan-2024 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

27-Dec-2023 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

27-Dec-2023 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

27-Dec-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Dec-2023 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

27-Dec-2023 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

29-Nov-2023 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

29-Nov-2023 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

29-Nov-2023 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

29-Nov-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

29-Nov-2023 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

31-Oct-2023 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

31-Oct-2023 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

31-Oct-2023 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

31-Oct-2023 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

31-Oct-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

03-Oct-2023 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

03-Oct-2023 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

03-Oct-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

03-Oct-2023 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

03-Oct-2023 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

05-Sept-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

05-Sept-2023 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

05-Sept-2023 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

05-Sept-2023 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

05-Sept-2023 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

08-Aug-2023 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

08-Aug-2023 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

08-Aug-2023 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

08-Aug-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

08-Aug-2023 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

12-July-2023 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

12-July-2023 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

12-July-2023 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

12-July-2023 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

12-July-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

13-Jun-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

13-Jun-2023 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

13-Jun-2023 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

13-Jun-2023 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

13-Jun-2023 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

16-May-2023 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

16-May-2023 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

16-May-2023 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

16-May-2023 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

16-May-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

19-Apr-2023 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

19-Apr-2023 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

19-Apr-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

19-Apr-2023 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

19-Apr-2023 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

21-Mar-2023 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

21-Mar-2023 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

21-Mar-2023 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

21-Mar-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

21-Mar-2023 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

21-Feb-2023 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

21-Feb-2023 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

21-Feb-2023 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

21-Feb-2023 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

21-Feb-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

24-Jan-2023 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

24-Jan-2023 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

24-Jan-2023 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

24-Jan-2023 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

24-Jan-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

28-Dec-2022 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

28-Dec-2022 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

28-Dec-2022 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

28-Dec-2022 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

28-Dec-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

29-Nov-2022 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

29-Nov-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

29-Nov-2022 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

29-Nov-2022 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

29-Nov-2022 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

01-Nov-2022 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

01-Nov-2022 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

01-Nov-2022 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

01-Nov-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

01-Nov-2022 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

04-Oct-2022 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

04-Oct-2022 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

04-Oct-2022 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

04-Oct-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

04-Oct-2022 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

06-Sept-2022 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

06-Sept-2022 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

06-Sept-2022 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

06-Sept-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

06-Sept-2022 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

09-Aug-2022 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

09-Aug-2022 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

09-Aug-2022 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

09-Aug-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

09-Aug-2022 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

12-July-2022 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

12-July-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

12-July-2022 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

12-July-2022 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

12-July-2022 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

14-Jun-2022 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

14-Jun-2022 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

14-Jun-2022 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

14-Jun-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

14-Jun-2022 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

17-May-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

17-May-2022 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

17-May-2022 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

17-May-2022 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

17-May-2022 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

19-Apr-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

19-Apr-2022 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

19-Apr-2022 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

19-Apr-2022 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

19-Apr-2022 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

29-Mar-2022 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

29-Mar-2022 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

29-Mar-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

29-Mar-2022 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

29-Mar-2022 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

23-Feb-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

23-Feb-2022 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

23-Feb-2022 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

23-Feb-2022 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

23-Feb-2022 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

25-Jan-2022 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

25-Jan-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

25-Jan-2022 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

25-Jan-2022 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

25-Jan-2022 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

24-Dec-2021 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

24-Dec-2021 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

24-Dec-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

24-Dec-2021 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

24-Dec-2021 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

02-Dec-2021 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

02-Dec-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

02-Dec-2021 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

02-Dec-2021 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

02-Dec-2021 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

28-Oct-2021 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

28-Oct-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

28-Oct-2021 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

28-Oct-2021 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

28-Oct-2021 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

05-Oct-2021 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

05-Oct-2021 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

05-Oct-2021 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

05-Oct-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

05-Oct-2021 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

07-Sept-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

07-Sept-2021 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

07-Sept-2021 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

07-Sept-2021 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

07-Sept-2021 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

10-Aug-2021 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

10-Aug-2021 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

10-Aug-2021 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

10-Aug-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

10-Aug-2021 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

13-July-2021 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

13-July-2021 Mirtazapine Tablets 45 mg

28 TABLET - 1 Tab At night

13-July-2021 Co-Codamol 30/500 Tablets

112 TABLET - 1 TAB FOUR TIMES A DAY

13-July-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg

28 CAPSULE - ONE TO BE TAKEN EACH DAY

13-July-2021 Pregabalin Capsules 100 mg

84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

15-Jun-2021 Mirtazapine Tablets 45 mg

28 TABLET - 1 Tab At night

15-Jun-2021 Pregabalin Capsules 100 mg

84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

15-Jun-2021 Tamsulosin Hydrochloride M/R capsules 400 micrograms

28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

15-Jun-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg

28 CAPSULE - ONE TO BE TAKEN EACH DAY

15-Jun-2021 Co-Codamol 30/500 Tablets

112 TABLET - 1 TAB FOUR TIMES A DAY

24-May-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg

28 CAPSULE - ONE TO BE TAKEN EACH DAY

18-May-2021 Tamsulosin Hydrochloride M/R capsules 400 micrograms

28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

18-May-2021 Mirtazapine Tablets 45 mg

28 TABLET - 1 Tab At night

18-May-2021 Co-Codamol 30/500 Tablets

112 TABLET - 1 TAB FOUR TIMES A DAY

18-May-2021 Pregabalin Capsules 100 mg

84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

27-Apr-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg

28 CAPSULE - ONE TO BE TAKEN EACH DAY

21-Apr-2021 Mirtazapine Tablets 45 mg

28 TABLET - 1 Tab At night

21-Apr-2021 Co-Codamol 30/500 Tablets

112 TABLET - 1 TAB FOUR TIMES A DAY

21-Apr-2021 Pregabalin Capsules 100 mg

84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

21-Apr-2021 Tamsulosin Hydrochloride M/R capsules 400 micrograms

28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

07-Apr-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg

28 CAPSULE - ONE TO BE TAKEN EACH DAY

24-Mar-2021 Mirtazapine Tablets 45 mg

28 TABLET - 1 Tab At night

24-Mar-2021 Tamsulosin Hydrochloride M/R capsules 400 micrograms

28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

24-Mar-2021 Co-Codamol 30/500 Tablets

112 TABLET - 1 TAB FOUR TIMES A DAY

24-Mar-2021 Pregabalin Capsules 100 mg

84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

26-Feb-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg

28 CAPSULE - ONE TO BE TAKEN EACH DAY

23-Feb-2021 Mirtazapine Tablets 45 mg

28 TABLET - 1 Tab At night

23-Feb-2021 Pregabalin Capsules 100 mg

84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

23-Feb-2021 Tamsulosin Hydrochloride M/R capsules 400 micrograms

28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

23-Feb-2021 Co-Codamol 30/500 Tablets

112 TABLET - 1 TAB FOUR TIMES A DAY

09-Feb-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg

28 CAPSULE - ONE TO BE TAKEN EACH DAY

09-Feb-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg

28 CAPSULE - ONE TO BE TAKEN EACH DAY

26-Jan-2021 Mirtazapine Tablets 45 mg

28 TABLET - 1 Tab At night

26-Jan-2021 Pregabalin Capsules 100 mg

84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

26-Jan-2021 Tamsulosin Hydrochloride M/R capsules 400 micrograms

28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

26-Jan-2021 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

29-Dec-2020 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

29-Dec-2020 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

29-Dec-2020 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

29-Dec-2020 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

08-Dec-2020 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

08-Dec-2020 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

08-Dec-2020 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

08-Dec-2020 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

03-Nov-2020 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

03-Nov-2020 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

03-Nov-2020 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

03-Nov-2020 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

27-Oct-2020 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

13-Oct-2020 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

13-Oct-2020 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

13-Oct-2020 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

13-Oct-2020 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

01-Sept-2020 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

01-Sept-2020 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

01-Sept-2020 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

01-Sept-2020 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

11-Aug-2020 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

11-Aug-2020 Tamsulosin Hydrochloride M/R capsules 400 micrograms
28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

11-Aug-2020 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

11-Aug-2020 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

14-July-2020 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

16-Jun-2020 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

16-Jun-2020 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

16-Jun-2020 Tamsulosin Hydrochloride M/R capsules 400 micrograms
56 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

16-Jun-2020 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

19-May-2020 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

19-May-2020 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

19-May-2020 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

05-May-2020 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

05-May-2020 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

05-May-2020 Tamsulosin Hydrochloride M/R capsules 400 micrograms
56 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

05-May-2020 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

06-Apr-2020 Tamsulosin Hydrochloride M/R capsules 400 micrograms
56 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

25-Mar-2020 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

25-Mar-2020 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

25-Mar-2020 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

25-Feb-2020 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

10-Feb-2020 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

10-Feb-2020 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

10-Feb-2020 Tamsulosin Hydrochloride M/R capsules 400 micrograms
56 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

10-Feb-2020 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

30-Dec-2019 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

09-Dec-2019 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

09-Dec-2019 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

09-Dec-2019 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

09-Dec-2019 Tamsulosin Hydrochloride M/R capsules 400 micrograms
56 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

18-Nov-2019 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

08-Oct-2019 Tamsulosin Hydrochloride M/R capsules 400 micrograms
56 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

08-Oct-2019 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

08-Oct-2019 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

08-Oct-2019 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

09-Sept-2019 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

19-Aug-2019 Tamsulosin Hydrochloride M/R capsules 400 micrograms
56 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

19-Aug-2019 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

19-Aug-2019 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

19-Aug-2019 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

22-July-2019 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

24-Jun-2019 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

24-Jun-2019 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

24-Jun-2019 Tamsulosin Hydrochloride M/R capsules 400 micrograms
56 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

24-Jun-2019 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

31-May-2019 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

03-May-2019 Mirtazapine Tablets 45 mg

56 weekly dispense TABS - 1 Tab At night

03-May-2019 Co-Codamol 30/500 Tablets

100 TABLET - 2 Tabs every 4 to 6 hours

03-May-2019 Pregabalin Capsules 100 mg

84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

03-May-2019 Tamsulosin Hydrochloride M/R capsules 400 micrograms

56 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

03-Apr-2019 Co-Codamol 30/500 Tablets

100 TABLET - 2 Tabs every 4 to 6 hours

03-Apr-2019 Mirtazapine Tablets 45 mg

56 weekly dispense TABS - 1 Tab At night

03-Apr-2019 Tamsulosin Hydrochloride M/R capsules 400 micrograms

28 capsule - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

04-Mar-2019 Tamsulosin Hydrochloride M/R capsules 400 micrograms

28 capsule - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

26-Feb-2019 Mirtazapine Tablets 45 mg

56 weekly dispense TABS - 1 Tab At night

26-Feb-2019 Pregabalin Capsules 100 mg

168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

26-Feb-2019 Co-Codamol 30/500 Tablets

100 TABLET - 2 Tabs every 4 to 6 hours

12-Feb-2019 Tamsulosin Hydrochloride M/R capsules 400 micrograms

28 capsule - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

12-Feb-2019 Tamsulosin Hydrochloride M/R capsules 400 micrograms

28 CAPSULE - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

31-Dec-2018 Pregabalin Capsules 100 mg

168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

31-Dec-2018 Mirtazapine Tablets 45 mg

56 weekly dispense TABS - 1 Tab At night

31-Dec-2018 Co-Codamol 30/500 Tablets

100 TABLET - 2 Tabs every 4 to 6 hours

12-Nov-2018 Pregabalin Capsules 100 mg

168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

12-Nov-2018 Mirtazapine Tablets 45 mg

56 weekly dispense TABS - 1 Tab At night

12-Nov-2018 Co-Codamol 30/500 Tablets

100 TABLET - 2 Tabs every 4 to 6 hours

25-Sept-2018 Co-Codamol 30/500 Tablets

100 TABLET - 2 Tabs every 4 to 6 hours

19-Sept-2018 Mirtazapine Tablets 45 mg

56 weekly dispense TABS - 1 Tab At night

19-Sept-2018 Pregabalin Capsules 100 mg

168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

17-July-2018 Mirtazapine Tablets 45 mg

56 weekly dispense TABS - 1 Tab At night

17-July-2018 Pregabalin Capsules 100 mg

168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

17-July-2018 Co-Codamol 30/500 Tablets

100 TABLET - 2 Tabs every 4 to 6 hours

29-May-2018 Co-Codamol 30/500 Tablets

100 TABLET - 2 Tabs every 4 to 6 hours

29-May-2018 Pregabalin Capsules 100 mg

168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

29-May-2018 Mirtazapine Tablets 45 mg

56 weekly dispense TABS - 1 Tab At night

27-Mar-2018 Co-Codamol 30/500 Tablets

100 TABLET - 2 Tabs every 4 to 6 hours

27-Mar-2018 Pregabalin Capsules 100 mg

168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

27-Mar-2018 Mirtazapine Tablets 45 mg

56 weekly dispense TABS - 1 Tab At night

06-Feb-2018 Mirtazapine Tablets 45 mg

56 weekly dispense TABS - 1 Tab At night

06-Feb-2018 Pregabalin Capsules 100 mg

168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

06-Feb-2018 Co-Codamol 30/500 Tablets

100 TABLET - 2 Tabs every 4 to 6 hours

05-Dec-2017 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

05-Dec-2017 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

05-Dec-2017 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

10-Oct-2017 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

10-Oct-2017 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

10-Oct-2017 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

22-Aug-2017 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

22-Aug-2017 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

22-Aug-2017 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

27-Jun-2017 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

27-Jun-2017 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

27-Jun-2017 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

16-May-2017 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

16-May-2017 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

16-May-2017 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

09-Mar-2017 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

09-Mar-2017 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

09-Mar-2017 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

17-Jan-2017 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

17-Jan-2017 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

17-Jan-2017 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

29-Nov-2016 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

29-Nov-2016 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

29-Nov-2016 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

27-Sept-2016 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

27-Sept-2016 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

27-Sept-2016 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

09-Aug-2016 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

09-Aug-2016 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

09-Aug-2016 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

14-Jun-2016 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

14-Jun-2016 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

14-Jun-2016 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

19-Apr-2016 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

19-Apr-2016 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

19-Apr-2016 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

24-Feb-2016 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

24-Feb-2016 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

24-Feb-2016 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

31-Dec-2015 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

31-Dec-2015 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

31-Dec-2015 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

16-Dec-2015 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

16-Dec-2015 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

01-Dec-2015 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

01-Dec-2015 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

06-Nov-2015 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

06-Nov-2015 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

29-Oct-2015 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

15-Sept-2015 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

27-July-2015 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

27-July-2015 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

15-July-2015 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

15-July-2015 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

14-July-2015 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

30-Jun-2015 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

17-Jun-2015 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

03-Jun-2015 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

11-May-2015 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

11-May-2015 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

11-May-2015 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

14-Apr-2015 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

13-Mar-2015 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

13-Mar-2015 Pregabalin Capsules 100 mg
168 CAPSULE - 1 CAP TID DISPENSE WEEKLY

02-Mar-2015 Pregabalin Capsules 100 mg
21 CAPSULE - 1 CAP TID DISPENSE WEEKLY

21-Jan-2015 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

21-Jan-2015 Pregabalin Capsules 100 mg
168 capsule - 1 CAP TID DISPENSE WEEKLY

21-Jan-2015 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

07-Jan-2015 Pregabalin Capsules 100 mg
84 CAPSULE - 1 CAPSULE THREE TIMES DAILY

20-Nov-2014 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

20-Nov-2014 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

08-Oct-2014 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

08-Oct-2014 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

04-Aug-2014 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

04-Aug-2014 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

30-Jun-2014 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

30-Jun-2014 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

21-May-2014 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

21-May-2014 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

27-Mar-2014 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

27-Mar-2014 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

26-Feb-2014 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

26-Feb-2014 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

14-Jan-2014 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

14-Jan-2014 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

02-Dec-2013 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

02-Dec-2013 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

22-Oct-2013 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

22-Oct-2013 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

16-Sept-2013 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

16-Sept-2013 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

13-Sept-2013 Diazepam Tablets 2 mg
0.1 TABLET - ONE TO BE TAKEN EACH DAY - DO NOT ISSUE (ADDICTION SERVICES)

13-Sept-2013 Diazepam Tablets 2 mg
1 tablet - FOUR TO BE TAKEN EACH DAY - DO NOT ISSUE (ADDICTION SERVICES)

08-Aug-2013 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

08-Aug-2013 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

27-Jun-2013 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

27-Jun-2013 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

25-Apr-2013 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

25-Apr-2013 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

25-Mar-2013 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

27-Feb-2013 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

27-Feb-2013 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

31-Dec-2012 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

31-Dec-2012 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

23-Nov-2012 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

23-Nov-2012 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

05-Oct-2012 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

05-Oct-2012 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

22-Aug-2012 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

22-Aug-2012 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

06-July-2012 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

06-July-2012 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

18-May-2012 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

01-May-2012 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

03-Apr-2012 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

03-Apr-2012 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

18-Jan-2012 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

18-Jan-2012 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

16-Nov-2011 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

16-Nov-2011 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

23-Sept-2011 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

23-Sept-2011 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

15-Aug-2011 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

15-Aug-2011 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

20-Jun-2011 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

20-Jun-2011 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

09-May-2011 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

09-May-2011 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

16-Mar-2011 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

16-Mar-2011 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

27-Jan-2011 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

27-Jan-2011 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

19-Jan-2011 Co-Codamol 30/500 Tablets
112 TABLET - 1 TAB FOUR TIMES A DAY

19-Jan-2011 Co-Codamol 30/500 Tablets
100 TABLET - 2 Tabs every 4 to 6 hours

30-Nov-2010 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

11-Oct-2010 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

16-Aug-2010 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

14-Jun-2010 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

26-Apr-2010 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

01-Mar-2010 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

31-Dec-2009 Mirtazapine Tablets 45 mg
56 weekly dispense TABS - 1 Tab At night

15-Sept-2009 MIRTAZAPINE TABLETS 45MG
56 weekly dispense TABS - 1 Tab At night

15-Sept-2009 Mirtazapine Tablets 45 mg
28 TABLET - 1 Tab At night

09-Dec-2008 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

14-Oct-2008 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

18-Aug-2008 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

23-Jun-2008 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

28-Apr-2008 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

31-Mar-2008 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

04-Feb-2008 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

10-Dec-2007 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

15-Oct-2007 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

20-Aug-2007 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

25-Jun-2007 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

23-Apr-2007 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

19-Feb-2007 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

27-Dec-2006 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

03-Nov-2006 MIRTAZAPINE TABLETS 45MG
56 weekly dispense INVAL - 1 Tab At night

Past

15-Apr-2026 Pregabalin Capsules 50 mg Acute Medication (Past)
7 capsule - ONE TO BE TAKEN EACH MORNING (ALONGSIDE 100MG CAPSULE)

15-Apr-2026 Pregabalin Capsules 50 mg Acute Medication (Past)
7 capsule - ONE TO BE TAKEN EACH MORNING (ALONGSIDE 100MG CAPSULE)

14-Apr-2026 Ketoprofen Gel 2.5 % Acute Medication (Past)
100 gram - TO BE USED TWICE A DAY

14-Apr-2026 Ketoprofen Gel 2.5 % Acute Medication (Past)
100 gram - TO BE USED TWICE A DAY

27-Nov-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
28 tablet - 1 Tab At night WEEKLY DISPENSE

27-Nov-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
28 tablet - 1 Tab At night WEEKLY DISPENSE

29-Oct-2025 Quetiapine Fumarate Tablets 25 mg Repeat Medication (Past)
56 TABLET - 1 TAB MORNING 1 TAB NIGHT WEEKLY DISPENSE

29-Oct-2025 Quetiapine Fumarate Tablets 25 mg Repeat Medication (Past)
56 TABLET - 1 TAB MORNING 1 TAB NIGHT WEEKLY DISPENSE

02-Oct-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
28 TABLET - TAKE ONE TABLET IN THE MORNING (TOTAL MORNING DOSE 125MG) - DISPENSE WEEKLY

02-Oct-2025 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
28 TABLET - TAKE ONE TABLET AT NIGHT DISPENSE WEEKLY

02-Oct-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
56 TABLET - TAKE ONE TABLET IN THE MORNING AND AT LUNCHTIME - DISPENSE WEEKLY

02-Oct-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
28 TABLET - TAKE ONE TABLET IN THE MORNING (TOTAL MORNING DOSE 125MG) - DISPENSE WEEKLY

04-Sept-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 TABLET - TAKE ONE TABLET AT LUNCHTIME - DISPENSE WEEKLY

02-Sept-2025 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
56 TABLET - TAKE ONE TABLET (150MG) IN THE MORNING AND ONE TABLET (150MG) AT NIGHT DISPENSE WEEKLY

19-Aug-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
56 TABLET - TAKE ONE TABLET IN THE MORNING AND AT LUNCHTIME - DISPENSE WEEKLY

19-Aug-2025 Quetiapine Fumarate Tablets 100 mg Repeat Medication (Past)
28 TABLET - TAKE ONE TABLET AT LUNCHTIME (TOTAL LUNCHTIME DOSE DOSE 125MG) - DISPENSE WEEKLY

19-Aug-2025 Quetiapine Fumarate Tablets 25 mg Repeat Medication (Past)
28 TABLET - TAKE ONE TABLET AT LUNCHTIME (TOTAL LUNCHTIME DOSE DOSE 125MG) - DISPENSE WEEKLY

19-Aug-2025 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
56 TABLET - TAKE ONE TABLET (150MG) IN THE MORNING AND ONE TABLET (150MG) AT NIGHT DISPENSE WEEKLY

19-Aug-2025 Quetiapine Fumarate Tablets 25 mg Repeat Medication (Past)
28 TABLET - TAKE ONE TABLET AT LUNCHTIME (TOTAL LUNCHTIME DOSE DOSE 125MG) - DISPENSE WEEKLY

05-Aug-2025 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

09-July-2025 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

10-Jun-2025 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

14-May-2025 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

16-Apr-2025 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

19-Mar-2025 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

19-Feb-2025 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

22-Jan-2025 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

27-Dec-2024 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

28-Nov-2024 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

30-Oct-2024 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

02-Oct-2024 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

04-Sept-2024 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

07-Aug-2024 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

10-July-2024 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

12-Jun-2024 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

15-May-2024 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

17-Apr-2024 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

02-Apr-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

02-Apr-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

20-Mar-2024 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

21-Feb-2024 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

24-Jan-2024 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

27-Dec-2023 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

29-Nov-2023 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

15-Jun-2021 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

18-May-2021 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

21-Apr-2021 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

24-Mar-2021 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

23-Feb-2021 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

26-Jan-2021 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

26-Jan-2021 Lansoprazole Capsules (Gastro-Resistant) 15 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP IN THE MORNING DISPENSE WEEKLY

29-Dec-2020 Lansoprazole Capsules (Gastro-Resistant) 15 mg Repeat Medication (Past)
56 capsule - ONE OR TWO CAPSULES DAILY

29-Dec-2020 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

08-Dec-2020 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

08-Dec-2020 Lansoprazole Capsules (Gastro-Resistant) 15 mg Repeat Medication (Past)
56 capsule - ONE OR TWO CAPSULES DAILY

23-Nov-2020 Lansoprazole Capsules (Gastro-Resistant) 15 mg Repeat Medication (Past)
56 capsule - ONE OR TWO CAPSULES DAILY

03-Nov-2020 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

27-Oct-2020 Lansoprazole Capsules (Gastro-Resistant) 15 mg Repeat Medication (Past)
56 capsule - ONE OR TWO CAPSULES DAILY

13-Oct-2020 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

23-Sept-2020 Lansoprazole Capsules (Gastro-Resistant) 15 mg Repeat Medication (Past)
56 capsule - ONE OR TWO CAPSULES DAILY

23-Sept-2020 Lansoprazole Capsules (Gastro-Resistant) 15 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP IN THE MORNING DISPENSE WEEKLY

01-Sept-2020 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

11-Aug-2020 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
84 TABLET - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

04-Aug-2020 Lansoprazole Capsules (Gastro-Resistant) 15 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN TWICE DAILY

08-July-2020 Lansoprazole Capsules (Gastro-Resistant) 15 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN TWICE DAILY

16-Jun-2020 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

02-Jun-2020 Lansoprazole Capsules (Gastro-Resistant) 15 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN TWICE DAILY

02-Jun-2020 Lansoprazole Capsules (Gastro-Resistant) 15 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN TWICE DAILY

19-May-2020 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

05-May-2020 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

27-Mar-2020 Pregabalin Capsules 100 mg Acute Medication (Past)
3 capsule - 1 CAP 3 TIMES DAILY

27-Mar-2020 Pregabalin Capsules 100 mg Acute Medication (Past)
3 capsule - 1 CAP 3 TIMES DAILY

25-Mar-2020 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

25-Mar-2020 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

24-Mar-2020 Ranitidine Tablets 300 mg Acute Medication (Past)
2 tablet - 1 TABLET TWICE DAILY

24-Mar-2020 Tamsulosin Hydrochloride M/R capsules 400 micrograms Acute Medication (Past)
1 capsule - ONE TO BE TAKEN EACH DAY

24-Mar-2020 Tamsulosin Hydrochloride M/R capsules 400 micrograms Acute Medication (Past)
1 capsule - ONE TO BE TAKEN EACH DAY

24-Mar-2020 Ranitidine Tablets 300 mg Acute Medication (Past)
2 tablet - 1 TABLET TWICE DAILY

24-Mar-2020 Quetiapine Fumarate Tablets 150 mg Acute Medication (Past)
3 tablet - ONE TO BE TAKEN THREE TIMES DAILY

24-Mar-2020 Quetiapine Fumarate Tablets 150 mg Acute Medication (Past)
3 tablet - ONE TO BE TAKEN THREE TIMES DAILY

09-Mar-2020 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

10-Feb-2020 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

10-Dec-2019 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

09-Dec-2019 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

05-Dec-2019 Zolpidem Tartrate Tablets 10 mg Acute Medication (Past)
7 tablet - 1 Tab At night

05-Dec-2019 Zolpidem Tartrate Tablets 10 mg Acute Medication (Past)
7 tablet - 1 Tab At night

08-Oct-2019 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

08-Oct-2019 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

19-Aug-2019 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

19-Aug-2019 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

24-Jun-2019 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

24-Jun-2019 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

03-May-2019 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

03-May-2019 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

03-Apr-2019 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

26-Feb-2019 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

26-Feb-2019 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

14-Jan-2019 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

14-Jan-2019 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

14-Jan-2019 Metronidazole Tablets 200 mg Acute Medication (Past)
21 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

14-Jan-2019 Metronidazole Tablets 200 mg Acute Medication (Past)
21 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

31-Dec-2018 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

31-Dec-2018 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

12-Nov-2018 Tamsulosin Hydrochloride M/R capsules 400 micrograms Acute Medication (Past)
30 CAPSULE - ONE TO BE TAKEN EACH DAY

12-Nov-2018 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
80 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY

12-Nov-2018 Tamsulosin Hydrochloride M/R capsules 400 micrograms Acute Medication (Past)
30 CAPSULE - ONE TO BE TAKEN EACH DAY

12-Nov-2018 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
80 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY

12-Nov-2018 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

12-Nov-2018 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

19-Sept-2018 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

19-Sept-2018 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

17-July-2018 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

17-July-2018 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

17-July-2018 Tamsulosin Hydrochloride M/R capsules 400 micrograms Acute Medication (Past)
60 capsule - ONE TO BE TAKEN EACH DAY

17-July-2018 Tamsulosin Hydrochloride M/R capsules 400 micrograms Acute Medication (Past)
60 capsule - ONE TO BE TAKEN EACH DAY

29-May-2018 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

29-May-2018 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

27-Mar-2018 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

27-Mar-2018 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

13-Feb-2018 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

06-Feb-2018 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

05-Dec-2017 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

05-Dec-2017 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

21-Nov-2017 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

21-Nov-2017 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

21-Nov-2017 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

10-Oct-2017 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

10-Oct-2017 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

22-Aug-2017 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

22-Aug-2017 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

03-July-2017 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
1008 tablet - 6 TABS THREE TIMES DAILY WEEKLY DISPENSE

03-July-2017 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
1008 tablet - 6 TABS THREE TIMES DAILY WEEKLY DISPENSE

27-Jun-2017 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

27-Jun-2017 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

17-May-2017 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
1008 tablet - 6 TABS THREE TIMES DAILY WEEKLY DISPENSE

17-May-2017 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
1008 tablet - 6 TABS THREE TIMES DAILY WEEKLY DISPENSE

16-May-2017 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

18-Apr-2017 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

09-Mar-2017 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

09-Mar-2017 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

17-Jan-2017 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

17-Jan-2017 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

15-Dec-2016 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

29-Nov-2016 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

08-Nov-2016 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

27-Sept-2016 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

20-Sept-2016 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

09-Aug-2016 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

09-Aug-2016 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

14-Jun-2016 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

14-Jun-2016 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

02-Jun-2016 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

19-Apr-2016 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

19-Apr-2016 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

24-Feb-2016 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

24-Feb-2016 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

31-Dec-2015 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

31-Dec-2015 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

16-Dec-2015 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

29-Oct-2015 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

29-Oct-2015 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

29-Oct-2015 Fortisip Bottle Liquid Feed (Mixed Flavours) Bottle 200 ml Repeat Medication (Past)
112 bottle - TWO TO BE TAKEN EACH DAY FLAVOUR AS PER PATIENT PREFERENCE

22-Sept-2015 Fortisip Bottle Liquid Feed (Mixed Flavours) Bottle 200 ml Repeat Medication (Past)
112 bottle - TWO TO BE TAKEN EACH DAY FLAVOUR AS PER PATIENT PREFERENCE

08-Sept-2015 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

08-Sept-2015 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

27-Aug-2015 Fortisip Bottle Liquid Feed (Mixed Flavours) Bottle 200 ml Repeat Medication (Past)
112 bottle - TWO TO BE TAKEN EACH DAY FLAVOUR AS PER PATIENT PREFERENCE

27-July-2015 Fortisip Bottle Liquid Feed (Mixed Flavours) Bottle 200 ml Repeat Medication (Past)
112 bottle - TWO TO BE TAKEN EACH DAY FLAVOUR AS PER PATIENT PREFERENCE

27-July-2015 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

15-July-2015 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

14-July-2015 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

30-Jun-2015 Fortisip Bottle Liquid Feed (Mixed Flavours) Bottle 200 ml Repeat Medication (Past)
112 bottle - TWO TO BE TAKEN EACH DAY FLAVOUR AS PER PATIENT PREFERENCE

09-Jun-2015 Penicillin V Tablets 250 mg Acute Medication (Past)
56 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY

09-Jun-2015 Penicillin V Tablets 250 mg Acute Medication (Past)
56 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY

03-Jun-2015 Fortisip Bottle Liquid Feed (Mixed Flavours) Bottle 200 ml Repeat Medication (Past)
112 bottle - TWO TO BE TAKEN EACH DAY FLAVOUR AS PER PATIENT PREFERENCE

03-Jun-2015 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

11-May-2015 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

11-May-2015 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

11-May-2015 Fortisip Bottle Liquid Feed (Mixed Flavours) Bottle 200 ml Repeat Medication (Past)
112 bottle - TWO TO BE TAKEN EACH DAY FLAVOUR AS PER PATIENT PREFERENCE

14-Apr-2015 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

14-Apr-2015 Fortisip Bottle Liquid Feed (Mixed Flavours) Bottle 200 ml Repeat Medication (Past)
112 bottle - TWO TO BE TAKEN EACH DAY FLAVOUR AS PER PATIENT PREFERENCE

16-Mar-2015 Fortisip Bottle Liquid Feed (Mixed Flavours) Bottle 200 ml Repeat Medication (Past)
112 bottle - TWO TO BE TAKEN EACH DAY FLAVOUR AS PER PATIENT PREFERENCE

16-Mar-2015 Fortisip Bottle Liquid Feed (Mixed Flavours) Bottle 200 ml Repeat Medication (Past)
112 bottle - TWO TO BE TAKEN EACH DAY FLAVOUR AS PER PATIENT PREFERENCE

13-Mar-2015 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

13-Mar-2015 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

18-Feb-2015 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

21-Jan-2015 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

21-Jan-2015 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

21-Jan-2015 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

17-Dec-2014 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

17-Dec-2014 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

04-Dec-2014 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

20-Nov-2014 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

20-Nov-2014 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

03-Nov-2014 Movicol Oral powder (lemon and lime) 13.7 gram sachet Acute Medication (Past)
60 sachet - 1 SACHET TWICE DAILY

03-Nov-2014 Ibuprofen Tablets 400 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

03-Nov-2014 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

03-Nov-2014 Senna Tablets 7.5 mg Acute Medication (Past)
100 tablet - 2 Tabs At night

03-Nov-2014 Senna Tablets 7.5 mg Acute Medication (Past)
100 tablet - 2 Tabs At night

03-Nov-2014 Ibuprofen Tablets 400 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

03-Nov-2014 Movicol Oral powder (lemon and lime) 13.8 grams/sachet Acute Medication (Past)
60 sachet - 1 SACHET TWICE DAILY

03-Nov-2014 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

08-Oct-2014 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

08-Oct-2014 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

08-Oct-2014 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

12-Sept-2014 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

12-Sept-2014 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

07-Aug-2014 Pregabalin Capsules 100 mg Repeat Medication (Past)
1 capsule - 3 DAILY - DO NOT ISSUE (ADDICTIONS TEAM)

07-Aug-2014 Pregabalin Capsules 100 mg Repeat Medication (Past)
1 capsule - 3 DAILY - DO NOT ISSUE (ADDICTIONS TEAM)

04-Aug-2014 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

04-Aug-2014 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

04-Aug-2014 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

01-July-2014 Pregabalin Capsules 50 mg Repeat Medication (Past)
1 capsule - 1 TAB TWICE DAILY DO NOT ISSUE- ADDICTIONS TEAM

01-July-2014 Pregabalin Capsules 50 mg Repeat Medication (Past)
1 capsule - 1 TAB TWICE DAILY DO NOT ISSUE- ADDICTIONS TEAM

30-Jun-2014 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

30-Jun-2014 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

19-Jun-2014 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

21-May-2014 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

21-May-2014 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

15-Apr-2014 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

27-Mar-2014 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

27-Mar-2014 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

26-Feb-2014 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

26-Feb-2014 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

26-Feb-2014 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

31-Jan-2014 Nystatin Oral suspension 100,000 units/ml Acute Medication (Past)
30 ML - 1ML TO BE TAKEN FOUR TIMES A DAY

31-Jan-2014 Nystatin Oral suspension 100,000 units/ml Acute Medication (Past)
30 ML - 1ML TO BE TAKEN FOUR TIMES A DAY

31-Jan-2014 Benzydamine Hydrochloride Spray Sugar Free 0.15 % Acute Medication (Past)
1 spray - ONE SPRAY TO BE USED WHEN REQUIRED

31-Jan-2014 Benzydamine Hydrochloride Spray Sugar Free 0.15 % Acute Medication (Past)
1 spray - ONE SPRAY TO BE USED WHEN REQUIRED

20-Jan-2014 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

20-Jan-2014 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

14-Jan-2014 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

14-Jan-2014 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

31-Dec-2013 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

31-Dec-2013 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

02-Dec-2013 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

02-Dec-2013 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

22-Oct-2013 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

22-Oct-2013 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

15-Oct-2013 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

16-Sept-2013 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

16-Sept-2013 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

09-Sept-2013 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

08-Aug-2013 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

08-Aug-2013 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

16-July-2013 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

27-Jun-2013 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

27-Jun-2013 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

05-Jun-2013 Diazepam Tablets 5 mg Repeat Medication (Past)
0.1 TABLET - TWO DAILY - DO NOT ISSUE (ADDICTION SERVICES)

05-Jun-2013 Diazepam Tablets 5 mg Repeat Medication (Past)
1 tablet - TWO TO BE TAKEN THREE TIMES A DAY - DO NOT ISSUE (ADDICTION SERVICES)

05-Jun-2013 Methadone 1 Mg/ML Oral solution Repeat Medication (Past)
1 ML - 110ML DAILY - DO NOT ISSUE (ADDICTION SERVICES)

05-Jun-2013 Methadone 1 Mg/ML Oral solution Repeat Medication (Past)
1*30 ml - 110ML DAILY - DO NOT ISSUE (ADDICTION SERVICES)

23-May-2013 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

20-May-2013 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

25-Apr-2013 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

15-Apr-2013 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

25-Mar-2013 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

11-Mar-2013 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

27-Feb-2013 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

30-Jan-2013 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

30-Jan-2013 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
168 tablet - 1 TABLET THREE TIMES DAILY DISPENSE WEEKLY

19-Jan-2013 Quetiapine Fumarate Tablets 150 mg Repeat Medication (Past)
28 TABLET - TAKE ONE TABLET AT NIGHT DISPENSE WEEKLY

31-Dec-2012 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

31-Dec-2012 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

23-Nov-2012 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

23-Nov-2012 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

05-Oct-2012 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

05-Oct-2012 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

22-Aug-2012 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

22-Aug-2012 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

31-July-2012 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

31-July-2012 Ranitidine Tablets 300 mg Repeat Medication (Past)
120 tablet - 1 TABLET TWICE DAILY

06-July-2012 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TO BE TAKEN TWICE A DAY

06-July-2012 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

18-May-2012 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

18-May-2012 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TO BE TAKEN TWICE A DAY

03-Apr-2012 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TO BE TAKEN TWICE A DAY

03-Apr-2012 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

18-Jan-2012 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

13-Jan-2012 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

13-Jan-2012 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TO BE TAKEN TWICE A DAY

13-Jan-2012 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

20-Dec-2011 Ranitidine Tablets 150 mg Repeat Medication (Past)
60 tablet - ONE TO BE TAKEN TWICE A DAY

16-Nov-2011 Ranitidine Tablets 150 mg Repeat Medication (Past)
60 tablet - ONE TO BE TAKEN TWICE A DAY

16-Nov-2011 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

18-Oct-2011 Ranitidine Tablets 150 mg Repeat Medication (Past)
60 tablet - ONE TO BE TAKEN TWICE A DAY

23-Sept-2011 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

23-Sept-2011 Ranitidine Tablets 150 mg Repeat Medication (Past)
60 tablet - ONE TO BE TAKEN TWICE A DAY

01-Sept-2011 Ranitidine Tablets 150 mg Repeat Medication (Past)
60 tablet - ONE TO BE TAKEN TWICE A DAY

15-Aug-2011 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

12-Aug-2011 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TO BE TAKEN TWICE A DAY

12-Aug-2011 Ranitidine Tablets 150 mg Repeat Medication (Past)
60 tablet - ONE TO BE TAKEN TWICE A DAY

20-July-2011 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

20-July-2011 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

20-Jun-2011 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

20-Jun-2011 Ranitidine Tablets 150 mg Repeat Medication (Past)
60 tablet - ONE TO BE TAKEN TWICE A DAY

09-May-2011 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

09-May-2011 Ranitidine Tablets 150 mg Repeat Medication (Past)
60 tablet - ONE TO BE TAKEN TWICE A DAY

17-Mar-2011 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

16-Mar-2011 Ranitidine Tablets 150 mg Repeat Medication (Past)
60 tablet - ONE TO BE TAKEN TWICE A DAY

27-Jan-2011 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

19-Jan-2011 Ranitidine Tablets 150 mg Repeat Medication (Past)
60 tablet - ONE TO BE TAKEN TWICE A DAY

19-Jan-2011 Ranitidine Tablets 150 mg Repeat Medication (Past)
60 tablet - ONE TO BE TAKEN TWICE A DAY

30-Nov-2010 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

30-Nov-2010 Co-Codamol 8/500 Tablets Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

11-Oct-2010 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

11-Oct-2010 Co-Codamol 8/500 Tablets Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

30-Aug-2010 Mirtazapine Tablets 45 mg Acute Medication (Past)
4 tablet - ONE TO BE TAKEN EACH DAY

30-Aug-2010 Mirtazapine Tablets 45 mg Acute Medication (Past)
4 tablet - ONE TO BE TAKEN EACH DAY

16-Aug-2010 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

14-Jun-2010 Co-Codamol 8/500 Tablets Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

14-Jun-2010 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

26-Apr-2010 Co-Codamol 8/500 Tablets Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

26-Apr-2010 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

01-Mar-2010 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

01-Mar-2010 Co-Codamol 8/500 Tablets Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

31-Dec-2009 Co-Codamol 8/500 Tablets Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

31-Dec-2009 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

15-Sept-2009 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Repeat Medication (Past)
112 LIQ - 2 Daily

15-Sept-2009 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

15-Sept-2009 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

15-Sept-2009 Co-Codamol 8/500 Tablets Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

11-Sept-2009 MIRTAZAPINE TABLETS 45MG Repeat Medication (Past)
56 weekly dispense TABS - 1 Tab At night

11-Sept-2009 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

11-Sept-2009 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

28-Aug-2009 Olanzapine Tablets 10 mg Acute Medication (Past)
1 TABS - 1 Tab At night

28-Aug-2009 OLANZAPINE TABLETS 10MG Acute Medication (Past)
1 TABS - 1 Tab At night

28-Aug-2009 MIRTAZAPINE TABLETS 45MG Acute Medication (Past)
1 TABS - 1 Tab At night

28-Aug-2009 Mirtazapine Tablets 45 mg Acute Medication (Past)
1 TABS - 1 Tab At night

21-July-2009 MIRTAZAPINE TABLETS 45MG Repeat Medication (Past)
56 weekly dispense INVAL - 1 Tab At night

21-July-2009 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

21-July-2009 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

18-Jun-2009 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

28-May-2009 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

27-May-2009 MIRTAZAPINE TABLETS 45MG Repeat Medication (Past)
56 weekly dispense INVAL - 1 Tab At night

06-Apr-2009 MIRTAZAPINE TABLETS 45MG Repeat Medication (Past)
56 weekly dispense INVAL - 1 Tab At night

26-Jan-2009 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

26-Jan-2009 MIRTAZAPINE TABLETS 45MG Repeat Medication (Past)
56 weekly dispense INVAL - 1 Tab At night

26-Jan-2009 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

13-Jan-2009 MIRTAZAPINE TABLETS 45MG Acute Medication (Past)
4 INVAL - 1 Tab At night

13-Jan-2009 Mirtazapine Tablets 45 mg Acute Medication (Past)
4 INVAL - 1 Tab At night

09-Dec-2008 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

09-Dec-2008 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

14-Oct-2008 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

14-Oct-2008 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

18-Aug-2008 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

18-Aug-2008 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

25-Jun-2008 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

24-Jun-2008 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

24-Jun-2008 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

24-Jun-2008 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

29-May-2008 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

28-Apr-2008 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

31-Mar-2008 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

04-Feb-2008 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

10-Dec-2007 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

10-Dec-2007 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

12-Nov-2007 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

15-Oct-2007 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

15-Oct-2007 METRONIDAZOLE TABLETS 400MG Acute Medication (Past)
21 TABS - 1 Tab 3 times daily

15-Oct-2007 PENICILLIN V TABLETS 250MG Acute Medication (Past)
56 TABS - 2 Tabs 4 times daily

15-Oct-2007 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

15-Oct-2007 Metronidazole Tablets 400 mg Acute Medication (Past)
21 TABS - 1 Tab 3 times daily

15-Oct-2007 Penicillin V Tablets 250 mg Acute Medication (Past)
56 TABS - 2 Tabs 4 times daily

20-Aug-2007 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

20-Aug-2007 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

25-Jun-2007 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

25-Jun-2007 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

23-Apr-2007 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

19-Feb-2007 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

19-Feb-2007 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

27-Dec-2006 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

27-Dec-2006 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

12-Oct-2006 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

12-Oct-2006 MIRTAPAZINE TABLETS 30MG Repeat Medication (Past)
56 weekly dispense INVAL - 1 Tab At night

12-Oct-2006 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

12-Oct-2006 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 weekly dispense INVAL - 1 Tab At night

28-Aug-2006 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

28-Aug-2006 MIRTAPAZINE TABLETS 30MG Repeat Medication (Past)
56 weekly dispense INVAL - 1 Tab At night

28-Aug-2006 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

31-July-2006 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

03-July-2006 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

03-July-2006 MIRTAPAZINE TABLETS 30MG Repeat Medication (Past)
56 weekly dispense INVAL - 1 Tab At night

26-May-2006 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

23-May-2006 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

02-May-2006 MIRTAPAZINE TABLETS 30MG Repeat Medication (Past)
56 weekly dispense INVAL - 1 Tab At night

02-May-2006 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

06-Mar-2006 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

06-Mar-2006 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

06-Mar-2006 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
56 weekly dispense INVAL - 1 Tab At night

16-Jan-2006 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
56 weekly dispense INVAL - 1 Tab At night

16-Jan-2006 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

23-Dec-2005 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

23-Dec-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

22-Nov-2005 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

22-Nov-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

22-Nov-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
56 weekly dispense INVAL - 1 Tab At night

27-Oct-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

27-Oct-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

13-Oct-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

13-Oct-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

10-Oct-2005 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

29-Sept-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

29-Sept-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

15-Sept-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

15-Sept-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

02-Sept-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

02-Sept-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

18-Aug-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

18-Aug-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

08-Aug-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

08-Aug-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

02-Aug-2005 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
80 TABS - 2 Tabs every 4 to 6 hours

25-July-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

25-July-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

12-July-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

12-July-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

27-Jun-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

27-Jun-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

15-Jun-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

15-Jun-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
 28 tabs - 1 TAB AT NIGHT

06-Jun-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

02-Jun-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
 28 tabs - 1 TAB AT NIGHT

19-May-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
 28 tabs - 1 TAB AT NIGHT

09-May-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
 28 tabs - 1 TAB AT NIGHT

05-May-2005 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
 80 TABS - 2 Tabs every 4 to 6 hours

26-Apr-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

26-Apr-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
 28 tabs - 1 TAB AT NIGHT

22-Apr-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

15-Apr-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

11-Apr-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

11-Apr-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
 28 tabs - 1 TAB AT NIGHT

06-Apr-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

31-Mar-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
 28 tabs - 1 TAB AT NIGHT

31-Mar-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

24-Mar-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

16-Mar-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

16-Mar-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
 28 tabs - 1 TAB AT NIGHT

14-Mar-2005 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
 80 TABS - 2 Tabs every 4 to 6 hours

14-Mar-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

02-Mar-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

02-Mar-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
 28 tabs - 1 TAB AT NIGHT

28-Feb-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

15-Feb-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

15-Feb-2005 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
 80 TABS - 2 Tabs every 4 to 6 hours

15-Feb-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
 28 tabs - 1 TAB AT NIGHT

08-Feb-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
 28 tabs - 1 TAB AT NIGHT

08-Feb-2005 CO-CODAMOL 8MG/500MG TABLETS Repeat Medication (Past)
 80 TABS - 2 Tabs every 4 to 6 hours

04-Feb-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

26-Jan-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

26-Jan-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
 28 tabs - 1 TAB AT NIGHT

21-Jan-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

12-Jan-2005 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
 28 tabs - 1 TAB AT NIGHT

12-Jan-2005 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
 112 LIQ - 2 Daily

31-Dec-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

29-Dec-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

29-Dec-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

22-Dec-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

14-Dec-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

07-Dec-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

07-Dec-2004 HEPATITIS B SYRINGE 1ML VACC 20MCG/ML Acute Medication (Past)
3 VACC - to be injected As directed

07-Dec-2004 Hepatitis B Surface Antigen Prefilled syringe 20 micrograms/1 ml Acute Medication (Past)
3 VACC - to be injected As directed

06-Dec-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

29-Nov-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

24-Nov-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

19-Nov-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

12-Nov-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

10-Nov-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

03-Nov-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

26-Oct-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

26-Oct-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

19-Oct-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

08-Oct-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

08-Oct-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

24-Sept-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

16-Sept-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

16-Sept-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

10-Sept-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

31-Aug-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

31-Aug-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

27-Aug-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

19-Aug-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

16-Aug-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

09-Aug-2004 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPS - 1 Cap 4 times daily

09-Aug-2004 FLUCLOXACILLIN CAPSULES 500MG Acute Medication (Past)
28 CAPS - 1 Cap 4 times daily

06-Aug-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

06-Aug-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

30-July-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

26-July-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

15-July-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

15-July-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

09-July-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

02-July-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

23-Jun-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

17-Jun-2004 AMOXICILLIN CAPSULES 250MG Acute Medication (Past)
21 CAPS - 1 Cap THREE TIMES DAILY

17-Jun-2004 Amoxicillin Capsules 250 mg Acute Medication (Past)
21 CAPS - 1 Cap THREE TIMES DAILY

15-Jun-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

15-Jun-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

07-Jun-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

26-May-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

26-May-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

18-May-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

11-May-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

29-Apr-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

29-Apr-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

19-Apr-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

08-Apr-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

08-Apr-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

30-Mar-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

19-Mar-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

09-Mar-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

09-Mar-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

26-Feb-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

26-Feb-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

09-Feb-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

29-Jan-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

19-Jan-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

05-Jan-2004 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

05-Jan-2004 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

18-Dec-2003 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

08-Dec-2003 MIRTAZAPINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

27-Nov-2003 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

19-Nov-2003 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

03-Nov-2003 MIRTAPAZINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

03-Nov-2003 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

17-Oct-2003 MIRTAPAZINE TABLETS 30MG Repeat Medication (Past)
28 tabs - 1 TAB AT NIGHT

13-Oct-2003 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

22-Sept-2003 AMOXICILLIN CAPSULES 250MG Acute Medication (Past)
15 CAPS - 1 Cap THREE TIMES DAILY

22-Sept-2003 MIRTAPAZINE TABLETS 30MG Acute Medication (Past)
28 tabs - 1 TAB AT NIGHT

22-Sept-2003 FORTISIP BANANA 200ML LIQ Repeat Medication (Past)
112 LIQ - 2 Daily

22-Sept-2003 Amoxicillin Capsules 250 mg Acute Medication (Past)
15 CAPS - 1 Cap THREE TIMES DAILY

22-Sept-2003 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tabs - 1 TAB AT NIGHT

08-Sept-2003 Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml Acute Medication (Past)
28 LIQ - 5 ml Twice daily

08-Sept-2003 FORTISIP BANANA 200ML LIQ Acute Medication (Past)
28 LIQ - 5 ml Twice daily

05-Mar-2003 DIAZEPAM TABLETS 5MG Acute Medication (Past)
9 TABS - 3 Tabs 3 times daily if reqd

05-Mar-2003 DIAZEPAM TABLETS 5MG Acute Medication (Past)
60 TABS - 3 Tabs 3 times daily

05-Mar-2003 Diazepam Tablets 5 mg Acute Medication (Past)
9 TABS - 3 Tabs 3 times daily if reqd

05-Mar-2003 Diazepam Tablets 5 mg Acute Medication (Past)
60 TABS - 3 Tabs 3 times daily

03-Mar-2003 DIAZEPAM TABLETS 5MG Acute Medication (Past)
9 TABS - 3 Tabs 3 times daily if reqd

03-Mar-2003 Diazepam Tablets 5 mg Acute Medication (Past)
9 TABS - 3 Tabs 3 times daily if reqd

24-Feb-2003 Diazepam Tablets 5 mg Acute Medication (Past)
60 TABS - 3 Tabs 3 times daily

24-Feb-2003 DIAZEPAM TABLETS 5MG Acute Medication (Past)
60 TABS - 3 Tabs 3 times daily

17-Feb-2003 Diazepam Tablets 5 mg Acute Medication (Past)
60 TABS - 3 Tabs 3 times daily

17-Feb-2003 DIAZEPAM TABLETS 5MG Acute Medication (Past)
60 TABS - 3 Tabs 3 times daily

10-Feb-2003 Ibuprofen Tablets 400 mg Acute Medication (Past)
48 TABS - 1 Tab 3 times daily

10-Feb-2003 DIAZEPAM TABLETS 5MG Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

10-Feb-2003 IBUPROFEN TABLETS 400MG Acute Medication (Past)
48 TABS - 1 Tab 3 times daily

10-Feb-2003 Diazepam Tablets 5 mg Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

03-Feb-2003 Diazepam Tablets 5 mg Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

03-Feb-2003 DIAZEPAM TABLETS 5MG Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

29-Jan-2003 CO-PROXAMOL 32.5MG/325MG TABLETS Acute Medication (Past)
100 TABS - 2 Tabs 4 times daily

29-Jan-2003 Co-Proxamol Tablets Acute Medication (Past)
100 TABS - 2 Tabs 4 times daily

29-Jan-2003 Diazepam Tablets 5 mg Acute Medication (Past)
18 TABS - 1 Tab 3 times daily

29-Jan-2003 DIAZEPAM TABLETS 5MG Acute Medication (Past)
18 TABS - 1 Tab 3 times daily

29-Jan-2003 Ibuprofen Tablets 400 mg Acute Medication (Past)
21 TABS - 1 Tab 3 times daily

29-Jan-2003 IBUPROFEN TABLETS 400MG Acute Medication (Past)
21 TABS - 1 Tab 3 times daily

28-Jan-2003 DIAZEPAM TABLETS 5MG Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

28-Jan-2003 Diazepam Tablets 5 mg Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

20-Jan-2003 Diazepam Tablets 5 mg Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

20-Jan-2003 DIAZEPAM TABLETS 5MG Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

13-Jan-2003 Diazepam Tablets 5 mg Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

13-Jan-2003 DIAZEPAM TABLETS 5MG Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

07-Jan-2003 Diazepam Tablets 5 mg Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

07-Jan-2003 DIAZEPAM TABLETS 5MG Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

31-Dec-2002 DIAZEPAM TABLETS 5MG Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

31-Dec-2002 Diazepam Tablets 5 mg Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

31-Dec-2002 Canesten Hc Cream Acute Medication (Past)
30 gms. CREAM - APPLY FOUR TIMES DAILY

31-Dec-2002 CANESTEN HC CREAM Acute Medication (Past)
30 gms. CREAM - APPLY FOUR TIMES DAILY

24-Dec-2002 DIAZEPAM TABLETS 5MG Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

24-Dec-2002 Diazepam Tablets 5 mg Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

19-Dec-2002 DIAZEPAM TABLETS 5MG Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

19-Dec-2002 Diazepam Tablets 5 mg Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

12-Dec-2002 Diazepam Tablets 5 mg Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

12-Dec-2002 DIAZEPAM TABLETS 5MG Acute Medication (Past)
60 TABS - 1 Tab 3 times daily

Allergies

This section is empty.

Vaccinations

31-May-2021 Mr Anonymous User (ANON)

Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By J Newlands)
PV46696/ AZ/IM/RUA/C-19 (By J Newlands)

23-Mar-2021 Mr Anonymous User (ANON)

Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By L Bain)
4120Z002/ AZ/IM/LUA/C-19 (By L Bain)

17-Nov-2014 Mrs Hazel Hall (HH)

Needs influenza immunisation
post vaccine advice given
Comment

17-Nov-2014 Mrs Hazel Hall (HH)

Influenza vacc consent given
Comment

17-Nov-2014 Mrs Hazel Hall (HH)

Seasonal influenza vaccination (Left arm)
Batch No Sanofi L8215-1 exp 05-2015

Referrals

16-Oct-2023 Dr W Costley (BC)

8H5J.: Referral to colorectal surgeon (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

06-Aug-2018 Dr W Costley (BC)

8HTq.: Referral to infectious disease clinic (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

06-Feb-2018 Dr W Costley (BC)

8H5B.: Referred to urologist (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

06-May-2010 Dr W Costley (BC)

8H...: Referral for further care (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

Test Requests

30-Dec-1899 Mrs Katrina Szimaitis (KS2)**Status** Requested**Innoculation Risk** True**Priority** Normal**Has Fasted?** True**Is Pregnant?** True

Test Results

09-July-2026 Mr Anonymous User (ANON)**Result:** (Non Coded Event - qFIT (Quantitative FIT))
qFIT (Quantitative FIT)

117.8 ug Hb/g faeces

(No range available)

18-Jun-2026 Mr Anonymous User (ANON)**Result:** (Non Coded Event - FULL BLOOD COUNT)

Basophils	0.1 10 ⁹ /L	(No range available)
Eosinophils	0.2 10 ⁹ /L	(Range: 0.1 - 0.7)
Monocytes	0.3 10 ⁹ /L	(Range: 0.2 - 0.9)
Lymphocytes	2.3 10 ⁹ /L	(Range: 1.1 - 5)
Neutrophils	2.1 10 ⁹ /L	(Range: 1.5 - 6.5)
Platelets	252 10 ⁹ /L	(Range: 150 - 400)
MCHC	317 g/L	(Range: 316 - 349)
MCH	28.6 pg	(Range: 27.3 - 32.6)
MCV	90 fL	(Range: 82 - 98)
Haematocrit	0.22 %	(Range: 0.39 - 0.5)
RBC	2.48 10 ¹² /L	(Range: 4.32 - 5.66)
White Cell Count	5 10 ⁹ /L	(Range: 3.7 - 9.5)
Haemoglobin	71 g/L	(Range: 133 - 176)

18-Jun-2026 Mr Anonymous User (ANON)**Result:** Prostate specific antigen
PSA

0.1 µg/L

(No range available)

18-Jun-2026 Mr Anonymous User (ANON)**Result:** (Non Coded Event - SERUM PROTEIN ELECTROPHORESIS)

IgM	0.69 g/L	(Range: 0.5 - 2)
IgA	2.8 g/L	(Range: 0.8 - 4)
IgG	7 g/L	(Range: 6 - 16)
Serum Protein Electrophoresis		(No range available)

18-Jun-2026 Mr Anonymous User (ANON)**Result:** Bone profile

Phosphate	1.11 mmol/L	(Range: 0.7 - 1.5)
Adjusted Calcium	2.3 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.16 mmol/L	(Range: 2.2 - 2.6)

18-Jun-2026 Mr Anonymous User (ANON)**Result:** Liver function test

Globulin	27 g/L	(Range: 21 - 35)
Albumin	35 g/L	(Range: 35 - 50)
Total Protein	62 g/L	(Range: 60 - 80)
ALT	6 U/L	(Range: 5 - 55)
AST	17 U/L	(Range: 10 - 45)
ALP	93 U/L	(Range: 30 - 130)
Bilirubin	16 µmol/L	(No range available)

18-Jun-2026 Mr Anonymous User (ANON)**Result:** Urea and electrolytes

eGFR result/1.73m2 >60		(No range available)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4 mmol/L	(Range: 3.5 - 5.3)
Sodium	136 mmol/L	(Range: 133 - 146)
Creatinine	93 µmol/L	(Range: 50 - 120)
Urea	8.1 mmol/L	(Range: 2.5 - 7.8)

18-Jun-2026 Mr Anonymous User (ANON)

Result: (Non Coded Event - BENICE ***** PROTEIN)

Urine Protein electrophoresis

(No range available)

10-Oct-2023 Mr Anonymous User (ANON)

Result: (Non Coded Event - SERUM FERRITIN)

Ferritin

106 ug/L

(Range: 30 - 400)

10-Oct-2023 Mr Anonymous User (ANON)

Result: Thyroid function test

TSH

1.82 mU/L

(Range: 0.27 - 4.2)

Free T4

11.2 pmol/L

(Range: 10 - 22)

10-Oct-2023 Mr Anonymous User (ANON)

Result: Liver function test

Globulin

26 g/L

(Range: 21 - 35)

Albumin

43 g/L

(Range: 35 - 50)

Total Protein

69 g/L

(Range: 60 - 80)

ALT

10 U/L

(Range: 5 - 55)

AST

17 U/L

(Range: 10 - 45)

ALP

100 U/L

(Range: 30 - 130)

Bilirubin

7 µmol/L

(No range available)

10-Oct-2023 Mr Anonymous User (ANON)

Result: Urea and electrolytes

eGFR result/1.73m2 >60

(No range available)

Chloride

104 mmol/L

(Range: 95 - 108)

Potassium

4.2 mmol/L

(Range: 3.5 - 5.3)

Sodium

141 mmol/L

(Range: 133 - 146)

Creatinine

97 µmol/L

(Range: 50 - 120)

Urea

7.9 mmol/L

(Range: 2.5 - 7.8)

10-Oct-2023 Mr Anonymous User (ANON)

Result: (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0

0 10⁹/L

(No range available)

Eosinophils

0.1 10⁹/L

(Range: 0.1 - 0.7)

Monocytes

0.5 10⁹/L

(Range: 0.2 - 0.9)

Lymphocytes

3.8 10⁹/L

(Range: 1.1 - 5)

Neutrophils

3.5 10⁹/L

(Range: 1.5 - 6.5)

Platelets

217 10⁹/L

(Range: 150 - 400)

MCHC

344 g/L

(Range: 316 - 349)

MCH

30.8 pg

(Range: 27.3 - 32.6)

MCV

90 fL

(Range: 82 - 98)

Haematocrit

0.42 %

(Range: 0.39 - 0.5)

RBC

4.74 10¹²/L

(Range: 4.32 - 5.66)

White Cell Count

7.9 10⁹/L

(Range: 3.7 - 9.5)

Haemoglobin

146 g/L

(Range: 133 - 176)

10-Oct-2023 Mr Anonymous User (ANON)

Result: (Non Coded Event - GLYCATED HB)

Haemoglobin A1c (IFCC)

34 mmol/mol

(Range: 20 - 41)

Haemoglobin A1c

5.3 %

(Range: 4 - 5.9)

10-Oct-2023 Mr Anonymous User (ANON)

Result: (Non Coded Event - SERUM FERRITIN)

Ferritin

106 ug/L

(Range: 30 - 400)

10-Oct-2023 Mr Anonymous User (ANON)

Result: Thyroid function test

TSH

1.82 mU/L

(Range: 0.27 - 4.2)

Free T4

11.2 pmol/L

(Range: 10 - 22)

10-Oct-2023 Mr Anonymous User (ANON)

Result: Liver function test

Globulin

26 g/L

(Range: 21 - 35)

Albumin

43 g/L

(Range: 35 - 50)

Total Protein

69 g/L

(Range: 60 - 80)

ALT

10 U/L

(Range: 5 - 55)

AST

17 U/L

(Range: 10 - 45)

ALP

100 U/L

(Range: 30 - 130)

Bilirubin

7 µmol/L

(No range available)

10-Oct-2023 Mr Anonymous User (ANON)

Result: Urea and electrolytes

eGFR result/1.73m2 >60

(No range available)

Chloride

104 mmol/L

(Range: 95 - 108)

Potassium

4.2 mmol/L

(Range: 3.5 - 5.3)

Sodium

141 mmol/L

(Range: 133 - 146)

Creatinine

97 µmol/L

(Range: 50 - 120)

Urea

7.9 mmol/L

(Range: 2.5 - 7.8)

10-Oct-2023 Mr Anonymous User (ANON)**Result:** (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10 ⁹ /L	(No range available)
Eosinophils	0.1 10 ⁹ /L	(Range: 0.1 - 0.7)
Monocytes	0.5 10 ⁹ /L	(Range: 0.2 - 0.9)
Lymphocytes	3.8 10 ⁹ /L	(Range: 1.1 - 5)
Neutrophils	3.5 10 ⁹ /L	(Range: 1.5 - 6.5)
Platelets	217 10 ⁹ /L	(Range: 150 - 400)
MCHC	344 g/L	(Range: 316 - 349)
MCH	30.8 pg	(Range: 27.3 - 32.6)
MCV	90 fL	(Range: 82 - 98)
Haematocrit	0.42 %	(Range: 0.39 - 0.5)
RBC	4.74 10 ¹² /L	(Range: 4.32 - 5.66)
White Cell Count	7.9 10 ⁹ /L	(Range: 3.7 - 9.5)
Haemoglobin	146 g/L	(Range: 133 - 176)

31-July-2018 Mr Anonymous User (ANON)**Result:** (Non Coded Event - GLYCATED HB)

Haemoglobin A1c (IFCC)	33 mmol/mol	(Range: 29 - 42)
Haemoglobin A1c	5.2 %	(Range: 4.8 - 6)

31-July-2018 Mr Anonymous User (ANON)**Result:** Plasma lipids

LDL Cholesterol	2.96 mmol/L	(No range available)
Triglyceride	1.11 mmol/L	(Range: 0.84 - 1.94)
Cholesterol:HDL Ratio	4.68	(No range available)
HDL Cholesterol	0.94 mmol/L	(Range: 1 - 1.5)
Cholesterol	4.4 mmol/L	(Range: 3.1 - 6.5)

31-July-2018 Mr Anonymous User (ANON)**Result:** Liver function test

Globulin	30 g/L	(Range: 21 - 35)
Albumin	45 g/L	(Range: 35 - 50)
Total Protein	75 g/L	(Range: 60 - 80)
ALT	21 U/L	(Range: 5 - 55)
AST	26 U/L	(Range: 10 - 45)
ALP	84 U/L	(Range: 30 - 130)
Bilirubin	6 µmol/L	(Range: 3 - 21)

31-July-2018 Mr Anonymous User (ANON)**Result:** Urea and electrolytes

eGFR result/1.73m ² >60		(No range available)
Chloride	100 mmol/L	(Range: 95 - 108)
Potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)
Creatinine	96 µmol/L	(Range: 50 - 120)
Urea	3.9 mmol/L	(Range: 2.5 - 7.8)

31-July-2018 Mr Anonymous User (ANON)**Result:** Plasma glucose level

Glucose	5.9 mmol/L	(Range: 3.3 - 6)
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31-July-2018 Mr Anonymous User (ANON)**Result:** (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10 ⁹ /L	(No range available)
Eosinophils, 0	0 10⁹/L	(Range: 0.1 - 0.7)
Monocytes	0.4 10 ⁹ /L	(Range: 0.2 - 0.9)
Lymphocytes	2 10 ⁹ /L	(Range: 1.1 - 5)
Neutrophils	4.5 10 ⁹ /L	(Range: 1.5 - 6.5)
Platelets	213 10 ⁹ /L	(Range: 150 - 400)
MCHC	345 g/L	(Range: 316 - 349)
MCH	31.7 pg	(Range: 27.3 - 32.6)
MCV	92 fL	(Range: 82 - 98)
Haematocrit	0.44 %	(Range: 0.39 - 0.5)
RBC	4.77 10 ¹² /L	(Range: 4.32 - 5.66)
White Cell Count	7 10 ⁹ /L	(Range: 3.7 - 9.5)
Haemoglobin	151 g/L	(Range: 133 - 176)

31-July-2018 Mr Anonymous User (ANON)**Result:** Plasma glucose level

Glucose	5.9 mmol/L	(Range: 3.3 - 6)
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31-July-2018 Mr Anonymous User (ANON)**Result:** (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10 ⁹ /L	(No range available)
Eosinophils, 0	0 10⁹/L	(Range: 0.1 - 0.7)
Monocytes	0.4 10 ⁹ /L	(Range: 0.2 - 0.9)
Lymphocytes	2 10 ⁹ /L	(Range: 1.1 - 5)
Neutrophils	4.5 10 ⁹ /L	(Range: 1.5 - 6.5)
Platelets	213 10 ⁹ /L	(Range: 150 - 400)
MCHC	345 g/L	(Range: 316 - 349)
MCH	31.7 pg	(Range: 27.3 - 32.6)
MCV	92 fL	(Range: 82 - 98)
Haematocrit	0.44 %	(Range: 0.39 - 0.5)
RBC	4.77 10 ¹² /L	(Range: 4.32 - 5.66)
White Cell Count	7 10 ⁹ /L	(Range: 3.7 - 9.5)
Haemoglobin	151 g/L	(Range: 133 - 176)

31-July-2018 Mr Anonymous User (ANON)**Result:** Thyroid function test

TSH	1.58 mU/L	(Range: 0.3 - 6)
Free T4	10.2 pmol/L	(Range: 9 - 24)

31-July-2018 Mr Anonymous User (ANON)**Result:** (Non Coded Event - GLYCATED HB)

Haemoglobin A1c (IFCC)	33 mmol/mol	(Range: 29 - 42)
Haemoglobin A1c	5.2 %	(Range: 4.8 - 6)

31-July-2018 Mr Anonymous User (ANON)**Result:** Plasma lipids

LDL Cholesterol	2.96 mmol/L	(No range available)
Triglyceride	1.11 mmol/L	(Range: 0.84 - 1.94)
Cholesterol:HDL Ratio	4.68	(No range available)
HDL Cholesterol	0.94 mmol/L	(Range: 1 - 1.5)
Cholesterol	4.4 mmol/L	(Range: 3.1 - 6.5)

31-July-2018 Mr Anonymous User (ANON)**Result:** Liver function test

Globulin	30 g/L	(Range: 21 - 35)
Albumin	45 g/L	(Range: 35 - 50)
Total Protein	75 g/L	(Range: 60 - 80)
ALT	21 U/L	(Range: 5 - 55)
AST	26 U/L	(Range: 10 - 45)
ALP	84 U/L	(Range: 30 - 130)
Bilirubin	6 µmol/L	(Range: 3 - 21)

31-July-2018 Mr Anonymous User (ANON)**Result:** Urea and electrolytes

eGFR result/1.73m2 >60		(No range available)
Chloride	100 mmol/L	(Range: 95 - 108)
Potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)
Creatinine	96 µmol/L	(Range: 50 - 120)
Urea	3.9 mmol/L	(Range: 2.5 - 7.8)

31-July-2018 Mr Anonymous User (ANON)**Result:** Plasma glucose level

Glucose	5.9 mmol/L	(Range: 3.3 - 6)
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31-July-2018 Mr Anonymous User (ANON)**Result:** (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10 ⁹ /L	(No range available)
Eosinophils, 0	0 10⁹/L	(Range: 0.1 - 0.7)
Monocytes	0.4 10 ⁹ /L	(Range: 0.2 - 0.9)
Lymphocytes	2 10 ⁹ /L	(Range: 1.1 - 5)
Neutrophils	4.5 10 ⁹ /L	(Range: 1.5 - 6.5)
Platelets	213 10 ⁹ /L	(Range: 150 - 400)
MCHC	345 g/L	(Range: 316 - 349)
MCH	31.7 pg	(Range: 27.3 - 32.6)
MCV	92 fL	(Range: 82 - 98)
Haematocrit	0.44 %	(Range: 0.39 - 0.5)
RBC	4.77 10 ¹² /L	(Range: 4.32 - 5.66)
White Cell Count	7 10 ⁹ /L	(Range: 3.7 - 9.5)
Haemoglobin	151 g/L	(Range: 133 - 176)

23-Jan-2018 Mr Anonymous User (ANON)**Result:** Plasma lipids

LDL Cholesterol	2.73 mmol/L	(No range available)
Triglyceride	1.02 mmol/L	(Range: 0.84 - 1.94)
Cholesterol:HDL Ratio	4.51	(No range available)
HDL Cholesterol	0.91 mmol/L	(Range: 1 - 1.5)
Cholesterol	4.1 mmol/L	(Range: 3.1 - 6.5)

23-Jan-2018 Mr Anonymous User (ANON)**Result:** Liver function test

Globulin	30 g/L	(Range: 21 - 35)
Albumin	44 g/L	(Range: 35 - 50)
Total Protein	74 g/L	(Range: 60 - 80)
ALT	37 U/L	(Range: 5 - 55)
AST	37 U/L	(Range: 10 - 45)
ALP	91 U/L	(Range: 30 - 130)
Total Bilirubin	6 µmol/L	(Range: 3 - 21)

23-Jan-2018 Mr Anonymous User (ANON)**Result:** Urea and electrolytes

eGFR result/1.73m2 >60		(No range available)
Chloride	97 mmol/L	(Range: 95 - 108)
Potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
Sodium	136 mmol/L	(Range: 133 - 146)
Creatinine	95 µmol/L	(Range: 50 - 120)
Urea	4.2 mmol/L	(Range: 2.5 - 7.8)

23-Jan-2018 Mr Anonymous User (ANON)**Result:** (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10 ⁹ /L	(No range available)
Eosinophils	0.1 10 ⁹ /L	(Range: 0.1 - 0.7)
Monocytes	0.5 10 ⁹ /L	(Range: 0.2 - 0.9)
Lymphocytes	2 10 ⁹ /L	(Range: 1.1 - 5)
Neutrophils	3.4 10 ⁹ /L	(Range: 1.5 - 6.5)
Platelets	206 10 ⁹ /L	(Range: 150 - 400)
MCHC	345 g/L	(Range: 316 - 349)
MCH	32.1 pg	(Range: 27.3 - 32.6)
MCV	93 fL	(Range: 82 - 98)
Haematocrit	0.44 %	(Range: 0.39 - 0.5)
RBC	4.67 10 ¹² /L	(Range: 4.32 - 5.66)
White Cell Count	6 10 ⁹ /L	(Range: 3.7 - 9.5)
Haemoglobin	150 g/L	(Range: 133 - 176)

23-Jan-2018 Mr Anonymous User (ANON)**Result:** Prostate specific antigen

PSA <0.2		(No range available)
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23-Jan-2018 Mr Anonymous User (ANON)**Result:** Plasma lipids

LDL Cholesterol	2.73 mmol/L	(No range available)
Triglyceride	1.02 mmol/L	(Range: 0.84 - 1.94)
Cholesterol:HDL Ratio	4.51	(No range available)
HDL Cholesterol	0.91 mmol/L	(Range: 1 - 1.5)
Cholesterol	4.1 mmol/L	(Range: 3.1 - 6.5)

23-Jan-2018 Mr Anonymous User (ANON)**Result:** Liver function test

Globulin	30 g/L	(Range: 21 - 35)
Albumin	44 g/L	(Range: 35 - 50)
Total Protein	74 g/L	(Range: 60 - 80)
ALT	37 U/L	(Range: 5 - 55)
AST	37 U/L	(Range: 10 - 45)
ALP	91 U/L	(Range: 30 - 130)
Total Bilirubin	6 µmol/L	(Range: 3 - 21)

23-Jan-2018 Mr Anonymous User (ANON)**Result:** Urea and electrolytes

eGFR result/1.73m2 >60		(No range available)
Chloride	97 mmol/L	(Range: 95 - 108)
Potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
Sodium	136 mmol/L	(Range: 133 - 146)
Creatinine	95 µmol/L	(Range: 50 - 120)
Urea	4.2 mmol/L	(Range: 2.5 - 7.8)

23-Jan-2018 Mr Anonymous User (ANON)**Result:** (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10 ⁹ /L	(No range available)
Eosinophils	0.1 10 ⁹ /L	(Range: 0.1 - 0.7)
Monocytes	0.5 10 ⁹ /L	(Range: 0.2 - 0.9)
Lymphocytes	2 10 ⁹ /L	(Range: 1.1 - 5)
Neutrophils	3.4 10 ⁹ /L	(Range: 1.5 - 6.5)
Platelets	206 10 ⁹ /L	(Range: 150 - 400)
MCHC	345 g/L	(Range: 316 - 349)
MCH	32.1 pg	(Range: 27.3 - 32.6)
MCV	93 fL	(Range: 82 - 98)
Haematocrit	0.44 %	(Range: 0.39 - 0.5)
RBC	4.67 10 ¹² /L	(Range: 4.32 - 5.66)
White Cell Count	6 10 ⁹ /L	(Range: 3.7 - 9.5)
Haemoglobin	150 g/L	(Range: 133 - 176)

23-Jan-2018 Mr Anonymous User (ANON)**Result:** HbA1c level (DCCT aligned)

Haemoglobin A1c (IFCC)

32 mmol/mol

(Range: 29 - 42)

Haemoglobin A1c

5.1 %

(Range: 4.8 - 6)

23-Jan-2018 Mr Anonymous User (ANON)**Result:** Prostate specific antigen

PSA <0.2

(No range available)

23-Jan-2018 Mr Anonymous User (ANON)**Result:** Plasma lipids

LDL Cholesterol

2.73 mmol/L

(No range available)

Triglyceride

1.02 mmol/L

(Range: 0.84 - 1.94)

Cholesterol:HDL Ratio

4.51

(No range available)

HDL Cholesterol

0.91 mmol/L**(Range: 1 - 1.5)**

Cholesterol

4.1 mmol/L

(Range: 3.1 - 6.5)

23-Jan-2018 Mr Anonymous User (ANON)**Result:** Liver function test

Globulin

30 g/L

(Range: 21 - 35)

Albumin

44 g/L

(Range: 35 - 50)

Total Protein

74 g/L

(Range: 60 - 80)

ALT

37 U/L

(Range: 5 - 55)

AST

37 U/L

(Range: 10 - 45)

ALP

91 U/L

(Range: 30 - 130)

Total Bilirubin

6 µmol/L

(Range: 3 - 21)

23-Jan-2018 Mr Anonymous User (ANON)**Result:** Urea and electrolytes

eGFR result/1.73m2 >60

(No range available)

Chloride

97 mmol/L

(Range: 95 - 108)

Potassium

4.3 mmol/L

(Range: 3.5 - 5.3)

Sodium

136 mmol/L

(Range: 133 - 146)

Creatinine

95 µmol/L

(Range: 50 - 120)

Urea

4.2 mmol/L

(Range: 2.5 - 7.8)

23-Jan-2018 Mr Anonymous User (ANON)**Result:** (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0

0 10⁹/L

(No range available)

Eosinophils

0.1 10⁹/L

(Range: 0.1 - 0.7)

Monocytes

0.5 10⁹/L

(Range: 0.2 - 0.9)

Lymphocytes

2 10⁹/L

(Range: 1.1 - 5)

Neutrophils

3.4 10⁹/L

(Range: 1.5 - 6.5)

Platelets

206 10⁹/L

(Range: 150 - 400)

MCHC

345 g/L

(Range: 316 - 349)

MCH

32.1 pg

(Range: 27.3 - 32.6)

MCV

93 fL

(Range: 82 - 98)

Haematocrit

0.44 %

(Range: 0.39 - 0.5)

RBC

4.67 10¹²/L

(Range: 4.32 - 5.66)

White Cell Count

6 10⁹/L

(Range: 3.7 - 9.5)

Haemoglobin

150 g/L

(Range: 133 - 176)

02-Aug-2016 Mr Anonymous User (ANON)**Result:** (Non Coded Event - Chlamydia/GC)

N. gonorrhoeae

(No range available)

Chlamydia trachomatis

(No range available)

02-Aug-2016 Mr Anonymous User (ANON)**Result:** MSU - general

Culture No growth

(No range available)

Other Items

10-Jun-2026	Read Code	Total notes on computer
20-Apr-2026	Read Code	ReadCode Summary of text message sent to patient / REPEAT PRESCRIPTIONS - PATIENT ACCESS Patient Message from Stewarton Medical Practice We have been made aware from the provider who operate Patient Access that there is a current technical issue and the service is unavailable. They are looking into this and hope to have a resolution soon. If you need to order a prescription, please use the link attached and order directly via our website. https://www.stewartonmedicalpractice.co.uk/clinics-and-services/repeat-prescriptions/repeat-prescription-request/
18-Aug-2025	Read Code	Personality disorder NOS background of complex trauma
30-Dec-2024	Read Code	ReadCode Summary of text message sent to patient / Paul Ewing, We are currently experiencing issues with our telephones this morning. This is currently being investigated by BT and we hope to have this resolved soon. Sorry for any inconvenience.

22-Oct-2024	Read Code	Cannabinoid level - harmful use of cannabinoids
15-Sept-2021	Read Code	Opioid type drug dependence currently on replacement therapy
15-Sept-2021	Read Code	Sedative dependence benzodiazepines
06-Nov-2018	Recall	Medication review
15-Dec-2016	Read Code	Medication review done
08-Nov-2016	Read Code	Mental Health Care Programme Approach
08-Nov-2016	Read Code	Had a discussion with patient
08-Nov-2016	Read Code	Unfit for work
08-Nov-2016	Read Code	Care from*****
08-Nov-2016	Read Code	Psychiatrist involved Dr Stirling - regular visits
08-Nov-2016	Read Code	Under care of CPN regular
08-Nov-2016	Read Code	Patient's ***** - *****
08-Nov-2016	Read Code	*****
08-Nov-2016	Read Code	Patient feels well
08-Nov-2016	Read Code	Body Mass Index 24.84
08-Nov-2016	Read Code	O/E - weight 73.5 Kg
08-Nov-2016	Read Code	O/E - height 172 cm
08-Nov-2016	Read Code	Alcohol consumption 0 units/week
08-Nov-2016	Read Code	Diastolic blood pressure 60 mm Hg
08-Nov-2016	Read Code	Systolic blood pressure 110 mm Hg
24-Oct-2016	Read Code	Mental health monitoring first letter
28-Jun-2016	Read Code	Rep.presc. monitoring NOS Level 1 medication review
05-Dec-2015	Read Code	Review of mental health care plan
05-Dec-2015	Read Code	Unfit for work
05-Dec-2015	Read Code	Care from *****
05-Dec-2015	Read Code	Early warning sign of possible relapse patient aware
05-Dec-2015	Read Code	Psychiatrist involved Dr Stirling, sees regularly
05-Dec-2015	Read Code	Under care of CPN regular CPN review
05-Dec-2015	Read Code	***** *****
05-Dec-2015	Read Code	Patient feels well
05-Dec-2015	Read Code	Body Mass Index 28.06
05-Dec-2015	Read Code	O/E - weight 83 Kg
05-Dec-2015	Read Code	O/E - height 172 cm
05-Dec-2015	Read Code	Alcohol consumption 0 units/week

05-Dec-2015	Read Code	Diastolic blood pressure 80 mm Hg
05-Dec-2015	Read Code	Systolic blood pressure 130 mm Hg
18-Nov-2015	Read Code	Mental health review follow-up dna
18-Nov-2015	Read Code	DNA - Did not attend mental health review
17-Nov-2015	Recall	Seasonal influenza vaccination
04-Nov-2015	Read Code	Mental health monitoring first letter
05-Oct-2015	Read Code	Medication review done
01-Feb-2015	Read Code	At risk of emergency hospital admission
07-Jan-2015	Read Code	Mental health monitoring first letter
19-Jun-2014	Read Code	Medication review done
15-Jan-2014	Read Code	Overdose of drug Mixed
14-Jan-2014	Read Code	Mental Health Care Programme Approach
14-Jan-2014	Read Code	Had a discussion with patient Own GP
14-Jan-2014	Read Code	Unfit for work
14-Jan-2014	Read Code	Care from relatives
14-Jan-2014	Read Code	Early warning sign of possible relapse Increasing paranoia, increased illicit drug use
14-Jan-2014	Read Code	Psychiatrist involved Dr Stirling, attends clinic every 3 months
14-Jan-2014	Read Code	Under care of CPN ***** Gilmour, North West Area Centre, Kilmarnock
14-Jan-2014	Read Code	Day centre care Bentinck Centre, Kilmarnock
14-Jan-2014	Read Code	Patient's ***** Ewing ***** same address
14-Jan-2014	Read Code	***** parental home
14-Jan-2014	Read Code	Patient feels well
27-Dec-2013	Read Code	Mental health review follow-up DNA on 27/12/13
22-Oct-2013	Read Code	[X]Paranoid psychosis
05-Jun-2013	Read Code	Medication review done
16-Nov-2011	Read Code	Medication review done
17-Jun-2011	Read Code	Opioid type drug dependence
17-Jun-2011	Read Code	Sedative dependence
09-July-2010	Read Code	Medication review done
09-July-2010	Read Code	Medication review done
22-Sept-2003	Read Code	Body Mass Index 16.4
04-Sept-2001	Read Code	[X]Heroin addiction
29-Jun-2001	Read Code	[V]Drug use intravenous

Attachments

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MMG Confidential. Personal data about a patient

Sharon Reilly (AA Stewarton Medical Practice)

From: Rupert Gaze (AA Addictions)
Sent: 18 August 2025 17:25
To: aa.Clinical_Practice_StewartonMedicalPractice_80594
Cc: Christopher Pendrill (AA RADAR); Sylvia Corbett (AA Business Support Administration)
Subject: PE

Dear Dr Costley,

I reviewed Paul Ewing 1105783235 at NWAC in the company of Advocacy worker Sean Smith.

Recommendations/Plan

- I would be grateful if you would start reducing his quetiapine by 25mg per month. These reductions should come off the afternoon dose initially and then the morning dose and then the evening dose until he is on 100mg 3 x day at which point I will further review.
- I will order him an ECG in 8 weeks to monitor his QTc interval.
- He is to try and reduce cannabis intake.
- With 2 further clear screens he can change to weekly dispensing.
- He can work with his KW on low intensity psychological work with a view to working towards a psychology referral for work around his past trauma.
- He can work with his KW towards a referral for residential rehab and to work with WAWY on this.
- He will have regular drug screens and engage with myself and his KW.
- He should increase his structure, routine, activity and exercise.
- He will engage with Justice.
- I will review in due course.

Many thanks and best wishes,

Rup

Dr Rupert Gaze
Speciality Doctor East Ayrshire Addictions Service
Speciality Psychiatrist Veterans First Point Ayrshire & Arran

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He stays with his dad and keeps himself to himself and rarely goes out. He is going through the Redress Programme related to his time in care as a teenager. He has asked if his key worker can only come to the door if there is a prearranged appointment.

Drug Use

He is relatively stable on his Methadone of 90mls weekly dispense and Diazepam 20mgs daily, weekly dispense. He says he uses two joints of cannabis per day and we had a harm reduction talk around cannabis. He will start to reduce his cannabis intake as he needs to be off it in order to go to rehab and also I have asked him to reduce it in order for him to get any increases in his Pregabalin. He denies any other drug use and should have regular drug screens.

He is keen to go to rehab so we discussed this and he can work with his key worker towards a referral for rehab. He understands that he will need to work with We Are With You to progress this and stop his cannabis use.

Mental Health

He has had two psychology appointments and this is going well. He did ask to have his OT appointments stopped but could be re-referred in the summer. He is keen for his Pregabalin to go up and I have said to him in the past I am happy for it to go up but I would like to see a reduction in his Diazepam correspondingly. He wants it to go up and keep his Diazepam. I would be grateful if you could put up one of his Pregabalin doses to 150mgs and he is going to reduce and eventually stop his cannabis intake in return. Today he showed no signs of mood or psychotic disorder and no thoughts of self-harm but occasionally starts to say slightly paranoid things about his neighbours. I think there is an element of performance in this but also there is a lot of complex trauma in his background and I think some of it is related to that. We did talk about cannabis is related to paranoia and anxiety and that really before anything he should be reducing this and engaging with psychology and later with OT.

Back in February he went for an ECG and had a QTc of 446 so is fine to continue on his Quetiapine. He has in the past talked about maybe switching to Espranor and then Buvidal and he should continue to talk to his key worker about this as I think this would be preferable in the long term. He described no other physical health issues. There were no forensic issues either.

Yours sincerely

Authorised on 14/04/2026 09:50:00 by Rupert Gaze (East).

Dr Rupert Gaze
Specialist Psychiatrist in Addictions Psychiatry – East

Mr Chris Pendrill
EAST CAT CPN
Addictions Service
North West Area Centre
KILMARNOCK
KA3 1NQ

www.nhs.uk



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NHS Confidential: Personal data about a patient

Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr WJ Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 22/10/2024
 Date Dictated: 23/10/2024
 Date Typed: 29/10/2024
 Our Ref: RG/JMcC
 Enquiries to: Sylvia Corbett
 Tel No: 01563 574237
 Fax No:

Dear Dr Costley

PAUL EWING

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT

CHI No: 1105783235**Diagnosis:**

F11.2 Opioid Dependence Syndrome – currently on
ORT
F13.2 Sedative/Hypnotic Dependence Syndrome –
currently on Benzodiazepines
F12.1 Harmful Use of Cannabinoids

Psychiatric Medication**Prescribed by Addictions:**

Methadone 90mls, weekly dispense
Diazepam 20mgs, weekly dispense

Prescribed by GP:

Pregabalin 100mgs tds
Mirtazapine 45mgs nocte
Quetiapine 150mgs tds
Tamsulosin
Co-Codamol

Recommendations/Plan:

I reviewed Paul over the phone on 22nd October 2024.

We had agreed over the summer after our initial phone and face to face contact, that he would get an increase in his Diazepam to 30mgs with a weekly reduction of 2mgs back down to 20 in order to assist him stop using a residual amount of street tablets. He is not happy with the speed of that but has agreed to try. I am encouraging him to engage with myself and his Keyworker and Recovery organisations and to make the most of this increase to get fully stable. This will start next Tuesday on 29th October and his Keyworker will take it to him on Friday when he does a home visit. Unfortunately this did not happen when it should have and we have re-negotiated this plan today. Paul was calm and although he would have preferred a longer term slow reduction is in agreement to go ahead with this plan. If it is unsuccessful then we will need to re-visit his script and dispensing.

www.nhsaaa.net



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I will review him in due course.

Yours sincerely

Authorised on 29/10/2024 11:47:08 by Rupert Gaze.

Dr Rupert Gaze
Specialty Doctor in Addictions Psychiatry – East

Mr Chris Pendrill
EAST CAT CPN
Addictions Service
North West Area Centre
KILMARNOCK
KA3 1NQ

www.nhs.uk



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NHS Confidential: Personal data about a patient

Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr WJ Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 26/08/2024
 Date Dictated: 23/10/2024
 Date Typed: 29/10/2024
 Our Ref: RG/JMcC
 Enquiries to: Sylvia Corbett
 Tel No: 01563 574237
 Fax No:

Dear Dr Costley

PAUL EWING

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT

CHI No: 1105783235**Diagnosis:**

F11.2 Opioid Dependence Syndrome – currently on
ORT
F13.2 Sedative/Hypnotic Dependence Syndrome –
currently on Benzodiazepines
F12.1 Harmful use of cannabinoids

Psychiatric Medication
Prescribed by Addictions:

Methadone 90mls weekly dispense
Diazepam 20mgs weekly dispense

Prescribed by GP:

Pregabalin 100mgs tds
Mirtazapine 45mgs nocte
Quetiapine 150mgs tds
Tamsulosin
Co-codamol

Recommendations/Plan:

I reviewed Paul over the phone on 22nd October 2024.

We had agreed over the summer after our initial phone and face to face contact, that he would get an increase in his Diazepam to 30mgs with a weekly reduction of 2mgs back down to 20 in order to assist him stop using a residual amount of street tablets. He is not happy with the speed of that but has agreed to try. I am encouraging him to engage with myself and his Keyworker and recovery organisations and to make the most of this increase to get fully stable. This will start next Tuesday on 29th October and his Keyworker will take it to him on Friday when he does a home visit. Unfortunately this did not happen when it should have and we have re-negotiated this plan today. Paul was calm and although he would have preferred a longer term slow reduction is in agreement to go ahead with this plan. If it is unsuccessful then we will need to re-visit his script and dispensing.

www.nhsaaa.net



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I will review him in due course.

Yours sincerely

Authorised on 29/10/2024 11:42:05 by Rupert Gaze.

Dr Rupert Gaze
Specialty Doctor in Addictions Psychiatry – East

Mr Chris Pendrill
EAST CAT CPN
Addictions Service
North West Area Centre
KILMARNOCK
KA3 1NQ

www.nhs.uk



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Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Clinic Date: 18/08/2025
Date Dictated: 20/08/2025
Date Typed: 01/09/2025
Our Ref: RG/JMcC
Enquiries to: Sylvia Corbett
Tel No: 01563 574237
Fax No:

Dear Dr Costley

PAUL EWING

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT

CHI No: 1105783235

Diagnosis:

F11.2 Opioid Dependence Syndrome – currently on ORT
F13.2 Sedative/Hypnotic Dependence Syndrome – currently
on replacement script
F12.1 Harmful Use of Cannabinoids
Mixed Personality Disorder
Background of Complex Trauma

Psychiatric Medication:

Prescribed by Addictions:

Methadone 90mgs twice weekly dispense
Diazepam 20mgs twice weekly dispense
Quetiapine 150mgs tds
Mirtazapine 45mgs nocte
Pregabalin 100mgs tds
Co-codamol 30/500 qds
Tamsulosin

Prescribed by GP:

Recommendations/Plan:

1. I would be grateful if you could start reducing his Quetiapine by 25mgs per month. These reductions should come off the afternoon dose initially and then the morning dose and then the evening dose until he is on 100mgs three times a day, at which point I will further review.
2. I will order him an ECG in 8 weeks' time to monitor his QTC interval.
3. He is to try and reduce his cannabis intake and with two further clear screens he can change to weekly dispensing.
4. He can work with his Key Worker on low intensity psychological work with a view to working towards a psychology referral for work around his past trauma.
5. He can work with his Key Worker towards referral for residential rehab and to work with We are With You on this.
6. He will have regular drug screens and engage with myself and his Key Worker.

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7. He should increase his structure, routine, activity and exercise.
8. He will engage with Justice.
9. I will review in due course.

I reviewed Paul at the North West Area Centre on 18th August 2025 in the company of his Advocacy Worker Sean Smith.

Social Situation

He is avoiding his friends who use illicit drugs and is keeping himself largely to himself. We have discussed him increasing structure, routine, activity and exercise. He was here today with his Advocacy Worker, Sean Smith, who helps him sort things out.

Drug Use

He has been stable and is not using any illicit benzodiazepines, cocaine or crack cocaine and not drinking for some time and is really quite stable. He does appear a lot better for this. He is still smoking 3 to 4 joints of cannabis a day and we had a discussion around the harms of cannabis and how he really needs to think about starting to reduce and eventually stop this because of its impact on his anxiety levels but also because of its impact on him getting into any rehab. He would like to work with his Key Worker towards getting a rehab placement and he can start to do this with a view to working with We are With You and eventually getting residential rehab. He understands that in Ward 5 he would definitely need to have stopped cannabis in order to access this but I am not totally sure about other rehabs. He should have regular drug screen and have regular attendants.

Forensic History

He has been on a tag and this is due to come off on Saturday and then he has a further 9 months supervision order.

Mental Health

He describes his mental health as poor and that he is struggling but actually he presents really well and has clearly been stable for a while. He said he had even avoided smoking any cannabis before coming to see me. We did have a discussion around the harms of cannabis and how he needs to reduce and hopefully stop this anyway if he wants to go to most rehabs. I am happy for him to maintain most of his medication as it is currently but we have been discussing for some time that he needs to start reducing his Quetiapine. He understands that in the long term he will need to reduce his Diazepam as well although I think we should initially focus on the Quetiapine. I would be grateful if you could reduce his afternoon dose by 25mgs a month until it is at 100 and then move to the morning dose and reduce by 25mgs a month until it is at 100 and then start to reduce his evening dose by 25mgs a month until it is 100. Should he actually find that he likes the larger evening dose then he could reduce his morning and afternoon doses further and I will review this in due course. I have also explained to him that I will order him an ECG in about 8 weeks' time just to monitor his QTC and make sure that it is not too high. Objectively there are no signs of mood or psychotic disorder and no thoughts of self-harm and that actually here in the clinic space with his Advocacy worker, he is not exhibiting any signs of anxiety either. I know that he has a lot of complex trauma issues and we discussed him starting to do some work around anxiety and past trauma with his Key Worker with a view to being referred to Psychology to do some more in-depth work. Medication is no longer the answer for Paul and we are actually going to try and take some of his medication down. He seemed happy enough with this plan. His main priority though is to actually get his Methadone and Diazepam away on a weekly dispense and he was disappointed that I wouldn't do it today but we have a plan in place that if he continues to engage well and gives two further clear drug screens then I will let him move to

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weekly dispense. He also understands that he needs to increase his structure, routine, activity and exercise. He does say that he actually sleeps a lot during the day and less so at night, around which it would be important for him to re-build a normal structure.

I will review him in due course.

Yours sincerely

Authorised on 02/09/2025 18:30:47 by Rupert Gaze (East).

Dr Rupert Gaze
Specialty Doctor in Addictions Psychiatry – East

Mr Chris Pendrill
EAST CAT CPN
Addictions Service
North West Area Centre
KILMARNOCK
KA3 1NQ

www.nhsaaa.net



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Confidential - Clinical Information

General Surgical Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE



www.nhsaaa.net

Paul Ewing
40 Lothian Road
Stewarton
Kilmarnock
Ayrshire
KA3 3BT

Our Ref: EL/LN
Hospital No: 1105783235
Ref Date: 25/02/2025
Date Typed: 25/02/2025
Enquiries to: Endoscopy Secretary
Direct Line: 01563 827392
Ext. Number: 27392
Email: aa.uhcendosecs@aapct.scot.nhs.uk

Dear Paul Ewing,

You were invited to attend for outpatient colonoscopy however you failed to attend for your appointment on 24th February 2025. We have therefore removed your name from the waiting list.

We would be happy to see you again on re-referral from your GP should you change your mind and wish to attend for this procedure.

Yours sincerely

Authorised on 25/02/2025 09:40:06 by Typist Laura Norris, not verified by Consultant Edward Leung.

Endoscopy Secretary

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Mr E Leung
Consultant Surgeon - Colorectal
Room 444 - Level 4 West
University Hospital Crosshouse
Kilmarnock
KA2 0BE

www.nhsaaa.net



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Mental Health Services

Addictions
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr. W. J. Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Clinic Date: 16/09/2022
Date Dictated: 16/09/2022
Date Typed: 21/09/2022
Our Ref: CD/EM
Enquiries to: Emma Melville
Tel No: 01294 476000

Dear Dr. Costley,

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Diagnosis: F11.22 – Opioid Dependence Syndrome (currently on Replacement Therapy)
F13.2 – Sedative Dependence Syndrome (Benzodiazepines)
F12.1 – Harmful Use of Cannabis

Psychiatric Medication: Prescribed by Addiction Services (weekly dispense)
Methadone 90ml, daily
Diazepam 20mg, daily

Prescribed by General Practitioner
Mirtazapine 45mg, nocte
Quetiapine 150mg, TDS
Pregabalin 100mg, TDS
Co-codamol 30/500, one tablet QDS

Recommendations/Plan: 1. Ongoing input from key worker
2. Ongoing input from Occupational Therapy
3. Out-patient clinic review in four months

I spoke with Mr. Ewing for telephone review on 16th September 2022. He continues to make use of Cannabis, typically in the afternoon, but denies any other illicit substance use at this time. He said he is not drinking alcohol.

He continues to reside with his [REDACTED] who is his main support.

Mr. Ewing spoke about the recent loss several weeks ago of his closest friend from his schooldays. He said he has "taken this hard" and reflected that he has now lost around 10 school [REDACTED] over the last three or four years. He said he had not been invited to the funeral by the [REDACTED] and this has been difficult as he has not been able to pay his respects.

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2 (CHI No: 1105783235) PAUL EWING

He reports ongoing difficulties with anxiety. He notes some sedation with his range of medication, and we discussed opportunities for changing the timing of some medication to later in the day.

He reports his mood is lowered, unchanged from previous years. He denies suicidal ideation or planning. He continues to engage well with Occupational Therapy and said that the plan is for him to undertake some escorted time outwith the house with his OT.

He is aware that he can make contact with the service for ongoing support as required.

Yours sincerely,

Authorised on 06/10/2022 16:02:34 by C Duncan.

DR. C. DUNCAN
Consultant Psychiatrist

CC: Mr. Chris Pendrill, East CAT, Addictions, North West Area Centre, Kilmarnock, KA3 1NQ

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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr. W. J. Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 14/01/2022
 Date Dictated: 14/01/2022
 Date Typed: 21/01/2022
 Our Ref: CD/EM
 Enquiries to: Emma Melville
 Tel No: 01294 476000

Dear Dr. Costley,

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Diagnosis: **F11.22 – Opioid Dependence Syndrome (currently on Replacement Therapy)**
F13.2 – Sedative Dependence Syndrome (Benzodiazepines)

Psychiatric Medication: **Prescribed by Addiction Services (weekly dispense)**
 Methadone 90ml, daily
 Diazepam 20mg, daily

Prescribed by General Practitioner
 Mirtazapine 45mg, nocte
 Quetiapine 150mg, TDS
 Pregabalin 100mg, TDS
 Co-codamol 30/500, one tablet QDS

Recommendations/Plan: **1. Ongoing input from CPN**
2. Out-patient clinic review in four months

I spoke with Mr. Ewing on telephone on 14th January 2022. He continues to make use of Cannabis, but describes the use of no other substances at this time. He has been feeling generally unwell and so his father has been collecting his medication with the services' consent for the last month.

He said he had made contact with the Practice as he had noticed new lumps, firstly at his right and then at his left nipple. He describes no cough and no significant weight loss, and was unaware of any other lump under his arms or at his neck. He spoke about wishing to reduce his currently prescribed Quetiapine. Given his current physical health anxieties I have suggested that we can discuss small reductions maybe later this year and I will contact the Practice in due course.

Yours sincerely,

NHS Confidential: Personal data about a patient

2 (CHI No: 1105783235) PAUL EWING

Authorised on 01/02/2022 18:31:17 by C Duncan.

DR. C. DUNCAN
Consultant Psychiatrist

CC: Mr. Chris Pendrill, East CAT, Addictions, North West Area Centre, Kilmarnock, KA3
1NQ

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NHS Confidential: Personal data about a patient

Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr WJ Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 18/05/2022
 Date Dictated: 18/05/2022
 Date Typed: 20/05/2022
 Our Ref: CD/ND
 Enquiries to: Nikki Donaldson
 Tel No: 01294 476063

Dear Dr Costley

PAUL EWING

**40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
 KA3 3BT**

CHI No: 1105783235

Diagnosis:

**F11.22 – Opiate Dependence Syndrome – currently on
 Replacement Therapy**
F13.2 Sedative Dependence Syndrome -benzodiazepine
F12.1 Harmful use of Cannabis

Psychiatric Medication:

Prescribed by Addiction Services, weekly dispense
Methadone 90ml daily
Diazepam 20mg daily
Prescribed by General Practitioner
Mirtazapine 45mg nocte
Quetiapine 150mg tds
Pregabalin 100mg tds
Co-codamol prn

Recommendations/Plan:

- 1) Ongoing input CPN.**
- 2) Ongoing input Occupational Therapy.**
- 3) Out-patient clinic four months.**

I spoke with Mr Ewing via telephone on 18th May 2022. He said he has successfully reduced his use of cannabis from around 5 joints per day and is now currently using 2 joints of cannabis each evening. He denies the use of any other illicit substances.

He continues to engage well with Occupational Therapy and is currently working on structuring his daily routine including personal hygiene. He said he has been struggling to leave the house and we spoke about opportunities for short trips out accompanied by his [REDACTED]

On assessment he engaged well with the telephone conversation. His speech was fluent and coherent. He describes some ongoing issues with anxiety. He reports his mood is a little

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2
PAUL EWING

CHI No: 1105783235

lowered but denies suicidal ideation or planning. He is keen to continue to engage with services and we will update you with regards to his progress.

Yours sincerely

Authorised on 24/05/2022 17:33:19 by C Duncan.

DR C DUNCAN
Consultant Psychiatrist

C. c Chris Pendrill, East CAT, Addictions, North West Area Centre, Kilmarnock
KA3 1NQ

www.nhs.uk



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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr. W. J. Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 15/09/2021
 Date Dictated: 15/09/2021
 Date Typed: 30/09/2021
 Our Ref: CD/EM
 Enquiries to: Emma Melville
 Tel No: 01294 476000

Dear Dr. Costley,

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Diagnosis: **F11.22 – Opioid Dependence Syndrome (currently on Replacement Therapy)**
F13.2 – Sedative Dependence Syndrome (Benzodiazepines)

Psychiatric Medication: **Prescribed by Addiction Services (weekly dispense)**
 Methadone 90ml, daily
 Diazepam 20mg, daily

Prescribed by General Practitioner
 Pregabalin 100mg, TDS
 Mirtazapine 45mg, nocte
 Co-codamol 30/500, one tablet QDS
 Quetiapine 150mg, TDS

Recommendations/Plan: **1. Ongoing input from CPN Chris Pendrill**
2. Out-patient clinic review in four months

I spoke with Mr. Ewing on telephone on 15 September 2021. He continues to make use of Cannabis on a daily basis. However, he has been making concerted efforts to cut this down. He cited the fact that [REDACTED] had re-decorated his bedroom as providing the opportunity to now only smoke cannabis outdoors, thus minimising his usage.

He said that he feels he is getting on better with his family members. He describes that it will be the second anniversary of his [REDACTED] in a couple of months' time, and he continues to struggle with this loss. He is aware that we have moved premises, and that he can contact the service as required.

Yours sincerely,

Authorised on 04/10/2021 17:50:12 by C Duncan.

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(CHI No: 1105783235) PAUL EWING

DR. C. DUNCAN
Consultant Psychiatrist

CC: Mr. Chris Pendrill, East CAT , Addictions, North West Area Centre, Kilmarnock, KA3
1NQ

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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr. W. J. Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 28/05/2021
 Date Dictated: 28/05/2021
 Date Typed: 11/06/2021
 Our Ref: CD/EM
 Enquiries to: Emma Melville
 Tel No: 01294 476000

Dear Dr. Costley,

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Diagnosis: **F11.22 – Opioid Dependence Syndrome (currently on Replacement Therapy)**
F13.2 – Sedative Dependence Syndrome (Benzodiazepines)

Psychiatric Medication: **Prescribed by Addiction Services (weekly dispense)**
 Methadone 90ml, daily
 Diazepam 20mg, daily

Prescribed by General Practitioner
 Quetiapine 150mg, TDS
 Mirtazapine 45mg, daily
 Pregabalin 100mg, TDS
 Co-codamol 30/500, one tablet QDS

Recommendations/Plan: **1. Ongoing input from CPN Chris Pendrill**
2. Out-patient clinic review in four months

I spoke with Mr. Ewing on telephone on 28 May 2021. He is using no illicit substances at this time. He reports mental health is "on track". On the basis of his ongoing stability, I have agreed to revert his prescribed medication to weekly dispensing.

He was apologetic about abusive behaviour during our previous review. He said he has had time to reflect, and he recognises that he does best when engaging with the service and accepting support from family members. In particular he highlighted that he feels his mood is more stable and he has no further thoughts or plans with regards to suicidal ideation. He was remorseful about his previous overdose at the start of this year. He spoke about having renewed relations with his [REDACTED]. He also noted that [REDACTED] is expecting a baby, and the family are very pleased about this. He is due to attend for his second COVID vaccination next week, and he said that this makes him feel less anxious. He

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2 (CHI No: 1105783235) PAUL EWING

is aware that he can make contact with the service for ongoing support at this time. We will update you with regards to his progress.

Yours sincerely,

Authorised on 16/06/2021 16:24:48 by C Duncan.

DR. C. DUNCAN
Consultant Psychiatrist

CC: Mr. Chris Pendrill, East CAT, Addictions, North West Area Centre, Kilmarnock, KA3 1NQ

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr WJ Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 22/01/2021
 Date Dictated: 22/01/2021
 Date Typed: 02/02/2021
 Our Ref: CD/JB
 Enquiries to: Emma Melville
 Tel No: 01294 476195

Dear Dr Costley

PAUL EWING

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT

CHI No: 1105783235**Diagnosis:**

F11.22 – Opioid Dependence Syndrome (currently on replacement therapy)
F13.2 – Sedative Dependence Syndrome (Benzodiazepines)

Psychiatric Medication:

Prescribed by Addiction Services Daily Dispense
Methadone 100mls, daily (titrating split dose)
Diazepam 20mg, daily

Prescribed by General Practitioner
Mirtazapine 45mg, nocte
Co-Codamol 30/500, 1 tablet qds
Quetiapine 150mg, tds
Pregabalin 100mg, tds

Recommendations/Plan:

1. Ongoing input from Chris Pendrill, CPN.
2. Out-patient clinic in 4 months.

I met with Mr Ewing at the Bentinck Centre on 22 January 2021. He had alleged overdose of Pregabalin (10 x 100mg) at the start of last week. I understand that he was attended by Paramedics but did not require Hospital follow-up. At that point in time Mr Ewing had stated that he had wanted to commit suicide however, subsequent contact with myself and his CPN over the last week or so has had him explain that he was merely "irritated" with the current lockdown restrictions. He also noted a range of social stressors including – a breakdown of relationship with [REDACTED] and a number of family bereavements. In fact he said it was the funeral of one of his [REDACTED] yesterday.

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Page | 2

PAUL EWING
CHI: 1105783235

On the basis that he had taken excess tablets around 10 days ago, the service had moved his ORT prescription and Diazepam prescription to daily dispense from the start of this week. Given that he had previously been on weekly dispensing I have also moved his Methadone to split doses to ensure against overdose. Mr Ewing has been unhappy with this outcome and attended the Bentinck Centre today to make a case for his weekly dispensing to be reinstated. I have explained that current arrangements would be in place for at least another 2 weeks. He was dissatisfied with this outcome and has asked to be considered for reductions. I have explained that I had put him on a 10ml reduction and can look at further reductions in the coming weeks, likely halting at Methadone 90ml.

He described that Quetiapine is not supporting his anger management issues and that he needs something "stronger". I asked if he wished for his Seroquel to be discontinued but he does not want this to happen.

He continues to be well supported by his CPN and his Addaction Worker, Alex. Mr Ewing did describe that his longstanding contact with Addaction service has been helpful. I note recent altercations with his father. Mr Ewing had been taken into custody by the Police at the weekend following an assault on his father although I am unclear as to whether charges have actually been pressed.

On assessment today, Mr Ewing consented to wear a face mask. He did not appear anxious. I had to ask him to moderate his language on a number of occasions. His mood appears stable and the exhibited reactivity albeit with flashes of irritation. He denies ongoing suicidal ideation or planning. No evidence of psychotic features today. He spoke about having had long-term ambitions to be a drummer in a band or "moving away". He said that the pandemic had "put paid" to these ideas. I have attempted to encourage Mr Ewing that these are potential ambitions that he can pursue later on the line but he was quite dismissive.

His main reason for attending for assessment today appears to have his medication moved back to weekly dispensing - when I was clear that this was not going to be the outcome of today's assessment he then left the appointment. We will look to provide him with ongoing input at this time and update you with regards to his progress.

Yours sincerely

Authorised on 08/02/2021 17:28:12 by C Duncan.

DR C DUNCAN
Consultant Psychiatristc.c Mr Chris Pendrill
East CAT, Bentinck Centre
East Netherton Street, Kilmarnock, KA1 4AXwww.nhs.ukScanned Document
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Ayrshire Doctors On Call



1 Patient Contacts for Stewarton Group Medical Practice

Page 1 of 2

Patient : Paul Ewing

(Gender: Male) (DOB: 11/05/1978) (Age: 42 years) (CHI: 1105783235)

Case No 72300

Case Date 15/01/2021 02:11

Own Dr Costley, Bill

Emergency Care Summary viewed on case

Current Address

40 Lothian Road Stewarton Kilmarnock

Home Address (If Different)

KA3 3BT

Current Phone 07539 336234

Home Phone (If Different)

Case Type

Doctor Advice

Priority On Reception

Within 1 Hour

NHS 24 Advice by

Jennifer McKeown (Call Taker SI) ()

Triage Start 02:14

Clinical summary created by: Jennifer McKeown (Call Taker SI) () (15/01/2021 02:29:49)

Triage End 02:29

Reason for call: CHEST PAIN, 2 MONTHS

TRIED TO COMMIT SUICIDE 2 NIGHTS AGO - IS READY TO DO IT AGAIN - NEEDS AIR, PHONED

SAMARITANS SUICIDE LINE

Confirmed Symptom(s):

Chest pain

Heaviness, pressure or tightness in chest

Changes in normal breathing pattern

Constant chest pain for less than 12 hrs

Lightheaded/dizzy

Chest pain worse with movement

Chest pain worse with coughing

Chest pain worse with a deep breath

15/01/2021 02:12:24 MCKEOWNJ.. NO COUGH, NO FEVER, NO LOSS OR CHANGE TO SMELL OR TASTE..

D/W SON KAREN REID KEYWORD: CHEST PAIN & SUICIDAL.. CHEST PAIN ALL ALONG FRONT OF CHEST..

FEELS DIZZY.. WORSE IF TAKES DEEP BREATH.. CHEST PAIN FOR 2/12 WORSE TONIGHT.. DESCRIBED AS

ALL OVER CHEST NON RADIANT COUGH WITH GREEN PHLEGM.. FEELS DIZZY.. WAS FEELING SUICIDAL BUT

DOES NOT FEEL SO ANYMORE.. DR TO CALL 1 HR..

Outcome: Speak to clinician within 1 Hr

Case Questions

NHS 24 Feedback

Do you agree with the outcome determined by NHS 24? - Yes

Did you perform a lookup on the A&A Clinical Portal? - No

Pocked Remote Consult by:

Start Type

End Type

Consult Start

Consult End

Adastra Consult by

Sondhi, Ravindra

Consult Start 02:57

Start Type Doctor Advice

End Type Doctor Advice

Consult End 03:06

History

CO: h/f patient - 2/12 history of chest pain - stabbing chest pain across chest. No tightness no neck pain no left arm pain not breathless = no pleuritic pain. Smoker - cannabis. Patient not sweaty or clammy - claims no longer suicidal- does not want to speak to CRT as discussed issues with them yesterday. Reassured non

Report Statistics:

Report produced by Adastra Version 1 - 15/01/2021 03:23:59

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Page 2 of 2

Patient : Paul Ewing**(Gender: Male) (DOB: 11/05/1978) (Age: 42 years) (CHI: 1105783235)**

cardiac chest pain. Review with GP though appears to be quiet abusive and making derogatory comments about their attitude and care provision. Worsening advised given.

Examination**Diagnosis****Treatment****Clinical Code(s)**

R06S, {D}Chest pain

Prescriptions**Informational Outcome(s)**

Patient Told To Contact GP -

Report Statistics:

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Ayrshire Doctors On Call



1 Patient Contacts for Stewarton Group Medical Practice

Page 1 of 2

Patient : Paul Ewing

(Gender: Male) (DOB: 11/05/1978) (Age: 42 years) (CHI: 1105783235)

Case No 71923

Case Date 13/01/2021 18:20

Own Dr Costley, Bill

Current Address

40 Lothian Road Stewarton

Home Address (If Different)

Kilmarnock

KA3 3BT

Current Phone 07539 336234

Home Phone (If Different)

Case Type CRT Advice

Priority On Reception Routine

NHS 24 Advice by

Triage Start

Triage End

Case Questions

Pocked Arenote Consult by:

Start Type

End Type

Consult Start

Consult End

Adastra Consult by

Start Type Outside Agency

End Type CRT Advice

Consult Start 19:12

Consult End 20:28

History

Currently open to addictions locality team

Examination

Returned call to Paul. Paul currently in his bed and I woke him up. Paul reported that he has been trying to contact his own care team for the last few days which was later confirmed by his father however has been unable to get through. We spoke of events and triggers leading up to last night's overdose of 28 x 300mg Pregabalin tablets. Paul reported long standing issues with his sleep which he feels is negatively impacting on his mental state. He also reported that his [REDACTED] in December 2019 and it has recently been the anniversary for same. Paul struggling with this as he continues to grieve for [REDACTED] reporting that they had a close relationship. He also reported that a friend has recently died from cancer and approximately three weeks ago a 2nd Cousin completed suicide. Paul acknowledged how the build-up of these events has triggered a deterioration in his mental health and is keen to address same. We discussed previous night's overdose. Paul voicing no plans or intent regarding further suicide or self-harm ideation. Paul reporting that he is tired at this time which was evident throughout call. He plans to try and sleep for the rest of the evening and overnight.

Diagnosis

Mental and behavioural disorders due to opioid use

Treatment

Agreed plan with Paul:

Request will be made via clinical e-mail for either key worker or duty clinician to make contact with Paul to offer

Report Statistics:

Report produced by Adastra Version 3 - 13/01/2021 20:44:47

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Page 2 of 2

Patient : Paul Ewing**(Gender: Male) (DOB: 11/05/1978) (Age: 42 years) (CHI: 1105783235)**

further assessment and agree further supports and intervention if required.

I spoke with Pauls [REDACTED] following conversation with Pauls consent to advise him of the plan. Peter obviously concerned re Paul's mental health as he did not think that Paul would have overdosed. Peter also voiced concerns re himself struggling to cope with Paul's mental state. I advised that I would feed this back to care team and whether or not possible carers support could be offered. Peter happy with same and agreed plan.

Clinical Code(s)

E28.. Acute Reaction To Stress/Panic Attacks

1B17. Depressed

Prescriptions**Informational Outcome(s)**

No Follow-Up Required -

Report Statistics:

Report produced by Adastra Version 3 - 13/01/2021 20:44:47

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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr. W. J. Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 23/10/2020
 Date Dictated: 23/10/2020
 Date Typed: 30/11/2020
 Our Ref: CD/EM
 Enquiries to: Emma Melville
 Tel No: 01294 476195

Dear Dr. Costley,

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Diagnosis: **F11.22 – Opioid Dependence Syndrome (currently on Replacement Therapy)**
F13.2 – Sedative Dependence Syndrome (Benzodiazepines)
F29 – Psychosis unspecified

Psychiatric Medication: **Prescribed by Addiction Services (weekly dispense)**
Methadone 110ml, daily
Diazepam 20mg, daily

Prescribed by General Practitioner
Mirtazapine 45mg, nocte
Pregabalin 100mg, TDS
Quetiapine 150mg, TDS
Co-codamol 30/500, two tablets QDS

Recommendations/Plan: **1. Ongoing input from CPN Chris Pendrill**
2. Out-patient clinic review in four months

I spoke with Mr. Ewing on the telephone on 23rd October 2020. Mr. Ewing was initially disgruntled as he had attended our previous out-patient clinic venue, having misread the letter and not realising contacting was by telephone today. However, I have advised that I continue to review patients face-to-face at Bentinck Centre and this can be arranged for future reviews should he prefer.

He continues to smoke Cannabis, typically on a daily basis. Additionally he is buying a diverted prescription of Pregabalin on top of what is prescribed by the practice (see above). He said he is typically using an additional 300mg Pregabalin each day. He asked whether I would be prepared to prescribe this for him instead, but I have explained to him that he is on a significant amount of psychotropic medication at this time and I would not be recommending any increases. He seemed to be accepting of this decision.

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2 (CHI No: 1105783235) PAUL EWING

He tells me that he continues to reside with his father. He has had a recent fall-out with his brother which is causing him some upset and anxiety. However, he said he continues to engage well with his niece and nephew. He told me that he is saddened that it is approaching the first anniversary of his mother's death. I have outlined for him a structured plan to make in-roads in reducing his current use of Cannabis and Pregabalin. He reminded me that we had previously discussed options for him attending the rehabilitation programme at Woodland View on a day-patient basis. I have outlined that this facility is not available currently due to the current pandemic circumstances, but we can revisit a referral next year at some point. We will update you with regards to his progress.

Yours sincerely,

Authorised on 04/12/2020 11:29:01 by C Duncan.

DR. C. DUNCAN
Consultant Psychiatrist

CC: Mr. Chris Pendrill, East CAT, Bentinck Centre, East Netherton Street, Kilmarnock, KA1 4AX

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Mental Health Services

Psychological Services
 Yellow Zone, Room 9
 1st Floor, Horseshoe Building
 Drug & Alcohol Psychology Service
 1st Floor, Room 454, Horseshoe Building
 Ayrshire Central Hospital, Kilwinning
 Road
 Irvine, KA12 8SS
www.nhs.uk

**CLINICAL IN CONFIDENCE**

Dr Rupert Gaze
 Specialty Doctor in Addictions
 RADAR Service
 North West Area Centre
 Western Road
 KA3 1NQ

Date Dictated: 28/04/2026
 Date Typed: 06/05/2026
 Our Ref: LB/LMcB
 Enquiries to Louise McBride
 Tel No: 01294 322310

Dear Dr Gaze

PAUL EWING

**40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
 Ayrshire, KA3 3BT**

CHI No: 1105783235

Thank you for referring Paul to the Drug and Alcohol Psychology Service (DAPS) within the East Ayrshire Rapid Access to Drug and Alcohol Recovery (RADAR) Service. Paul attended an initial assessment appointment on 3rd March 2026. He has since attended three further appointments. Throughout the assessment it could be difficult to follow Paul's narrative – for example, at times he started talking about unrelated topics and he occasionally mentioned incidents which happened several years ago without any context. Paul was clearly frustrated with other aspects of his care and treatment at RADAR and it could be difficult to redirect him from this topic to focus on what Psychology could offer him.

Presenting Difficulties

Paul was focused on difficulties with his neighbours, stating they are "harassing" him – he mentioned thinking that his neighbours are recording him without his consent and that they have installed microphones in their home because he can hear everything they are saying. Paul said he has overheard his [REDACTED] saying that they wish he was dead and that they hope he takes his own life – he clarified that no one has ever directly said this to him. On various occasions throughout his first appointment, Paul appeared to be referring to hearing voices, warning him that his neighbours are setting him up. Paul provided assurances he was not planning on confronting or approaching his neighbours. He gave context to the difficulties with his neighbours explaining there was an incident 2 years ago on the anniversary of his [REDACTED] were "blasting" their music. Paul said he "ran out with a knife" and was eventually arrested. He said he was released on bail, given a community payback order and placed on a tag (which was removed 3 months ago). He said the order will come to an end in May. In addition to difficulties in relationships with neighbours, Paul said he felt "let down" by people he perceived as friends.

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PAULEWENG

CHI No: 1105783235

Paul described struggling with emotion regulation, particularly anger. Paul said that in the past, he would frequently get into fights and trouble with the law. He said this does not happen as often as it used to but recognised that this may be because he does not leave the house as often. He said that his demeanour can change very quickly and he can become aggressive when he feels he is being disrespected or he is under threat. Paul also reported struggling with "severe anxiety". He said this is at its worst when he is at home. He described his heart racing and fidgeting as signs he is feeling anxious. Paul acknowledged that smoking cannabis can make his anxiety worse, however, he said he continues to smoke approximately three joints a day (morning, afternoon and dinner time). He said he tries to purchase "better quality stuff" to reduce the chances it will have a negative effect on him.

Throughout the assessment, Paul expressed frustrations around his prescribed medication. He said that he wakes up every morning in "withdrawals" from "medication sickness" which he said lasts for several hours. Paul also expressed frustration towards his keyworker after he turned up at his home without organising an appointment in advance – according to Paul, this occurred on three occasions although clinical records indicate this happened once and Paul has not engaged with his keyworker since. Paul has also repeatedly raised concerns about his [REDACTED] care and treatment within the service. So far Paul has responded well to redirection and reminders that I am unable to make decisions with regards to medication or discuss other individuals care and treatment, however, he will often return to these topics several times within the same appointment.

When asked about his goals for working with Psychology, Paul spoke about learning "different ways of coping".

Background to Presenting Difficulties

During the initial assessment session, Paul appeared to allude to witnessing domestic violence in his childhood home, although he did not elaborate any further on this. Paul reported that he had a difficult relationship with his parents growing up because of his substance use – he said they did not "understand" him. Paul stated that his [REDACTED] has passed away – it was unclear from the assessment when this happened.

Paul mentioned that over the years, he has experienced the death of many friends and family members including a close [REDACTED] who he said he cared for (2 years ago), his [REDACTED] (4-5 years ago), [REDACTED] who died by suicide and other [REDACTED] an [REDACTED]

Paul stated that he is currently being supported by a lawyer through the Redress process in relation to his experiences in Kerelaw Residential School when he was a teenager.

Current Circumstances

Paul is currently living with [REDACTED] – he stated that they did not get on well. Paul was able to identify one individual he is close to – the sibling of a [REDACTED] who has passed away. He said they have frequent contact, mostly over the phone. Paul reported that he spends most of his time sitting alone in his room. He said he only leaves the house for essentials and he relies on others giving him a lift. Paul vaguely referenced threats from others, however, when I tried to explore this further he said there was no one he was worried about. In terms of his physical health, Paul reported that he had a hospital appointment recently for some investigations after he noticed blood in his stool however he said he did not stay long enough for the investigations to be completed – it was difficult to follow his reasoning around this but it appeared to be linked to concerns around prescribed medication. Paul described some

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PAULEWENG

CHI No: 1105783235

difficulties with sleep, specifically waking up during the night – he attributed this to the neighbours making noise.

Plan for Treatment

Given that I have struggled to follow Paul's narrative around his background history, I have started working with him to develop a timeline of significant life experiences so we can develop a shared understanding of how his past experiences have impacted on his current difficulties. Psychoeducation will also be provided as part of this process. It is unclear whether Paul understands the role of Psychology in his care and treatment and whether he will be able to engage in therapy in a meaningful way. As such, I will continue to assess Paul's suitability for therapy as we work on developing a timeline and shared formulation. I will keep you updated on any progress.

If you have any questions or wish to discuss anything further, please do not hesitate to contact me,

Yours sincerely

Authorised on 06/05/2026 12:11:04 by Lorne Bott (East).

Dr Lorne Bott
Senior Principal Clinical Psychologist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Mr Chris Pendrill
EAST CAT CPN
Addictions Service
North West Area Centre
KILMARNOCK
KA3 1NQ

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Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr WJ Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 08/12/2025
 Date Dictated: 12/12/2025
 Date Typed: 15/12/2025
 Our Ref: RG/JMcC
 Enquiries to: Sylvia Corbett
 Tel No: 01563 574237
 Fax No:

Dear Dr Costley

PAUL EWING

**40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
 AYRSHIRE, KA3 3BT**

CHI No: 1105783235

Diagnosis:

**F11.2 Opioid Dependence Syndrome – currently on
 ORT**
**F13.2 Sedative/Hypnotic Dependence Syndrome –
 currently on replacement script**
F12.1 Harmful use of Cannabinoids
Personality Disorder
Background of Complex Trauma

Psychiatric Medication:

Prescribed by Addictions:

Methadone 90mls, weekly dispensed
Diazepam 20mgs daily, weekly dispensed
Quetiapine 25mgs nocte and 100mgs three times a day
Mirtazapine 45mgs nocte
Pregabalin 100mgs tds
Co-codamol 30/500, qds
Tamsulosin

Prescribed by GP:

Recommendations/Plan:

- 1. He will further discuss micro-dosing across to Espranor and then to Buvidal with his key worker**
- 2. I will order him an ECG to monitor his QTc**
- 3. I will refer him to Psychology for work around his complex trauma**
- 4. We will continue to encourage him to increase structure, routine and activity**

I reviewed Paul over the phone on 8th December 2025.

Social Situation

He keeps himself largely to himself and doesn't go out very much and has cut off all his drug-using friends. He thinks this is the only way he can stay out of trouble. We did talk about

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increasing structure, routine and activity but he is rather resistant to this at the moment. It might be worth him linking up with OT in the future. He says he has a befriender who phones him occasionally and he has an appointment this week. He is worried about [REDACTED] and his [REDACTED] as well and I have suggested that they might talk to their own key workers and prescribers.

Drug Use

He is stable on his Methadone 90mls and Diazepam 20mgs and is now on weekly dispense. He is giving regular clear drug screens. He is engaging with myself and his key worker but does not want to link up with Recovery organisations. He is interested in micro-dosing across to Espranor and Buvital and we discussed that today and he will discuss it further with his key worker. He would like to come down a bit on his Methadone before he attempts this.

Mental Health

He presents well with no signs of mood or psychotic disorder and no thoughts of self-harm but he does struggle with his childhood and adult trauma which he says follows him around. He would like to link with Psychology and I will chat to our psychologist and his key worker about next steps with this. He has been doing very well and engaging. Subjectively he really struggles with his trauma symptoms and anxiety and was asking for an increase in his Pregabalin, which we will hold off from. He has been reducing his Quetiapine down from what was 450mgs a day and he is at 325 at the moment. He is due to go down to 300. I will order him an ECG to monitor his QTc and at his next appointment if he is still engaging I will discuss whether he might have a slight increase in his Pregabalin. I think really psychosocial approaches though are the way to go with Paul as he is on a lot of medication and still struggles with his past trauma and anxiety.

Yours sincerely

Authorised on 19/12/2025 13:42:16 by Rupert Gaze (East).

Dr Rupert Gaze
Specialist Psychiatrist in Addictions Psychiatry – East

Mr Chris Pendrill
EAST CAT CPN
Addictions Service
North West Area Centre
KILMARNOCK
KA3 1NQ

www.nhs.uk



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Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr WJ Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 05/02/2025
 Date Dictated: 05/02/2025
 Date Typed: 06/02/2025
 Our Ref: RG/SC
 Enquiries to
 Tel No: 01563 574237
 Fax No:

Dear Dr Costley

PAUL EWING

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT

CHI No: 1105783235

Diagnosis: F11.2 Opioid Dependence Syndrome, currently on ORT
F13.2 Sedative / Hypnotic Dependence Syndrome, currently on
Benzodiazepines
F12.1 Harmful Use of Cannabinoids
Mixed Personality Disorder

Psychiatric Medication:

Prescribed by Addictions Services: Methadone 90mls currently Methadone 60mls daily supervised and 30mgs daily to take home. This is being titrated back to 90mls daily supervised from weekly dispensing
 Diazepam 20mgs daily
 Prescribed by General Practitioner: Quetiapine 150mgs tds
 Pregabalin 100mgs tds
 Co-codamol 30/500 qds
 Tamsulosin 400mgs MR

Recommendations/Plan:

- 1 Once he has re-engaged with his Key Worker and given two clear drug screens, he can relax his dispensing again to three times weekly
- 2 Once he gives a third clear drug screen he can relax to twice weekly
- 3 He needs to remain abstinent from alcohol and crack cocaine
- 4 He needs to try and reduce his cannabis use
- 5 He needs to engage with his Key Worker and the Service
- 6 He should work with his Key Worker on low intensity psychological strategies around complex trauma
- 7 He should work with his Key Worker around increasing his structure and routine and activity levels
- 8 He should engage with his Medical appointments

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I reviewed Paul over the phone on 5th February 2025. He apologised for how he spoke to me at our last appointment.

DRUG USE: Over the Christmas period Paul has struggled to engage with his Key Worker and when seen in January he was positive for cocaine and admitted to alcohol and street tablet use. He was reduced to daily supervised in his supervising and has been titrated using the normal protocol over to daily supervised. He is currently at 60mls daily supervised and 30mls daily take home. I neglected to ask him about street tablets today but he denies cocaine use, crack cocaine use and denies alcohol use. He says that it was just over Christmas when he drank once and scored positive for crack cocaine because of passive smoking. He also presented at that appointment with a black eye from fighting so I think it is safe to say that he was probably relatively intoxicated. I have explained to him how dangerous 90mls Methadone and 20mgs Diazepam, 450mgs Quetiapine, 300mgs Pregabalin and Co-codamol are mixed together when in addition he has added alcohol, crack cocaine, street tablets to the mix. He denies that these additions are a regular thing. He is saying that his body cannot cope with him being daily supervised even though he has not had any of his medications cut. On his drug screen he was actually clear of opioids as well which means that he is certainly not taking his Co-codamol every day even if he does use it some times. I have reinforced to him that he cannot be using alcohol, street tablets, more crack cocaine, that he should reduce his cannabis levels, which are currently roughly £20 per week or 2grams if he wishes to continue on current levels of medication.

His main complaint is that he is on daily supervised and he wants to go back to weekly and I have explained how he can do this by engaging with his Key Worker and giving clear drug screens and we will gradually move him back to more relaxed dispensing. He was saying I was killing him and that it would be manslaughter by keeping him on daily supervised and that I should just take him off all his medications. When I asked him whether he would like me to take him off his Methadone, Diazepam, Quetiapine, Pregabalin and Co-codamol he then said no, not really. I hope that he is beginning to understand that he needs to properly engage and remain abstinent from illicit substances and alcohol if he wishes to maintain his current medications. I continue to try and encourage him to engage with recovery.

MENTAL HEALTH: There were no signs of mood or psychotic disorder and no thoughts of self-harm but sometimes he says he cannot leave the house to pick up his Methadone. He has managed very well to go daily supervised to get this Methadone although he is clearly not happy about it. He also was managing to go out drinking and using illicit drugs with his [REDACTED] over the Christmas period.

We have strongly encouraged him to engage with the Service, get properly stable and abstinent and then he can work with his Key Worker over low intensity psychological approaches to complex trauma and he can work with his Key Worker around increasing structure, routine and activity. He should also continue to be encouraged to engage with recovery.

PHYSICAL HEALTH: He says he has an appointment with GI around his bowels and he is thinking of not going because he is daily supervised. I have informed him that he should follow the Medics instructions about when to take medications and if that means that he has to take his Methadone slightly later in the day then he will be fine because of Methadone's very long half life. He said that he just would not go and I have strongly encouraged him to attend letting him know that if he does not attend it is a choice that he is making as he is more than capable of getting there.

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We will re-appoint him for a face to face appointment in due course and he will work with his Key Worker to get his dispensing relaxed.

Yours sincerely

Authorised on 12/02/2025 15:12:09 by Rupert Gaze (East).

Dr Rupert Gaze
Specialty Doctor in Addictions Psychiatry – East

Mr. Chris Pendrill
East CAT
Addictions
North West Area Centre
Kilmarnock
KA3 1NQ

www.nhs.uk



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Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr WJ Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 14/12/2023
 Date Dictated: 11/01/2024
 Date Typed: 11/01/2024
 Our Ref: MS/SC
 Enquiries to
 Tel No: 01563 574237
 Fax No:

Dear Dr Costley

PAUL EWING

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT

CHI No: 1105783235

Diagnosis: F11.2 – Opioid Dependence Syndrome (currently on ORT)
 F13.2 – Sedative Dependence Syndrome (Benzodiazepines)
 F12.1 – Harmful Use of Cannabinoids

Psychiatric Medication:

Prescribed by Addiction Services: Methadone 90ml, weekly dispense
 daily Diazepam 20mg, daily
 Mirtazapine 45mg, nocte
 Prescribed by General Practitioner: Quetiapine 150mg, TDS
 Pregabalin 100mg, TDS
 Co-codamol 30/500, one tablet QDS PRN

Recommendations/Plan:

1. Ongoing input from Key Worker
2. Out-patient clinic review in four months

I reviewed Paul Ewing at NWKAC with my CPN colleague Nicola Dot on 14th December 2023. Student Nurse Natalie Murray was present at this time as well.

Paul told me that he has been engaging with WAVVY at Recovery Hub with David Spencer. He said that his mood fluctuates between high and low and he has been told by his [REDACTED] and [REDACTED] that it is between Jeckyl and Hyde. He said he finds it difficult to cope with his anger and lashes at people close to him. He denied any physical violence. He said he spends most of his time in his room and in bed. He added that he has lost 2 stones in weight in 1 year and weighed 65 kg today in the clinic.

He described a voice in his head, asking him to shout at drug dealers. He recognised this to be his own voice. He said that he often talks to himself. He denied any other weird or unusual experiences. He described low energy levels and feelings of guilt of not attending his [REDACTED]

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funeral. He mentioned about low appetite and excessive sleep. He said that he uses 2-4 joints of cannabis every day. He denied use of any other substances.

During this contact, he did not seem to be responding to any hallucination of any modality. His mood remained euthymic and he denied any suicidal ideation or intent. He was dressed appropriately and looked kempt.

He had previously expressed to his Key Worker about having a diagnosis of a psychotic illness and was reassured today that there was no evidence of any psychotic illness. We discussed that due to mood variation, he might have symptoms of emotional dysregulation. We also discussed that use of cannabis could cause amotivation or avolition as he stays in bed the whole day. This could also cause perceptual abnormalities such a voice in his head, however Paul was not very receptive of this explanation.

I will review him in 4 months' time.

Yours sincerely

Authorised on 11/01/2024 14:19:37 by Moninder Saggar.

Dr Moninder Saggar
Consultant Psychiatrist

www.nhs.uk



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Confidential - Clinical Information

General Surgical Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE



www.nhsaaa.net

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Our Ref: EL/JAS Mr E Leung
Hospital No:
Clinic Date: 28/11/2023
Date Dictated: 28/11/2023
Date Typed: 28/11/2023
Enquiries to: Jacqui Stevenson
Direct Line: 01563-826978
Ext. Number: 26978
Email: jacqui.stevenson@aapct.scot.nhs.uk

Dear Dr Costley,

PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT

I conducted a telephone consultation with this patient today. He presented with a history of erratic bowel motions. It was difficult to ascertain exactly what his bowel pattern should be and how it has changed from his history. He denies any rectal bleeding but has been complaining of generalised abdominal and whole body pain. He also claims to have lost about two stone in weight over the past year, and he says that this was most likely due to his poor dietary intake as a result of him living with an alcoholic.

He has a past history of opioid drug dependence, inguinal hernia repair, previous Hepatitis C antibody positive in 2003 and paranoid psychosis. He is currently taking Methadone and Co-codamol. Otherwise, he has no other significant past medical or family history.

I am reassured by all his normal routine blood test results in October 2023. However, his pre-clinic stool qFIT level was found to be slightly elevated at 51.7ug/g. What this means is that we should consider further investigation for him. Hence, I have now organised colonoscopy (with Moviprep and phosphate enema on arrival, on a pooled list) for him. Details of this procedure will be sent to the patient in due course. Once we have this result back, we will then decide if he would require any further surgical input.

Yours sincerely

Authorised on 28/11/2023 22:14:09 by Edward Leung.

Mr Edward Leung
MBChB, FRCS (Glasg & Edin), MD, FRCS (Gen Surg) MFSTEd
Director of Ayrshire & Arran Bowel Screening
Consultant Surgeon & Honorary Clinical Senior Lecturer
Laparoscopic, General & Colorectal Surgery
GMC: 4093567
Scope requested

www.nhsaaa.net



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Paul Ewing
40 Lothian Road
Stewarton
Kilmarnock
Ayrshire
KA3 3BT

THIRD PARTY COPY

www.nhsaaa.net



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University Hospital Crosshouse
Medical Imaging Department
Kilmarnock Road
Crosshouse
KA2 0BE



Diagnostic Imaging Report

CHI No. : 1105783235	Referrer Clinician: William Costley (Stewarton GP)
Patient Name : Ewing, Paul	Specialty : General Practice
Patient Address : 40 Lothian Road Stewarton Kilmarnock AYRSHIRE KA3 3BT	Address : Stewarton Medical Practice 45 High Street Stewarton Kilmarnock
DOB : 11/05/1978	Ward/Clinic : KA3 5BP GP
Gender : Male	Attendance No. : 50785947

Examination(s) : XR Chest

Exam Date : 24 October 2023

Accession(s) : AA15078594701

Report Date : 30 October 2023

Authorised

Patient Name: Paul, Ewing
Patient Address: 40 Lothian Road, KA3 3BT
DOB: 11/05/1978
Patient ID: 1105783235
Accession Number: AA15078594701
Referring Cons: William Costley (Stewarton GP)
Referring Dept: GP
Site: University Hospital Crosshouse

50785947 24/10/2023 XR Chest

Clinical Indications

unexplained weight loss. ex ivda. smoker (cannabis). chest clinically clear. currently investigating for weight loss. any obvious parenchymal abnormality?

Report

Rotated PA film. Comparison to 15/01/2014.

Normal heart size and mediastinal contours.
Coarse lung markings bilaterally with no focal active lung pathology identified.
The bony thorax is intact.

Yon Huang, See (Rad Registrar GMC7597385)

[END REPORT]

Reported by	Yon Huang, See (Rad Registrar GMC7597385)
Second Reporter	Alexander, Leanne (Consultant Radiologist, 7526880)
Authorised by	Alexander, Leanne (Consultant Radiologist, 7526880)

Page 1 of 1

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

Unique Care Pathway Number: 101031065100A

REFERRAL LETTER
 MEDICAL IN CONFIDENCE

CHI:1105783235

REFERRAL TO

ColorectalC1X
 AA Colorectal

Ethnic Origin

-

Language interpreter
 req'd

-

Religion

-

**Religious
 Observance**

-

Vision impairment

-

Hearing impairment

-

Sign language
 interpreter req'd.

-

University Hospital Crosshouse
 Kilmarnock Road
 Kilmarnock
 Ayrshire
 KA2 0BE

Urgency of referral

Urgent

Date of referral

16-Oct-2023

Date submitted

16-Oct-2023

PATIENT DETAILS

Surname

Ewing

Forename(s)

Paul

Title

-

Sex

Male

Date of birth

11-May-1978

CHI no.

1105783235

Patient's address

40 Lothian Road
 Stewarton
 Kilmarnock
 KA3 3BT

Contact number(s)

Voice: 07539336234

REGISTERED GP DETAILS

Name

Dr W Costley

GMC code

4614137

GP code

22900

Practice name

Stewarton Medical Practice (13547)

Practice code

80594

Practice address

45 High Street
 Stewarton
 Kilmarnock
 Ayrshire

Contact number(s)

Voice: 01560 482011

Facsimile: 01560 485483

REFERRING PRACTITIONER DETAILS

Name

Dr. William Costley

GMC code

4614137

GP code

22900

Practice name

Stewarton Medical Practice (80594)

Practice code

80594

Practice address

The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Contact number(s)

Voice: 01560 482011

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: As below.

Comment: Many thanks for seeing this man who complains of about a one year history of rectal discomfort and he also describes a feeling of tenesmus. Please note his past medical history and his current medication including Methadone and Co-codamol. Paul is an individual who very rarely leaves the house. I think he has lost some weight but his lifestyle is very unhealthy. Despite this he has entirely normal bloods and I was unable to find any abnormality on examination. In particular, PR examination was carried out. I was able to do a good 360 degree sweep and could detect no abnormality. However, given his history I would be grateful for your assessment.

Many thanks.

Yours sincerely

Dr W Costley

Examinations and Investigations

Duration of Symptoms: ---Select---
 Previous Colonic Problems: no
 History of colorectal cancer in 1st degree relative: ---Select---
 Age of 1st degree Relative: ---Select---
 Height: 172
 Weight(kg): 73.5
 BMI: 24.84
 Current smoker: 21-Jan-2015 00:00
 Alcohol consumption, 0 units/week: 08-Nov-2016 00:00

Reason for referral

Care type requested: Out Patient
 Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Opioid type drug dependence	-	-	currently on replacement therapy	15-Sep-2021	15-Sep-2021
Sedative dependence	-	-	benzodiazepines	15-Sep-2021	15-Sep-2021
Overdose of drug	-	-	Mixed	15-Jan-2014	15-Jan-2014
[X]Paranoid psychosis	-	-	-	22-Oct-2013	22-Oct-2013
[X]Heroin addiction	-	-	-	04-Sep-2001	04-Sep-2001
[V]Drug use	-	-	intravenous	29-Jun-2001	29-Jun-2001
Inguinal hernia	-	-	and repair	01-Sep-1982	01-Sep-1982

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Hepatitis C antibody test positive	-	-	-	14-Feb-2003	14-Feb-2003

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAA	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	09-Feb-2021	-	03-Oct-2023
Tamsulosin Hydrochloride M/R capsules 400	0704010U0AAAAA	28 CAPSULE	ONE TO BE TAKEN EACH DAY WEEKLY	-	12-Feb-2019	-	03-Oct-2023

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micrograms			DISPENSE		
Pregabalin Capsules 100 mg	-	84 CAPSULE	1 CAPSULE THREE TIMES DAILY	-	07-Jan-2015 - 03-Oct-2023
Quetiapine Fumarate Tablets 150 mg	-	84 TABLET	1 TABLET THREE TIMES DAILY DISPENSE WEEKLY	-	19-Jan-2013 - 03-Oct-2023
Co-Codamol 30/500 Tablets	0407010F0AAAH	112 TABLET	1 TAB FOUR TIMES A DAY	-	19-Jan-2011 - 03-Oct-2023
Mirtazapine Tablets 45 mg	-	28 TABLET	1 Tab At night	-	15-Sep-2009 - 03-Oct-2023

Recent medication (Any medication issued within last 90 days not shown above)
No recent medications recorded

Clinical warnings	Smoking status	Alcohol consumption
Lifestyle risks Exercise status: Not Known	Number per day ? (not known)	Units per day ? (not known)

Additional relevant information
Administrative information
Referred By: Registered GP

Signature of referring doctor (or other professional) Date

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Mental Health Services

Addictions
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr. W. J. Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 14/04/2023
 Date Dictated: 14/04/2023
 Date Typed: 25/04/2023
 Our Ref: CD/EM
 Enquiries to: Emma Melville
 Tel No: 01294 476000

Dear Dr. Costley,

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Diagnosis:

F11.2 – Opioid Dependence Syndrome (currently on replacement Therapy)
F13.2 – Sedative Dependence Syndrome (Benzodiazepines)
F12.1 – Harmful Use of Cannabinoids

Psychiatric Medication: Prescribed by Addiction Services (weekly dispense)
 Methadone 90ml, daily
 Diazepam 20mg, daily

Prescribed by General Practitioner
 Mirtazapine 45mg, nocte
 Quetiapine 150mg, TDS
 Pregabalin 100mg, TDS
 Co-codamol 30/500, one tablet QDS PRN

Recommendations/Plan: 1. Ongoing input from key worker
 2. Ongoing input from OT
 3. Out-patient clinic review in four months

I met with Mr. Ewing at out-patient clinic on 14th April 2023 at North West Area Centre. He reported continued use of Cannabis, smoking in the region of 4-6 joints throughout the day. He said he is not drinking alcohol. He denied use of other illicit substances at this time.

Mr. Ewing continues to work with occupational therapy and with his key worker for psychological interventions. He spoke about helpfulness in undertaking anxiety management exercises. I discussed with Mr. Ewing opportunities for engaging in more practical strategies to support challenging anxiety, including regular exercise; he suggested the option of playing football with his young [REDACTED]. His CPN has offered to facilitate a gym pass for Mr. Ewing. Mr. Ewing has opted not to progress this at this time, but he is aware that it is something that is available to him should he wish.

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2 (CHI No: 1105783235) PAULEWING

On assessment today Mr. Ewing attended casually dressed and well-kempt, wearing a face mask. He did not appear anxious, and maintained appropriate eye contact. He reported some lowering of mood, but denied suicidal ideation or planning. Objectively he presented as reactive and euthymic. There was no evidence of psychotic features.

We will continue to support him and we will update you with regards to his progress.

Yours sincerely,

Authorised on 10/05/2023 17:10:29 by C Duncan.

DR. C. DUNCAN
Consultant Psychiatrist

CC: Mr. Chris Pendrill, East CAT, Addictions, North West Area Centre, Kilmarnock, KA3
1NQ

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FORM CP4(SS)(5)

Paul Ewing
40 Lohian Road
STEWARTON
KILMARNOCK
AYRSHIRE

Stewarton Main St
8 Main Street
Stewarton
Kilmarnock
AYRSHIRE

KA3 3BT

1105783235



U1B2 3300 TSDC P4MIF

Hydrocortisone 1% cream
Quant: 15 gram
Apply sparingly to the affected area(s) TWICE a day for
SEVEN days

Skin Infection - Scot. GP Registered

06.06.2026

Send to GP

\$239

80594

07710771

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Mental Health Services

CLINICAL IN CONFIDENCE

Paul Ewing
40 Lothian Road
Stewarton
Kilmarnock
Ayrshire
KA3 3BT

Psychological Services
Yellow Zone, Room 9
1st Floor, Horseshoe Building
Drug & Alcohol Psychology Service
1st Floor, Room 454, Horseshoe Building
Ayrshire Central Hospital, Kilwinning
Road
Irvine, KA12 8SS
www.nhsaaa.net

NHS
Ayrshire
& Arran

Date Dictated: 08/07/2026
Date Typed: 08/07/2026
Our Ref: LB/LMcB/1105783235
Enquiries to Louise McBride
Tel No: 01294 322310

Dear Paul

I hope this letter finds you well. I just thought I would write to you about your Psychology appointments. You were referred to the Drug and Alcohol Psychology Service (DAPS) by Dr Rupert Gaze (Specialist Psychiatrist – Addictions). You came along to your first appointment on 3rd March 2026. Since then, you have attended 4 appointments, cancelled 2 appointments and you have not attended the last 2 appointments I have offered. It may be that it is just not the right time for you to engage with Psychology – this is absolutely understandable. If this is the case, the best course of action is for you to be discharged from DAPS for the time being. You will continue to receive support from my colleagues at RADAR. You can always be re-referred to Psychology in the future when it is easier for you to make it along to regular appointments. On the other hand, if you are able to commit to coming along to regular appointments at this time, you can contact DAPS on (01294) 322310 to request another appointment – please do this by Friday 24th July 2026. If we have not heard from you by then, we will assume you wish to be discharged from DAPS.

I wish you all the best.

Yours sincerely

Authorised on 08/07/2026 11:21:14 by Lorne Bott (East).

Dr Lorne Bott
Senior Principal Clinical Psychologist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

www.nhsaaa.net



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Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Paul Ewing
 40 Lothian Road
 Stewarton
 Kilmarnock
 Ayrshire
 KA3 3BT

Clinic Date: 30/03/2026
 Date Dictated: 01/04/2026
 Date Typed: 07/04/2026
 Our Ref: RG/JMcC
 Enquiries to Sylvia Corbett
 Tel No: 01563 574237
 Fax No:

Dear Paul Ewing

PAUL EWING

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT

CHI No: 1105783235

I was sorry not to see you at your North West Area Centre appointment on 30th March 2026. I do need to remind you that I need to see you on a regular basis including face to face, in order to maintain your current dispensing and the levels of medication. I see that you have had contact from Occupational Therapy and have declined input currently and this can be looked at again in the future when you feel you are ready. I was glad to see you had contact with Psychology and hopefully this can be beneficial for you. Psychosocial approaches are definitely the way to go for you. I think you should also work with your key worker around reducing your cannabis use. I was pleased that you attended your ECG and you have a QTc of 446 which is just about acceptable but is slightly on the high side.

If you have any immediate issues please contact your key worker and I will reappoint you in due course.

Yours sincerely

Authorised on 07/04/2026 15:49:23 by Rupert Gaze (East).

Dr Rupert Gaze
Specialist Psychiatrist in Addictions Psychiatry – East

Dr WJ Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Dr Lorne Bott
 Senior Principal Clinical Psychologist

www.nhsaaa.net



NHS Confidential: Personal data about a patient

Drug & Alcohol Psychology Service
Crosshouse Hospital
KILMARNOCK
KA2 0BE

Fiona Gowing
Occupational Therapist
Addictions Services
North West Area Centre
Kilmarnock
KA3 1NQ

Mr Chris Pendrill
EAST CAT CPN
Addictions Service
North West Area Centre
KILMARNOCK
KA3 1NQ

www.nhs.uk



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NHS Confidential Personal Data about a patient

Appointments Office
NHS Ayrshire and Arran

Paul Ewing
40 Lothian Road
Stewarton
Kilmarnock
Ayrshire
KA3 3BT

23/01/2026
Our Ref: ad6695 / CHI No: 1105783235

Dear Patient/Parent Guardian,

Outpatient Appointment

An appointment has been made for you at the following clinic:

Clinic: Drug and Alcohol Psychological Service - Dr Lorne Bott, Principal
Clinical Psychologist

Date/Time: on Monday 02/03/2026 at 15:30

Please report to:
NORTH WEST KILMARNOCK AREA CENTRE
WESTERN ROAD, KILMARNOCK, KA3 1NQ

Please check immediately that your appointment is suitable. If the date or time is unsuitable for you it can be changed by contacting the **Appointments Office on 01294 322310 between the hours of 9am-5pm (Mon-Fri)**. If you have not made contact to decline this appointment within 10 days of the date of this letter, we will assume that you are accepting this appointment offer. Any subsequent cancellation or appointment reschedule may result in a longer waiting time.

If you do not attend without giving prior notification, or arrive too late to be seen, you might not be given another appointment.

Please let us know if you are unavailable for a period of time so that we can update our records. If you no longer require an appointment please inform us as soon as possible, as your appointment can then be used for another patient. You should also advise your GP.

We may send you a text to remind you about your outpatient appointment. If you would rather not receive a text reminder, call 01294 322310 to opt out.

Change of details

If you change your name, address, GP or any of your telephone numbers please contact us on the number above to allow us to update your records and contact you if required.

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Additional Needs

If you feel that you require assistance in relation to this appointment, please contact us on the number above to discuss your specific needs.

Please bring this letter along with you when you attend your appointment.

You can access further information about Acute Services outpatient appointments on our website:

www.nhsaaa.net/outpatientinformation

You can find out how the NHS handles your personal health information at:

www.nhsinform.scot/publications/nhs-scotland-how-the-nhs-handles-your-personal-health-information-leaflet

Cc

Dr W J Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
Kilmarnock
KA3 5BP

Dr R Gaze
Specialist Psychiatrist in Addictions Psychiatry
EA RADAR Service
NWAC
Western Road
Kilmarnock
KA3 1NQ

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Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Paul Ewing
40 Lothian Road
Stewarton
Kilmarnock
Ayrshire
KA3 3BT

Clinic Date: 17/03/2023
Date Dictated: 17/03/2023
Date Typed: 29/03/2023
Our Ref: CD/AC
Enquiries to 01294 476195
Tel No: 01294 476196
Fax No:

Dear Paul Ewing

PAUL EWING

**40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT**

CHI No: 1105783235

I am sorry you were unable to attend your out-patient clinic appointment today 17th March 2023 at North West Area Centre. As I have not been able to review you on a face-to-face basis in sometime I have made changes to your dispensed medication. I will re-appoint you and look forward to seeing then.

Yours sincerely

Authorised on 12/04/2023 16:49:51 by C Duncan.

DR C DUNCAN
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
45 High Street
Stewarton

Mr. Chris Pendrill
East CAT
Addictions
North West Area Centre
Kilmarnock

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Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr WJ Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 09/05/2024
 Date Dictated: 09/05/2024
 Date Typed: 23/05/2024
 Our Ref: MS/SC
 Enquiries to
 Tel No: 01563 574237
 Fax No:

Dear Dr Costley

PAUL EWING

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT

CHI No: 1105783235

Diagnosis: F11.2 Opioid Dependence Syndrome, currently on ORT
 F13.2 Sedative / Hypnotic Dependence Syndrome, currently on Benzodiazepines
 F12.1 Harmful use of cannabinoids

Psychiatric Medication:

Prescribed by Addictions Services: Methadone 90mls, weekly dispense
 Diazepam 20mgs daily
 Prescribed by General Practitioner: Mirtazapine 45mgs nocte
 Quetiapine 150mgs tds
 Pregabalin 100mgs tds
 Co-codamol 30/500mgs qds are required

Recommendations/Plan:

- 1 Ongoing input from Key Worker
- 2 Out-patient Clinic review with Dr Gaze

I reviewed Paul Ewing via telephone consultation on 9th May 2024. Paul apologised for missing my last appointment due to respiratory infection. He stated that he required antibiotics for it and hence could not attend my appointment. When exploring about his physical health problems he stated that he is awaiting a camera test for weight loss. He was informed that if there was a cancellation he would be appointed for this examination.

He continues to stay with [REDACTED] and help him in his day to day activities. He stated that his mood remains variable due to various physical health problems, one after another. Overall he denied using any other illicit substances and stated that he is continuing to engage with David Spencer at the Recovery Hub. He further added that he is not able to participate in the Group therapies at the Recovery Hub as he is not able to take in a lot of information.

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We discussed that as Paul stays in the Stewarton area I will be transferring his care to Dr Gaze who is the Psychiatrist who covers that area. Paul was happy with this plan. We also discussed that he could engage in some low intensity anxiety work with his Key Worker, Nicola and I would email her for the same.

Meanwhile at presentation over the phone, Paul was engaging and warm throughout the consultation. His voice was muffled at times due to poor signal however, there was no evidence of any thought disorder and his thought processes seemed coherent and logical. He denied any suicidal ideation, intent or plan and there was no evidence of any psychotic symptomatology. He remained insightful and keen to engage.

Many thanks for ongoing care of this patient in the community.

Yours sincerely

Authorised on 23/05/2024 15:58:40 by Moninder Saggar.

Dr Moninder Saggar
Consultant Psychiatrist

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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Mr. Paul Ewing
40 Lothian Road
Stewarton
KA3 3BT

Clinic Date: 17/04/2020
Date Dictated: 17/04/2020
Date Typed: 24/04/2020
Our Ref: CD/EM/1105783235
Enquiries to: Emma Melville
Tel No: 01563 574237

Dear Mr. Ewing,

I attempted to make contact with you on 17th April 2020 but was unable to reach you at the telephone number we have on file. If you have updated your contact details please could you make contact with the service. As you are aware, we are currently offering telephone support and you can contact us at the Bentinck Centre over the coming weeks. I look forward to seeing you in due course.

Yours sincerely,

Authorised on 29/04/2020 11:49:49 by C Duncan.

DR. C. DUNCAN
Consultant Psychiatrist

CC: Dr. W. J. Costley, Stewarton Medical Practice, The Health Centre, 45 High Street,
Stewarton, KA3 5BP

Mr. Chris Pendrill, East CAT, Bentinck Centre, East Netherton Street, Kilmarnock, KA1
4AX

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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr. W. J. Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 20/12/2019
 Date Dictated: 20/12/2019
 Date Typed: 09/01/2020
 Our Ref: CD/EM
 Enquiries to: Emma Melville
 Tel No: 01294 476195

Dear Dr. Costley,

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Diagnosis: **F11.22 – Opioid Dependence Syndrome (currently on Replacement Therapy)**
F13.2 – Sedative Dependence Syndrome (Benzodiazepines)
F29 – Psychosis unspecified

Psychiatric Medication: **Prescribed by Addiction Services**
Methadone 110ml, daily, thrice weekly dispense
Diazepam 20mg, daily

Prescribed by General Practitioner
Pregabalin 100mg, TDS
Quetiapine 150mg, TDS
Mirtazapine 45mg, nocte
Cocodamol, PRN

Recommendations/Plan: **1. Ongoing input from key worker**
2. Out-patient clinic review in 4 months

I reviewed Mr. Ewing at my out-patient clinic on 20th December 2019 in Kilmarnock. Sadly Mr. Ewing's [REDACTED] Her funeral was earlier this week. On this basis I had stopped current reductions in Diazepam, and had increased slightly at this time. He tells me that he was able to manage through the funeral service with the support of his [REDACTED] He also notes that his [REDACTED] are helpful distractions for the family at this difficult time. He is currently well supported by his CPN and his Addiction worker, and he notes how helpful they had been since the loss of this [REDACTED] The day following his mother's death he received a review letter for PIP benefits, and he is now in the process of having to complete this before the end of December. I have offered to provide a letter of support today. We will update you with regards to his progress.

Yours sincerely,

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2 (CHI No: 1105783235) PAUL EWING

Authorised on 09/01/2020 16:27:28 by C Duncan.

DR. C. DUNCAN
Consultant Psychiatrist

CC: Mr. Chris Pendrill, East CAT, Bentinck Centre, East Netherton Street, Kilmarnock, KA1
4AX

THIRD PARTY COPY

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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr. W. J. Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 31/07/2020
 Date Dictated: 31/07/2020
 Date Typed: 06/08/2020
 Our Ref: CD/EM
 Enquiries to: Emma Melville
 Tel No: 01294 476195

Dear Dr. Costley,

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Diagnosis: **F11.22 – Opioid Dependence Syndrome (currently on Replacement Therapy)**
F13.2 – Sedative Dependence Syndrome (Benzodiazepines)
F29 – Psychosis Unspecified

Psychiatric Medication: **Prescribed by Addiction Services (weekly dispense)**
Methadone 110mg, daily
Diazepam 20mg, daily

Prescribed by General Practitioner
Quetiapine 150mg, TDS
Pregabalin 100mg, TDS
Mirtazapine 45mg, nocte
Cocodamol, PRN

Recommendations/Plan: **1. Ongoing input from CPN Chris Pendrill**
2. Out-patient clinic review in four months

I spoke with Mr. Ewing on the telephone on 31st July 2020 in lieu of out-patient review. Mr. Ewing describes using no illicit substances at this time. Medications currently being prescribed by Addiction Services are being dispensed on a once-weekly basis due to the current pandemic situation. Mr. Ewing has requested that this dispensing arrangement remain in place as we move out of lockdown restrictions, and I have agreed that we will continue him on his current prescription unless his presentation deteriorates.

Mr. Ewing describes that over the course of lockdown he has spent much time in his room. However, he notes that this is unchanged to recent years, where he does online gaming from his bedroom. I have asked him whether he has undertaken any social contact over the lockdown period. He continues to reside with [REDACTED] and tells me that he spends time each morning and evening with him. He also said that [REDACTED]

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tend to visit the house on a daily basis, and he usually sees them for an hour or so each day. He has additional input from his Addaction worker, Alex Smith, who has been phoning him once-weekly to support mental health stability over period of lockdown. Mr. Ewing feels his currently prescribed Quetiapine could be increased, but I would advise against any increases in his psychotropic medication as I do not think it is warranted. I have encouraged Mr. Ewing to ensure he is leaving the house once-daily, and have reminded him that he can build in daily exercise whilst safely socially distancing. He notes that he has been getting out typically several times per week, and I have asked him to increase this to daily.

On assessment today Mr. Ewing appears unchanged in terms of mental health. He notes that things are "getting [him] down", but describes no suicidal ideation or planning at this time. There is no evidence of psychotic features. I have made no changes to his medication today. He is aware that he can make contact with the service at the Bentinck Centre for ongoing telephone support at this time.

Yours sincerely,

Authorised on 07/08/2020 14:43:21 by C Duncan.

DR. C. DUNCAN
Consultant Psychiatrist

CC: Mr. Chris Pendrill, East CAT, Bentinck Centre, East Netherton Street, Kilmarnock, KA1 4AX

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Confidential - Clinical Information

Infectious Disease Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133

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NHS
Ayrshire
& Arran

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Our Ref: JFM/FE
Hospital No:
Clinic Date: 10/09/2019
Date Dictated: 19/09/2019
Date Typed: 24/09/2019
Enquiries to: Fiona Elliott
Direct Line: 01563 827970
Ext. Number: 27970
Email: fiona.elliott@aapct.scot.nhs.uk

Dear Dr Costley,

PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT

Mr Ewing has attended the blood borne virus clinic at University Hospital Crosshouse as part of his routine check up regarding chronic hepatitis C infection.

Mr Ewing was diagnosed with hepatitis C genotype 3, for which he received an 8 week course of Sofosbuvir and Velpatasvir which he completed in April. In bloods drawn 3 months after treatment, hepatitis C viral load remained undetectable in keeping with viral eradication. Liver function tests were normal, and there were no signs of significant liver fibrosis.

In this setting of viral eradication and absence of significant liver fibrosis, Mr Ewing has been discharged from my clinic.

Yours sincerely

Authorised on 25/09/2019 15:42:02 by Jose Fernandez-Montero.

Jose Fernandez-Montero MD, PhD, FRCP (Glas)
Consultant Physician in Infectious Diseases
GMC: 7190116

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

Unique Care Pathway Number: 1010166957541

REFERRAL LETTER
 MEDICAL IN CONFIDENCE

CHI:1105783235

REFERRAL TO

Infectious DiseasesA6
 AA General Referral PMH High

University Hospital Crosshouse
 Kilmarnock Road
 Kilmarnock
 Ayrshire
 KA2 0BE

Ethnic Origin
 Language interpreter req'd
 Religion
Religious Observance
 Vision impairment
 Hearing impairment
 Sign language interpreter req'd.

Urgency of referral

Routine

Date of referral

06-Aug-2018

Date submitted

06-Aug-2018

PATIENT DETAILS

Surname Ewing
 Forename(s) Paul
 Title -
 Sex Male
 Date of birth 11-May-1978
 CHI no. 1105783235

Patient's address

40 Lothian Road
 Stewarton
 Kilmarnock
 KA3 3BT

Contact number(s)

REGISTERED GP DETAILS

Name Dr W Costley
 GMC code 4614137 GP code 22900
 Practice name Stewarton Medical Practice (13547)
 Practice code 80594

Practice address

45 High Street
 Stewarton
 Kilmarnock
 Ayrshire

Contact number(s)

Voice: 01560 482011
 Facsimile: 01560 485483

REFERRING PRACTITIONER DETAILS

Name Dr. William Costley
 GMC code 4614137 GP code 22900
 Practice name Stewarton Medical Practice (80594)
 Practice code 80594

Practice address

The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Contact number(s)

Voice: 01560 482011

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Hep C positive

Comment: Many thanks for seeing this man who is Hep C positive. He has variably attended the ID clinic over the years but defaulted. He asked me to re-refer him which I have done. I hope he attends.

Many thanks.

Yours sincerely,

Dr William Costley

Examinations and Investigations

Height: 172 -
 Weight(kg): 73.5 -
 BMI: 24.84 -
 Current smoker: 21-Jan-2015 00:00
 Alcohol consumption, 0 units/week: 08-Nov-2016 00:00

Reason for referral

Care type requested: Out Patient
 Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Overdose of drug	-	-	Mixed	15-Jan-2014	15-Jan-2014
[X]Paranoid psychosis	-	-	-	22-Oct-2013	22-Oct-2013
[X]Heroin addiction	-	-	-	04-Sep-2001	04-Sep-2001
[V]Drug use	-	-	intravenous	29-Jun-2001	29-Jun-2001
Inguinal hernia	-	-	and repair	01-Sep-1982	01-Sep-1982

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Hepatitis C antibody test positive	-	-	-	14-Feb-2003	14-Feb-2003

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Pregabalin Capsules 100 mg	-	168 CAPSULE	1 CAP TID DISPENSE WEEKLY	-	07-Jan-2015	-	17-Jul-2018
Quetiapine Fumarate Tablets 150 mg	-	168 tablet	1 TABLET THREE TIMES DAILY DISPENSE WEEKLY	-	19-Jan-2013	-	17-Jul-2018
Ranitidine Tablets 300 mg	0103010T0AAACAC	120 tablet	1 TABLET TWICE DAILY	-	31-Jul-2012	-	17-Jul-2018
Co-Codamol			2 Tabs every 4		19-Jan-		

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30/500 Tablets	0407010F0AAAH	100 TABLET	to 6 hours	-	2011	-	17-Jul-2018
Mirtazapine		56 weekly			15-Sep-		17-Jul-2018
Tablets 45 mg	-	dispense	1 Tab At night	-	2009	-	
		TABS					

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

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Tamsulosin Hydrochloride M/R capsules 400 micrograms	0704010U0AAAAA	60 capsule	ONE TO BE TAKEN EACH DAY	-	17-Jul-2018	60 Days	17-Jul-2018

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risks

Number per day
? (not known)

Units per day
? (not known)

Exercise status: Not Known

Additional relevant information

Administrative information

Referred By: Registered GP

Signature of referring doctor (or other professional) Date

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**Confidential - Clinical
Information**

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University Hospital Crosshouse
Kilmarnock Road
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KA2 0BE
01563 521133

www.nhsaaa.net

NHS
Ayrshire
& Arran

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Our Ref: JFM/FE
Hospital No:
Clinic Date: 12/06/2019
Date Dictated: 12/06/2019
Date Typed: 13/06/2019
Enquiries to: Fiona Elliott
Direct Line: 01563 827970
Ext. Number: 27970
Email: fiona.elliott@aapct.scot.nhs.uk

Dear Dr Costley,

PAUL EWING **DOB: 11/05/1978** **CHI No: 1105783235**
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT

Mr Ewing has attended the blood borne virus clinic at University Hospital Crosshouse as part of his routine check up regarding chronic hepatitis C infection.

Mr Ewing was diagnosed with hepatitis C genotype 3, without significant secondary liver fibrosis, for which he received an 8 week course of Sofosbuvir and Velpatasvir which he completed in April. At end of treatment hepatitis C viral load was undetectable.

I have offered Mr Ewing a new appointment in 3 months.

Yours sincerely

Authorised on 19/06/2019 16:18:30 by Jose Fernandez-Montero.

Jose Fernandez-Montero MD, PhD, FRCP (Glas)
Consultant Physician in Infectious Diseases
GMC: 7190116

www.nhsaaa.net



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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr. W. J. Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 02/08/2019
 Date Dictated: 02/08/2019
 Date Typed: 07/08/2019
 Our Ref: CD/EM
 Enquiries to Emma Melville
 Tel No: 01294 476195

Dear Dr. Costley,

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Diagnosis: **F11.22 – Opioid Dependence Syndrome (currently on Replacement Therapy)**
F13.2 – Sedative Dependence Syndrome (Benzodiazepines)
F29 – Psychosis Unspecified

Psychiatric Medication: **Prescribed by Addiction Services (thrice weekly dispense)**
Methadone 110ml, daily
Diazepam 10mg, daily

Prescribed by General Practitioner
Pregabalin 100mg, TDS
Quetiapine 150mg, TDS
Mirtazapine 45mg, nocte
Co-codamol 30/500, PRN

Recommendations/Plan: **1. Ongoing input from CPN Chris Pendrill**
2. Ongoing input from Addaction
3. Out-patient clinic review in four months

I reviewed Mr. Ewing in my out-patient clinic in Kilmarnock on 2nd August 2019. He describes that he continues to make some occasional use of Cannabis, but notes that he has been able to make some ongoing reductions over recent months.

He has now completed his hepatitis C treatment; his Addaction worker was able to take him to and from appointments at Crosshouse Hospital. He notes that he continues to experience difficulties with anxiety and social isolation. He describes ongoing social stressors, including his [REDACTED] who he describes as a "bully" and who continues to make use of illicit drugs. He also notes that his [REDACTED] failure and this is a challenge for the whole family. I have agreed to temporarily halt regular Diazepam reductions, and we will re-commence into next year. We will update you with regards to his progress.

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2 (CHI No: 1105783235) PAUL EWING

Yours sincerely,

Authorised on 08/08/2019 11:10:14 by C Duncan.

DR. C. DUNCAN
Consultant Psychiatrist

CC: Mr. Chris Pendrill, East CAT, Bentinck Centre, East Netherton Street, Kilmarnock, KA1
4AX

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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr WJ Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 22/05/2019
 Date Dictated: 22/05/2019
 Date Typed: 24/05/2019
 Our Ref: CD/ND
 Enquiries to: Nikki Donaldson
 Tel No: 01294 476063

Dear Dr Costley

PAUL EWING

**40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
 KA3 3BT**

CHI No: 1105783235

Diagnosis:

**F11.22 – Opiate Dependence Syndrome – currently on
 Replacement Therapy**
**F13.2 – Sedative Dependence Syndrome
 (benzodiazepine)**
F29 – Psychosis Unspecified

Psychiatric Medication:

**Prescribed by Addiction Services, three times weekly
 dispense**
Methadone 110ml daily
Diazepam 12mg – reducing by 2mg every 12 weeks
Prescribed by General Practitioner
Pregabalin 100mg tds
Quetiapine 150mg tds
Mirtazapine 45mg nocte
Co-codamol prn

Recommendations/Plan:

- 1) Ongoing input from CPN Chris Pendrill**
- 2) Out-patient clinic in two months**

I reviewed Mr Ewing at my out-patient clinic at the Addaction Project, Kilmarnock on 22 May 2019. He continues to make occasional use of cannabis but describes that he has been able to make significant reductions in what he was using. At this time he smokes cannabis pollen. He has been using since he was 13-years old but is attempting to make reductions as he notices links with increased paranoia when smoking more.

Mr Ewing describes that he continues to struggle with his Diazepam reductions but is prepared to continue with our support. Mr Ewing describes that he is due to commence his Hepatitis C treatment mid-June and he is looking forward to this outcome. He is being

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2

PAUL EWING

CHI No: 1105783235

supported by his Addaction worker Alex to facilitate attendance at appointments at the Annanhill project.

He is in receipt of ESA and PIP benefits. He has a number of social stressors. I note that his [REDACTED] Mr Ewing's [REDACTED] continues to make significant use of illicit drugs and this continues to be a challenge for Mr Ewing. Down the line he is considering his own tenancy but difficult family dynamics may prevent this.

I will update you with regards to his progress.

Yours sincerely

Authorised on 24/05/2019 14:34:12 by C Duncan.

DR C DUNCAN
Consultant Psychiatrist

C. c Chris Pendrill, East Cat, Bentinck Centre, East Netherton Street, Kilmarnock
KA1 4AX

www.nhs.uk



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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr. W. J. Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 11/01/2019
 Date Dictated: 11/01/2019
 Date Typed: 11/01/2019
 Our Ref: CD/EM
 Enquiries to: Emma Melville
 Tel No: 01294 476195

Dear Dr. Costley,

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Diagnosis: **F11.22 – Opioid Dependence Syndrome (currently on Replacement Therapy)**
F13.2 – Sedative Dependence Syndrome (Benzodiazepines)
F29 – Psychosis Unspecified

Psychiatric Medication: **Prescribed by Addiction Services (thrice weekly dispense)**
Methadone 110ml, daily
Diazepam 14mg, daily (reducing 2mg every 12 weeks)

Prescribed by General Practitioner
Pregabalin 100mg, TDS
Quetiapine 150mg, TDS
Mirtazapine 45mg, nocte
Cocodamol 30/500, PRN

Recommendations/Plan: **1. Ongoing input from CPN Chris Pendrill**
2. Out-patient clinic review in four months

I reviewed Mr. Ewing at my out-patient clinic on 11th January 2019 at the Addaction Centre, Kilmarnock. Mr. Ewing continues to engage well with services. He describes that he is using no illicit substances at this time.

Mr. Ewing describes that he is due to commence treatment for his hepatitis C, and has a medical assessment scheduled for the Annanhill Suite in February 2019. He is looking forward to commencing treatment thereafter.

Mr. Ewing describes a number of difficult social stressors at this time. His mother, who he resides with, is unwell and Mr. Ewing is keen to improve his own physical health by undertaking BBV treatment in order to be a better support for his mother in moving forward. Additionally, he currently is in some acute pain with regards to toothache, and I have advised

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2 (CHI No: 1105783235) PAUL EWING

him to seek dental input. He said that his support worker from Addaction, Alex, will help him to get an appointment over the next week or so. He did note that his application for PIP benefits has been approved, and he was pleased with this outcome.

In light of his forthcoming treatment for his hepatitis C diagnosis, I have indicated to Mr. Ewing that I would be pleased to see him more regularly to support him through this important process. We will update you with regards to his progress.

Yours sincerely,

Authorised on 14/01/2019 17:14:44 by C Duncan.

DR. C. DUNCAN
Consultant Psychiatrist

CC: Mr. Chris Pendrill, East CAT, Bentinck Centre, East Netherton Street, Kilmarnock, KA1 4AX

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**Confidential - Clinical
Information**

Infectious Disease Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133
01563 825248
www.nhsaaa.net



Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Our Ref: EG/FE
Hospital No:
Clinic Date: 11/04/2018
Date Dictated: 14/04/2018
Date Typed: 14/04/2018
Enquiries to: Fiona Elliott
Direct Line: 01563 827970
Ext. Number: 27970
Email: fiona.elliott@aapct.scot.nhs.uk

Dear Dr Costley,

PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT

Mr Ewing has failed to attend the blood borne virus clinic. I have not offered another appointment at this time but would be more than happy to do so if he can give a firm commitment to attend.

Yours sincerely

Authorised on 18/04/2018 09:04:55 by Elizabeth Graham.

Elizabeth Graham
BBV Clinical Nurse Specialist
NMC: 95C0377S

www.nhsaaa.net



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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

Unique Care Pathway Number: 1010154208998

REFERRAL LETTER
 MEDICAL IN CONFIDENCE

CHI:1105783235

REFERRAL TO

UrologyCB
 AA Urology

Ethnic Origin

-

Language interpreter
 req'd

-

Religion

-

**Religious
 Observance**

-

Vision impairment

-

Hearing impairment

-

Sign language
 interpreter req'd.

-

University Hospital Ayr
 Dalmellington Road
 Ayr
 KA6 6DX

Urgency of referral

Routine

Date of referral

06-Feb-2018

Date submitted

06-Feb-2018

PATIENT DETAILS

Surname

Ewing

Forename(s)

Paul

Title

-

Sex

Male

Date of birth

11-May-1978

CHI no.

1105783235

Patient's address

40 Lothian Road
 Stewarton
 Kilmarnock
 KA3 3BT

Contact number(s)

-

REGISTERED GP DETAILS

Name

Dr W Costley

GMC code

4614137

GP code

22900

Practice name

Stewarton Medical Practice (13547)

Practice code

80594

Practice address

45 High Street
 Stewarton
 Kilmarnock
 Ayrshire

Contact number(s)

Voice: 01560 482011
 Facsimile: 01560 485483

REFERRING PRACTITIONER DETAILS

Name

Dr. William Costley

GMC code

4614137

GP code

22900

Practice name

Stewarton Medical Practice (80594)

Practice code

80594

Practice address

The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Contact number(s)

Voice: 01560 482011

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: poor urine flow.

Comment: Many thanks for seeing this man who has a long standing history (years) of poor urine flow. He describes spraying when passing urine and he usually has to sit down on the toilet to pass urine. He has to press hard to force the urine out. His PSA is undetectable.

Please note that Paul has some difficulties with drug addiction and mental health but overall, he is fairly stable at the moment.

I wonder if he has a urethral stenosis and I would be grateful for your assessment.

Many thanks.

Yours sincerely

Dr W Costley

Examinations and Investigations

Height: 172 -
 Weight(kg): 73.5 -
 BMI: 24.84 -
 Current smoker: 21-Jan-2015 00:00
 Alcohol consumption, 0 units/week: 08-Nov-2016 00:00

Reason for referral

Care type requested: Out Patient
 Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Overdose of drug	-	-	Mixed	15-Jan-2014	15-Jan-2014
[X]Paranoid psychosis	-	-	-	22-Oct-2013	22-Oct-2013
[X]Heroin addiction	-	-	-	04-Sep-2001	04-Sep-2001
[V]Drug use	-	-	intravenous	29-Jun-2001	29-Jun-2001
Inguinal hernia	-	-	and repair	01-Sep-1982	01-Sep-1982

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Hepatitis C antibody test positive	-	-	-	14-Feb-2003	14-Feb-2003

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Pregabalin Capsules 100 mg	-	168 CAPSULE	1 CAP TID DISPENSE WEEKLY	-	07-Jan-2015	-	06-Feb-2018
Quetiapine Fumarate Tablets 150 mg	-	168 tablet	1 TABLET THREE TIMES DAILY DISPENSE WEEKLY	-	19-Jan-2013	-	06-Feb-2018
Ranitidine Tablets 300	0103010T0AAACAC	120 tablet	1 TABLET TWICE DAILY	-	31-Jul-2012	-	05-Dec-2017

mg							
Co-Codamol 30/500 Tablets	0407010F0AAAH	100 TABLET	2 Tabs every 4 to 6 hours	-	19-Jan- 2011	-	06-Feb- 2018
Mirtazapine Tablets 45 mg	-	56 weekly dispense TABS	1 Tab At night	-	15-Sep- 2009	-	06-Feb- 2018

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

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Amoxicillin Capsules 500 mg	-	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	21-Nov- 2017	7 Days	21-Nov-2017

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status

Alcohol consumption

Number per day ? (not known)	Units per day ? (not known)
---------------------------------	--------------------------------

Additional relevant information

Administrative information

Referred By:Registered GP

Signature of referring doctor (or other professional) Date

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Confidential - Clinical Information

Consultant – MS BEKARMA

Department of Urology
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555



www.nhsaaa.net

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Our Ref: AM/TR
Hospital No: XHI250501
Clinic Date: 27/06/2018
Date Dictated: 27/06/2018
Date Typed: 28/06/2018
Enquiries to Mrs Tracy Robson
Direct Line:
Ext. Number: 14067
Email: Tracy.Robson@aapct.scot.nhs.uk

Dear Dr Costley,

PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT

DIAGNOSIS: Patient complaining of poor stream

INVESTIGATIONS: Flow and scan - residual volume 10mls
Flexible cystoscopy – no abnormalities seen

OUTCOME: Discharged from clinic
If patient still complaining of symptoms – to have a trial of
Tamsulosin but unlikely to make significance difference

Thank you for referring this gentleman to the urology service today. He has had symptoms for approximately 10 years of feeling he is struggling to void and strain to pass urine. He has had issues in the past with a list of substance abuse and is on the methadone programme. He still consumes cannabis, is on Mirtazapine, Diazepam, Quetiapine and Methadone as well as Pregabalin. All of which interfere with voiding function.

There are no structural abnormalities and his residual volume is low so I am happy he can be safely discharged. If he is still complaining in the future, you could try him on some Tamsulosin which would give him a subtle increase in his flow. This may be enough to keep him happy but there is certainly no further intervention required from the urology service.

Yours sincerely

Authorised on 28/06/2018 15:28:11 by Holly Bekarma.

A McPhee
ST6 in Urology
GMC 7036851

www.nhsaaa.net



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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr. W. J. Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 23/02/2018
 Date Dictated: 23/02/2018
 Date Typed: 01/03/2018
 Our Ref: CD/EM
 Enquiries to: Emma Melville
 Tel No: 01294 476195

Dear Dr. Costley,

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Diagnosis: F11.22 – Opioid Dependence Syndrome (currently on Replacement Therapy)
 F13.2 – Sedative Dependence (Benzodiazepines)
 F29 – Psychosis Unspecified

Psychiatric Medication: Prescribed by Addiction Services
 Methadone 110ml, daily, thrice weekly dispensed
 Diazepam 24mg, daily, reducing 2mg every eight weeks

Prescribed by General Practitioner
 Pregabalin 100mg, TDS
 Quetiapine 150mg, TDS
 Cocodamol 30/500, PRN
 Mirtazapine 45mg, nocte

Recommendations/Plan: 1. Ongoing input from key worker, Chris Pendrill
 2. Ongoing input from Alex Smith (Addaction)
 3. Outpatient clinic review in three months

I reviewed Mr. Ewing in my outpatient clinic on 23rd February 2018 at the Bentinck Centre. Mr. Ewing tells me that he feels fairly settled, and is agreeable to continue on his reduction of his Diazepam prescription. I did broach the idea of reducing a little faster than his current eight weekly, but he was fairly resistant to this. As this was the first time that I was meeting with him today I did not push this further, but I am likely to return to this subject down the line.

Mr. Ewing tells me that he continues to smoke Cannabis on a daily basis. However, he tells me that he is using no other illicit substances at this time. He does not drink alcohol.

Mr. Ewing tells me that he continues to reside with his [REDACTED] He tells me that family dynamics are difficult at home. [REDACTED]

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2 (CHI No: 1105783235) PAUL EWING

own tenancy, but he is concerned [REDACTED] would also come to live with him, and he is reluctant to live with [REDACTED] going forward as he finds that [REDACTED] is "a bully". Mr. Ewing describes that typically he spends much of his time in his own room watching TV. His [REDACTED] and Mr. Ewing enjoys spending time with them. It is his hope that as his diazepam reduction continues he will be more motivated to spend time playing with [REDACTED]

Mr. Ewing's main concern today was the prospect of a forthcoming trial at the high court in Edinburgh, for which he is a witness. He describes that he feels anxious about this. We will support him through this service and Addaction round anxiety management issues. We will update you with regards to his progress.

Yours sincerely,

Authorised on 05/03/2018 16:25:04 by Clare Duncan.

DR. CLARE DUNCAN
Consultant Psychiatrist

CC: Mr. Chris Pendrill, East CAT, Bentinck Centre, East Netherton Street, Kilmarnock

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NHS Ayrshire & Arran
Bruce Day Surgery Suite

University Hospital Ayr
Dalmellington Road
Ayr KA6 6DX
Telephone: 01292 610555
Fax
www.show.scot.nhs.uk/aaaht



Attended:



CHI: 1105783235
Ewing, Paul
40 Lothian Road
Kilmarnock
KA3 3BT
11/05/1978
Dr. W. Gossley LW ✓

27/6/18

Dear Dr.

The above patient attended the Day Surgery Unit on

A Summary of the admission is set out below

DIAGNOSIS: pt C/D poor Shen

PROCEDURE: Flexi Cystoscopy

The procedure was carried out under GA/LA.

The patient has been discharged home and the following arrangements have been made for follow-up.

FOLLOW-UP:

Dr. Schum

A more detailed discharge letter will/will not follow.

Yours sincerely,

A handwritten signature in black ink, appearing to be "Dr. Martin Cheyne".

Chairman Dr Martin Cheyne
Chief Executive Mr John Burns, CBE



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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr. W. J. Costley
 Stewarton Medical Practice
 The Health Centre
 45 High Street
 Stewarton
 KA3 5BP

Clinic Date: 06/07/2018
 Date Dictated: 06/07/2018
 Date Typed: 10/07/2018
 Our Ref: CD/EM
 Enquiries to Emma Melville
 Tel No: 01294 476195

Dear Dr. Costley,

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Diagnosis: **F11.22 – Opioid Dependence Syndrome (currently on Replacement Therapy)**
F13.2 – Sedative Dependence Syndrome (Benzodiazepines)
F29 – Psychosis Unspecified

Psychiatric Medication: **Prescribed by Addiction Services (thrice weekly dispense)**
Methadone 110ml, daily
Diazepam 18mg, daily (reducing 2mg every 12 weeks)

Prescribed by General Practitioner
Pregabalin 100mg, TDS
Quetiapine 150mg, TDS
Mirtazapine 45mg, nocte
Co-codamol 30/500, PRN

Recommendations/Plan: **1. Out-patient clinic review in four months**
2. Ongoing input from CPN Chris Pendrill

I reviewed Mr. Ewing at my out-patient clinic on 6th July 2018 at the Bentinck Centre. Mr. Ewing continues to make daily use of Cannabis. He denies the use of any other illicit substances at this time.

Mr. Ewing describes that he has been “struggling” with his regular reductions in Diazepam, and asked that this be halted at present. Instead, I have agreed to slow down his reduction to every 12 weeks, and he is agreeable to this. He did mention that his current ESA and PIP benefits are currently being reviewed, and I have offered to provide him a letter of support as required.

I note that he has recently been investigated by Urology at Ayr Hospital, and Mr. Ewing describes that they have recommended new medication be commenced, however he was

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2 (CHI No: 1105783235) PAUL EWING

unsure what this medication was called. I understand that he has an appointment at the practice next week. I have made no further changes to his medications today.

We will update you with regards to his progress at this service.

Yours sincerely,

Authorised on 11/07/2018 10:35:51 by C Duncan.

DR. C. DUNCAN
Consultant Psychiatrist

CC: Mr. Chris Pendrill, East CAT, Bentinck Centre, East Netherton Street, Kilmarnock, KA1
4AX

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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Ms. Cheryl Burns
 East Primary Care Addiction Team
 35-41 Lister Street
 Crosshouse Hospital
 Kilmarnock
 KA2 0BE

Clinic Date: 17/07/2017
 Date Dictated: 17/07/2017
 Date Typed: 25/07/2017
 Our Ref: JS/EM
 Enquiries to: Anne Caldwell
 Tel No: 01294 476144

Dear Cheryl,

PAUL EWING

**40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
 KA3 3BT**

CHI No: 1105783235

Diagnosis:

F11.2 – Opioid Dependence Syndrome
F12.2 – Cannabinoid Dependence Syndrome
F13.2 – Sedative Dependence (Benzodiazepine)
Psychosis Unclassified

Psychiatric Medication:

Prescribed by Addiction Services (3 x weekly dispense)
Methadone 110ml, daily
Diazepam 30mg, daily in divided doses

General Practitioner Reported to Prescribe
Pregabalin 300mg, daily
Quetiapine 150mg, three times daily

Recommendations/Plan:

- 1. Diazepam to reduce 2mg every two months**
- 2. Clinic review in November 2017**

I saw Paul in my outpatient clinic on 17th July 2017 at the Bentinck Centre. His presentation was much as ever, with no significant change. Ward 5 are not keen to admit him for Cannabis detoxification, although would offer assessment if referred Cannabis-free on oral screening. I have explained this to Paul. He said that he would continue to try and stop using Cannabis, but I am not convinced the will is particularly there.

I will reduce his Diazepam by 2mg every two months from 1st August 2017. Routinely I will review him in November.

Yours sincerely,

Authorised on 28/07/2017 15:14:47 by Jeremy Stirling.

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2 (CHI No: 1105783235) PAUL EWING

Dr. J. Stirling
Consultant Psychiatrist

CC: Dr. W. J. Costley, Stewarton Medical Practice, The Health Centre, 45 High Street,
Stewarton, KA3 5BP

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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Mr. Chris Pendrill
 East Cat
 Bentinck Centre
 East Netherton Street
 Kilmarnock
 KA1 4AX

Clinic Date: 06/11/2017
 Date Dictated: 04/01/2018
 Date Typed: 04/01/2018
 Our Ref: JS/EM
 Enquiries to: Emma Melville
 Tel No: 01294 476195

Dear Chris,

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Diagnosis: F11.2 – Opioid Dependence Syndrome
 F13.2 – Sedative Dependence (Benzodiazepine)
 F29 – Psychosis Unspecified

Psychiatric Medication: Prescribed by Addiction Services
 Methadone 110ml, daily, three times weekly dispense
 Diazepam 26mg, daily in divided doses, reducing 2mg every eight weeks

GP Reported to Prescribe
 Pregabalin 300mg, daily
 Quetiapine 150mg, TID

Recommendations/Plan: 1. Needs ECG through East CAT – please could key worker help co-ordinate this
 2. Request HbA1c and lipids from GP
 3. Clinic review in February 2018

I reviewed Paul in my outpatient clinic on 6th November 2017 at the Bentinck Centre, and found him as much as ever. He continues to use Cannabis and a Ward 5 referral seems out of reach for him still. His Diazepam is now reducing 2mg every eight weeks.

He is due an ECG, and I would be grateful if this could be picked up through East CAT.

He had some of his antipsychotic blood monitoring checks in March but is due HbA1c and lipids. I will alert his GP to this.

I encouraged him to continue to try and cut out Cannabis. He will be reviewed in three months.

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2 (CHI No: 1105783235) PAUL EWING

Yours sincerely,

Authorised on 12/01/2018 15:26:42 by C Woolston.

Dr. J. Stirling
Consultant Psychiatrist

CC: Dr. W. J. Costley, Stewarton Medical Practice, The Health Centre, 45 High Street,
Stewarton, KA3 5BP

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Confidential - Clinical Information

**infectious Disease Department
University Hospital Crosshouse
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KA2 0BE
01563 521133
01563 825248
www.nhsaaa.net**



Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Our Ref: JFM/FE
Hospital No:
Clinic Date: 18/01/2017
Date Dictated: 20/01/2017
Date Typed: 23/01/2017
Enquiries to Fiona Elliott
Direct Line: 01563 827970
Ext. Number: 27970
Email: fiona.elliott@aapct.scot.nhs.uk

Dear Dr Costley,

PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT

Mr Ewing has attended the blood borne virus clinic at University Hospital Crosshouse as part of his routine check up regarding chronic hepatitis C infection.

Mr Ewing was diagnosed with hepatitis C genotype 3, without secondary significant liver fibrosis. He reports frequent use of street drugs as well as smoking cannabis on a daily basis. He has no signs or symptoms of liver decompensation.

We have discussed the need for stopping using street drugs, and he is keen on having psychiatric support for cannabis addiction. I will be referring him to psychiatry.

I have offered Mr Ewing a new appointment in 3 months time.

Yours sincerely

Authorised on 23/01/2017 15:32:32 by Jose Fernandez-Montero.

Jose Fernandez-Montero MD, PhD, FRCP (Glas)
Consultant Physician in Infectious Diseases
GMC: 7190116

www.nhsaaa.net



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**Confidential - Clinical
Information**

Infectious Disease Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133
01563 825248
www.nhsaaa.net

NHS
Ayrshire
& Arran

Dr Jeremy Stirling
NHS Addictions Services
Bentinck Centre
East Netherton Street
KILMARNOCK
KA1 4AX

Our Ref: JFM/FE
Hospital No:
Clinic Date: 18/01/2017
Date Dictated: 20/01/2017
Date Typed: 23/01/2017
Enquiries to: Fiona Elliott
Direct Line: 01563 827970
Ext. Number: 27970
Email: fiona.elliott@aapct.scot.nhs.uk

Dear Dr Stirling,

PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, AYRSHIRE, KA3 3BT

Mr Ewing has attended the blood borne virus clinic at University Hospital Crosshouse as part of his routine check up regarding chronic hepatitis C infection.

Mr Ewing reports frequent use of street drugs, and uses cannabis daily. He wants to stop using drugs, but feels he needs medical support.

I would be most grateful if you could assess Mr Ewing in your clinic.

Yours sincerely

Authorised on 23/01/2017 15:32:20 by Jose Fernandez-Montero.

Jose Fernandez-Montero MD, PhD, FRCP (Glas)
Consultant Physician in Infectious Diseases
GMC: 7190116

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Liz Drysdale
 East Community Addiction Team
 35-41 Lister Street
 Crosshouse Hospital
 KILMARNOCK
 KA2 0BE

Clinic Date: 19/04/2017
 Date Dictated: 26/04/2017
 Date Typed: 16/05/2017
 Our Ref: JS/AC
 Enquiries to: 01294 476195
 Tel No: 01294 476196
 Fax No:

Dear Liz Drysdale

PAUL EWING

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT

CHI No: 1105783235

Diagnosis: F11.2 Opioid Dependence Syndrome
 F12.2 Cannabinoid Dependence
 F13.2 Sedative Dependence (Benzodiazepine)
 Psychosis unclassified

Psychiatric Medication: Medication from Addiction Services: Methadone 110 mg daily
 3 times weekly pick up, Diazepam 30 mg daily in divided
 doses, 3 times weekly pick up.

Recommendations/Plan: 1. I would approach Dr Wilson RMO for Ward 5 to see if a detox
 from cannabis followed by a residential rehabilitation is a
 possibility.
 2. No change to medication at this time.
 3. Ongoing monitoring East CAT.

I saw Paul at the Bentinck Centre on the 19th of April 2017. He reported compliance with his
 medication and no specific side effects. He reported the following drug use in the months
 prior to his appointment: Cannabis 3 joints daily. He stated his alcohol consumption the
 month prior to his appointment was nil. The following were discussed at his appointment:

1. He did not complain of any psychotic symptoms
2. He described a lot of anxiety about his mother's poor physical health.
3. He complained of depression, loss of motivation, was neglecting his appearance.
4. He wanted to come to ward 5 but he said that he needs admission to hospital to detox
 from cannabis.

While I would be mindful of the depressant element in his presentation I do not think
 antidepressants are indicated unless his symptoms persist of cannabis. Contd/.....

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2 Paul Ewing – Dob: 11/05/78

The following was agreed:

1. I would approach Dr Wilson RMO for Ward 5 to see if a detox from cannabis followed by a residential rehabilitation is a possibility.
2. No change to medication at this time.
3. Ongoing monitoring East CAT.

Yours sincerely

Authorised on 17/05/2017 16:20:11 by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

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**Confidential - Clinical
Information**

Infectious Disease Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133
01563 825248
www.nhsaaa.net



Dr Jeremy Stirling
NHS Addictions Services
Bentinck Centre
East Netherton Street
KILMARNOCK
KA1 4AX

Our Ref: JFM/FE
Hospital No:
Clinic Date: 07/11/2016
Date Dictated: 02/12/2016
Date Typed: 09/12/2016
Enquiries to: Fiona Elliott
Direct Line: 01563 827970
Ext. Number: 27970
Email: fiona.elliott@aaaht.scot.nhs.uk

Dear Dr Stirling,

PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT

Mr Ewing has attended the blood borne virus clinic at University Hospital Crosshouse as part of his routine check up regarding chronic hepatitis C infection.

Mr Ewing has attended the clinic after being lost to follow up for 3 years. He was diagnosed with hepatitis C genotype 3, without significant liver fibrosis. He is on regular treatment with Methadone, Diazepam, Pregabalin, Quetiapine, Mirtazapine, Co-Codamol and Ranitidine. He reports active injection use, last time one week before having been seen at the clinic.

We would be keen on starting him on antiviral treatment, but we would be most grateful if you could liaise with Mr Ewing in order to help him with avoiding injection drug use. I have offered him a new appointment in my clinic in 2 months time.

Yours sincerely

Authorised on 09/12/2016 16:45:48 by Jose Fernandez-Montero.

Jose Fernandez-Montero MD, PhD, FRCP (Glas)
Consultant Physician in Infectious Diseases
GMC: 7190116

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street

www.nhsaaa.net



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Stewarton
KA3 5BP

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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Liz Drysdale
 East Community Addiction Team
 35-41 Lister Street
 Crosshouse Hospital
 KILMARNOCK
 KA2 0BE

Clinic Date: 16/11/2016
 Date Dictated: 12/12/2016
 Date Typed: 12/12/2016
 Our Ref: JS/ND
 Enquiries to Nikki Doherty
 Tel No: 01294 476063

Dear Liz Drysdale

PAUL EWING

**40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
 AYRSHIRE, KA3 3BT**

CHI No: 1105783235

Diagnosis:

F11.2 – Opioid Dependence Syndrome
F12.2 – Cannabis Dependence Syndrome
F13.2 – Sedative/Hypnotic Dependence Syndrome
Psychosis Unclassified

Psychiatric Medication:

Prescribed by Addiction Services, three times weekly
dispense
Methadone 110ml daily
Diazepam 30mg daily in divided doses

Recommendations/Plan:

- 1) No change to medication at this point**
- 2) Discourage cannabis use with a view to referral to Ward 5 Woodland View**
- 3) Ongoing monitoring East CAT**
- 4) Clinic review three months**

I saw Paul at The Bentinck Centre on 16 November 2016. Essentially there was no great change from his review in August of this year. I am concerned that his cannabis continues. I wonder if we could encourage him to work towards coming into Ward 5 early next year. I sown the seed that his diazepam needs to come down particularly if his cannabis continues in the way that it is. I would be grateful for feedback on his progress.

Yours sincerely

Authorised on 13/12/2016 15:13:25 by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
 Stewarton Medical Practice

www.nhsaaa.net



NHS Confidential: Personal data about a patient

The Health Centre
45 High Street
Stewarton
KA3 5BP

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www.nhs.uk



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Confidential - Clinical Information

Infectious Disease Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133
01563 825248
www.nhsaaa.net



Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Our Ref: JFM/FE
Hospital No:
Clinic Date: 07/11/2016
Date Dictated: 02/12/2016
Date Typed: 09/12/2016
Enquiries to: Fiona Elliott
Direct Line: 01563 827970
Ext. Number: 27970
Email: fiona.elliott@aaaht.scot.nhs.uk

Dear Dr Costley,

PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT

Mr Ewing has attended the blood borne virus clinic at University Hospital Crosshouse as part of his routine check up regarding chronic hepatitis C infection.

Mr Ewing was previously diagnosed with hepatitis C genotype 3, without secondary significant liver fibrosis. He is on regular treatment with Methadone, Diazepam, Pregabalin, Quetiapine, Mirtazapine, Co-Codamol and Ranitidine. He reports injection drug use 7 days ago.

Though there is a very low risk of liver decompensation in the midterm, it would be advisable to have Mr Ewing started on antiviral treatment as soon as possible. I will be liaising with the addiction services in order to get all the support he needs for stopping injecting.

I have offered him a new appointment in 2 months time.

Yours sincerely

Authorised on 09/12/2016 16:41:11 by Jose Fernandez-Montero.

Jose Fernandez-Montero MD, PhD, FRCP (Glas)
Consultant Physician in Infectious Diseases
GMC: 7190116

www.nhsaaa.net



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Mental Health Review**Information required**

8.11 - BC

EWING, Paul
40 Lothian Road
Stewarton
KA3 3BT
45 High St, Stewarton
09/11/2016

Alcohol consumption in the preceding 12 months	NIL
BMI in the preceding 12 months	117/72 Wb. 73.5kg 25.84
Blood pressure in the preceding 12 months	110/60
Cholesterol (aged 40 and over) in the preceding 12 months	N/A
Glucose (aged 40 and over) in the preceding 12 months	N/A
Cervical screening (aged 20 to 60) in the preceding 3 years	N/A
Patients on lithium therapy Lithium level in therapeutic range in the preceding 4 months Creatinine and TSH in the preceding 9 months Care Plan every 12 months } N/A	
Next of Kin Details: MOTHER ELIZABETH EWING SAME ADDRESS	

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Stewarton Medical Practice**Mental Health Comprehensive Care Plan****PATIENT DETAILS:**

EWING, Paul 1105763235
 48 Lothian Road
 Stewarton Dr U Cootley
 KA3 3BT 45 High St. Stewarton
 09/11/2018

DATE OF CCP:**DIAGNOSIS:**
(specify)

Schizophrenia

Bipolar

Other

*Paranoid psychosis***CURRENT HEALTH STATUS:**

Well/stable

Recovering from relapse

Unwell

CURRENTLY LIVES:

Alone

With family/carer

Institution

DETAILS OF MAIN CARER/NEXT OF KIN:Name: *Mother Elizabeth Ewing*

Lives with patient

Yes / No

Relationship to patient:

Contact Number:

DETAILS OF OTHER CARER:

Name:

Lives with patient -

Yes / No

Relationship to patient:

Contact Number:

ANY SOCIAL CARE NEEDS CURRENTLY NEEDING ADDRESSED?*Nil.*

NHS Confidential: Personal data about a patient

2

EWING, Paul
 1105783235
 48 Lothian Road
 Stewarton
 KA3 3BT Dr U Cantley
 45 High St, Stewarton
 09/11/2016

DOB: _____

CHI: _____

REGULAR ATTENDANCES/SERVICES/ACTIVITIES:

Day Centre/Group Activities/Sessions Yes / No

Details:

Current CPN:

Release GP

Name:

Contact No:

Regular consultant clinic (Dr Stirling)

How often are visits?

On Depot:

Yes / ☒ No

Psychiatry OPC:

☒ Yes / No

Consultant Name:

*As above*Attendance frequency: *engaged*Any recent acute admissions: Yes / No
(if yes give details below)**OCCUPATIONAL STATUS:**

Working

Voluntary work

unable to work ☒**'EARLY WARNING SIGNS' - DETAIL BELOW:***Patient aware*

NHS Confidential: Personal data about a patient

3

EWING, Paul
 1105783235
 40 Lothian Road
 Stewarton
 K83 3BT Dr J Castley
 45 High St, Stewarton
 09/11/2016

DOB: _____

CHI: _____

**PATIENT'S PREFERRED COURSE OF ACTION
 IN THE EVENT OF CLINICAL RELAPSE:**

Who to contact:

Relationship to patient:

G.P.

Contact details:

WISHES REGARDING MEDICATION:

Happy to accept recommended drug treatment at discretion of GP/hospital doctor

Yes/ No

SPECIFIC REQUESTS REGARDING MEDICATION:

DISCUSSION WITH SECONDARY CARE KEY WORKER CARRIED OUT?

Yes / No

DETAILS OF ANY SIGNIFICANT CONCERNS/DECISIONS:

Nil.

CCP COMPLETED BY:

J. Carter, 8/11/16

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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Liz Drysdale
 East Community Addiction Team
 35-41 Lister Street
 Crosshouse Hospital
 KILMARNOCK
 KA2 0BE

Clinic Date: 25/02/2016
 Date Dictated: 27/02/2016
 Date Typed: 29/02/2016
 Our Ref: JS/ND
 Enquiries to: Nikki Doherty
 Tel No: 01294 476195

Dear Liz

PAUL EWING

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
KA3 3BT

CHI No: 1105783235**Diagnosis:**

F11.2 – Opioid Dependence Syndrome
 F12.2 – Cannabis Dependence Syndrome
 F13.2 – Sedative/Hypnotic Dependence Syndrome

Psychiatric Medication:

Prescribed by Addiction Services, three times weekly pick-up

Methadone 110ml daily
 Diazepam 30mg daily in divided doses

Prescribed by General Practitioner, weekly pick-up

Quetiapine 450mg daily
 Pregabalin 300mg daily
 Mirtazapine 45mg at night

Recommendations/Plan:

- 1) No change to medication
- 2) ECG to be carried out via Addiction Services
- 3) Clinic review three months
- 4) Ongoing monitoring East CAT
- 5) Request East CAT explore community recovery supports

I saw Paul at The Bentinck Centre on 25 February 2016. He told me that his only ongoing drug use was four joints of cannabis daily. He spoke about the stresses of [REDACTED] current physical illness. He also spoke about being linked into the Hepatitis clinic and his hope for anti-viral therapy.

He is still not suitable for The Kyle Addiction unit given his problems stopping cannabis. I would be grateful if all community recovery supports could be reviewed for his including Addaction. I said that I would continue the Diazepam at 30mg daily while these are being explored and while we are waiting on an opinion regarding his Hepatitis treatment.

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2

PAUL EWING

CHI No: 1105783235

He did not describe any specific mood problems and there were no overt psychotic symptoms today. Routinely I will review in three months. I have also arranged for him to have an ECG. I would be grateful if the ECG could be chased up as I am concerned he might miss an appointment.

Yours sincerely

Authorised on 03/03/2016 22:16:45 by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

C. c Dr WJ Costley, Stewarton Medical Practice, The Health Centre, 45 High Street
Stewarton, KA3 5BP

www.nhsaaa.net



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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Liz Drysdale
 East Community Addiction Team
 35-41 Lister Street
 Crosshouse Hospital
 KILMARNOCK
 KA2 0BE

Clinic Date: 18/05/2016
 Date Dictated: 18/05/2016
 Date Typed: 31/05/2016
 Our Ref: JS/ND
 Enquiries to: Nikki Doherty
 Tel No: 01294 476195

Dear Liz

PAUL EWING

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
KA3 3BT

CHI No: 1105783235**Diagnosis:**

F11.2 – Opioid Dependence Syndrome
F13.2 – Sedative/Hypnotic Dependence Syndrome
F12.2 – Cannabis Dependence Syndrome

Psychiatric Medication:

Prescribed by Addiction Services, three times weekly pick-up

Methadone 110ml daily
 Diazepam 30mg daily in divided doses

Prescribed by General Practitioner, weekly pick-up

Quetiapine 450mg daily
 Pregabalin 300mg daily
 Mirtazapine 45mg at night

Recommendations/Plan:

- 1) Advised to contact Addaction directly**
- 2) Awaiting link up with hepatitis clinic**
- 3) Clarify situation regarding blood screen via addiction Services**
- 4) Ongoing monitoring East CAT**
- 5) Clinic review three months**

I saw Paul at The Bentinck Centre clinic on 18 May 2016. He told me he was using four to five joints of cannabis daily but no other street drugs and no problem drinking. He told me that he was still awaiting link up with the hepatitis clinic. He told me about the ongoing concerns about [REDACTED] ill health and ongoing investigation. He said to me that he had an ECG carried out but I have not yet seen the result of this. I said that I would notify him when the result came through to me. He said that he had been referred to Addaction but was waiting for an appointment with them. I have urged him to chase this up actively himself. I also advised him that when he is talking about support for his addiction with Addaction it would be most helpful if they could focus on his cannabis use rather than methadone or diazepam as this is his current barrier to getting into the Kyle Addiction Unit.

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2

PAUL EWING

CHI No: 1105783235

I would be grateful as well if you could check that he has had full range of blood investigations including blood sugar, full blood count, U&Es, LFTs and cognitive screen. Routinely I will review him in three months.

Yours sincerely

Authorised on 03/06/2016 08:51:08 by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

C. c Dr WJ Costley, Stewarton Medical Practice, The Health Centre, 45 High Street
Stewarton, KA3 5BP

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**Confidential - Clinical
Information**

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
01294 476196

www.nhsaaa.net



Paul Ewing
40 Lothian Road
Stewarton
Kilmarnock
Ayrshire
KA3 3BT

Our Ref: JS/AC/
Hospital No:
Ref Date: 02/11/2015
Date Dictated: 02/11/2015
Date Typed: 02/11/2015
Enquiries to 01294 476195
Direct Line:
Ext. Number:
Email:

Dear Paul,

PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT

I received your telephone message and will start your diazepam reductions after your next clinic appointment.

Kind regards

Yours sincerely

Authorised on 03/11/2015 23:23:01 by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

East CAT
 Addiction Services
 35-41 Lister Street
 Crosshouse Hospital
 Kilmarnock
 KA2 0BE

Clinic Date: 30/09/2015
 Date Dictated: 30/09/2015
 Date Typed: 07/10/2015
 Our Ref: JS/AC
 Enquiries to 01294 476195
 Tel No: 01294 476196
 Fax No:

Dear East CAT

PAUL EWING

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT

CHI No: 1105783235

Diagnosis: F11.2 Opioid Dependence Syndrome
F13.2 Sedative/Hypnotic Dependence Syndrome
F12.2 Dependence Syndrome
Psychosis unclassified

Psychiatric Medication: Methadone 110 mg daily via Addiction Services 3 times weekly pick up. GP also reported to prescribe Quetiapine 450 mg daily, Pregabalin 300 mg daily.

Recommendations/Plan: 1. Diazepam prescribed 30 mg daily, reduction regime to be finalised.
2. Ongoing monitoring East CAT.
3. Clinic review December 2015.

I saw Paul at the Bentinck Centre on the 30th of September 2015. His medication at the time of review was above. He told me that he is continuing to use street Diazepam but has managed to reduce his intake down to 7, 5mg tablets daily. He continues to use cannabis at a level of approximately 5 joints per day. He told me that the longest period off cannabis he has achieved this year was 12 hours after which he becomes overwhelmed with cravings. He requested another attempt at Diazepam detoxification. Once again we spoke about trying to get into the Kyle Addiction Unit, a requisite being the need for him to be off cannabis at least for a few days.

I have agreed to do a Diazepam reduction with him starting at 30 mg daily in divided doses. I said that I would see him back in the clinic to go over some skills to be able to manage intense cravings. With the ultimate goal of retrying the Diazepam reductions to try and get him into the Kyle Addiction Unit. Contd/.....

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2 Paul Ewing

He said that he had an ECG recently given his high dose of Methadone with antipsychotics. I could not find a copy of this ECG so will pursue this through the team and let him know if there were any abnormalities.

I will see him back in the clinic in December.

Yours sincerely

Authorised on 10/11/2015 10:38:57 AM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

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Mental Health Review**Information required**

EWING, Paul
 1105783235
 48 Lothian Road
 Stewarton
 K82 3BT Dr U Gostley
 45 High St, Stewarton
 05/12/2015

Alcohol consumption in the preceding 12 months	<i>None</i>
BMI in the preceding 12 months <i>83kg 172cm</i>	<i>28 BMI</i>
Blood pressure in the preceding 12 months	<i>130/80</i>
Cholesterol (aged 40 and over) in the preceding 12 months	<i>N/A</i>
Glucose (aged 40 and over) in the preceding 12 months	<i>N/A</i>
Cervical screening (aged 20 to 60) in the preceding 3 years	<i>N/A</i>
<u>Patients on lithium therapy</u>	
Lithium level in therapeutic range in the preceding 4 months	<i>N/A</i>
Creatinine and TSH in the preceding 9 months	
Care Plan every 12 months	
<u>Next of Kin Details:</u>	
<i>Mother Elizabeth Ewing</i>	
<i>Same address</i>	

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Stewarton Medical Practice**Mental Health Comprehensive Care Plan****PATIENT DETAILS:**

Ewing, Paul
 40 Lothian Road
 Stewarton
 KA3 3BT
 Dr M Costley
 45 High St, Stewarton
 05/12/2015
 1105783235

DATE OF CCP:**DIAGNOSIS:**
(specify)

Schizophrenia

Bipolar

Other

*paranoid psychosis***CURRENT HEALTH STATUS:**

Well/stable

Recovering from relapse

Unwell

CURRENTLY LIVES:

Alone

With family/carer

Institution

DETAILS OF MAIN CARER/NEXT OF KIN:Name: *Margaret Ewing*

Lives with patient

Yes / No

Relationship to patient:

Contact Number:

DETAILS OF OTHER CARER:

Name:

Lives with patient - Yes / No

Relationship to patient:

Contact Number:

ANY SOCIAL CARE NEEDS CURRENTLY NEEDING ADDRESSED?*Nd.*

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2

DOB: _____

CHI: _____

REGULAR ATTENDANCES/SERVICES/ACTIVITIES:Day Centre/Group Activities/Sessions **Yes / No**

Details:

Current CPN:

Regular GP

Name:

Regular consultant (Dr Stirling) review

Contact No:

How often are visits?

On Depot:

Yes / No

Psychiatry OPC:

Yes / No

Consultant Name:

As above

Attendance frequency:

Any recent acute admissions: **Yes / No**
(if yes give details below)**OCCUPATIONAL STATUS:**

Working

Voluntary work

unable to work**'EARLY WARNING SIGNS' - DETAIL BELOW:***Patient aware*

EWING, Paul
 40 Lothian Road
 Stewarton
 KA3 3BT
 Dr M Costley
 45 High St, Stewarton
 05/12/2015
 1105783235

NHS Confidential: Personal data about a patient

3

EWING, Paul
1105783235
40 Lothian Road
Stewarton
KA3 3BT Dr J Costley
45 High St, Stewarton
05/12/2015

DOB: _____

CHI: _____

**PATIENT'S PREFERRED COURSE OF ACTION
IN THE EVENT OF CLINICAL RELAPSE:**

Who to contact: _____

Relationship to patient: *CP*

Contact details: _____

WISHES REGARDING MEDICATION:

Happy to accept recommended drug treatment at discretion of GP/hospital doctor

Yes / ☒ No**SPECIFIC REQUESTS REGARDING MEDICATION:****DISCUSSION WITH SECONDARY CARE KEY WORKER CARRIED OUT?**Yes / ☒ No *OK Not required***DETAILS OF ANY SIGNIFICANT CONCERNS/DECISIONS:***NT***CCP COMPLETED BY:***CP 1/12/15*

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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

East CAT
 Addiction Services
 35-41 Lister Street
 Crosshouse Hospital
 Kilmarnock
 KA2 0BE

Clinic Date: 01/07/2015
 Date Dictated: 29/08/2015
 Date Typed: 01/09/2015
 Our Ref: JS/AC
 Enquiries to: 01292 513954
 Tel No: 01292 513954
 Fax No:

Dear East CAT

PAUL EWING

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT

CHI No: 1105783235

Diagnosis: F11.2 Opioid Dependence Syndrome
F12.2 Dependence Syndrome
F13.2 Sedative/Hypnotic Dependence Syndrome

Psychiatric Medication: Methadone 110 mg daily via Addiction Services 3 times weekly pick up with a day in advance. GP also reported to prescribe Quetiapine 450 mg daily, Pregabalin 300 mg daily on a weekly pick up basis.

Recommendations/Plan: 1. No change to medication
2. Ongoing monitoring North CAT
3. Clinic review in 3 months

My apologies for the delay in writing to you regarding Paul. He attended the clinic on the 1st of July 2015. He told me that he was taking 14 street Diazepam tablets on a daily basis as well as 5 joints of cannabis daily. His Diazepam reductions on his prescribed dosage had finished 3 weeks previously. He complained of multiple anxiety symptoms in the absence of his prescribed Diazepam. I discussed at length with him that his drug use was significantly worse than before and he felt no better mentally. He said that he was thinking of moving to Fife with [REDACTED]. He is currently living with [REDACTED]. He said that he had regular contact with his CPN Liz Drysdale. I could find no evidence of any frank psychotic symptoms although he described vague feelings of paranoia and others talking about him.

I have advised him to work on curtailing his illicit drug misuse. Contd/....

www.nhsaaa.net



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2 Paul Ewing

I have made no changes at this point to his medication and I would be grateful for an update on his progress.

Yours sincerely

Authorised on 9/6/2015 7:10:24 PM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

www.nhs.uk



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Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Ms. E. Drysdale
35-41 Lister Street
Crosshouse Hospital
Kilmarnock
KA2 0BE

Clinic Date: 06/05/2015
Date Dictated: 06/05/2015
Date Typed: 21/05/2015
Our Ref: JS/EM
Enquiries to Ann Broadhurst
Tel No: 01294 476195

Dear Ms. Drysdale,

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Mr. Ewing cancelled his NHS Addiction Services outpatient clinic appointment with myself on 6th May 2015 at Bentinck Centre. A further appointment will be arranged for him in due course.

Yours sincerely,

Authorised on 5/31/2015 7:58:50 PM by Jeremy Stirling.

Dr. J. Stirling
Consultant Psychiatrist

CC: Dr. W. J. Costley, Stewarton Medical Practice, The Health Centre, 45 High Street,
Stewarton, KA3 5BP

www.nhsaaa.net



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**Confidential - Clinical
Information**

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
01294 476162
01294 476154
www.nhsaaa.net



Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Our Ref: JS/AB
Hospital No:
Ref Date: 10/03/2015
Date Dictated: 16/03/2015
Date Typed: 10/04/2015
Enquiries to: Ann Broadhurst
Direct Line: 01294 476195
Ext. Number: 01294 476195
Email:

Dear Dr Costley,

PAUL EWING **DOB: 11/05/1978** **CHI No: 1105783235**
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, KA3 3BT

Thank you for your recent letter regarding Paul and the helpful information you provide. I have asked for a fairly quick review of Paul with consideration of a referral for psychometric testing. My experience of Clinical Psychology is that if an individual is still using street drugs, they are unlikely to see them, but I am happy to advocate for him.

Kind regards

Yours sincerely

Authorised on 4/14/2015 11:54:29 PM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Liz Drysdale
East Community Addiction Team
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE

www.nhsaaa.net



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PATIENT SERVICES

Consultant: Sam Allen
Confidential – Clinical Information

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Blood Borne Virus Clinic
Annanhill Suite
Crosshouse Hospital
KILMARNOCK KA2 0BE
Telephone: 01563 521133

www.show.scot.nhs.uk/aaaht

Date	31 October 2014
Our Ref	EG/KG
CHI	1105783235
Enquiries to	Kerry Gallagher
Extension	45508
Direct line	01563 545508
E-mail	Kerry.Gallagher@aaaht.scot.nhs.uk

NHS
Ayrshire
& Arran

Dear Dr Costley

Paul Ewing **40 Lothian Road Stewarton KA3 3BT** **11/05/78**

The above named has failed to attend two consecutive Blood Borne Virus appointments. I have not offered him another appointment at this time but would be happy to do so if he can give a firm commitment to attend.

Yours sincerely

Elizabeth Graham

Elizabeth Graham
Clinical Nurse Specialist

www.nhsayrshireandarran.com

www.nhsayrshireandarran.com



5 NOV 2014

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Mental Health Review

Information required

EWING, Paul
 40 Lothian Road
 Stewarton
 KA3 3BT
 Dr U Costley
 45 High St, Stewarton
 21/01/2018
 1105783235

Alcohol consumption in the preceding 12 months	NIL
BMI in the preceding 12 months	75kg 174cm BMI 24
Blood pressure in the preceding 12 months	140/85
Cholesterol (aged 40 and over) in the preceding 12 months	N/A
Glucose (aged 40 and over) in the preceding 12 months	N/A
Cervical screening (aged 20 to 60) in the preceding 3 years	N/A
Patients on lithium therapy Lithium level in therapeutic range in the preceding 4 months Creatinine and TSH in the preceding 9 months Care Plan every 12 months N/A	
Next of Kin Details: FATHER PETER. SAM. ADDRESS ADDRESS	

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Stewarton Medical Practice**Mental Health Comprehensive Care Plan****PATIENT DETAILS:**

Ewing, Paul
 1105783235
 40 Lothian Road
 Stewarton
 KA3 3BT Dr U Costley
 45 High St, Stewarton
 21/01/2015

DATE OF CCP:

21/1/15

DIAGNOSIS:
(specify)Schizophrenia Bipolar Other
*Paranoid psychosis. Poly drug use.***CURRENT HEALTH STATUS:**

Unwell

Well/stable

Recovering from relapse

CURRENTLY LIVES:

Alone

With family/carer

Institution

DETAILS OF MAIN CARER/NEXT OF KIN:Name: *PAUL EWIN*

Lives with patient

Yes No

Relationship to patient:

Contact Number:

*SAME***DETAILS OF OTHER CARER:**

Name:

Lives with patient - Yes / No

Relationship to patient:

Contact Number:

ANY SOCIAL CARE NEEDS CURRENTLY NEEDING ADDRESSED?*No*

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2

EWING, Paul

1105783235

40 Lothian Road
Stewarton
KA3 3BT Dr U Costley
45 High St, Stewarton
21/01/2015

DOB: _____

CHI: _____

REGULAR ATTENDANCES/SERVICES/ACTIVITIES:Day Centre/Group Activities/Sessions Yes / ☒ No

Details: ATTENDS ADDICTION SERVICES AND REGULAR CONSULTANT
PSYCHIATRIST REVIEWS

Current CPN:

Name:

Contact No:

How often are visits?

On Depot:

Yes / ☒ No

Psychiatry OPC:

☒ Yes / No

Consultant Name:

Dr STIRLING

Attendance frequency:

Any recent acute admissions: Yes / ☒ No
(if yes give details below)

OCCUPATIONAL STATUS:

Working

Voluntary work

☒ unable to work**'EARLY WARNING SIGNS' - DETAIL BELOW:**

Patient aware and knows to report to GP

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3 EWING, Paul 1105783235
40 Lothian Road
Stewarton
KA3 3BT Dr W Costley
45 High St, Stewarton
21/01/2015

DOB: _____

CHI: _____

**PATIENT'S PREFERRED COURSE OF ACTION
IN THE EVENT OF CLINICAL RELAPSE:**Who to contact: *GP*

Relationship to patient:

Contact details:

WISHES REGARDING MEDICATION:

Happy to accept recommended drug treatment at discretion of GP/hospital doctor

☒ Yes ☐ No**SPECIFIC REQUESTS REGARDING MEDICATION:****DISCUSSION WITH SECONDARY CARE KEY WORKER CARRIED OUT?**

Yes / No

DETAILS OF ANY SIGNIFICANT CONCERNS/DECISIONS:*N/A***CCP COMPLETED BY:***Dr Connor*

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PAUL EWING
CHI No: 1105783235

Mental Health Services

NHS Addiction Services
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Ms Siobhan Gilmour
East Community Addiction Team
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX

Clinic Date: 01/09/2014
Date Dictated: 07/09/2014
Date Typed: 10/09/2014
Our Ref: JS/GM
Enquiries to: Gemma Menzies
Tel No: 01563 826458
Fax No: 01563 826184

Dear Ms Gilmour

PAUL EWING
CHI No: 1105783235

**40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT**

Diagnosis:
F11.2 – Opioid Dependence
F13.2 – Sedative Dependence
Psychosis unclassified

Psychiatric Medication: Methadone 110mls daily (80mls daily pick 30mls supervised daily)
Diazepam 22mgs daily in divided doses reducing 2mgs every four weeks three times weekly pick up
Quetiapine 450mgs daily in divided doses three times weekly pick up
Pregabalin 300mgs in divided doses three times weekly pick up
Mirtazapine 45mgs (GP)

Recommendations/Plan:
1. Three Times Weekly Pick Up agreed subject to urine screens
2. Request a referral to the Kyle Addiction Unit
3. Clinic review in three months

I saw Paul at the Bentinck Centre on 01st September 2014. His medication at time of the review was as above. He reports compliance with this.

He told me that his only illicit drug misuse was Cannabis which he continues to take in small amount on a daily basis. I understand that there was recently concerns that he was appearing intoxicated in the pharmacy but these problems seem to be resolved. Paul insists that he was not spacing his medication out as well as he could. There were concerns that he was not as stable as he was reporting.

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PAUL EWING
CHI No: 1105783235

I have agreed to three times weekly picky again although I have advised that if there is any further concerns he will remain on a daily pick up. He is also very keen to have a referral to the Kyle Addiction Unit, he says that he will stop using Cannabis for a sufficient time for him to pass at least the oral screening. I would be grateful if a referral to the Kyle Addiction Unit could be progressed. I will see him in three months.

Yours sincerely

Authorised on 9/10/2014 10:42:02 PM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Clinic Date: 10/12/2014
Date Dictated: 10/12/2014
Date Typed: 31/12/2014
Our Ref: JS/VW
Enquiries to Ann Broadhurst
Tel No: 01294 476195
Fax No: 01294 476154

Dear Dr Costley

PAUL EWING

**40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT**

CHI No: 1105783235

Please find attached my recent clinic letter regarding Paul. I would be grateful if you could take over his Pregablin prescribing for generalised anxiety from 20 January 2015. My advice would be that this is dispensed on a three times weekly pickup basis. Please could you let me know if there are any difficulties with this.

With thanks

Yours sincerely

Authorised on 1/4/2015 10:42:26 PM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Liz Drysdale
East Community Addiction Team
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE

Boots UK Ltd
8 Main Street
Stewarton
KA3 5AE

www.nhsaaa.net



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Mental Health Services

NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HU
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Liz Drysdale
East Community Addiction Team
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE

Clinic Date: 10/12/2014
Date Dictated: 10/12/2014
Date Typed: 31/12/2014
Our Ref: JS/VW
Enquiries to: Ann Broadhurst
Tel No: 01294 476195
Fax No: 01294 476154

Dear Liz

PAUL EWING**40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT****CHI No: 1105783235****Diagnosis:**

F11.2 Opioid dependence
F13.2 Sedative dependence
Psychosis unclassified

Psychiatric Medication:

Methadone 110mg daily 3 x weekly pickup
Diazepam 16mg daily in divided doses reducing 2mg every 4 weeks.
Pregabalin 3 x 100mg daily (from Addiction Services).
Quetiapine 450mg daily (from GP).
Mirtazapine 45mg at night (from GP).

Recommendations/Plan:

1. Request GP takes over Pregabalin prescribing.
2. Ongoing monitoring East CAT.
3. Clinic review March 2015.

I saw Paul at the Bentinck Centre on 10 December 2014. His medication at the time of review was as above and he reports compliance with this. He told me that he has not used any Heroin since his last review in clinic and was not buying any street tablets at all. He told me that he was still using small amounts of Cannabis on a daily basis. He said that the Pregabalin significantly helped his anxiety and he thought this had made it easier for him to be reducing his Diazepam. He told me that he was quite focused on coming completely off Diazepam and then starting to reduce his Methadone.

He told me that on balance he has decided he does not want to go to Kyle Addictions Unit and this in part is related to his difficulties coming off Cannabis.

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2
PAUL EWING

CHI No: 1105783235

I have not made any changes to his medications but will by means of a copy of this letter to his GP request that his GP takes over the Pregabalin at the current dose of 300mg.

Yours sincerely

Authorised on 1/4/2015 10:43:37 PM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

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Mental Health Services

NHS Addiction Services
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Ms Siobhan Gilmour
 East Community Addiction Team
 Bentinck Centre
 East Netherton Street
 Kilmarnock
 KA1 4AX

Clinic Date: 28/05/2014
 Date Dictated: 01/06/2014
 Date Typed: 16/06/2014
 Our Ref: JS/AB
 Enquiries to: Ann Broadhurst
 Tel No: 01563 826190
 Fax No: 01563 826184

Dear Ms Gilmour

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, KA3 3BT

Diagnosis:

F11.2 Opioid Dependence
 F12.2 – Cannabinoid Dependence
 F13.2 Sedative Dependence (Benzodiazepine)
 Psychosis Unclassified

Psychiatric Medication:

Methadone 110ml daily, 3 x week pick-up
 Diazepam 30mg daily (in divided doses) 3 x week pick-up
 Quetiapine 450mg daily (in divided doses) 3 x week pick-up
 (Above medications prescribed by Addiction Services)
 Mirtazapine 45mg at night (from GP)

Recommendations/Plan:

1. Pregabalin 50mg twice daily (prescribed by Addiction Services)
2. Diazepam to reduce by 2mg every 4-weeks
3. Regular monitoring by East CAT Team regarding his stability and referral onto Loudoun House (Kyle Addiction Unit) is appropriate
4. Clinic review in 3-months

I saw Paul at my outpatient clinic in the Bentinck Centre on the 28th May 2014. His medication at time of review is as above. He reports compliance with this.

He told me he was buying Gabapentin tablets (about 1800mg daily which he sources from a prescription). He also told me that he was still smoking two joints of Cannabis at night.

He had no depressive symptoms, but problems with anxiety symptoms. There were no psychotic symptoms evident and no thoughts of self-harm or suicide. He still wishes to go to Loudoun House (Kyle Addiction Unit). He requested I prescribe Gabapentin and I have explained to him that it is not licensed for use as a detox medication. However, we spoke about Pregabalin which is licensed for use in Generalised Anxiety Disorder.

/...

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PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, KA3 3BT

I have agreed to prescribe Pregabalin for his anxiety on the understanding that he discontinues, quickly, his Cannabis and stops all illicit Gabapentin use. I have also said I would expect him to be in a stable enough state to go to Loudoun House if I was to prescribe this. He has agreed to all of this as well as reductions in his Diazepam of 2mg every four weeks. I have started Pregabalin at 50mg twice daily and I have requested feedback from the East CAT Team on his progress. I will see him in clinic in three months, although hopefully he will be in Loudoun House before then.

Yours sincerely

Authorised on 7/1/2014 7:09:27 AM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

www.nhs.uk/shireandarran.com



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Mental Health Services

NHS Addiction Services
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
www.nhsayrshireandarran.com

**CLINICAL IN CONFIDENCE**

Ms Siobhan Gilmour
 East Community Addiction Team
 Bentinck Centre
 East Netherton Street
 Kilmarnock
 KA1 4AX

Clinic Date: 11/02/2014
 Date Dictated: 20/02/2014
 Date Typed: 19/03/2014
 Our Ref: JS/VW
 Enquiries to: Ann Broadhurst
 Tel No: 01563 826190
 Fax No: 01563 826184

Dear Ms Gilmour

PAUL EWING

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK,
AYRSHIRE, KA3 3BT

CHI No: 1105783235**Diagnosis:**

F11.2 Opioid dependence
 F13.2 Sedative dependence
 Paranoid psychosis unclassified

Psychiatric Medication:

Methadone 110mg daily three times week pickup
 Diazepam 28mg daily in divided doses three times week pickup.
 Both medications prescribed through Addiction Services.
 Quetiapine 450mg daily in divided doses (from GP),
 Mirtazapine 45mg at night (from GP), Ranitidine 3 tablets daily (from GP), Co-codamol prn (from GP).

Recommendations/Plan:

1. Referral to Loudoun House to be considered and pre-admission detox to be clarified.
2. Ongoing monitoring East CAT.
3. Clinic review May 2014.

I saw Paul at the Bentinck Centre on 11 February 2014. His medication at the time of review was as above. He told me about an accidental overdose that he had four weeks previously when he ended up in Intensive Care. He said that he had taken this overdose not in an attempt to kill himself but because he was feeling down. He now regrets his actions and feels very embarrassed. However since release from hospital he has been dabbling in street Gabapentin although seemed quite committed to stop doing this. There were no psychotic symptoms of note reported and there were no ongoing thoughts of self harm, suicide or violence. He was very keen to go to Loudoun House which I have wanted to get him referred to for some time but have never managed to get him stable enough. His current Cannabis use is at two joints daily which is the lowest it has been.

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2

PAUL EWING

CHI No: 1105783235

I said I would ask Loudoun House if it is feasible to admit him for a short detox from Cannabis prior to formal assessment and going on the Loudoun House programme. Failing this he has got the option of going to Edinburgh and staying with a friend and doing a detox from Cannabis there.

Meantime I have stopped his Diazepam reductions and will hold his dose at 30mg. Routinely I will review him in May.

Yours sincerely

Authorised on 3/31/2014 12:31:29 PM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Loudoun House
Ailsa Campus
Dalmellington Road
Ayr
KA6 6AB

www.nhsayrshireandarran.com



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Stewarton Medical Practice**Mental Health Comprehensive Care Plan****PATIENT DETAILS:**

EWING, Paul	
1105783235	
40 Lothian Road	
Stewarton	
KAS 3BT	Dr U Costley
45 High St. Stewarton	
DATE	

DATE OF CCP:

14/1/14

DIAGNOSIS:
(specify)

Schizophrenia

Bipolar

Other

PARANOID PSYCHOSIS

CURRENT HEALTH STATUS:

Well/stable

Recovering from relapse

Unwell

CURRENTLY LIVES:

Alone

With family/carer

Institution

PARENTS

DETAILS OF MAIN CARER/NEXT OF KIN:

Name: EULABATE EWING

Lives with patient

Yes / No

40 Lothian Road

Relationship to patient:

MOTHER

Contact Number:

DETAILS OF OTHER CARER:

Name:

Lives with patient -

Yes / No

Relationship to patient:

Contact Number:

ANY SOCIAL CARE NEEDS CURRENTLY NEEDING ADDRESSED?

No

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EWING, Paul
 1105783235
 40 Lothian Road
 Stewarton
 KA3 3BT Dr M Costley
 45 High St, Stewarton
 DATE

DOB: _____

REGULAR ATTENDANCES/SERVICES/ACTIVITIES:

Day Centre/Group Activities/Sessions Yes / No

Details: BENTWICK CENTRAL

Current CPN: SIOBHAN GILMORE

Name: NAWAC

Contact No:

How often are visits?

On Depot: Yes / ☒ NoPsychiatry OPC: ☒ Yes / No

Consultant Name: DR SPENCER Attendance frequency: 3 times a week

Any recent acute admissions: Yes / ☒ No
(if yes give details below)**OCCUPATIONAL STATUS:**Working Voluntary work ☒ unable to work**'EARLY WARNING SIGNS' - DETAIL BELOW:**

INCREASING PARANOID

INCREASING ALCOHOL DRUG USE

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EWING, Paul
 1105783235
 40 Lothian Road
 Stewarton
 KA3 3BT Dr U Costley
 45 High St, Stewarton
 DATE

DOB: _____ I: _____

**PATIENT'S PREFERRED COURSE OF ACTION
 IN THE EVENT OF CLINICAL RELAPSE:**

Who to contact: *GP*

Relationship to patient:

Contact details:

WISHES REGARDING MEDICATION:

Happy to accept recommended drug treatment at discretion of GP/hospital doctor

☒ Yes ☐ No

SPECIFIC REQUESTS REGARDING MEDICATION:

DISCUSSION WITH SECONDARY CARE KEY WORKER CARRIED OUT?

Yes / No *N/A*

DETAILS OF ANY SIGNIFICANT CONCERNS/DECISIONS:

Hist C pos. Apparent on Apparent infection diagnosis X12.

B.P. 140/80

Weight 72kg

Height 174cm

Teetotal

BMI 24

CCP COMPLETED BY:

B.C. 14/1/14

[Signature]

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Mental Health Services

Psychiatric Liaison Service
Level 2
The Ayr Hospital
Dalmellington Road
AYR
KA6 6DX

01292 610555

**CLINICAL IN CONFIDENCE**

Dr Prasad
Consultant Physician
Ayr Hospital

Date Assessed: 17th January 2014
Date Typed: 22nd January 2014
Our Ref: JF/MAF
CHI: 1105783235
Enquiries to: Ann Pride, Secretary
Direct Line: 01292 617255
Email: ann.pride@aapct.scot.nhs.uk

Dear Dr Prasad

RE: PAUL EWING, 40 LOTHIAN ROAD, STEWARTON KA3 3BT
DOB: 11/05/1978 CHI: 1105783235

The above named patient was referred to the Psychiatric Liaison Service. I assessed Paul within Ayr Hospital during his recent admission.

I have enclosed, for your information, a summary of my assessment. Please do not hesitate to contact me should you wish to discuss this further.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jillian Fleming'.

Jillian Fleming
Psychiatric Liaison Nurse

Enc

cc Dr Costely, Stewarton Medical Practice, 45 High Street, Stewarton

www.nhsayrshireandarran.com



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Mental Health Unscheduled Care ICP Assessment V2		Confidential
Title	Mr.	
Name:	Paul Ewing	
Address line 1:	40 Lothian Road	
Town:	Stewarton	
Postcode:	KA3 3BT	
CHI number	1105783235	
Date of birth:	11/05/1978	
Care co-ordinator:		
Completed by:	Jillian Fleming	
Profession:	Psychiatric nurse	
Location:	General Ward, Ayr Hospital	
Date:	17/01/2014	
Presentation		
Source of current referral:	Other NHS	
ICU, Ayr		
Reason for referral		
-Presenting Complaint		
Admitted to ICU on 15/1 after being found collapsed at home by [REDACTED] following an alleged overdose of unknown quantity of prescribed/unprescribed medication.		
History of Presenting Complaint		
Paul reports that he has a long history of illicit drug misuse. He reports that he has been purchasing illicit diazepam and taking medication on a daily basis however on 15/1 had purchased a supply of baciofen which he took along with the illicit diazepam. Also smoked heroin the same morning. He is able to recall going to a house where he had been having difficulties with individuals living in the house. He then apparently attempted to cause damage to the property before getting involved in a physical altercation with the owner of the house. Reports that he is able to recall returning home however has no further memories until waking in hospital yesterday. Denies deliberate overdose. Denies recent history of self harm / suicidal thoughts, plan or intent. Denies any recent deterioration in mental state.		
Assessment type:	New	
Current contact with other services:	Yes	
Addiction Team		
Carer's perspective of current problems and interventions		
-No carer present		
Current medication		
Reports that he is currently prescribed:- Methadone 110mls. Diazepam 30mg daily (currently being reduced by 2mg every 6 weeks).		

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Quetiapine 450mg
Mirtazapine 45mg nocte
ranitidine
Co codamol pm

Physical Health

Hep C positive. No further medical intervention required following ITU admission.

Risk

Risk to self: Low apparent risk

Longstanding risk of deterioration in mental state/physical health due to ongoing drug misuse.

Risk to others: Low apparent risk ++

Previous history of reporting of mood swings and violent aggressive outbursts. Previous history of paranoid psychosis likely as a result of illicit drug misuse.

Denies any prison sentences. Previous documentation reports that he has a history of assault, breaches and criminal damage.

No evidence of aggression towards writer during assessment.

Personal and social history

Gender based violence

Was routine gender based violence enquiry carried out?: No

Why was gender based violence enquiry not possible?: Not relevant as already carried out

Psychological well-being

Behaviour

Alcohol or substance misuse: Severe problem ++

Diagnosis of opiod dependence, sedative dependence, and paranoid psychosis unclassified. Currently under the care of Dr Stirling.

Alcohol/Drug History

Did not disclose alcohol history.

Well documented history of illicit drug misuse. Currently on methadone programme. Reports that he utilises illicit diazepam on a regular basis and cannabis.

Reports that he occasionally smokes heroin.

Eating problems: Moderate problem +

Reports that he takes supplement drinks on a regular basis.

Cognition

Memory: Mild problem

Evidence of memory deficits however reports that the memory deficits are longstanding due to longstanding illicit drug misuse.

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Physical	
Physical health condition:	Mild problem +
Hep C Positive	
Activities of daily living and life skills	
Work/vocational/educational performance:	Moderate problem ++
Long term unemployment	
Involvement in recovery	
Crisis arrangements	
-See Plan	
Summary	
Summary of Assessment	
-Presenting Complaint Admitted to ICU on 15/1 after being found collapsed at home by [REDACTED] following an alleged overdose of unknown quantity of prescribed/unprescribed medication. History of Presenting Complaint Paul reports that he has a long history of illicit drug misuse. He reports that he has been purchasing illicit diazepam and taking medication on a daily basis however, on 15/1 had purchased a supply of baclofen which he took along with the illicit diazepam. Also smoked heroin the same morning. He is able to recall going to a house where he had been having difficulties with individuals living in the house. He then apparently attempted to cause damage to the property before getting involved in a physical altercation with the owner of the house. Reports that he is able to recall returning home however has no further memories until waking in hospital yesterday. Denies deliberate overdose. Denies recent history of self harm / suicidal thoughts, plan or intent. Denies any recent deterioration in mental state. Past Psychiatric History Well known to Addiction Team. Diagnosis of opioid dependence, sedative dependence, and paranoid psychosis unclassified. Currently under the care of Dr Stirling. Alcohol/Drug History Did not disclose alcohol history. Well documented history of illicit drug misuse. Currently on methadone programme. Reports that he utilises illicit diazepam on a regular basis and cannabis. Reports that he occasionally smokes heroin. Forensic History Denies any previous prison sentences however reports numerous times in police custody. One outstanding fine at present. Medication Reports that he is currently prescribed:- Methadone 110mls.	

NHS Confidential: Personal data about a patient

Diazepam 30mg daily (currently being reduced by 2mg every 6 weeks).

Quetiapine 450mg

Mirtazapine 45mg nocte

ranitidine

Co codamol pm

Physical Health

Hep C positive. No further medical intervention required following ITU admission.

Family/Social History.

As previously documented.

Mental State Examination

On mental state examination he was a 35 year old man, dressed in hospital gown. There was reasonable eye contact and rapport. His speech was normal in rate, volume and intonation. His affect was reactive. Subjectively he described his mood as "ok". Objectively there was no significant evidence of depressed mood. His thought form, possession and stream were normal. His thought content revealed no evidence of any psychotic symptomatology. There was no evidence of any ongoing suicidal thoughts, plan or intent. There were no perceptual abnormalities. Evidence of memory deficits however reports that the memory deficits are longstanding due to longstanding illicit drug misuse.

Risk to self

Risk of mental state/physical health deteriorating due to chronic drug misuse.

Risk to others or from others.

No evidence of imminent risk to others at time of assessment.

Impression

35 year old male admitted following collapse at home. Evidence of recreational overdose. No evidence of deterioration in mental state.

Immediate plan of care

Discussed and agreed on Following Plan.

- 1) Provided with liaison leaflet with contact details of support services in the community.
- 2) Follow up in the Community by Addiction Team.
- 3) CN W Crichton will attempt to contact CPN to inform of outcome of assessment.
- 4) Discharge from pin point of view.

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University Hospital Ayr, Dalmellington Road, Ayr, KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription		22 JAN 2014	
Date: 17/01/2014 @ 13:49:16 (PROVISIONAL)		*** Non-verified Orders Exist ***		Page 1 of 2	
To: Costley, Dr. WJ, THE HEALTH CENTRE 45 HIGH STREET, STEWARTON, KA3 5BP		Re: PAUL PORTER EWING 20 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire KA3 3B DOB: 11/05/1978 NHS No: 1105783235 CHINO: 1105783235			
Date of Admission: 16/01/2014		Ward: HIGH DEPEN-AYR			
Mode of Admission: Emergency Admission		Consultant: DR KRISHNA PRASAD (General Medicine)			
Admission Reason: MIXED OVERDOSE		Follow-up:			
Discharge Date: 17/01/2014					
Primary Diagnosis: MIXED DRUG OVERDOSE					
Secondary Diagnoses: HEPATITIS C EX JVDU DEPRESSION SCHIZOPHRENIA ADDICTION TEAM SERVICES last updated: 17/01/2014; 1:46 pm by DR OLOF KJARTANSOTTIR					
Clinical Progress: 35 YO MAN WITH HISTORY OF DRUG ABUSE, ON METHADONE. FOUND COLLAPSED AT HOME BY RELATIVE. MIXED OVERDOSE OF DIAZEPAM, MIRTAZAPINE, BACLOFEN. DROPPED GCS ON ADMISSION AND WAS INTUBATED AND ADMITTED TO HDU. EXTUBATED THE FOLLOWING DAY AND RECOVERED QUICKLY. R/V BY PSYCHIATRIC LIAISON AND ASSESSED AS FIT TO D/C. FOLLOWED UP BY ADDICTION TEAM last updated: 17/01/2014; 1:46 pm by DR OLOF KJARTANSOTTIR					
Further patient/drug notes:					
Allergy/Intolerance		Reaction			
No Known Drug Allergies					
Allergy records are as recorded at time and date of printing					
Drug	Dose	Route	Frequency	Days	GR to Supply/continue
DIAZEPAM 2 mg Tablets	2 mg	Oral	FOUR times daily - 7am;1pm;6pm;10pm	Patients Ow	No
DIAZEPAM 5 mg Tablets	5 mg	Oral	FOUR times daily - 7am;1pm;6pm;10pm	Patients Ow	Yes
METHADONE 1 mg in 1 mL Oral Solution	110 mg	Oral	ONCE daily at 7am	Patients Ow	Yes
MIRTAZAPINE 45 mg Orodispersible Tablet	45 mg	Oral	ONCE daily at 10pm	28	Yes
NICOTINELL 30 (Step1) 21 mg in 24 hours Transdermal Patch	21 mg	Transdermal	ONCE daily at 7am	7	Yes
QUETIAPINE 150 mg Tablets	150 mg	Oral	THREE times daily - 7am;1pm;10pm	Patients Ow	Yes
RANITIDINE 300 mg Tablets	300 mg	Oral	TWICE daily at 7am and 10pm	28	Yes
*** Non-verified Orders Exist ***					
Additional Medicines Information:					
Discharged by: DR OLOF KJARTANSOTTIR		Dispensed by:		Checked by:	
Grade: Senior House Officer		Date:			
Originally Printed: @		Revised: @		Page 1 of 2	

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University Hospital Ayr, Dalmellington Road, Ayr, KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription		22 JAN 2014	
Date: 17/01/2014 @ 13:49:16 (PROVISIONAL)		*** Non-verified Orders Exist ***		Page 2 of 2	
To: Costley, Dr W THE HEALTH CENTRE 45 HIGH STREET STEWARTON, KA3 5BP		Re: PAUL PORTER, DWING 40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT DOB: 11/05/1978 Hosp. No: 105783235 CHI No: 1105783235			
Medicines discontinued during admission (medicines that patient was recorded as admitted on only)					
Drug	Date	Discontinued by	Discontinue reason		
None recorded					
*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.*** **** Information here may be incomplete and is for guidance only. ****					

Discharged by : DR OLOF KJARTANSOTTIR
 Grade: Senior House Officer

Dispensed by: _____
 Date: _____
 Checked by: _____

Originally Printed: @

Revised: @

Page 2 of 2

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Confidential - Clinical Information

Infectious Disease Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133
01563 827978
www.nhsayrshireandarran.com



Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Our Ref: LG/FE
Hospital No:
Clinic Date: 17/09/2013
Date Dictated: 12/11/2013
Date Typed: 18/11/2013
Enquiries to: Fiona Elliott
Direct Line: 01563 827970
Ext. Number: 27970
Email: fiona.elliott@aaaht.scot.nhs.uk

Dear Dr Costley,

PAUL EWING **DOB: 11/05/1978** **CHI No: 1105783235**
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, AYRSHIRE, KA3 3BT

I reviewed Mr Ewing at the Blood Borne Virus Clinic on 12/11/13. Mr Ewing tells me his general health remains static. He has noticed slight improvement in his mental health and undergoes regular contact with Dr Stirling and a CPN. He is stable on his current dose of Methadone at 110ml per day, and is due to start a detox of Diazepam in the next few months under the supervision of Dr Stirling. He occasionally uses street Diazepam as well as 30mg of prescribed Diazepam. He is living with his [REDACTED] smokes tobacco, and denies Heroin or alcohol use. Fibroscan performed at clinic was within the normal range (E median = 7.0kPa). Routine bloods were obtained. Full blood count was normal, INR 1.0, U&Es normal, AFP 2, LFTs were normal with the exception of AST which was mildly raised at 57 (normal range 10-45). Viral load is outstanding.

Given Paul's mental health issues with depression, paranoia, and panic attacks he is not yet suitable for treatment. We will continue to review the situation on a yearly basis, and should his mental health become better controlled he may be a candidate for treatment in the future.

Kind regards.

Yours sincerely

Authorised on 26/11/2013 14:36:40 by Laura Gillespie.

Laura Gillespie
Speciality Doctor in Infectious Diseases
GMC: 7036894

www.nhsayrshireandarran.com



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Dr D Chung Dr J Gordon Dr M Draegebo Dr J Mulligan
Dr J Mardon Mr J Stevenson Dr C McGuffie Dr S Keshavamurthy Dr Y Moulds

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577757/8
Fax: 01563 572009

Dr. WILLIAM WJ COSTLEY
STEWARTON MEDICAL PRACTICE
THE HEALTH CENTRE
45 HIGH STREET
STEWARTON
KA3 5BP

17 JAN 2013

Paul Ewing

40 LOTHIAN ROAD
STEWARTON
KILMARNOCK, KA3 3BT

DOB: 11/05/1978
A/E No: XH-14-002858
CHI No: 1105783235

Date and Time of Attendance: 15 Jan 2014 18:32
Total A&E Attendances = 0, attendances in last year = 0

Diagnosis: OD of CNS medications

Treatment: Intubation

Drugs:

Investigations

Follow up: Transferred
Ayr Hospital

Additional Information: Mixed OD. low GCS. transferred to Ayr ITU for bed situation.

Monica Wallace
Spec Trainee Year 6

If you have any queries about this patient, please contact one of the staff at the above number.

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NHS Confidential: Personal data about a patient

Mental Health Services

Psychiatric Liaison Service
Level 2
The Ayr Hospital
Dalmellington Road
AYR
KA6 6DX

01292 610555



CLINICAL IN CONFIDENCE

Dr Prasad
Consultant Physician
Ayr Hospital

Date Assessed: 17th January 2014
Date Typed: 22nd January 2014
Our Ref: JF/MAP
CHI: 1105783235
Enquiries to: Ann Pride, Secretary
Direct Line: 01292 617255
Email: ann.pride@aapct.scot.nhs.uk

Dear Dr Prasad

RE: PAUL EWING, 40 LOTHIAN ROAD, STEWARTON KA3 3BT
DOB: 11/05/1978 CHI: 1105783235

The above named patient was referred to the Psychiatric Liaison Service. I assessed Paul within Ayr Hospital during his recent admission.

I have enclosed, for your information, a summary of my assessment. Please do not hesitate to contact me should you wish to discuss this further.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jillian Fleming'.

Jillian Fleming
Psychiatric Liaison Nurse

Enc

cc Dr Costely, Stewarton Medical Practice, 45 High Street, Stewarton

www.nhsayrshireandarran.com



NHS Confidential: Personal data about a patient

Mental Health Unscheduled Care ICP Assessment V2		Confidential
Title	Mr.	
Name:	Paul Ewing	
Address line 1:	40 Lothian Road	
Town:	Stewarton	
Postcode:	KA3 3BT	
CHI number	1105783235	
Date of birth:	11/05/1978	
Care co-ordinator:		
Completed by:	Jillian Fleming	
Profession:	Psychiatric nurse	
Location:	General Ward, Ayr Hospital	
Date:	17/01/2014	
Presentation		
Source of current referral:	Other NHS	
ICU, Ayr		
Reason for referral		
-Presenting Complaint		
Admitted to ICU on 15/1 after being found collapsed at home by his dad following an alleged overdose of unknown quantity of prescribed/unprescribed medication.		
History of Presenting Complaint		
Paul reports that he has a long history of illicit drug misuse. He reports that he has been purchasing illicit diazepam and taking medication on a daily basis however on 15/1 had purchased a supply of baclofen which he took along with the illicit diazepam. Also smoked heroin the same morning. He is able to recall going to a house where he had been having difficulties with individuals living in the house. He then apparently attempted to cause damage to the property before getting involved in a physical altercation with the owner of the house. Reports that he is able to recall returning home however has no further memories until waking in hospital yesterday. Denies deliberate overdose. Denies recent history of self harm / suicidal thoughts, plan or intent. Denies any recent deterioration in mental state.		
Assessment type:	New	
Current contact with other services:	Yes	
Addiction Team		
Carer's perspective of current problems and interventions		
-No carer present		
Current medication		
Reports that he is currently prescribed:-		
Methadone 110mls.		
Diazepam 30mg daily (currently being reduced by 2mg every 6 weeks).		

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Quetiapine 450mg Mirtazapine 45mg nocte ranitidine Co codamol prn	
Physical Health Hep C positive. No further medical intervention required following ITU admission.	
Risk	
Risk to self:	Low apparent risk
Longstanding risk of deterioration in mental state/physical health due to ongoing drug misuse.	
Risk to others:	Low apparent risk ++
Previous history of reporting of mood swings and violent aggressive outbursts. Previous history of paranoid psychosis likely as a result of illicit drug misuse. Denies any prison sentences. Previous documentation reports that he has a history of assault, breaches and criminal damage. No evidence of aggression towards writer during assessment.	
Personal and social history	
Gender based violence	
Was routine gender based violence enquiry carried out?:	No
Why was gender based violence enquiry not possible?:	Not relevant as already carried out
Psychological well-being	
Behaviour	
Alcohol or substance misuse:	Severe problem ++
Diagnosis of opioid dependence, sedative dependence, and paranoid psychosis unclassified. Currently under the care of Dr Stirling.	
Alcohol/Drug History Did not disclose alcohol history. Well documented history of illicit drug misuse. Currently on methadone programme. Reports that he utilises illicit diazepam on a regular basis and cannabis. Reports that he occasionally smokes heroin.	
Eating problems:	Moderate problem +
Reports that he takes supplement drinks on a regular basis.	
Cognition	
Memory:	Mild problem
Evidence of memory deficits however reports that the memory deficits are longstanding due to longstanding illicit drug misuse.	

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Physical	
Physical health condition:	Mild problem +
Hep C Positive	
Activities of daily living and life skills	
Work/vocational/educational performance:	Moderate problem ++
Long term unemployment	
Involvement in recovery	
Crisis arrangements	
-See Plan	
Summary	
Summary of Assessment	
-Presenting Complaint Admitted to ICU on 15/1 after being found collapsed at home by his dad following an alleged overdose of unknown quantity of prescribed/unprescribed medication. History of Presenting Complaint Paul reports that he has a long history of illicit drug misuse. He reports that he has been purchasing illicit diazepam and taking medication on a daily basis however on 15/1 had purchased a supply of baclofen which he took along with the illicit diazepam. Also smoked heroin the same morning. He is able to recall going to a house where he had been having difficulties with individuals living in the house. He then apparently attempted to cause damage to the property before getting involved in a physical altercation with the owner of the house. Reports that he is able to recall returning home however has no further memories until waking in hospital yesterday. Denies deliberate overdose. Denies recent history of self harm / suicidal thoughts, plan or intent. Denies any recent deterioration in mental state. Past Psychiatric History Well known to Addiction Team. Diagnosis of opioid dependence, sedative dependence, and paranoid psychosis unclassified. Currently under the care of Dr Stirling. Alcohol/Drug History Did not disclose alcohol history. Well documented history of illicit drug misuse. Currently on methadone programme. Reports that he utilises illicit diazepam on a regular basis and cannabis. Reports that he occasionally smokes heroin. Forensic History Denies any previous prison sentences however reports numerous times in police custody. One outstanding fine at present. Medication Reports that he is currently prescribed:- Methadone 110mls.	

NHS Confidential: Personal data about a patient

Diazepam 30mg daily (currently being reduced by 2mg every 6 weeks).

Quetiapine 450mg

Mirtazapine 45mg nocte

ranitidine

Co codamol prn

Physical Health

Hep C positive. No further medical intervention required following ITU admission.

Family/Social History.

As previously documented.

Mental State Examination

On mental state examination he was a 35 year old man, dressed in hospital gown. There was reasonable eye contact and rapport. His speech was normal in rate, volume and intonation. His affect was reactive. Subjectively he described his mood as "ok". Objectively there was no significant evidence of depressed mood. His thought form, possession and stream were normal. His thought content revealed no evidence of any psychotic symptomatology. There was no evidence of any ongoing suicidal thoughts, plan or intent. There were no perceptual abnormalities. Evidence of memory deficits however reports that the memory deficits are longstanding due to longstanding illicit drug misuse.

Risk to self

Risk of mental state/physical health deteriorating due to chronic drug misuse.

Risk to others or from others.

No evidence of imminent risk to others at time of assessment.

Impression

35 year old male admitted following collapse at home. Evidence of recreational overdose. No evidence of deterioration in mental state.

Immediate plan of care

Discussed and agreed on Following Plan.

- 1) Provided with liaison leaflet with contact details of support services in the community.
- 2) Follow up in the Community by Addiction Team.
- 3) CN W Crichton will attempt to contact CPN to inform of outcome of assessment.
- 4) Discharge from pln point of view.

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Mental Health Services

NHS Addiction Services
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
www.nhsayrshireandarran.com

**CLINICAL IN CONFIDENCE**

Ms Siobhan Gilmour
 East Community Addiction Team
 Bentinck Centre
 East Netherton Street
 Kilmarnock
 KA1 4AX

Clinic Date: 16/07/2013
 Date Dictated: 16/07/2013
 Date Typed: 05/08/2013
 Our Ref: JS/AB
 Enquiries to: Ann Broadhurst
 Tel No: 01563 826190
 Fax No: 01563 826184

Dear Ms Gilmour

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, KA3 3BT

Diagnosis: F11.2 – Opioid Dependence
 F13.2 – Sedative Dependence (Benzodiazepine)
 Paranoid Psychosis Unclassified

Psychiatric Medication: Methadone 110mls daily
 Diazepam 30mg daily (in divided doses)
 (Medication dispensed three times weekly)
 Quetiapine 450mg (in divided doses) (from GP)
 Mirtazapine 45mg at night (from GP)

Recommendations/Plan:

1. Keep Diazepam dosage at 30mg until October and then reduce by 2mg every 4-weeks
2. Ongoing monitoring by the East CAT team
3. Clinic review in November 2013

I saw Paul for review at my outpatient clinic in the Bentinck Centre on the 16th July 2013. His medication at time of review is as above.

He reported his only illicit drug misuse as being 4-joints of Cannabis at night which was less than on his previous review. He gave no history of problematic alcohol consumption.

He told me that he was having quite a lot of problems with anxiety, but no prominent psychotic symptoms were evident. He did not have any clear affective mood disturbance and there were no thoughts of self-harm or suicide. He told me that he had regular contact with his CPN which he found helpful.

He requested a temporary halt in his Diazepam reductions, which I have agreed to. I have also urged him to continue to aim to stop using Cannabis completely.

/...

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2

PAUL EWING 40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, KA3 3BT
CHI No: 1105783235

I will keep him under review in the clinic in about four month's time.

Yours sincerely

Authorised on 8/7/2013 3:38:48 PM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

www.nhsayrshireandarran.com



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Mental Health Services

NHS Addiction Services
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
www.nhsayrshireandarran.com

**CLINICAL IN CONFIDENCE**

Siobhan Gilmour
 Staff Nurse
 East CAT
 35-41 Lister Street
 Crosshouse Hospital,
 KILMARNOCK
 KA2 0BE

Clinic Date: 22/10/2013
 Date Dictated: 23/10/2013
 Date Typed: 08/11/2013
 Our Ref: JS/AB
 Enquiries to: Ann Broadhurst
 Tel No: 01563 826190
 Fax No: 01563 826184

Dear Siobhan Gilmour

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, KA3 3BT

Diagnosis:

F11.2 – Opioid Dependence
 F13.2 – Sedative Dependence (Benzodiazepine)
 Paranoid Psychosis Unclassified

Psychiatric Medication:

Methadone 110ml daily
 Diazepam 28mg daily (in divided doses), reducing 2mg x 6-weeks
 (Both above medication prescribed by Addiction Services and
 dispensed three times weekly)
 Quetiapine 450mg daily (in divided doses) (from GP)
 Mirtazapine 45mg at night (from GP)
 Ranitidine 2-tablets morning and 1-tablet at night (from GP)
 Co-codamol PRN (from GP)

Recommendations/Plan:

1. Take Diazepam back up to 30mg and reduce by 2mg every 6-weeks from January 2014
2. Request more intensive support from East CAT Team, especially looking at anxiety management and working towards a Loudoun House admission
3. Clinic review 3-months

I saw Paul at my outpatient clinic in the Bentinck Centre on the 22nd October 2013. His medication at time of review is as above and he reports compliance with this.

He reported occasional Heroin use, but now only takes 2-joints of Cannabis daily. He told me that he cannot cope with the reductions in his Diazepam and has been experiencing marked anxiety symptoms. He has been supplementing this with street Diazepam of uncertain quality. He told me that since his last review he's not had any regular contact with East CAT.
 /...

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2

PAUL EWING 40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, KA3 3BT
CHI No: 1105783235

His psychotic symptoms seem to be under good control and any voices that he reports tend to be benevolent in nature. I could find no evidence of any passivity symptoms, delusions, thoughts of self-harm or suicide.

He told me that he was considering making a move through to Edinburgh to stay with a [REDACTED] but is not too sure on how the logistics of this might work out.

I am concerned that he is not having regular contact with the East CAT Team. He has significant mental health problems and I really would like somebody to be seeing him on a regular basis working on both his anxiety and mood regulation. Ideally, I would like him to be going into Loudoun House in the New Year, but Cannabis is the current barrier to this. I would be grateful if somebody from the East CAT Team could work with him regularly on cutting out the Cannabis so we can progress with this. In the meantime, I have agreed to hold his Diazepam back at the 30mg level until January 2014. I will routinely review him in three months time.

Yours sincerely

Authorised on 11/11/2013 3:27:02 PM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

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Mental Health Services

NHS Addiction Services
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
www.nhsayrshireandarran.com



CLINICAL IN CONFIDENCE

East Community Addiction Team
Bentinck Centre
East Netherton Street
KILMARNOCK
KA1 4AX

Clinic Date: 26/02/2013
Date Dictated: 27/02/2013
Date Typed: 19/03/2013
Our Ref: JS/AB
Enquiries to: Ann Broadhurst
Tel No: 01563 826180
Fax No: 01563 826184

Dear colleagues

PAUL EWING

**40 LOTHIAN ROAD, STEWARTON, KILMARNOCK
KA3 3BT**

CHI No: 1105783235

Diagnosis: F11.2 – Opioid Dependence
F13.2 – Sedative Dependence (Benzodiazepine)
Psychosis Unclassified

Psychiatric Medication: Methadone 110mls daily
Diazepam 38mgs daily (in divided doses)
Quetiapine 450mgs daily (in divided doses) (from GP)
Mirtazapine 45mgs at night (from GP)

I saw Paul at my outpatient clinic in the Bentinck Centre on the 26th February 2013. His prescription at time of review is as above. He told me that his Diazepam was reduced on the 5th February 2013 by 5mgs rather than 2mgs, although this error was rectified within 2-days. However since then, he said he has been using street Diazepam in variable amounts. He was certainly angling not to have his Diazepam reduced any further and if possible put back up to 40mgs. The rest of his psychiatric symptomatology is much unchanged. I have advised him that he needs to be reducing his Diazepam, although I will reduce this down to 2mgs every 6-weeks. I would be grateful if he could have quite intensive support with this.

Yours sincerely

Authorised on 20/03/2013 11:43:00 by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

www.nhsayrshireandarran.com



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**Confidential - Clinical
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NHS Addiction Services
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 826190
01563 826184
www.nhsayrshireandarran.com



Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Our Ref: JS/AB/
Hospital No:
Ref Date: 14/01/2013
Date Dictated: 14/01/2013
Date Typed: 16/01/2013
Enquiries to: Ann Broadhurst
Direct Line: 01563 826190
Ext. Number: 26190
Email: ann.broadhurst@aapct.scot.nhs.uk

Dear Dr Costley,

PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, KA3 3BT

I would be grateful if you could take over Paul's prescribing as detailed below from the 5th February 2013.

- Quetiapine 150mgs three times daily (twice weekly dispensing)

His Diazepam and Methadone will continue to be prescribed by Addiction Services. His mental health and addiction problems will also be monitored by myself in the clinic and by the East CAT Team.

Yours sincerely

Authorised on 17/01/2013 08:32:38 by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Pauline Mathieson
East Community Addiction Team
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX

www.nhsayrshireandarran.com



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**Confidential - Clinical
Information**

NHS Addiction Services
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 826190
01563 826184
www.nhsayrshireandarran.com



PERSONAL IN CONFIDENCE

Paul Ewing
40 Lothian Road
Stewarton
Kilmarnock
KA3 3BT

Our Ref: JS/AB/
Hospital No:
Ref Date: 14/01/2013
Date Dictated: 14/01/2013
Date Typed: 16/01/2013
Enquiries to Ann Broadhurst
Direct Line: 01563 826190
Ext. Number: 26190
Email: ann.broadhurst@aapct.scot.nhs.uk

Dear Paul Ewing,

PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, KA3 3BT

I have asked your GP to take over the prescribing of your Quetiapine from the 5th February 2013.

Your Methadone and Diazepam will continue to be prescribed by Addiction Services as before.

Please can you make sure you contact your GP well in advance of this date so you can collect your prescription.

I hope you are keeping well.

Yours sincerely

Authorised on 17/01/2013 08:29:44 by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Cc Dr WJ Costley Stewarton Medical Practice The Health Centre 45 High Street
Stewarton KA3 5BP

Pauline Mathieson East Community Addiction Team Bentinck Centre
East Netherton Street Kilmarnock KA1 4AX

www.nhsayrshireandarran.com



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Mental Health Services

NHS Addiction Services
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
www.nhsayrshireandarran.com

**CLINICAL IN CONFIDENCE**

Pauline Mathieson
East Community Addiction Team
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE

Clinic Date: 20/11/2012
Date Dictated: 03/12/2012
Date Typed: 28/12/2012
Our Ref: JS/AB
Enquiries to: Ann Broadhurst
Tel No: 01563 826190
Fax No: 01563 826184

Dear Pauline Mathieson

PAUL EWING
CHI No: 1105783235

40 LOTHIAN ROAD, STEWARTON, KA3 3BT

Diagnosis: F11.2 – Opioid Dependence
F13.2 – Sedative Dependence (Benzodiazepine)
Psychosis Unclassified (probably dissociative)

Psychiatric Medication: Methadone 110mls daily
Diazepam 40mgs daily (in divided doses)
Quetiapine 450mgs daily (in divided doses)
Mirtazapine 45mgs at night
(All medication dispensed daily)

I saw Paul at my outpatient clinic in the Bentinck Centre on the 20th November 2012.
Medication at time of review is as above.

His reported drug use at present is 4-joints of Cannabis per day. He reports improvements in his mental state, particularly in terms of hallucinations.

The following were agreed:

1. I would agree to him going on a three times weekly pick-up providing he provided clear urine screens
2. Diazepam to reduce by 2mgs every 4-weeks from February 2013
3. Review in 3-months

I will let you know how he gets on.

Yours sincerely

Authorised on 28/12/2012 16:44:14 by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

www.nhsayrshireandarran.com

NHS Confidential: Personal data about a patient

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

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www.nhs.uk/shireandarran.com



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**Confidential - Clinical
Information**

NHS Addiction Services
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Addiction Services
Fax. No. 01563 826184
www.nhsayrshireandarran.com



East Community Addiction Team
Bentinck Centre
East Netherton Street
KILMARNOCK
KA1 4AX

Our Ref: JS/AB
Hospital No:
Clinic Date: 05/06/2012
Date: 18/06/2012
Dictated:
Date Typed: 23/07/2012
Enquiries to: Ann Broadhurst
Direct Line: 01563 826190
Ext. Number: 26190
Email: ann.broadhurst@aapct.scot.nhs.uk

Dear colleagues

PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT

Diagnosis: F11.2 – Opioid Dependence
F13.2 – Sedative Dependence (Benzodiazepine)
Psychosis Unclassified
Probable Dissociative Disorder

Medication: Methadone 110mls daily
Diazepam 40mgs daily (in divided doses)
Quetiapine 100mls three times daily
(All medication dispensed twice weekly)

Key Worker: Key worker unknown

I reviewed Paul at my outpatient clinic in the Bentinck Centre on the 5th June 2012. His medication at time of review is as above.

He told me that he had stopped using stimulants completely although continues to use Cannabis on a daily habitual basis. He reported a dulling of his voices which he attributes to abstaining from stimulants and a higher dose of Quetiapine. Interestingly, he told me that his aggressive voice has thanked him for stopping using stimulants.

We spent some time looking at how internal voices can arise within the context of previous trauma.

We also discussed the possibility of arranging for a hospital detox from Cannabis with subsequent referral to Loudoun House.

2

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PAUL EWING **DOB: 11/05/1978** **CHI No: 1105783235**
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT

He told me that he was interested in this but would like some time to think this over. I have made no change to his medication and will review him in three months time.

Yours sincerely

Authorised on 8/2/2012 7:16:42 AM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

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PATIENT SERVICES

Consultant: Sam Allen

Infectious Diseases Unit
Ward 2D
Crosshouse Hospital
KILMARNOCK KA2 0BE
Telephone: 01563 521133

www.show.scot.nhs.uk/aaaht

NHS
Ayrshire
& Arran

Dr W Costley
Health Centre
45 High Street
STEWARTON
KA3 5BP

Date	22 nd March 2012
Our Ref	EG/KO/
CHI:	1105783235
Enquiries to	Fiona Elliott
Extension	27970
Direct line	01563 827970
Fax	01563 827978
E-mail	fiona.elliott@aaaht.scot.nhs.uk

Dear Dr Costley

Paul Ewing, 40 Lothian Road, Stewarton, 11.05.1978

The above named has failed to attend his appointment at the blood borne virus clinic.

He has therefore been discharged from our service but we would be more than happy to offer him a further appointment if he can give a firm commitment to attend.

Yours sincerely,

Elizabeth Graham

Elizabeth Graham
Nurse Specialist

02 APR 2012

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**Confidential - Clinical
Information**

NHS Addiction Services
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Addiction Services
Fax. No. 01563 826184
www.nhsayrshireandarran.com



Pauline Mathieson
East Community Addiction Team
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX

Our Ref: JS/AB
Hospital No:
Clinic Date: 24/04/2012
Date: 30/04/2012
Dictated:
Date Typed: 22/06/2012
Enquiries to: Ann Broadhurst
Direct Line: 01563 826190
Ext. Number: 26190
Email: ann.broadhurst@aapct.scot.nhs.uk

Dear Pauline Mathieson,

PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, KA3 3BT

Diagnosis: F11.2 – Opioid Dependence
F13.2 – Sedative Dependence (Benzodiazepine)
Psychosis Unclassified

Medication: Methadone 110mls daily
Diazepam 40mgs daily (in divided doses)
Quetiapine 100mgs three times daily
(All medication dispensed daily)

Key Worker: Pauline Mathieson, CN

I reviewed Paul at my outpatient clinic in the Bentinck Centre on the 24th April 2012. His prescription at time of review is as above.

He reports continued use of Cannabis of up to 5 to 6-joints per day as well as a quarter of an ounce of Amphetamines orally two days per week. He complains of anger outbursts and on one occasion since his last review, his mother had to call the police following an argument with his brother. He told me that he gets voices inside his head telling him to say bad things such as "I will smother your baby", although he had no intention of acting on such demands and felt under no compulsion to do so. He told me that Quetiapine quiets the voices and makes them less frequent.

I spoke to him at length about the importance now of stopping Cannabis and Amphetamines and to work with his key worker on this.

1...
2

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PAUL EWING **DOB: 11/05/1978** **CHI No: 1105783235**
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT

The following were agreed:

1. Increase Quetiapine to 450mgs daily (in divided doses) (morning dose at 250mgs at a time when he is most likely to use Cannabis to calm him)
2. Immediate cessation of stimulants, particularly given that this is not daily use
3. Stopping Cannabis by mid-summer
4. Diazepam will be reduced from June by 2mgs every 4-weeks
5. Review appointment in June 2012

Yours sincerely

Authorised on 7/1/2012 4:57:18 PM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

www.nhsayrshireandarran.com



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**Confidential - Clinical
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NHS Addiction Services
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Addiction Services
Fax. No. 01563 826184
www.nhsayrshireandarran.com



Dr Sam Allen
Consultant in Infectious Diseases
Crosshouse Hospital
Kilmarnock
KA2 0BE

Our Ref: JS/AB
Hospital No: 056366
Clinic Date: 27/02/2012
Date Dictated: 28/03/2012
Date Typed: 08/05/2012
Enquiries to: Ann Broadhurst
Direct Line: 01563 826190
Ext. Number: 26190
Email: ann.broadhurst@aapct.scot.nhs.uk

Dear Dr Allen,

PAUL EWING **DOB: 11/05/1978** **CHI No: 1105783235**
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, AYRSHIRE, KA3 3BT

I reviewed Paul at my outpatient clinic in the Bentinck Centre on the 27th March 2012. He is currently on:

- Methadone 110mgs daily
- Diazepam 40mgs daily
- Quetiapine 100mgs three times a day

He suffers from a psychotic illness and while not using Opiates, is still dabbling in Cannabis and Amphetamines. He said that he previously had contact with yourself regarding his Hepatitis C, but has not been seen for several years; I am not sure whether you intended to review him or whether he has slipped through the net.

With thanks.

Yours sincerely

Authorised on 5/13/2012 6:58:11 PM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

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**Confidential - Clinical
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NHS Addiction Services
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Addiction Services
Fax. No. 01563 826184
www.nhsayrshireandarran.com



Pauline Mathieson
East Community Addiction Team
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX

Our Ref: JS/AB
Hospital No: 056366
Clinic Date: 27/02/2012
Date: 28/03/2012
Dictated:
Date Typed: 08/05/2012
Enquiries to: Ann Broadhurst
Direct Line: 01563 826190
Ext. Number: 26190
Email: ann.broadhurst@aapct.scot.nhs.uk

Dear Pauline Mathieson,

PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT

Diagnosis: F11.2 – Opioid Dependence
F13.2 – Sedative Dependence (Benzodiazepine)
(Psychosis Unclassified)
Probable Dissociative Disorder

Medication: Methadone 110mgs daily
Diazepam 40mgs daily (in divided doses)
Quetiapine 100mgs three times daily
(All medication dispensed twice weekly)

Key Worker: Pauline Mathieson, CN

I reviewed Paul at my outpatient clinic in the Bentinck Centre on the 27th March 2012. His medication at time of review is as above.

He told me that he is continuing to use Cannabis on a daily basis (approximately 6-joints). He also disclosed that for the last eight months he has been using Amphetamines; half ounce cuts oral on Mondays and Tuesdays. He told me that he is using Amphetamines because it helps him function, particularly in his role as a part-time carer. He said without using Amphetamines he struggles to motivate himself; get out and about and his self-care deteriorates. On the days he takes Amphetamines, he feels fine but is left feeling lethargic and depressed for the rest of the week. When I asked him why he was taking Cannabis on days when he was feeling lethargic, de-motivated and depressed he identified its availability as a cue to use.

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PAUL EWING DOB: 11/05/1978 CHI No: 1105783235
40 LOTHIAN ROAD, STEWARTON, KILMARNOCK, Ayrshire, KA3 3BT

The relationship with his [REDACTED] tells him she wishes he were dead. This seems to be related to the grief that Paul has put his family through in the past with his drug addiction. He also said that [REDACTED] whom he frequently sees, is a bully and they physically fight a lot.

We spent some time going through the neurobiological changes that chronic stimulants induce. I have tried to explain to him that Amphetamines will not only exacerbate his psychotic type symptoms, but will also cause mood disturbance and lethargy. Likewise his Cannabis could well have hallucinogenic properties and other than availability, there does not seem to be any other reason why he is taking them. Paul's answer to all this is that he intends to move to different accommodation away from other drug users, but I am not sure this is particularly realistic.

Throughout my conversation with Paul today, I could find no evidence that he had any passivity symptoms and that any violent responses he had, would either be ones that he had complete control of or be ones induced by the psychotic effects of Cocaine and Cannabis. He is fully aware of his responsibilities not to use these drugs. He described no thoughts of self-harm or suicide.

The following were agreed:

1. His Methadone would remain at 110mls daily
2. His Diazepam would remain at 40mgs daily (in divided doses) until July when it would be reduced by 2mgs every 4-weeks as part of a gradual reduction programme
3. Paul would work with his CAT worker to aim for abstinence from stimulants and Cannabis
4. Given that he is HEP C positive, I will ask for Dr. Sam Allan to review him in his clinic
5. Outpatient review in three months time

Yours sincerely

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Authorised on 5/13/2012 7:13:44 PM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

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MENTAL HEALTH SERVICES

16 MAY 2011

CLINICAL IN CONFIDENCE

Dr W Costley
Health Centre
45 High Street
STEWARTON
KA3 5BP

NHS Addiction Services
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE

NHS
Ayrshire
& Arran

Date Typed 2 May 2011
Date Dict 8 March 2011 Time: 4.30
Your Ref
Our Ref JS/VW/056366
Chi. No.

Enquiries to Karen McAllister
Extension 26189
Tel 01563 826180
Fax 01563 826184

Dear Dr Costley

PAUL EWING, 40 LOTHIAN ROAD, STEWARTON KA3 3BT
D.O.B. 11/05/78 CHI: 1105783235

DIAGNOSIS:

F10.2 Alcohol dependence
F11.2 Opioid dependence
F13.2 Sedative/hypnotic dependence
Psychotic symptoms unclassified

I reviewed Paul at the Bentinck Centre on 8 March 2011. His prescription at the time of review was:

- Methadone 100mls daily
- Diazepam 10mg qds
- Mirtazapine 45mg nocte
- Olanzapine 10mg nocte

He said he was still trying to reduce his Cannabis use and uses nine joints/day. He was keeping drug diaries and setting himself targets for reducing use. He said it was hard to do because of heightened anxiety but seemed prepared to work on it.

He is still getting opiate withdrawals in the morning and I have advised a small increase to 110mg. I will review in April 2011.

Yours sincerely


J Stirling
Consultant Psychiatrist

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MENTAL HEALTH SERVICES

16 FEB 2011

CLINICAL IN CONFIDENCE

Dr W Costley
The Health Centre
High Street
STEWARTON
KA3 5BP

Dear Dr Costley

NHS Addiction Services
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE

NHS
Ayrshire
& Arran

Date Typed 31.01.11
Date Dict 28.01.11
Clinic Date 18.11.10 Time 9 a.m.
Your Ref
Our Ref JS/AW/56366

Enquiries to Karen McAllister
Tel 01563 826180
Fax 01563 826184
Email karen.mcallister@aapct.scot.nhs.uk

PAUL EWING, 40 LOTHIAN ROAD, STEWARTON, KA3 3BT
DOB 11/01/78 CHI NO. 1105783235

Paul cancelled his appointment with me at the Bentinck Centre, Kilmarnock, on the 18 November 2010. He will be sent another appointment in due course.

Yours sincerely

J Stirling
Consultant Psychiatrist

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**Confidential - Clinical
Information**

Mental Health Services
NHS Addiction Services
Crosshouse Hospital
Kilmarnock Road
Kilmarnock
KA2 0BE
Addiction Services
01563 826184
www.nhsayrshireandarran.com

**CLINICAL IN CONFIDENCE**

Dr WJ Costley
Stewarton Medical Practice
The Health Centre
45 High Street
Stewarton
KA3 5BP

Our Ref: JS/AB/ 1105783235
Clinic Date: 14/02/2012
Date Dictated: 20/02/2012
Date Typed: 21/03/2012
Enquiries to: Ann Broadhurst
Direct Line: 01563 826190
Ext. Number: 26190
Email: ann.broadhurst@aapct.scot.nhs.uk

Dear Dr Costley,

Paul Ewing **DOB: 11/05/1978** **Hospital No: 56366**
40 Lothian Road, Stewarton, Kilmarnock, Ayrshire, KA3 3BT

Diagnosis: F11.2 – Opioid Dependence
F13.2 – Sedative Dependence (Benzodiazepine)
Psychosis (unclassified)

Medication: Methadone 110mls daily
Diazepam 40mgs daily (in divided doses)
Olanzapine 15mgs at night

Key Worker: Pauline Mathieson, CN

I reviewed Paul at my outpatient clinic in the Bentinck Centre on the 14th February 2012. His prescription at time of review is as above. I also understand that you prescribe him Mirtazapine 45mgs at night.

His reported drug use in the four weeks prior to his appointment was:

- Cannabis 6-joints daily
- Amphetamines 1oz weekly, taken 1-day per week

He told me he takes Cannabis to calm him and he takes Amphetamines once a week to help with his motivation and self-care. He complies with his medication but he does not feel his Olanzapine is helping his psychotic symptoms. He told me that he hears voices every day which can take the form of benign conversations with him to aggressive demands. He is currently living with [REDACTED] and I gather there are ongoing tensions with them. He hopes to get his own tenancy soon.

He requested that I change his Olanzapine. We spent quite a bit of time going over the psychotic side effects such as Amphetamines and Cannabis and the importance of abstaining from these classes of substance.

/...

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Paul Ewing DOB: 11/05/1978 Hospital No: 56366
40 Lothian Road, Stewarton, Kilmarnock, Ayrshire, KA3 3BT

The following were agreed:

1. Reduce Olanzapine 5mgs a week with a view to stopping
2. Quetiapine to commence as follows:
 - a. Week 1 - 25mgs three times a day
 - b. Week 2 - 50mgs three times a day
 - c. Week 3 - 100mgs three times a day

Yours sincerely

Authorised on 3/26/2012 8:38:34 AM by Jeremy Stirling.

Dr J Stirling
Consultant Psychiatrist

Pauline Mathieson
East Community Addiction Team
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX



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MENTAL HEALTH SERVICES		NHS Addiction Services 35-41 Lister Street Crosshouse Hospital KILMARNOCK KA2 0BE		NHS Ayrshire & Arran	
<u>Clinical in Confidence</u> East Community Addiction Team Bentinck Centre East Netherton Street KILMARNOCK KA1 4AX		Date Typed 01/06/11 Date Dict 16/05/11 Clinic Date 26/04/11 Time 5.00pm Our Ref JS/KMcA/056366			
		Enquiries to Karen McAllister Tel 01563 826180 Fax 01563 826184 Email karen.mcallister@aapct.scot.nhs.uk			
Dear Dr Costley					
PAUL EWING, 40 LOTHIAN ROAD, STEWARTON, KA3 3BT DATE OF BIRTH 11/05/78 CHI 1105783235 16 JUN 2011					
DIAGNOSIS F11.2 OPIOID DEPENDENCE F13.2 SEDATIVE DEPENDENCE PSYCHOTIC SYMPTOMS UNCLASSIFIED					
I reviewed Paul at the Bentinck Centre on 26 April 2011. His prescription at the time of review was:					
1. Methadone 100mg daily 2. Mirtazapine 45mg daily 3. Olanzapine 10mg daily 4. Diazepam					
He reports only using Cannabis and is still gradually reducing this. Otherwise his mental state is as before. I have encouraged him to aim towards stopping Cannabis to make assessment of his psychotic symptoms easier.					
I will keep him under review and have also requested a blood screen and ECG.					
Yours sincerely					
 J Stirling Consultant Psychiatrist					
cc Dr W Costley, Stewarton Medical Practice, 45 High Street, STEWARTON, KA3 5BP					
www.nhsayrshireandarran.com					
INVESTING IN VOLUNTEERS					

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MENTAL HEALTH SERVICES

NHS Addiction Services
 35-41 Lister Street
 Crosshouse Hospital
 KILMARNOCK
 KA2 0BE



Date Typed: 12.12.11.
 Date Dict: 10.11.11.
 Your Ref:
 Our Ref: JS/AB/056366
 Chi. No:

CLINICAL IN CONFIDENCE

East Ayrshire Community
 Addictions Team
 Bentinck Centre
 East Netherton Street
 KILMARNOCK
 KA1 4AX

Enquiries to: Ann Broadhurst
 Tel. No: 01563 826190
 Fax No: 01563 826184
 E-mail: ann.broadhurst@aapct.scot.nhs.uk

29 DEC 2011

Dear colleagues

PAUL EWING 40 LOTHIAN ROAD STEWARTON KA3 3BT
D O B 11.05.78. CHI. NO. 1105783235

Diagnosis: F11.2 – Opioid Dependence
 F13.2 – Sedative Dependence (Benzodiazepine)

Medication: Methadone 110mls daily
 Diazepam 8 x 5mgs daily
 Olanzapine 15mgs nocte
 (Twice weekly pick-up)

Key Worker: Pauline Mathieson, SN

I reviewed Paul at my outpatient clinic in the Bentinck Centre on the 8th November 2011. His prescription at time of review is as above.

He said he still uses 7-joints of Cannabis daily and has been unable to reduce further. He reports no other drug use or problematic drinking. He said his mood was lower and he has become a little more withdrawn socially. However, he described no thoughts of self-harm, suicide or violence. The critical voice is still problematic. I gather he has missed a couple of ECAT appointments.

1...

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2

PAUL EWING 40 LOTHIAN ROAD STEWARTON KA3 3BT
D O B 11.05.78. CHI. NO. 1105783235

I would be grateful if his next review could be a three way meeting including, Turning Point, East key worker and Paul.

Yours sincerely

J Stirling
Consultant Psychiatrist

cc Dr W J Costley Stewarton Medical Practice The Health Centre High Street
STEWARTON KA3 5BP
Cc Bobby Hogg, Turning Point 25 Portland Road Kilmarnock KA1 2BT

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MENTAL HEALTH SERVICES

NHS Addiction Services
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE

Clinical in Confidence

Brian Martin
Charge Nurse - East CAT
Addiction Services
East Netherton Street
KILMARNOCK
KA1 4AX

Date Typed 29.08.2011
Date Dict 29.08.2011
Clinic Date 30.06.2011 Time 2.00pm
Our Ref JS/HM/056366

Enquiries to Karen McAllister
Tel 01563 826180
Fax 01563 826184
Email karen.mcallister@aapct.scot.nhs.uk

Dear Brian

PAUL EWING, 40 LOTHIAN ROAD, STEWARTON, KA3 3BT
DOB: 11/05/1978 CHI: 1105783235

Diagnosis: F11.2 - Opioid Dependence
F13.2 - Sedative Dependence
Psychotic symptoms unclassified

I reviewed Paul at my Outpatient Clinic at the Bentinck Centre on 30th June 2011. His prescription at the review was:

- Methadone 110mg daily
- Mirtazapine 45mg nocte
- Diazepam 8 x 5mg daily
- Olanzapine 15mg nocte

He said he was still managing to reduce his Cannabis intake and his psychotic symptoms were easier. He was struggling with craving for Cannabis and linked this in part to boredom. We spent some time going over strategies for craving and ways to build more structure to his week.

I will keep him under review. Please let me know how you feel he is progressing.

Yours sincerely

J Stirling
Consultant Psychiatrist

cc Dr W Costley, Stewarton Medical Practice, 45 High Street, Stewarton, KA3 5BP.

12 SEP 2011

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PATIENT SERVICES

Consultant: Sam Allen

Infectious Diseases Unit
Ward 2D
Crosshouse Hospital
KILMARNOCK KA2 0BE
Telephone: 01563 521133

www.show.scot.nhs.uk/aaaht

NHS
Ayrshire
& Arran

Dr W Costley
Health Centre
45 High Street
STEWARTON
KA3 5BP

31 MAR 2011

Date	18 March 2011
Clinic	15 March 2011
Our Ref	EG/FE/ 250501
CHI:	1105783235
Enquiries to	Fiona Elliott
Extension	27970
Direct line	01563 827970
Fax	01563 827978
E-mail	fiona.elliott@aaaht.scot.nhs.uk

Dear Dr Costley

~~Paul Ewing, 40 Lothian Road, Stewarton, 11.05.1978~~

Mr Ewing failed to attend for annual review regarding his hepatitis C. A further appointment will be arranged.

Yours sincerely

Elizabeth Graham

Elizabeth Graham
Nurse Specialist

www.nhsayrshireandarran.com



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NHS Confidential: Personal data about a patient

MENTAL HEALTH SERVICES

16 MAR 2011

NHS Addiction Services
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE

**CLINICAL IN CONFIDENCE**

Dr W Costley
The Health Centre
45 High Street
STEWARTON
KA3 5BP

Date Typed 08.03.11
Date Dict 25.01.11
Clinic Date 20.01.11 Time 2 p.m.
Your Ref
Our Ref JS/AW/056366

Enquiries to Karen McAllister
Tel 01563 826180
Fax 01563 826184
Email karen.mcallister@aapct.scot.nhs.uk

Dear Dr Costley

PAUL EWING, 40 LOTHIAN ROAD, STEWARTON, KA3 3BT
DOB 11/05/78 CHI NO. 1105783235

Diagnosis: F11.2 – Opioid Dependence
F13.2 – Sedative Dependence (Benzodiazepine)
Psychotic Symptoms Unclassified

I reviewed Paul at the Bentinck Centre on the 20 January 2011. His medication at the time of review was:-

Methadone 100mls
Mirtazapine 45mgs
Olanzapine 10mgs
Co-codamol PRN
Ranitidine 125mgs daily

He reports his only illicit drug use as being Cannabis (9 joints daily) which he said is a reduction on his previous level at the time I last saw him. He said that the Diazepam prescription had helped this although he understands that this will be gradually reduced.

He spoke quite a bit about the difficult relationship with [REDACTED] and his very low self esteem. He constantly feels "paranoid" which, seems more a reflection of his low self worth and how he thinks others perceive him.

We looked at strategies for self soothing when paranoid. We also looked at practical things that he could do (such as involvement in the Fitba4u programme). He says he finds benefit from Turning Point contact and is working on engaging with some of their activities. He is also helping to care for a disabled man on a regular basis. He also sees Cheryl Ferguson, CPN.

/..



www.nhsayrshireandarran.com

STA 5006

NHS Confidential: Personal data about a patient

2

PAUL EWING, 40 LOTHIAN ROAD, STEWARTON, KA3 3BT
DOB 11/05/78 CHI NO. 1105783235

I have advised him to look at some of the structured activities discussed and to work a goal setting for reducing his Cannabis.

His derogatory internal voices continue and the aetiology as before is unclear with his ongoing Cannabis abuse. He is worried he will act on their commands and become aggressive. However he is engaging in sensible distraction strategies to deal with these impulses.

He also is linked in with the Hepatitis clinic at Crosshouse Hospital.

I will keep him under review.

Yours sincerely


J Stirling
Consultant Psychiatrist

Cc East CAT, Bentinck Centre, East Netherton Street, KILMARNOCK, KA1 4AX

Cc Turning Point, 25 Portland Road, KILMARNOCK, KA1 2BT

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17-July-2026 MMG
Additional: Scanned Document

Filename: iGPRDA_26.pdf
Extension: .tif
Pages:

MENTAL HEALTH SERVICES

NHS Addiction Services
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE



25 JAN 2011

Date Typed. 11.01.11.
Date Dict. 01.12.10. Time: 10.00am
Your Ref:
Our Ref: AM/AB/056366
Chi. No.

CLINICAL IN CONFIDENCE

Dr W J Costley
Stewarton Medical Practice
The Health Centre
High Street
STEWARTON
KA3 5BP

Enquiries to: Ann Broadhurst
Tel. No. 01563 826180
Fax No. 01563 826184
E-mail: ann.broadhurst@aapct.scot.nhs.uk

Dear Dr Costley

PAUL EWING 40 LOTHIAN ROAD STEWARTON KA3 3BT
D O B 11.05.78. CHI. NO. 1105783235

I reviewed Paul at my outpatient clinic in the Bentinck Centre on the 1st December 2010. Paul appeared quite anxious during the interview. He mentioned that he was trying to reduce his Cannabis intake over the last few months but it has been a slow and painful process. He was allegedly taking 13-joints per day and has reduced it to 11-joints. Unfortunately he claims to be taking 2-street Diazepam tablets over and above the 40mgs that he is prescribed per day. He insisted that the Diazepam reduced his anxiety and also reduced the intensity of voices and made him less aggressive. I was sure of the fact we would not be prescribing him anymore Diazepam as the whole purpose of stopping one drug would be lost.

Paul also claims to have allegedly assaulted a boy last week in the bus because he was feeling paranoid and has to appear in court soon. He still hears voices and carries a pen with him as he feels he can hurt someone with it if he gets very paranoid. During the interview Paul also mentioned that he was very embarrassed about his teeth and had very low self esteem in general. He lives with his parents and said that they are extremely demeaning to him (he claims that they call him a "disease ridden junkie"). During the interview, Paul did try to ask for Diazepam a few times, but I explained to him that this was not the solution as reducing Cannabis increasing the Diazepam would be a vicious circle. Moreover, he would be followed up by Dr. Stirling who would make the final decision regarding this. Paul has taken all this on board and seemed quite calm by the end of the interview. He also understands that Cannabis is causing his paranoia and perceptual abnormalities and he is quite determined to try to reduce and stop this.

/..

STA 5009

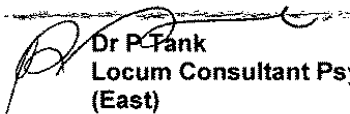
2

PAUL EWING 40 LOTHIAN ROAD STEWARTON KA3 3BT
D O B 11.05.78. CHI. NO. 1105783235

MANAGEMENT PLAN

1. Reduce Cannabis by 1-joint every ten to fifteen days
2. Paul to stop taking street Diazepam
3. I will request Cheryl to work with Paul regarding anxiety management and self-esteem. (Paul said he was too anxious to be part of a group at the moment)

Yours sincerely


Dr P. Tank
Locum Consultant Psychiatrist
(East)

cc Cheryl Ferguson CN East Ayrshire CAT Bentinck Centre East Netherton
Street Kilmarnock KA1 4AX

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Filename: iGPRDA_6.pdf
Extension: .tif
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NHS Confidential. Personal data about a patient

Loudoun House
Ailsa Hospital
Dalmellington Road
AYR
Ayrshire
KA6 6AB

Tel: 01292 513126
Fax: 01292 513038

www.nhs-ayrshire.org

PRIVATE & CONFIDENTIAL

Mr Paul Ewing
40 Lothian Road
STEWARTON
KA3 3BT

Date 12 November 2003
Our Ref LOU/SB/LR

Dear Mr Ewing

You were referred to Loudoun House by **Barry Scott, Project Worker.**

Please attend Loudoun House on **Saturday 13 December, 2003 at 11:00am.**

The purpose of this appointment is to assess your suitability for treatment at Loudoun House. **Please note that this is an assessment appointment and not an admission date.**

Please do not attend the appointment under the influence of any substances (alcohol or drugs), as this will result in you not being assessed at this time.

An information leaflet has been provided with this letter. Please contact the above number if you have any further questions or if the appointment given is unsuitable. Please could you make sure you have proof of benefit payments with you in order to receive reimbursement for travel expenses.

Yours sincerely


Senga Boyd
Deputy Charge Nurse
Loudoun House

Cc Dr Galbraith, The Surgery, 45 High Street, STEWARTON KA3 5BP

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19 DEC 2003

Loudoun House
Ailsa Hospital
Dalmellington Road
AYR
Ayrshire
KA6 6AB

Tel: 01292 513126
Fax: 01292 513038

www.nhs-ayrshire.org

PRIVATE & CONFIDENTIAL

Mr Paul Ewing
40 Lothian Road
STEWARTON
KA3 3BT

Date 17 December 2003
Our Ref LOU/SMc/JI

Dear Mr Ewing

You were due to be assessed at Loudoun House on Saturday 13 December 2003 and you did not attend.

At this point the staff at Loudoun House have received no contact from yourself as to why you did not keep this appointment. If you wish to gain access to our service you have seven days from the date on this letter to contact Loudoun House.

Following this, we at Loudoun House will unfortunately have no other choice, but to discharge you from our service.

If no contact is made within this time period you will be discharged from the service.

Yours sincerely


Sarah McLaughlan
Charge Nurse
Loudoun House

Cc Dr Galbraith, The Surgery, 45 High Street, STEWARTON, KA3 5BP

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**Primary Care NHS Trust
ADDICTION SERVICES**

Bentinck Centre
East Netherton Street
KILMARNOCK
KA1 4AX
Tel: 01563 574 237
Fax: 01563 574238

www.nhs-ayrshire.org

NHS
Ayrshire
& Arran

Our Ref: KM/JS/MJM/56366
Your Ref:
Date: 6th October 2003
Dictated: 30th September 2003

Dr Hambly
The Health Centre
High Street
STEWARTON

11 NOV 2003

Dear Dr Hambly

RE PAUL EWING 5 DORNIE CLOSE STEWARTON DOB 11.05.78

I reviewed Paul at Dr Stirling's Bridge Project, Kilmarnock, on 30th September 2003.

Paul is currently in the middle of a Methadone reduction programme.

Currently he is on 24mls but today admitted that he has been supplementing his Methadone by buying Methadone off the black market. He admitted he currently buys 11mls daily.

Paul complained of chronic low mood and on further questioning this did not appear to be a pervasive problem. Paul admitted that over the last year his mood has improved and he had been increasingly able to socialise and join in activities. He stated that his sleeping and appetite are ok. He currently lives with his family who he states are not particularly supportive. He admitted occasional suicidal thoughts but denied any current active plans.

Today Paul also disclosed to me that he was raped when he was 9 years old and this still plays on his mind a lot. He stated that he has not disclosed this to anyone else before.

I believe Barry Scott, Paul's drug counsellor, has spoken to Paul about referral to Loudoun House and today Paul talked a lot about this stating that he was very keen to be referred there.

Today I have agreed to halt Paul's Methadone reduction for the next 4 - 6 weeks. Over this time he will be reviewed by his counsellor. I have reiterated to Paul that his reductions will start after this period.

Yours sincerely

K. Morton

KATHERINE MORTON
SHO

Cc

Bridge Project, 1 The Cross, Kilmarnock

Rainbow House
Community Paediatric Services
Mental Health Services

JEREMY STIRLING
Consultant Psychiatrist

Head Office
Eglinton House, Ailsa Hospital
Dalmellington Road, Ayr KA6 6AB

Chairman Sandra R. Hood, O.B.E.
Chief Executive Allan Gunning

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Primary Care NHS Trust

Medical Office

Loudoun House
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB

www.nhs-ayrshire.org

NHS
Ayrshire
& Arran

13 JAN 2004

Barry Scott
Project Worker
Bridge Project
1 The Cross
KILMARNOCK

Date typed: 7 January 2004
Date dictated: 6 January 2004
Your Ref:
Our Ref: SB/SE 056366

Enquiries to: LOUDOUN HOUSE
Extension: 3126
Direct Line: 01292 513126
Email:

Dear Barry

**PAUL EWAN, 40 LOTHIAN ROAD, STEWARTON.
D.O.B: 11.05.78**

Your client Paul Ewan had an appointment to attend assessment at Loudoun House on 30th December 2003, for assessment of his mental health and substance misuse. However, Paul failed to attend this appointment and despite being sent a reminder letter to contact the unit, he has not done so.

Therefore we have no alternative at this time but to discharge him from our service. Should he require a re-referral at a later date, please do not hesitate to contact the unit.

Yours sincerely

Senga Boyd

**Senga Boyd
Deputy Charge Nurse
Loudoun House**

CC: Dr Galbraith, The Surgery, 45 High Street, STEWARTON ✓



Awarded for excellence
Rethink: Your
Community Paediatric Services
Mental Health Services

Head Office
Eglinton House, Ailsa Hospital
Dalmellington Road, Ayr KA6 6AB

Chairman Sandra R. Hood, O.B.E.
Chief Executive Allan Gunning

PCT 0001

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Extension: .tif
Pages:

NHS Confidential. Personal data about a patient

Community Mental Health Team

Private & Confidential
Dr Stirling
Consultant Psychiatrist
Bentinck Centre
East Netherton Street
KILMARNOCK
KA1 4AX

Kirklands Hospital
Kilmarnock
KA1 5LH

Tele: 01563-572476
Fax: 01563-575413

www.nhs-ayrshire.org

Date: 17 November 2003
Our Ref: TMeN/GS/056366
Direct Line:

Dear Dr Stirling

RE: PAUL EWING, D.O.B. 11.05.1978
40 LOTHIAN ROAD, STEWARTON

I enclose the following referral from Dr Duke at Stewarton Health Centre. Due to the fact that Paul already attends the Bridge Project it seems more appropriate that a psychiatric assessment be carried out by yourself.

Dr Duke is agreeable to the referral being passed on to you.

I hope this is agreeable to you.

Many thanks.

Yours sincerely



Tricia McNamara
Community Mental Health Nurse

c.c. Dr Duke, Stewarton Medical Practice, 45 High Street, Stewarton

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Filename: iGPRDA_11.pdf
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Pages:

NHS Confidential. Personal data about a patient

Primary Care NHS Trust
Department of Nutrition & Diet Therapy

Ms Sally Cousar SRD
Senior Nutrition & Diet Therapy
Strathlea Resource Centre
Holmes Road
Kilmarnock
Ayrshire KA1 1TR
Direct Line: 01563 551529
Email: Sally.cousar@nhs.uk

NHS
Ayrshire
& Arran

18 FEB 2004

Ref: SC/LW

Date: 12th February 2004

Dr Duke
Stewarton Medical Practice
45 High Street
STEWARTON
KA3 5BP

Dear Dr Duke,

RE: Paul Ewing, 40 Lothian Road, Stewarton d.o.b.11/05/78

Thank you for referring the above patient. Unfortunately they did not respond to my letter requesting them to contact the department if they wished an appointment with the dietitian, and no appointment has been made and therefore discharged from my caseload.

If I can be of any further assistance with your patient, please do not hesitate to contact me.

Yours sincerely


SALLY COUSAR SRD
Community Dietitian



Head Office
Eglinton House, Ailsa Hospital
Dalmellington Road, Ayr KA6 6AB

Chairman Sandra R. Hood, O.B.E.
Chief Executive Allan Gunning

PCT 0001

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Infectious DiseasesA6
AA General Referral PMH High

Crosshouse Hospital
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

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

— **Hospital and hospital address**

Hospital unit no.

A111H

Email address

-

Urgency of referral

Routine

PATIENT DETAILS**Surname**

Ewing

Forename(s)

Paul

Title

-

Sex

Male

Date of birth

11-May-1978

CHI no.

1105783235

Patient's address

40 Lothian Road
STEWARTON
KILMARNOCK
AYRSHIRE
KA3 3BT

Contact number(s)

Voice: 0

REGISTERED GP DETAILS**Name**

Dr W Costley

GMC code

4614137

GP code

A22900

Practice name

Stewarton Medical Practice

Practice code

80594

Practice address

45 High Street
Stewarton
Kilmarnock
Ayrshire, KA3 5BP

Contact number(s)

Voice: 01560 482011

Facsimile: 01560 485483

REFERRING PRACTITIONER DETAILS**Name**

Dr. William Costley

GMC code

4614137

GP code

22900

Practice name

The Health Centre (80594)

Practice code

80594

Practice address

45 HIGH STREET
STEWARTON
AYRSHIRE
KA3 5BP

Contact number(s)

Voice: 01560 482011

Facsimile: 01560 485483

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: -

Comment: Many thanks for seeing this man who is a previous intravenous drug user and was diagnosed hep c positive in 2003. Since then he has disengaged from the infectious disease services. He is now stable on his current drug use programme which is mainly Methadone and Diazepam. He has not injected in recent years. He is keen to re-engage with the service and I would be grateful if he could be appointed.

Examinations and Investigations

Current smoker: 15-Oct-2007 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Past procedures**

Description	Laterality	Modifier	Date performed
Hepatitis C antibody test positive	-	-	-

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Co-Codamol	04.07.01.0	8mg/500mg TABS	2 Tabs	every 4 to 6 hours	08-Feb-2005	-
Mirtazapine	04.03.04.0	TABS 45MG	1 Tab	At night	21-Jul-2009	-
Fortisip	09.04.02.0	Banana 200ml LIQ	2	Daily	22-Sep-2003	-
Mirtazapine	04.03.04.0	TABS 45MG	1 Tab	At night	28-Aug-2009	-
Olanzapine	04.02.01.0	TABS 10MG	1 Tab	At night	28-Aug-2009	-
Mirtazapine	00.00.00.0	TABS 45mg	1 Tab	At night	03-Nov-2006	-
Mirtazapine	04.03.04.0	TABS 45MG	1 Tab	At night	21-Jul-2009	-

Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking status

Alcohol consumption

Number per day ? (not known)

Units per day ? (not known)

Additional relevant information**Administrative information**

Referred By:Registered GP

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

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17-July-2026 MMG
Additional: Scanned Document

Filename: iGPRDA_22.pdf
Extension: .tif
Pages:

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Patient Services

Consultant: Sam Allen
Infectious Diseases Unit

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: 01563 521133
www.show.scot.nhs.uk/aaaht

NHS
Ayrshire
& Arran

Direct Line: 01563 827970
E-mail: Fiona.elliott@aaaht.scot.nhs.uk
Fax: 01563 827978

Chronic Hepatitis Specialist Nurse Clinic

JT/FE/250501
CHI No: 1105783235

18 November 2009

Dr Duke
Health Centre
High Street
STEWARTON

Dear Dr Duke

Paul Ewing 40 Lothian Road Stewarton 11.05.1978

Paul was seen in clinic on 22 October 2009. We discussed hepatitis C, its natural history, infectivity, progression and treatment. I have given Paul some literature to read.

I obtained hepatitis C baseline bloods and he will be seen by Dr Allen, Consultant, when all results are available.

Yours sincerely

pp Elizabeth Graham

Jackie Tomnay
Nurse Specialist

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Extension: .tif
Pages:

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Acute Hospitals NHS Trust

Consultant: Glyn R Williams
Infectious Diseases Unit

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: 01563 521133
Fax:
www.show.scot.nhs.uk/aaaht

NHS

**Ayrshire
& Arran**

Direct Line: 01563 577970 e-mail: ann.lundie@aaaht.scot.nhs.uk Fax: 01563 577978
Clinics: Travel Clinic 10.00 a.m. Tuesday (ACH), Outpatients 2. p.m. Tuesday (ACH)
HIV/Hep B/Hep C Clinic 10.00 a.m. Thursday (Crosshouse)

JM/AL/250501

18th March 2004 (16.3.04)

Dr J Duke
The Health Centre
45 High Street
STEWARTON

Dear Dr Duke

Re: Paul Ewing DoB 11.5.78 40 Lothian Road Stewarton

Your patient again did not attend for consultation on 16th March 2004. I agree that baseline assessment of his hepatitis C is advisable. I will send a further appointment if he gives some commitment to attend.

In the meantime if you see him I would recommend repeating LFTs and hepatitis C PCR annually (with copies to Dr Williams please).

Yours sincerely


Jude Morris
SPR/in General Medicine



Awarded for excellence

Chairman Professor Gordon M Wilson
Chief Executive Jim Currie

STA 0140

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Pages:

NHS Confidential: Personal data about a patient

MENTAL HEALTH SERVICES

Clinical in Confidence

Dr W J Costley
Health Centre
45 High Street
STEWARTON

Addiction Services
Westmount
79 Ayr Road
PRESTWICK
KA9 1TF

www.nhs-ayrshire.org

Date 3 November 2009
Date Dict. 14 September 2009
Your Ref
Our Ref PL/VW/056366

Enquiries To Vivien Williams
Tel 01292 473261
Fax 01292 473258
Email Vivien.Williams@aapct.scot.nhs.uk

NHS
Ayrshire
& Arran

Dear Dr Costley

PAUL EWING, 40 LOTHIAN ROAD, STEWARTON KA3 3BT
D.O.B. 11/05/78 CHI: 1105783235

Diagnosis: F11.2 Opioid dependence (currently abstinent)
F13.1 Sedative/hypnotics (harmful use)

I reviewed Paul at Turning Point Kilmarnock on 14 September 2009. Paul has had a major change from where he was last year and is engaging really intensively with his counselling. He is filling out drug diaries, work books and life planners and this is the first time he has actually shown any kind of interest in rehabilitation at all. To this end I am going to run him a final Diazepam detox starting at 40mg per day reducing by 5mg a fortnight in an effort to get him off his illicit benzodiazepines.

I will of course review him in due course.

Yours sincerely

Philip Laraway
Specialist GP in Addictions

cc Turning Point, 25 Portland Road, Kilmarnock KA1



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Primary Care NHS Trust

ADDICTION SERVICES

Dr K Hambly
The Health Centre
High Street
STEWARTON
KA3 5BP

Bentleek Centre
East Netherton Street
KILMARNOCK
KA1 4AX

Tel: 01563 574237
Fax: 01563 574238

www.nhs-ayrshire.org

Our Ref: JS/AB/56366
Your Ref:
Date: 14 May 2004
Dictated:

NHS

Ayrshire
& Arran

Dear Dr Hambly

RE: PAUL EWING, DOB 11.05.1978
40 LOTHIAN ROAD, STEWARTON, KA3 8BT

The above patient failed to attend his appointment on 27/04/04. I will see him again as requested.

Yours sincerely



Dr Jeremy Stirling
CONSULTANT PSYCHIATRIST



As advised by the NHS
Ayrshire & Arran
Community Paediatric Services
Mental Health Services

Head Office
Eglinton House, Ailsa Hospital
Dalmeilington Road, Ayr KA6 6AB

Chairman Sandra R. Hood, O.B.E.
Chief Executive Allan Gunning

1001
PCT 001

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NHS Confidential: Personal data about a patient

Primary Care NHS Trust

Harm Reduction Services
Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX

www.nhs-ayrshire.org



Dr K Hambly
The Health Centre
45 High Street
STEWARTON
KA3 5BP

Date: 18 June 2003
Our Ref: MG/mp/hr-03-233
Tel No: 01563 574237
Fax No: 01563 574238

Dear Dr Hambly

PAUL EWING, D.O.B. 11/05/78
40 LOTHIAN ROAD, STEWARTON, KA3 3BD

Mr Ewing tested positive for Hepatitis C infection (see enclosed laboratory report). I would be most grateful if you would refer this young man to specialist services for further assessment. I have also advised that he contact you about combined Hepatitis A and b vaccination.

This correspondence has been at Mr Ewing's request and permission has been given.

Should you require any further information please do not hesitate to contact me.

Yours Sincerely

Maria Griffin
Acting Charge Nurse – Harm Reduction Services

Enc.



Awarded for excellence
Rushay House
Community Paediatric Services
Mental Health Services

Head Office
1a Hunters Avenue Ayr KA8 9DW

Chairman Sandra R. Hood, O.B.E.
Chief Executive Allan Gunning

PCT 0001

R03 Copyright: Personal data about a patient

Ayrshire & Arran Acute Hospitals NHS Trust**Area Laboratory****Microbiology**K0003
U/KPatient No. Z.03.136073
Unit No.
DOB 11/05/1978
Sex MClinician Dr G Sharp
Request Location Bentick Centre
KilmarnockThis Report To **Dr G Sharp Bentick Centre Kilmarnock**

Anti-HIV antibody	Negative
Hepatitis B surface antigen	Negative
Hepatitis C antibody	REACTIVE
Hepatitis C PCR	POSITIVE
Ref Lab number	V.03.0602481.G
Date returned	11/02/2003

Evidence of on going HCV infection.
 Patient should be referred to a specialist HCV unit.
 A repeat PCR should be carried out as part of the specialist assessment.
 Result from Regional Virus Laboratory, Gartnavel General Hospital.

Lab No M.03.611084.3 Date/Time Coll 27/01/2003 14:00 Authorised By Dr G Downie
 Printed 18/02/2003 14:54 Sample Venous blood Blood 1 OF 1 Date 18/02/2003

If you have received this report in error, please return to the Microbiology Laboratory

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NHS Confidential. Personal data about a patient

Primary Care NHS Trust

ADDICTION SERVICES

Dr K N Hambly
The Health Centre
High Street
STEWARTON
KA3 5BP

Dear Dr Hambly,

PAUL EWING, 40 LOTHIAN ROAD, STEWARTON (11.05.78)

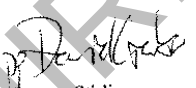
I saw Paul on 6 January 2004 at the Bridge Project in Kilmarnock.

He is struggling with 16mls Methadone and uses about £30 IV daily.

I have agreed to titrate the dose up to 60mls pending a referral by the Bridge Project to Loudoun House.

I will review in March 2004.

Yours sincerely


Jeremy Stirling
Consultant Psychiatrist

c.c. Bridge Project, 1 The Cross, Kilmarnock

NHS

**Ayrshire
& Arran**

Bentinn Centre
East Netherton Street
KILMARNOCK
KA1 4AX
Tel: 01563 574237
Fax: 01563 574238

Our Ref: JS/AG/056366
Date: 26 January 2004
Date Dictated: 7 January 2004

02 FEB 2004



Founded in 1906
Rancho House
Community Facilitative Services
Mental Health Services

Head Office
Eglinton House, Ailsa Hospital
Dalmellington Road, Ayr KA6 6AB

Chairman Sandra R. Hood, O.B.E.
Chief Executive Allan Gunning

PCT 0001

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NHS AYRSHIRE AND ARRAN

ADDICTION SERVICES

Clinical in Confidence

Dr Hambly
Health Centre
High Street
STEWARTON
KA3 5BP

07 Dec 2006

Bentinck Centre
East Netherton Street
KILMARNOCK
KA1 4AX
www.nhs-ayrshire.org



Date Typed 29 November 2006
Date Dict 27 November 2006
Our Ref JS/LM/056366

Enquiries To General Office
Tel 01563 574237
Fax 01563 574238

Dear Dr Hambly

**PAUL EWING, 40 LOTHIAN ROAD, STEWARTON, DATE OF BIRTH 11-05-78
CHI 1105783235**

I saw Paul Ewing on 25 October 2006 at the Turning Point clinic. His medication at the time of review was: Zispin 30mg daily
Diazepam 20mg daily
Methadone 70mls daily

He told me that he was using Heroin during September 2006 but had since stopped. He was using ½ oz Cannabis weekly (costing £30-£35) in the evening to help with anxiety and get him to sleep. He expressed the wish to stop using Cannabis completely. He was buying Diazepam up until 2 weeks before his review but had since stopped. Alcohol was not reported as a problem.

He fears going out of his home. He said he had been threatened by others who were facing murder charges. He gave a history of generalised anxiety. He does get support at home from his brother and parents.

The following were agreed:

1. He would attend Turning Point and focus particularly on anxiety work.
2. His Diazepam would be increased to 30mg and then reduced 2mg/month.
3. The Zispin would be increased to 45mg (I would be grateful if you could increase this on his prescription).

He will be reviewed as requested.

Yours sincerely

pp *hmcullen*

**Jeremy Stirling
Consultant Psychiatrist**

Cc Turning Point, 25 Portland Road, KILMARNOCK, KA1 2BT

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General Hospitals Division

Consultant: Glyn R Williams
Infectious Diseases Unit

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: 01563 521133
Fax:
www.show.scot.nhs.uk/aaaht



Direct Line: 01563 577970 e-mail: ann.lundie@aaaht.scot.nhs.uk Fax: 01563 577978
Clinics: Travel Clinic 10.00 a.m. Tuesday (ACH), Outpatients 2.00 p.m. Tuesday (ACH)
HIV/Hep B/Hep C Clinic 10.00 a.m. Thursday (Crosshouse)

GRW/AL/250501

5th October 2004

Dr J Duke
The Health Centre
45 High Street
STEWARTON

Dear Dr Duke

Re: Paul Ewing DoB 11.5.78 40 Lothian Road Stewarton

Again this man with hepatitis C antibodies did not attend for baseline assessment on 5th October 2004. I note the significant elevation of transaminases from your blood tests of 31st March 2004. Until he does attend he should abstain from all alcohol, and should he still use needles, dedicate all his equipment for personal use.

I would be grateful for a copy of up to date LFTs.

Should he give a firm commitment to attend I will send him a further appointment.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Glyn Williams', written over a large, faint, diagonal watermark that says 'THIRD PARTY COPY'.

Glyn R Williams
Consultant in Infectious Diseases



Awarded for excellence

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Extension: .tif
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NHS AYRSHIRE & ARRAN

CLINICAL IN CONFIDENCE

Dr W J Costley
The Health Centre
High Street
STEWARTON
KA3 5BP

Dear Dr Costley

Addiction Services
Bentlnck Centre
East Netherton Street
KILMARNOCK
KA1 4AX

www.nhs-ayrshire.org

Enquiries to: Ann Broadhurst
Extension: 231
Tel. No. 01563 574237
Fax No. 01563 574238
E-mail: ann.broadhurst@aanct.scot.nhs.uk

Your Ref: KB/AB/056366
Our Ref: 18.05.07.
Date Dict. 21.05.07.
Date Typed.

NHS
Ayrshire
& Arran

PAUL EWING 40 LOTHIAN ROAD STEWARTON KA3 3BT
D O B 11.05.78. CHI. NO. 1105783235

I saw the above gentleman at my outpatient clinic today 18th May 2007. He is currently doing well on his 80mls of Methadone and has not been using extra Opiates however he continues to struggle with his Diazepam use. He stated that he is currently using 40mgs daily in total along with I a prescribing him. I have agreed to an increase back to 40mgs daily reducing at a rate of 2mgs per month on the basis that he will attend for anxiety management and some of the new groups that are starting at Turning Point.

This gentleman is in employment at this time and otherwise seems to be quite stable and indeed is progressing well. He is quite obsessed with his Diazepam problem but that is not unusual in this particular group of clients and hopefully with support and help he will be able to move on. I will review him again in six months time.

Yours sincerely


Dr Karen Bett
Staff Grade

Cc Turning Point 25 Portland Road Kilmarnock KA1 2BT

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Filename: iGPRDA_23.pdf
Extension: .tif
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Mental Health Services
NHS Addiction Services
Westmount
79 Ayr Road
Prestwick
KA9 1TF
Tel: 01292 473261
Fax: 01292 473258



www.nhs-ayrshire.org

Date 18 February 2010
Date Dict. 15 February 2010
Your Ref
Our Ref PLVW/056366

Enquiries To Vivien Williams
Tel 01292 473261
Fax 01292 473258
Email Vivien.Williams@aapct.scot.nhs.uk

Clinical in Confidence

Dr W Costley
Health Centre
45 High Street
STEWARTON

Dear Dr Costley

PAUL EWING, 40 LOTHIAN ROAD, STEWARTON KA3 3BT
D.O.B. 11/05/78 CHI: 1105783235

Diagnosis: F11.2 Opioid dependence (currently abstinent)
F13.2 Sedative/hypnotic dependence (currently abstinent)

I reviewed Paul at Turning Point Kilmarnock on 15 February 2010. I am glad to report that Paul remains abstinent from illicit drugs and his Diazepam detox was entirely successful. He continues to work a couple of days a week on the poultry farm and should he pass two drug screens will go onto a twice weekly pickup to facilitate his work. Paul has done really well and I am absolutely delighted with his progress and hopefully will keep this going.

I shall review him again in due course.

Yours sincerely

Philip Laraway
Specialist GP in Addictions

cc Turning Point, 25 Portland Road, Kilmarnock



Awarded for excellence

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17 AUG 2006



Addiction Services
Loudoun House
Ailsa Hospital
Dalmellington Road
AYR KA6 6AB

www.nhs-ayrshire.org

Clinical in Confidence

Dr W J Costley
Health Centre
High Street
STEWARTON
KA3 5BP

Date 2 August 2006
Your Ref
Our Ref CF/VW/56366

Enquiries To Vivien Williams
Tel 01292 513124
Fax 01292 513038
Email Vivien.Williams@aapct.scot.nhs.uk

Dear Dr Costley

PAUL EWING, 40 LOTHIAN ROAD, STEWARTON, D.O.B. 11/05/78
CHI: 1105783235

I reviewed this gentleman at the Bentinck Centre on 4 July 2006. Paul reports that he is suffering from withdrawals from benzodiazepines. His prescription was recently being reduced by 2mg fortnightly. He complains of feeling agitated and tremulous. Other than these symptoms his mental state appears to be stable. He reports that he has been using alcohol in order to cope with his Diazepam reduction. He is not using any Heroin at present. He also reports that at times he uses 3 Diazepam or 10mg a day to cope with this reduction. Paul lives with [REDACTED]. He is currently working as a night watchman.

He is not in touch with Turning Point. He reported that he had made several attempts but had not been successful in getting an appointment.

He was seen today by Dr Stirling and it was agreed that his Diazepam reduction would stop and he would continue at 34mg. Today Paul managed to get an appointment with Turning Point for tomorrow. We agreed that his reduction would re-start at the end of August but this would be done by reducing 2mg/month. He agreed to this reduction programme. Today we stressed the importance of him being seen regularly by Turning Point at least once a month.

Yours sincerely

V. Williams

PP

C FERNANDO
SHO in Psychiatry

cc. Turning point

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MENTAL HEALTH SERVICES

NHS Addiction Services
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE

Clinical in Confidence

Cheryl Ferguson
Charge Nurse
East Community Addiction Team
Bentley Centre
East Netherton Street
KILMARNOCK
KA1 4AX

Date Typed 07 October 2010
Date Dict 05 October 2010
Your Ref
Our Ref JS/KMcA/056366

Enquiries to Karen McAllister
Extension 26189
Tel 01563 826180
Fax 01563 826184
Email karen.mcallister@aapcf.scot.nhs.uk

Dear Cheryl

PAUL EWING, 40 LOTHIAN ROAD, STEWARTON, KA3 3BT
DATE OF BIRTH 11/05/78 CHI 1105783235

DIAGNOSIS F11.2 OPIOID DEPENDENCE
F13.2 SEDATIVE/HYPNOTIC DEPENDENCE

Thank you for asking me to see Paul who attended the clinic on 7 September 2010.
His prescription at the time of review was:

1. Methadone 100mg daily pick up
2. Diazepam 40mg daily pick up (reducing 5mg every two weeks)
3. Olanzapine 10mg nocte
4. Mirtazapine 45mg nocte

He reports continued use of Cannabis but no other street drugs. He smokes nine to twelve joints a day (two to three grams a day). He has been smoking Cannabis since aged thirteen. He reports no excessive alcohol consumption.

He complains of generalised anxiety symptoms and panic attacks. He reported hearing internal voices which tell him to protect himself when he perceives being under threat. There was only ever one voice but he did separate it in quality from an internal thought. He described no other psychotic symptoms.

I note his history of assault eight years ago when he sustained multiple head injuries. He said his anxiety and "paranoia" (anxiety based) had worsened since this assault. There are some very real threats from within the drug subculture against him but he said that even in places he was unknown he would be very anxious and uneasy.

He has poor self image, particularly directed at his Hep C positive status and poor dentition.

Also of note are his antisocial traits as a child (violence at school leading to a residential placement). He volunteered that Benzodiazepines as a child made him aggressive.

15 OCT 2010

CONTINUED...

ST4 5000

NHS Confidential: Personal data about a patient

2

CHERYL FERGUSON, CHARGE NURSE

RE PAUL EWING, CHI 1105783235

There is no known family history of psychiatric disorder. I explained to Paul that a clear diagnosis could not as yet be made. I am sure his Cannabis use is adversely contributing to the current presentation and I have advised him to see his voices as an early warning sign to avoid Cannabis. His head injury in the past and the experience of a severe assault is maybe contributing to his current difficulties and his childhood history would suggest some antisocial personality traits.

My advice at the moment would be to focus on helping him get off Cannabis. This would allow his mental state to be reviewed and diagnosis clarified. It may be prudent for a period to delay his Diazepam reductions to allow the focus on Cannabis abstinence to be made.

I am happy to review if requested.

Yours sincerely



J Stirling
Consultant Psychiatrist

cc Dr P Laraway, Clinical Fellow in Addiction Services, Westmount,
79 Ayr Road, PRESTWICK, KA9 1TF
✓cc Dr W Costley, Stewarton Medical Practice, 45 High Street,
STEWARTON, KA3 5BP

15 OCT 2010

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NHS AYRSHIRE AND ARRAN
COMMUNITY HEALTH DIVISION

Addictions Services

Bentleek Centre
East Netherton Street
KILMARNOCK
KA1 4AX

www.nhs-ayrshire.org

NHS
**Ayrshire
& Arran**

Date Typed 23 December 2004
Date Dict 22 December 2004
Your Ref
Our Ref JS/IRB/056366

Enquiries To Julie Ross-Binning
Extension
Tel 01563 574237
Fax 01563 574238
Email julie.ross-binning@aapct.scot.nhs.uk

Clinical in Confidence

Dr J D Duke
The Health Centre
45 High Street
STEWARTON
KA3 5BP

Dear Dr Duke

PAUL EWING, 40 LOTHIAN ROAD, STEWARTON, DATE OF BIRTH 11.05.78
CHI 1105783235

Thank you for your letter. I will ask for a quick appointment to be made for him at the
Bridge Project with myself.

Yours sincerely

J.
J Stirling
Consultant Psychiatrist

Cc: Bridge Project, 1 The Cross, KILMARNOCK, KA1 1LR

STA 4138

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MENTAL HEALTH SERVICES

19 JAN 2009

Addiction Services
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE

NHS
Ayrshire
& Arran

CLINICAL IN CONFIDENCE

Dr W J Costley
The Health Centre
High Street
STEWARTON
KA3 5BP

Date Typed. 07.01.09.
Date Dict. 29.12.08.
Your Ref.
Our Ref: **PL/AB/056366**
Chi. No.

Enquiries to: Ann Broadhurst
Extension 26190
Tel. No. 01563 826180
Fax No. 01563 826184
E-mail: ann.broadhurst@aapct.scot.nhs.uk

Dear Dr Costley

PAUL EWING 40 LOTHIAN ROAD STEWARTON KA3 3BT
D O B 11.05.78. CHI. NO. 1105783235

I reviewed the above client at my outpatient clinic in Turning Point Kilmarnock on the 29th December 2008.

His Diazepam prescription from ourselves halted some six weeks ago and since then he has returned to buying 200mgs of Diazepam per day. He is absolutely desperate for Valium and his regular source has run out. Throughout his interview, Mr. Ewing was persistently fabricating stories. One minute he was on 200mgs of Diazepam and the next minute he was on 100mgs; one minute he wasn't taking Heroin and the next he was; one minute he'd been offered a job and the next he hadn't and I am afraid to say that I found it very hard to believe anything he said and he constantly contradicted himself and backtracked and all of this was in an effort to get put back on his Diazepam prescription. Over the years, he has made absolutely no effort whatsoever to get off his Diazepam and I have therefore declined him a further prescription. He will be reviewed again in due course.

Yours sincerely



Dr Philip Laraway
Specialist GP in Addictions

Cc Turning Point 25 Portland Road Kilmarnock KA1 2BT



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NHS AYRSHIRE & ARRAN

CLINICAL IN CONFIDENCE

Dr K G Hambly
The Health Centre
High Street
STEWARTON
KA3 5BP

Dear Dr Hambly

Addiction Services
Bentinck Centre
East Netherton Street
KILMARNOCK
KA1 4AX

www.nhs-ayrshire.org

Enquiries to: Ann Broadhurst
Extension 231
Tel. No. 01563 574237
Fax No. 01563 574238
E-mail ann.broadhurst@aapct.scot.nhs.uk

Your Ref:
Our Ref: KB/AB/056366
Date Dict. 09.02.07.
Date Typed. 20.02.07.

NHS
Ayrshire
& Arran

2007

PAUL EWING 40 LOTHIAN ROAD STEWARTON KA3 3BT
D O B 11.05.78. CHI. NO. 1105783235

I saw the above client at my outpatient clinic on the 9th February 2007. His medication at the time of review was:

- Methadone 70mls daily
- Diazepam 28mgs daily

He is currently reducing his Diazepam at a rate of 2mgs per month. He has been doing some anxiety work at Turning Point with limited benefit but assessing him today his mental state seemed somewhat improved from when he was seen in October 2006. I aim to follow the following plan:

1. I've increased his Methadone to 80mls as he's been using a couple of bags every couple of days.
2. I will continue with his Diazepam reduction at the rate of 2mgs per month.
3. Starting him on Olanzapine 10mgs nocte, partly to do with the fairly vague paranoid ideas he has and his difficulty sleeping. Olanzapine may also provide anxiety support for his agitation other than Benzodiazepines.

I will see him again in three months time.

Yours sincerely

Dr Karen Bett
Staff Grade

Cc Turning Point 25 Portland Road Kilmarnock KA1 2BT

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CLINICAL NOTES		National Health Service Number	Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
			EWING	PAUL PORTER	
			Address 40 LOTHIAN RD STEWARTON		11-5-78
Date					
19-1-82			Examination of hyaline Eryema Olatum. Hyaline skin No BS.		
24/1/82			(R) hyaline x port		
24/1/82			Manipulation chest No swelling. Full discussion and advice. BT.		
2/11/82			After 1st visit, no more, but still No more. In the		
2/11/82			Red white pain, Tension and well. A little better. skin on antenatal line. Right. BT		
14-5-82			Good. No more		
18-8-82			Trisomy. About 10 days Pharyngitis. Amant.		
1 FEB 1990			Pharyngitis.		
20 FEB 90			(B) 1/2 pt. (C) 1/2 up		
16-9-91			After 6th. No headache. had of the horrible attitude. PNH. etc CNS. CVS. ASD. ROS. Monitoring a bit ill mannered. Strong No.		
1-3-92			No for a while. Fall last night. knee FEM. no return yet tender prothelaw and also attacked + Amphotericin by Phloxacin 500mg PO x 1 week		

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

FORM GP111F

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CLINICAL NOTES		National Health Service Number
		Surname (Block Letters)
		Forenames (Block Letters)
		Address
		Date of Birth
Date		
6 DEC 1994	Addicted to Valium Taking 50 mg 3x required No Stetup on all demand R Alprazolam 10 mg 3x Advised	
9/12/94	given R for 4 chlorazepate 10 mg told to contact Bellhouse on 10/12/94 who may give him 2 R for 4 chlorazepate and duty doctor on Sunday for script for 2 R. He may return on Monday for 2 but will receive no more	
10/12/94	Remains for daily prescription chlorazepate 10 mg 3x	
20 FEB 1995	Chronic Const. BSV 2x Amoxicillin caps (15) Ventolin 2x 800	
21/6/95	Thank letter	
8.6.95	Depressed. Surgery in (7)	
12.6.95	St. improved	
17/6/95	R for Valium only 22 mg (8)	

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

FORM GP111F
355 2095

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Date	Notes
17/6/95	Seen HC. 1/2 more familial disruption and having been put out of his home. Supt. 10.00. Feel one of his boys coming out. cannot sleep. Grant Largactil 25mg. To see PM Monday.
19.6.95	Wrote: CT Review (7)
21/7/95	Attn @ W/R. S106/m. (1d 550. Made his own note. Uses Ventolin 2-3 x day. Add Dandel 200.

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

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[illegible]

NHS Confidential: Personal data about a patient

CLINICAL NOTES		National Health Service Number	Surname (Block Letters)	Forenames (Block Letters)
			<i>Giving</i>	<i>Paul</i>
		Address	Date of Birth	
		<i>40 Lophian Road Stewarton</i>	<i>11.5.78</i>	

Date	Clinical Notes	Diagnosis
<i>10-7-01</i>	<i>Ref Med Monary 7-5-01 530pm</i> <i>Head - Habit -</i> <i>Attended by Dr. [unclear]</i> <i>Reduced from 1000/day to 15/day</i> <i>but having difficulty stopping completely</i> <i>Looking for Dr. [unclear]</i> <i>P/u & Dr. [unclear] [unclear]</i> <i>Living in Stewarton</i> <i>considering moving</i>	
<i>14-9-01</i>	<i>DW 19</i>	
<i>17/9/01</i>	<i>Epigastric pain in Stewarton - still getting worse after</i> <i>food</i> <i>Attending Heladerne reducing programme</i> <i>Chen & Langstaff</i> <i>Med 5 28/11 14/9/01 [unclear] [unclear]</i>	
<i>28-9-01</i>	<i>To see Carol Reid Budge Road 2101</i> <i>C 28/7 Drug Abuse</i>	
<i>23-10-01</i>	<i>Seen Dr. Shirley Lister in New</i> <i>? for Heladerne [unclear]</i>	
<i>23-11-01</i>	<i>C 2/12 Drug Addiction. Still away after</i>	
<i>5-2-02</i>	<i>How far 'Cold Turkey'.</i> <i>Off to [unclear] 2 weeks</i> <i>Stewarton (28)</i> <i>? Moving into 6 Polterhouse (Kendal) job</i> <i>& working - will stay for time to work</i> <i>C 2/11 "Pharmacokinetics"</i>	

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

FORM GP111F
355 2095

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28/2/95

MEDICAL REGISTRATION QUESTIONNAIRE

NAME **PAUL PORTER EWING** D.O.B. **11/5/78**
 ADDRESS **40 LOTHIAN ROAD STEWARTON POST CODE KA3 3BT PHONE NO. 433043**
 DATE OF EXAMINATION **11/5/95**
 SIGNED **PAUL PORTER EWING** (OF OR NURSE)

PAST MEDICAL HISTORY please note any serious illness/operations
GLANDULAR FEVER **HERNIA REPAIR AGE 5**
ASTHMA

MEDICATION please list any medicines you are currently using (include doses)
VENTOLIN AS REQUIRED

VACCINATION DATES
AT SCHOOL
 Tetanus **1979** Polio **1979** Mumps **1979** Measles **1979** Whooping Cough **1979**
 Other **1979** **1979** **1979** **1979** **1979**

WOMEN ONLY Date of your last menstrual period
 Was it done by GP/Nurse () or other () Result

SMOKING Non smoker () Cigarette smoker ()
 No. of cigarettes/day () 1-9 () 10-19 () 20-39 () 40+ ()

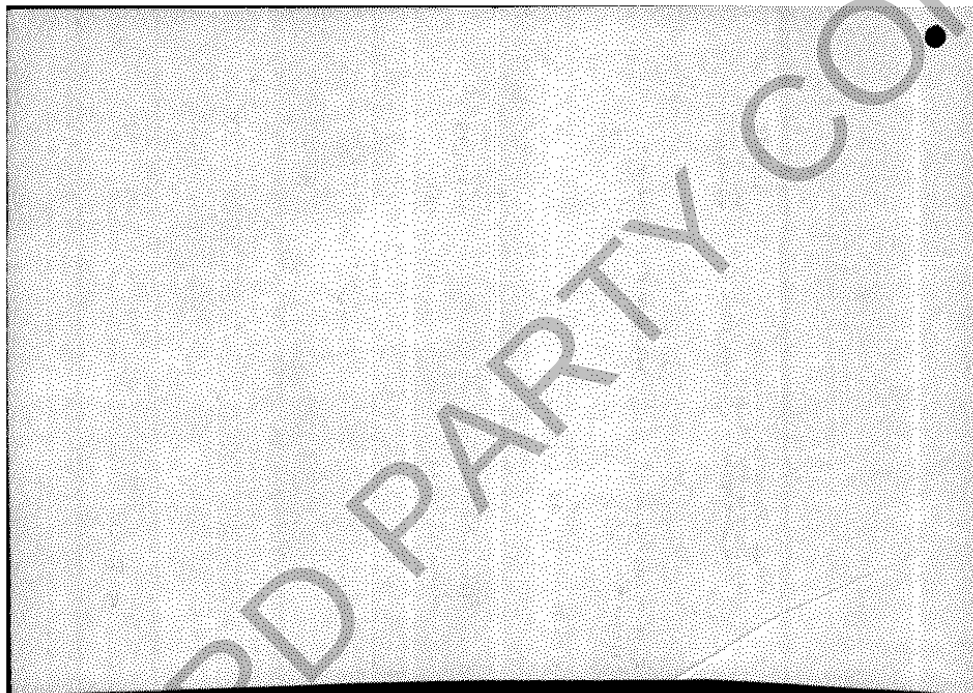
ALCOHOL A unit of alcohol is 1/2 pt beer or 1 measure of spirit.
 How many units of alcohol have you averaged out to per day?
 Less than 5 () 5-6 () 7-9 () More than 9 ()

EXERCISE Do you take regular brisk exercise?
 Once a week () Twice a week () Three times () No ()

FAMILY HISTORY Have any of your relatives (parents, brothers, sisters) had angina or heart attack
 before age 60 () after age 60 () stroke (any age) ()
 none of these ()

EXAMINATION to be completed by Practice Sister/Doctor
 Height **5'8"**
 Weight **140** Blood pressure **110/70**
 Urinalysis **Normal**

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

Ewing, Paul
DoB: 11/05/1978
Report Valid On 29/12/05 16:30
Stewarton Medical Practice
Page number 1

Registration

Mr Paul Ewing
40 Lothian Road
STEWARTON
KILMARNOCK
AYRSHIRE
KA3 3BT
Telephone: 484169
Contact: ?
Email: ?
CHI Number: 1105783235
Occupation:
Registered GP: Dr W Costley
Registered: 18/12/2002
BMI: 16.4
Height: 1.71 m
Weight: 48 kg
BP: 9/6

Service Code: Permanent
DoB: 11/05/1978
Age: 27
Contact/Relship: ?
Marital Status: Single

Priority Clinical / User Marker

14/02/2003 High Hepatitis C antibody test positive

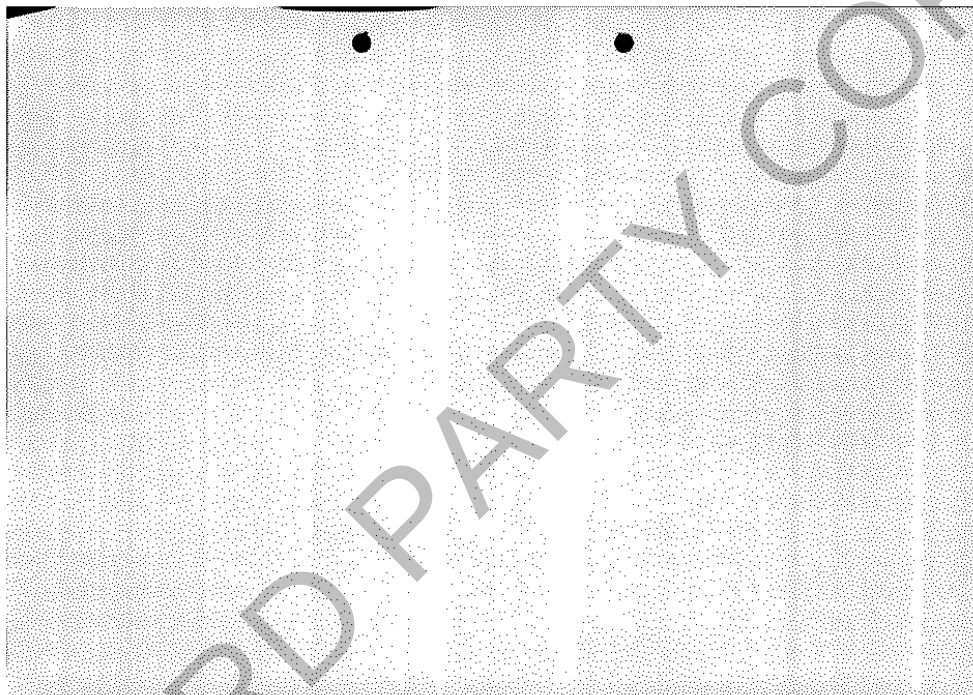
Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Pres.	Review
Mirtazapine TABS 30mg	56 weekly dispense 1 Tab At night	28/10/2005	23/11/2005	56	26
Co-Codamol 8/500mg TABS	80 2 Tabs every 4 to 6 hours	08/02/2005	23/12/2005	56	26
Fortisip Banana 200ml LIQ	56 2 Daily	22/09/2003	23/12/2005	56	26

Interval

Summary Sheet: Short Summary
Printed at 29/12/2005 16:30:41

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Filename: iGPRDA_2.pdf
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NHS Confidential: Personal data about a patient

SEAFIELD CHILDREN'S HOSPITAL
AYR KA7 4DW
Telephone: AYR 65161/2

JOHN J. THOMSON
New Cases—Friday 9.15 a.m.

Paediatric Surgery

17 July 1979

RG/BJB
54029

Dear Dr McGeechan

PAUL SWING, 390 LADENHAW STREET, STEVARTON

This 14-month-old boy fell down three steps on to a carpeted floor and was not knocked out but vomited twice after the fall. He was transferred from Kilmarnock Infirmary for head injury observations. These were entirely normal over the next 24 hours and he was discharged on 7 July.

Yours sincerely
M. O'Leary
M. O'Leary
Surgical Registrar

Dr P. McGeechan
Health Centre
High Street
Stevarton

NHS Confidential: Personal data about a patient

Seafield 29.2.80 xx
EYE

EWING
Paul
4 Albert Wynd,
Stewarton. 11.5.78 Single

Seafield xx
1979 54029

390 Lainshaw Street,
Stewarton. DR. PETER MCNEECHAN,
HEALTH CENTRE,
STEWARTON.

This child's mother thinks he may have a squint in the right eye. He has a broad bridge to his nose with bilateral epicanthic folds. I think his squint is more apparent than real. I would, however, be grateful if you would see him.

NHS Confidential: Personal data about a patient

AYRSHIRE AND ARRAN HEALTH BOARD
NORTH AYRSHIRE AND ARRAN DISTRICT

WILLIAM ROBERTS Consultant Physician WE/MD 6 March 1980 Dr Hambly Stewarton Health Centre High Street STEWARTON Dear Dr Hambly <u>Paul EWING D o B 11.5.78 4 Albert Wynd STEWARTON</u> This little boy was admitted on 28.2.80. He had developed signs of croup shortly before admission. At the time of admission his general condition was reasonably good. His throat was congested. He had a slight stridor but there was no indrawing. His voice was hoarse and he had a harsh cough. His respiratory symptoms settled down. He was soon breathing easily and his cough cleared. X-ray of chest, however, was reported to show an area of consolidation at the right base. In view of this he was put on Erythromycin on 3.3.80 and it would be wise to complete five days treatment with this. His [REDACTED] were given sufficient Erythromycin to do this. He went home on 5.3.80 by which time he had made a good clinical recovery. In view of the X-ray appearances, however, perhaps you could refer him for another X-ray in about a week to ten days time to make sure that the consolidation has cleared. At the time of dismissal he was having Erythromycin 125 mg qid. Haemoglobin 11.2 g/dl, white blood count 11,000. Examination of the blood film showed no significant abnormality. A throat swab gave no significant growth. Yours sincerely <i>W. Roberts</i> Consultant Physician	INFECTIOUS DISEASES UNIT AYRSHIRE CENTRAL HOSPITAL IRVINE KA12 8SS Tel. Irvine 74191
--	---

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

EWING	Paul	Dr. Peter McGeehan,
4 Albert Wynd, Stewarton.		Health Centre, Stewarton.
11.5.78		
This child was recently in the I.D. Unit at Ayrshire Central Hospital with an upper respiratory tract infection. X-ray of his chest showed an area of consolidation at the right base. He was treated with Erythromycin and discharged clinically well. In view of the x-ray appearances, however, the hospital would prefer that he have a check x-ray. I would be grateful if you would arrange this.		
		xx
	Chest x-ray	
		13.5.80

NHS Confidential: Personal data about a patient

AA AYRSHIRE AND ARRAN HEALTH BOARD
NORTH AYRSHIRE AND ARRAN DISTRICT
KILMARNOCK INFIRMARY

HILL STREET
KILMARNOCK KA3 2DJ
Telephone (0563) 22441 and 26521

OPHTHALMIC UNIT
Dr J. H. Cameron
Dr D. H. Nixseaman
Dr R. W. W. Paterson

Our Ref. 250501 DHN/JEB
Your Ref. 30th April 1980

Dr P McGeechan
The Health Centre
Stewarton

Dear Dr McGeechan,

Re: Paul Ewing, 4 Albert Wynd, Stewarton

Neither the Orthoptist nor I could find any sign of a squint in this little boy. I think it is the rather broad nose which is giving the false appearance of a squint. However, he will be kept under observation for a while.

Yours sincerely,

D H Nixseaman

D H Nixseaman
Consultant Ophthalmologist

NHS Confidential: Personal data about a patient

AYRSHIRE and ARRAN HEALTH BOARD
IMMEDIATE DISCHARGE LETTER

Confidential:—Use biro pen and pressure when completing this form

No. 8713

Dear Dr. HOSPITAL A.C.H. DATE 5-5-80

Your Patient Paul Cuning Hospital No. 123/40

of 14 Albert Street, Stranraer Date of Birth 12-5-75 Admitted in the care of Dr. Roberts was discharged on 5/5/80 19 80 with a diagnosis of CHEST INFECTION

PLEASE CONTINUE THE FOLLOWING THERAPY —

MEDICINE	DOSE	FREQUENCY
<u>ERYTHROMYCIN</u>	<u>125mg</u>	<u>QID</u>

PLEASE USE BLOCK CAPITALS

No. of days supply if more than 5 ☐

Other Comments:—

A follow-up appointment has/has not been given.

DRs. NAME IN BLOCK CAPITALS DR. J. WATSON Ward Pc

Yours sincerely Dr. J. Watson

WHITE GENERAL PRACTITIONER **YELLOW** MEDICAL RECORD **PINK** PHARMACY

FOR PHARMACIST ONLY	
QUANTITY DISPENSED	
<u>50ml 125mg/5ml</u>	PHARMACIST'S INITIALS <u>MN</u> DATE <u>5/5/80</u>

NHS Confidential: Personal data about a patient

HUMBERSIDE AREA HEALTH AUTHORITY
Name of Unit: **HULL ROYAL INFIRMARY**

JB-8423A

Consultant: Dr. J. K. Gosnold

ACCIDENT AND EMERGENCY SERVICE

NAME: *Paul Ewing*

SURNAME <i>EWING</i>		FIRST NAME(S) <i>PAUL</i>		UNIT NUMBER	
HOME ADDRESS <i>4 ALBERT WY. STEWARTON ARDBURGH</i>		TEMPORARY ADDRESS <i>4 MULGATE CL SUTTON</i>		OCCUPATION/SCHOOL	
DATE <i>11 JUL 1980</i>	NAME OF S.P. <i>McGEECHAN</i>	DATE OF BIRTH <i>11.5.78</i>	AGE <i>2</i>	M <i>W</i>	REL. <i>Pist</i>
TIME <i>16.25</i>	SEEN BY <i>Mw. De-</i>	TIME SEEN	HISTORY OR ILLNESS <i>ARM. L.</i>		

Final Diagnosis

I.S.C. Number ☐ G.P. ☐ 999 Call ☐ Home ☐ School ☐
S.O. Number ☐ Self ☐ Other ☒ Work ☐ R.T.A. ☐

Source of Referral

Diagnosis *Paul Ewing*

X-Ray ☒ *El + hand*

Fracture of ☐ No fracture seen ☐

Treatment *Manipulation!*

Amalgam

No treatment required ☐	General Anaesthetic ☐	Head injury card ☐
Suture ☐	Manipulation ☐	Tetanus Toxoid ☐
Splint ☐	Plaster ☐	Immunised ☐
Crepe bandage ☐	Strapping ☐	Booster ☐
Antibiotic — Dose ☐		1st Dose ☐
Analgesia — Dose ☐		Humotet & 1st ☐
		Triplopen + 1st ☐
Disposal		
General Practitioner ☐		Out-Patient Clinic ☐
Acc./Emerg. Follow-up ☐		Fracture Clinic ☒
Hospital and ward ☐		Insurance Certificate Given Yes/No
Social Services ☐		
Community Nurse ☐		
Time Treatment Completed ☐		

Signed: *[Signature]*

NHS Confidential: Personal data about a patient

Dear Doctor,

This is to advise you about the attendance of your patient who was seen in the Accident and Emergency Department today.

A further letter may be sent, or if necessary the patient will be asked to report back if, on review, the X-Ray shows an abnormality.

If Tetanus Immunisation has been commenced would you please complete the course.

If any problem should arise please contact me directly, or refer the patient back should you consider it necessary.

Yours sincerely,

Doctor, Accident & Emergency Department

NHS Confidential: Personal data about a patient

HUMBERSIDE AREA HEALTH AUTHORITY

Telephone: Hull (0482) 28841

Fracture & Orthopaedic Service
Hull Royal Infirmary
Anatomy Road
Hull
HUS 2JZ

Mr. C.R. Bekin
Mr. T.J. Cain
Mr. G. Hoyle
Mr. G.L.M. Kings
Mr. K.D. Sargeant
SK/LH

Dictated: 14th July, 1980
Typed: 15th July, 1980

re: Paul Ewing (11.5.78) 4 Albert Wind, Stewarton, Ayrshire, Scotland

History: On the 11th July, his father was swinging the child and felt "something coming out" of his left elbow. Following this the child wouldn't use the left elbow. Attended Casualty and a diagnosis of pulled elbow has been made. The elbow was manipulated. X-ray didn't reveal bone injury.

O.E. today: There is a full range of passive movements left elbow. Movements are painless.

Advice: To leave it free and see next week if still troubled.

Diagnosis: Pulled elbow left.

(Dr. McGeehan, Stewarton.)

S. KINCZYNSKI
Orthopaedic Registrar to Mr. G. Hoyle

NHS Confidential: Personal data about a patient

Seafield 27.5.82 XXX

Surgical

EWING
Paul
4 Albert Wynd,
Stewarton.

11.5.78 Single

XXX

Seafield 1979 54029

~~XXXXXXXXXX~~
DR. RICHARD MELVILLE,
HEALTH CENTRE,
STEWARTON.

I would be grateful if you could see this 4 year old boy who has a right sided hydrocele. This has been present now for some months.

NHS Confidential: Personal data about a patient

AA AYRSHIRE AND ARRAN HEALTH BOARD
SOUTH AYRSHIRE DISTRICT
Seafield Children's Hospital

DOONFOOT ROAD
AYR KA7 4DW
Tel. 0292 266161

Our Ref.: ALF/AW
Your Ref.:
Date: 11th June, 1982

Dr. R. Melville,
Health Centre,
Stewarton.

Dear Dr. Melville,

Paul Ewing, 4 Albert Wynd, Stewarton. 11.5.78

This four year old boy has a right sided hydrocoele which from the history I assume to be communicating. I have put his name on the Waiting List for exploration of the groin.

Yours sincerely,

A. L. Forster
A. L. FORSTER,
Consultant Surgeon.

NHS Confidential: Personal data about a patient

AA AYRSHIRE AND ARRAN HEALTH BOARD
SOUTH AYRSHIRE DISTRICT

Seafield Children's Hospital

DOONFOOT ROAD
AYR KA7 4DW
Tel. 0292 265161

Consultant Surgeon:
Mr A L Forster

Our Ref.: DN/EJB
Your Ref.: 54029
Date: 10 September 1982

Dear Dr Melville

PAUL EWING, 4 ALBERT WYND, STEWARTON 11.5.78

This four-year-old boy was admitted to Seafield Hospital and on 1 September he had a routine right herniotomy and repair of right hydrocele.

His post-operative period was uncomplicated.

Yours sincerely

Dr D McSorley

D McSorley
Surgical SHO

Dr R Melville
Health Centre
High Street
Stewarton

NHS Confidential: Personal data about a patient

CONSENT FORM Please detach and return **BOTH COPIES** to Head Teacher

CLASS 2B

B.C.G. VACCINATION AGAINST TUBERCULOSIS

I wish my child to have B.C.G. vaccination if found suitable by skin testing. The necessary procedure has been fully explained to me.

Child's Name PAUL PORTER EMMY Date of Birth 11/5/78

Address 42 BATHING ROAD STEWARTON

Signature E. Emmy School STEWARTON ACADEMY

Date 28/1/92

Is there a case of tuberculosis in the house or family? No

* Has the child already had an injection against Tuberculosis? No

Does your child suffer from any chronic disease requiring medical treatment? No

Name and address of Family Doctor DR. P. McGEACHAN STEWARTON HEALTH CENTRE

* Even though your child was given B.C.G. in infancy, it is important that he/she have a further skin test to determine whether immunity still exists.

FOR OFFICE USE ONLY				
HEAF DATE(S)	+ OR -	B.C.G. DATE	BATCH NUMBER	SIGNATURE OF DOCTOR
3-2-92	1/2g	10/2/92	15274	Dr. PATERSON

NHS Confidential: Personal data about a patient

PHCG/991

8th July 1992

Dr R A Chapman
Consultant Child Psychiatrist
Burnside House
24 Kilwinning Road
Irvine

Dear Dr Chapman,

Re: PAUL EWING (DOB 11/5/78) 40 LOTNIAN ROAD, STEWARTON

This young boy's [REDACTED] have asked for a psychiatric opinion. I have discussed the matter with the boy and he seems prepared to co-operate in a psychiatric evaluation.

The difficulty appears to be his behaviour which began to deteriorate about six months to a year ago, and has progressively become worse until the parents feel no longer able to deal with him, and in fact have expressed fear of him.

Evidently he causes problems at school as well, and the possibility of his exclusion from school has been raised. He has been seen on one occasion by the Educational Psychologist.

[REDACTED] sought the assistance of the Social Work Department in Stewarton some months ago, and a social worker has been involved in the management of Paul. Unfortunately, the situation did not improve and last weekend events boiled over and a physical confrontation involving Paul and his parents occurred. There were threats of violence and knives were being sought.

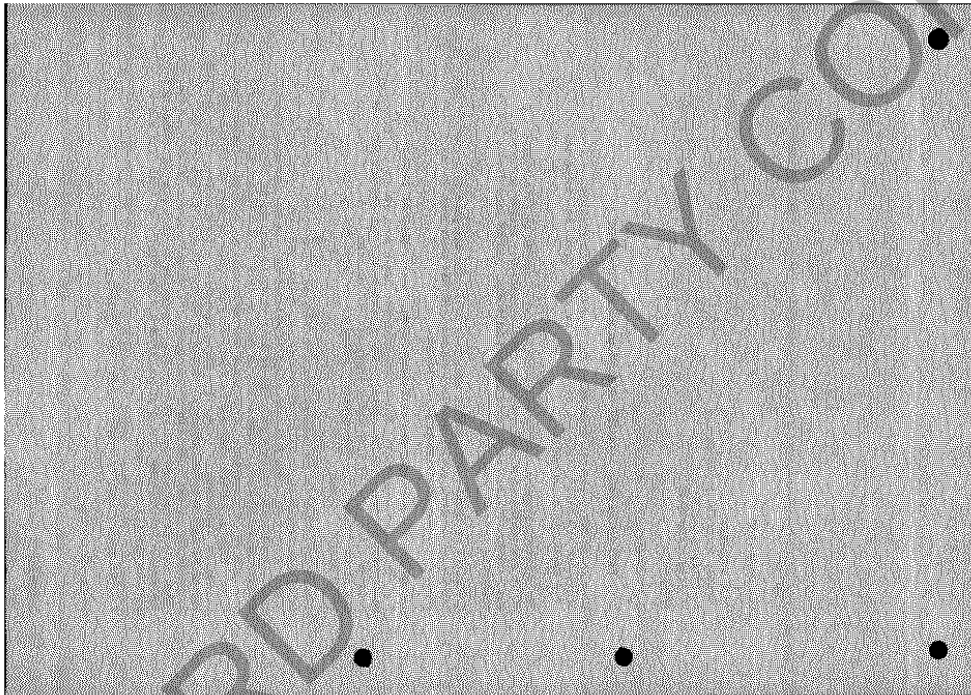
I have asked Paul if he understands the inevitable consequences of his behaviour i.e. that he will run foul of the Police and land either in a List D school or taken into care, and he assures me that he does understand this. When asked if this is a future that he would prefer, he says no because he would find either being in care or in a List D school more boring than living in Stewarton. When asked why he behaves as he does he says that things boil up in his head and he does crazy things. He says he is unhappy, but cannot elaborate on this. His whole demeanour was defensive, introspective and he certainly looked unhappy. Going through his notes I find that in December '82 he was seen when he had been soiling and his doctor at the time noted that he was a manipulative child. In September last year he attended the Health Centre complaining of headache and the doctor at that time noted that he was ill mannered.

I would be grateful for your opinion and advice.

Yours sincerely,

P MCGEECHAN

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AA

**AYRSHIRE AND ARRAN HEALTH BOARD
CHILD AND FAMILY SERVICES**

Burnside Clinic
24 Kilwinning Road
Irvine
KA12 8RU
(0294) 72023

Child & Family Clinic
Seaford Out-Patient Department
Doonfoot Road
Ayr, KA7 4DP
(0292) 285607

MCD/BK/5396

23 July 1992

Dr McGeehan
The Health Centre
Main Street
STEWARTON

Dear Dr McGeehan

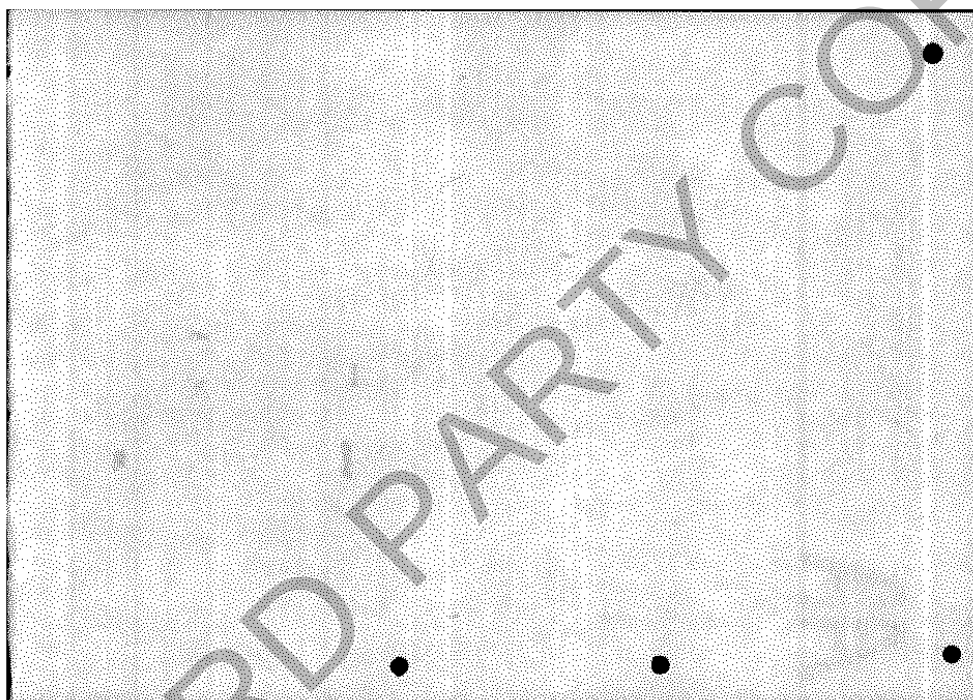
PAUL EWING, 40 LYDRIAN ROAD, STEWARTON. DOB 11.5.78
Thank you for asking me to see this boy whom I saw together with his mother on the 22 July at Burnside Clinic.

The presenting problems appear to have existed over a short period, namely the last six months, and prior to this [redacted] had no major concerns about Paul's development. Major concerns are Paul's aggressive non compliant behaviour. This is occurring both at home and in school. His expressions of verbal and physical aggression appear to be mainly occurring in response to requests from adult figures. The normal response from [redacted] is for Paul's behaviour to begin with a minor problem, this is ignored by the [redacted] and gradually Paul's behaviour escalates until eventually a response occurs from either [redacted]. By this time, the behaviour has escalated to such a degree that it engenders fear within both [redacted]. [redacted] acknowledge that at present they are feeling out of control and helpless as to how to deal with the situation. This has been compounded by varying advice that they have received from outside sources. As a result of this advice they feel that all authority and control has been taken away from them and that they are now powerless to deal with Paul. [redacted] in particular, feels that Paul is now able to use outside sources as a weapon against [redacted] where Paul can draw upon alliances against him. [redacted] acknowledged that when the difficulties arose there had been differences of opinion between himself and [redacted] as to how to deal with the behaviour. He tended to be much softer than [redacted] and was more willing to let Paul off with things. However, more recently the couple have realised that this is not helpful and are trying to be more united. [redacted] in particular, feels guilty about what he sees as his lack of involvement with Paul over the years, this is due to work commitments where he has worked a large amount of overtime. This has meant that he has not been available as much to Paul both in a social sense and over the practical aspects [redacted].

About eight months ago, [redacted] had his overtime dropped because of the recession, this has meant that he is at home a lot more and he has attempted to take on more responsibilities in the house. [redacted] also acknowledged that Paul, particularly attempts to wind [redacted] up and [redacted] is extremely sensitive to Paul's behaviour. I had the opportunity to view that in the family session and Paul spent a lot of the time giggling at [redacted] in a very aggressive way as if to see what kind of response he would get from [redacted]. It being attempted to remain calm through this but it was clear that he found it extremely difficult and he appeared both angry and upset by this. He also impressed me as a man who has lost a lot of his confidence in himself as a [redacted] and I felt that for him there were major anxieties in reasserting himself as [redacted] given his partially absent role over the many years previously. Emotionally, although the family talked about the major degree of anger and aggression around, I was also able to identify that there are major feelings of hurt, sadness and rejection on all sides over the present situation.

Continued/...

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AA

**AYRSHIRE AND ARRAN HEALTH BOARD
CHILD AND FAMILY SERVICES**

Burnside Clinic
24 Kilwinning Road
Irvine
KA12 8RU
(0294) 72023

Child & Family Clinic
Seaford Out-Patient Department
Doonfoot Road
Ayr, KA7 4DP
(0292) 285607

MCD/EK/5396 2

Dr McGeehan

In the family session, [REDACTED] were able to acknowledge this. Paul, however, was unable to do this with the family but later when I saw him individually he also acknowledged that there was a bit of him that wished to make the relationship better between himself and [REDACTED]. However, he was unable to tolerate any discussion of anxious or sad feelings although I felt sure that these were present.

Individually, there was nothing to indicate to me that Paul was suffering from any formal psychiatric illness and as I felt that the issues were solely to do with adolescent development in the context of [REDACTED] problems already described.

In summary, Paul is a fourteen year old boy who presents with a short history of behavioural problems consisting of non compliance and physical and verbal aggression in response to adult authority. I think the reasons for the behaviour problems are as already described. There is a major issue over control at present and as the parents feel increasingly out of control, Paul's behaviour is likely to escalate due to his own internal anxieties over the lack of control in the family system. The communication of emotions also appears to be disturbed in this family with inappropriate of anxious and sad feelings. There is also a question of roles and the need for a re-adjustment given the recent changes in family circumstances. These recent changes are occurring, particularly at a time when Paul is undergoing adolescent maturational changes particularly over the issue of independence and dependence and I think all these factors go into understanding the present difficulties.

I fed back my formulation to the family who appeared to accept my understanding of the difficulties. I felt it important to discuss with the Social Work Department their assessment and input in order to decide how best to proceed from here.

I have arranged to meet with the family in two weeks time to discuss further management.

I shall keep you informed of our progress.

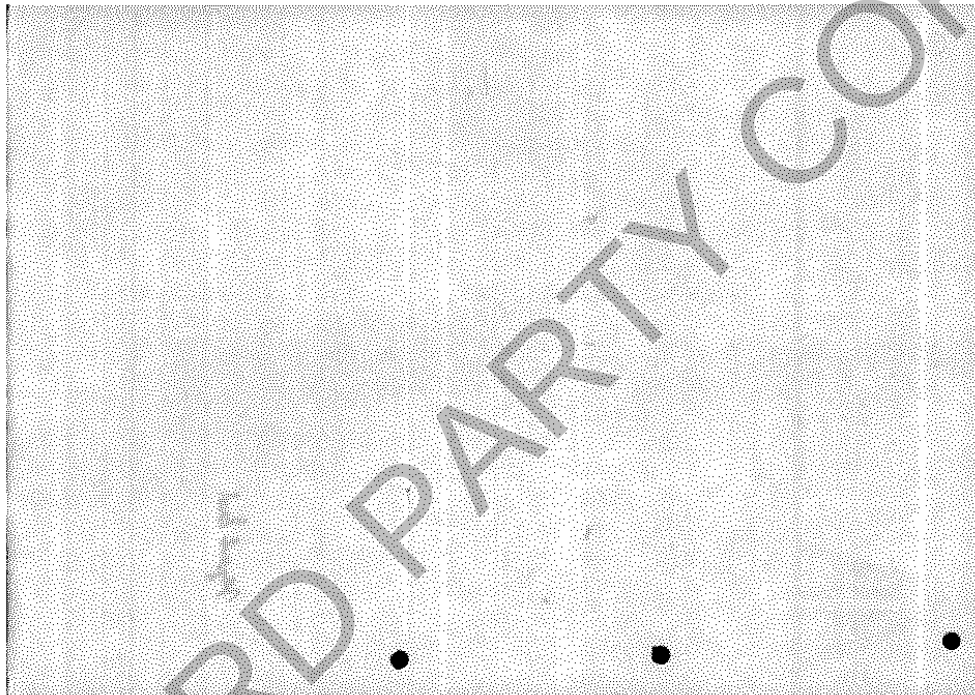
Yours sincerely

Myra C David

MYRA C DAVID
Consultant in Child and Adolescent Psychiatry

PH KH CL ID MKS TR
COMPUTER
JULY 1992

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NHS Confidential: Personal data about a patient

PLEASE DETACH AND RETURN BOTH COPIES TO HEAD TEACHER

CONSENT FORM

Name of Child	Date of Birth	School	Year of Last Protection
PAUL PORTER EWING	11/5/78	STEWARTON ACADAMY	Tetanus (Dip/Tetanus or Tetanus booster following injury) 19____ Polio 19____

Delete as appropriate

(1) I wish to have my child protected against Tetanus and Poliomyelitis and hereby consent to the necessary procedure being carried out by the School Medical Officer during the school year.

(2) ~~I do not wish to have my child immunised at school.~~

Signature of Parent/Guardian E. Elizabeth Ewing

Address 40 LOTHIAN ROAD
STEWARTON

Date 28/9/92 *Name and Address of DR P MC GEECHAN
Family Doctor STEWARTON HEALTH CENTRE

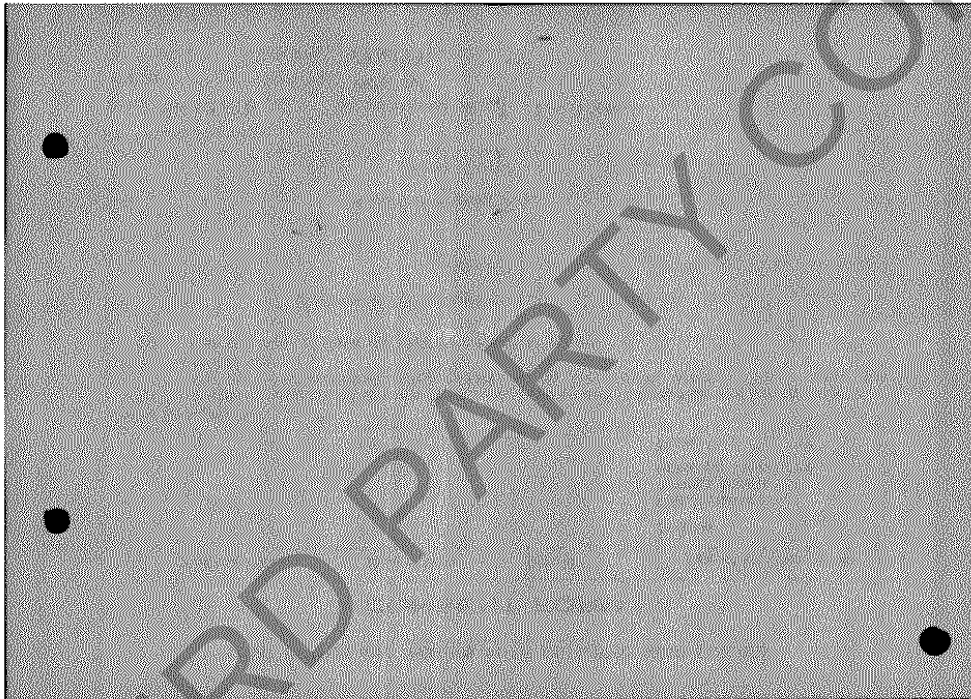
For Office Use Only

Date 22.10.92 School Medical Officer M. B. B. B. B.

Tetanus - Batch No. 40096

Poliomyelitis - Batch No. 5769A1

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AA

**AYRSHIRE AND ARRAN HEALTH BOARD
CHILD AND FAMILY SERVICES**

Burnside Clinic
24 Kilwinning Road
Irvine
KA12 8RU
(0294) 72023

Child & Family Clinic
Seafield Out-Patient Department
Doonfoot Road
Ayr, KA7 4DP
(0292) 285607

MCD/BC/5396

9 October 1992

Dr McGeechan
The Health Centre
Main Street
STEWARTON

Dear Dr McGeechan

PAUL EWING, 40 LOTHIAN ROAD, STEWARTON. DOB 11.5.78

Following my first meeting with the family, I had a further session on the 6 August 1992.

In the session, as I indicated in my initial letter, it became increasingly clear that there were marital relationship problems and that this basic underlying conflict was the covert reason for Paul's behavioural difficulties. I felt that I had been able to engage [redacted] to acknowledge some of these difficulties and that it might be helpful to look at them separately without Paul being involved. I felt that only by working with these issues could the family system find a new equilibrium which would allow Paul to settle down. There were also issues on how [redacted] were dealing with Paul's behaviour which required some work.

However, [redacted] failed to attend for their next appointment and the subsequent appointment. I must conclude that they feel unable to proceed further. I have been in touch with Mr Boyd, the Social Worker with whom the family became involved earlier this year. He has had no recent contact from them either. We have, therefore, concluded that this family may respond to crisis only and once a situation has settled them the family disengage from professionals.

I have, therefore, discharged Paul from attendance although would be happy to discuss further input again if the [redacted] come back.

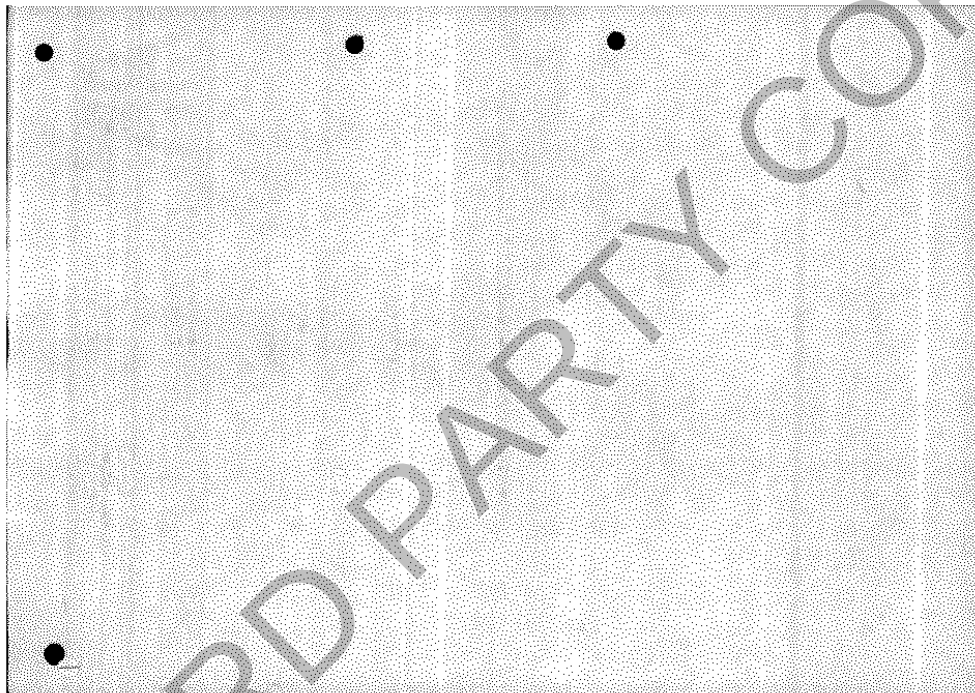
Yours sincerely

Mona C David

MONA C DAVID
Consultant in Child and Adolescent Psychiatry

TELL						PRES.	
PATIENT							
PH	KH	CH	JD	ANG	TR		
						✓	
COMPUTER							11/

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

DR. M. J. MEHTA
DR. R. ZERAFI
DR. R. C. PATEL
DR. S. K. SOOD
DR. M. L. SHAH

WERRINGTON HEALTH CENTRE
SKATERS WAY
WERRINGTON
PETERBOROUGH
PE4 8NE
TEL: 01733 578231

PPCC REFERRAL FOR COUNSELLING
16 Crawthorne Road, Peterborough PE1 4AL

Peterborough Primary Care Counselling Ltd
Tel: 01733-563060 Fax: 01733-557405

Date of referral: _____ Please circle if this referral is urgent.

Referrer: Doctor: M. L. SHAH
or
Health Visitor/Practice Nurse:

Patient's surname: Evings (Mr / Mrs / Miss / Ms)

First name: PAUL Date of birth: 11.5.78

Address: 2A SOMMERSET ROAD

Post Code: PE4 6AQ Telephone number: _____

May we contact the patient by telephone if necessary? Yes ☐ No ☐

If so, may we leave messages about counselling with anyone else who answers? Yes ☐ No ☐

Would the patient be available for appointments at short notice if appropriate? Yes ☒ No ☐

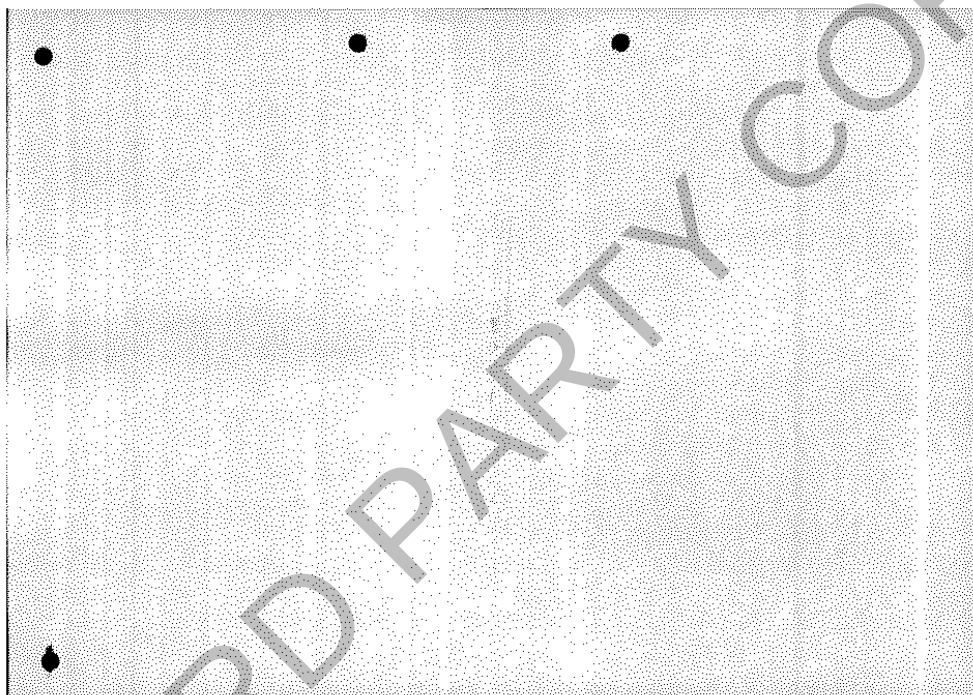
Reason for referral: Insomnia
PM of drug abuse
Taken 1 mg prn - prn -> not
helping New all Temazepam

Current psychotropic medication

Previous counselling/therapy if known (please X): At practice? _____ If so, when? _____
Elsewhere? PM

Previous psychiatric history if any: NO

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NHS Confidential: Personal data about a patient

PPCC

Peterborough Primary Care Counselling Ltd
16 Crawthorne Road, Peterborough PE1 4AB
Tel: 01733-563060 Fax: 01733-557405

July 11th 2000

Dr. M. L. Shah
Werrington Health Centre
Skaters Way
Werrington
Peterborough PE4 6NB

Dear Dr. Shah,

Re. Paul Ewing, d.o.b. 11.05.78, 2A Southview Road, Peterborough PE4 6AQ

Thank you for your counselling referral for the above named patient to whom we have written explaining that there is a waiting list for this service but that we will be in contact again as soon as an appointment becomes available.

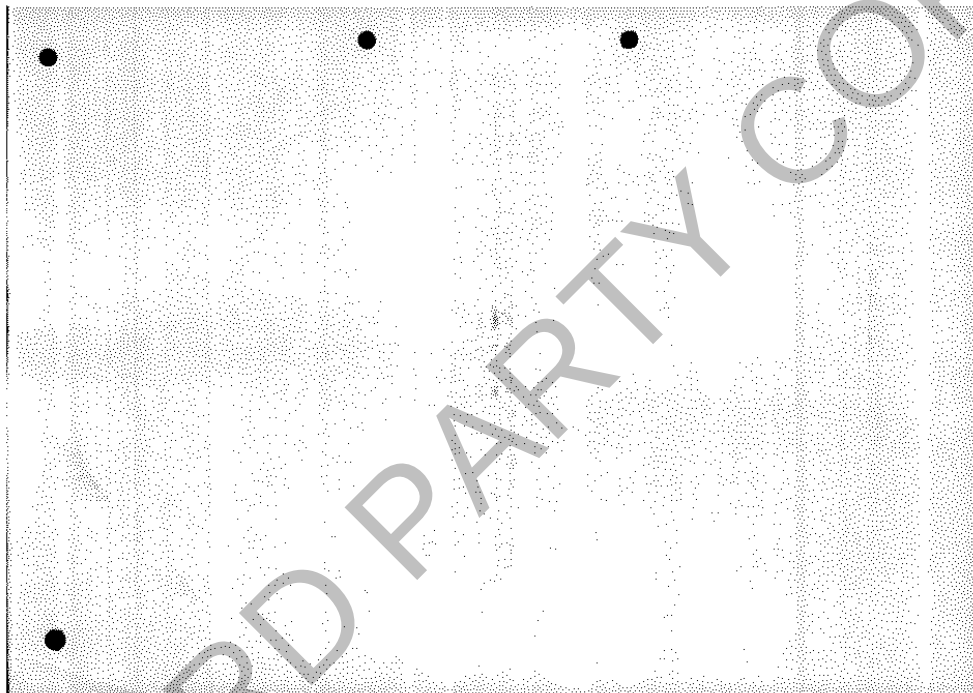
Yours Sincerely,

Diana Flanagan
Diana Flanagan

REC'D	15 JUL 2000
RESULT	NORMAL FILE
ACTION	NOTES SEE DR. SCRIPT

Directors: Kay Tempest and Diana Flanagan.

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

PPCC

Peterborough Primary Care Counselling Ltd
16 Crawthorne Road, Peterborough, PE1 4AB
Tel: 01733-563060 Fax: 01733-557405

October 3rd 2000

Mr. P. Ewing
2A Southview Road
PETERBOROUGH PE4 6AG

Dear Mr. Ewing,

Further to my letter to you of July 4th 2000 I am now writing to offer you a counselling appointment here at our counselling centre at 16 Crawthorne Road at 9.50 a.m. on October 12th 2000 (The offer to be seen here rather than at your doctor's surgery is because we are aware that you have already been waiting some time to be seen and a vacancy has occurred here before one at the surgery. If you would prefer to be seen at the surgery, however, we will arrange this as soon as we can.)

The counsellor you will be seeing is Mr. Ray Tempest and the appointment will last for forty minutes. I am aware that we are offering you this appointment at very short notice; please telephone us on Peterborough 563060 as soon as you receive this letter (leaving a message on our answer phone if no-one is available to speak to you) to let us know whether or not you will be able to attend.

Yours Sincerely,



Diana Flanagan.

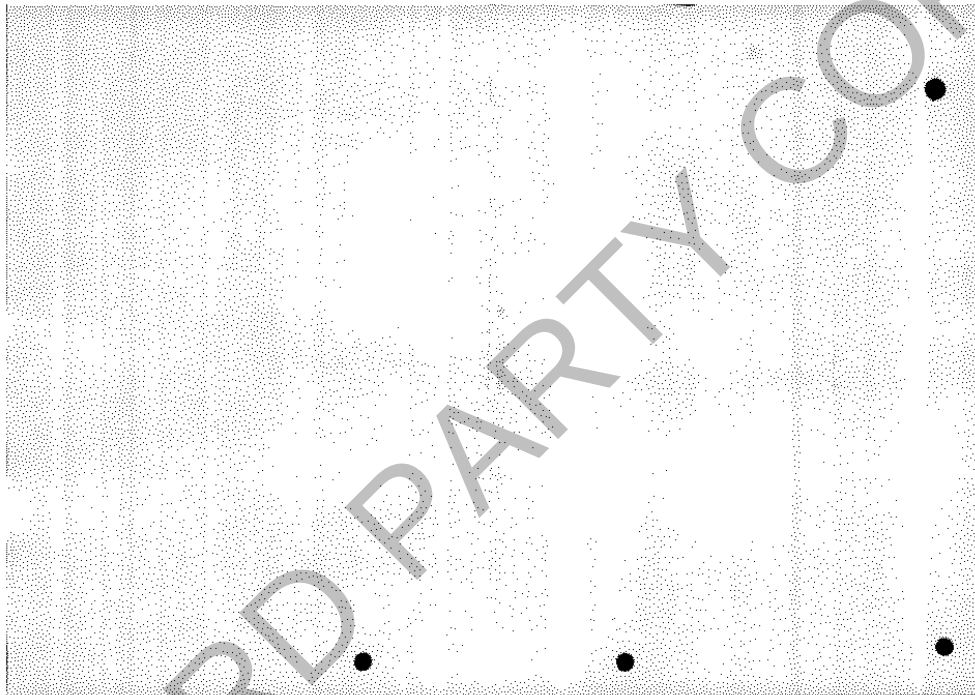
Copy for information to:

Dr. M. I. Shah
Werrington Health Centre
Skaters way
Werrington
PETERBOROUGH PE4 6NB

REC'D 09 OCT 2000	
RESULT	NORMAL FILE
ACTION	NOTES SEE DR. SCRIPT

Directors: Ray Tempest and Diana Flanagan

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

PPCC

Peterborough Primary Care Counselling Ltd
16 Crawthorne Road, Peterborough, PE1 4AB
Tel: 01733-563060 Fax: 01733-557405

October 16th 2000

Mr. P. Ewing
2A Southview Road
Werrington
PETERBOROUGH PE4 6AG

Dear Mr. Ewing,

Our counsellor at your doctor's surgery has told me that you did not attend the counselling appointment that we offered you there recently and since we have not heard from you, we are assuming that you have decided you no longer need the support of our service. We have therefore removed your name from our waiting list.

Should you change your mind about this at any time in the future, please discuss this with your doctor who will then be able to re-refer you to us.

Yours Sincerely,



Diana Flanagan

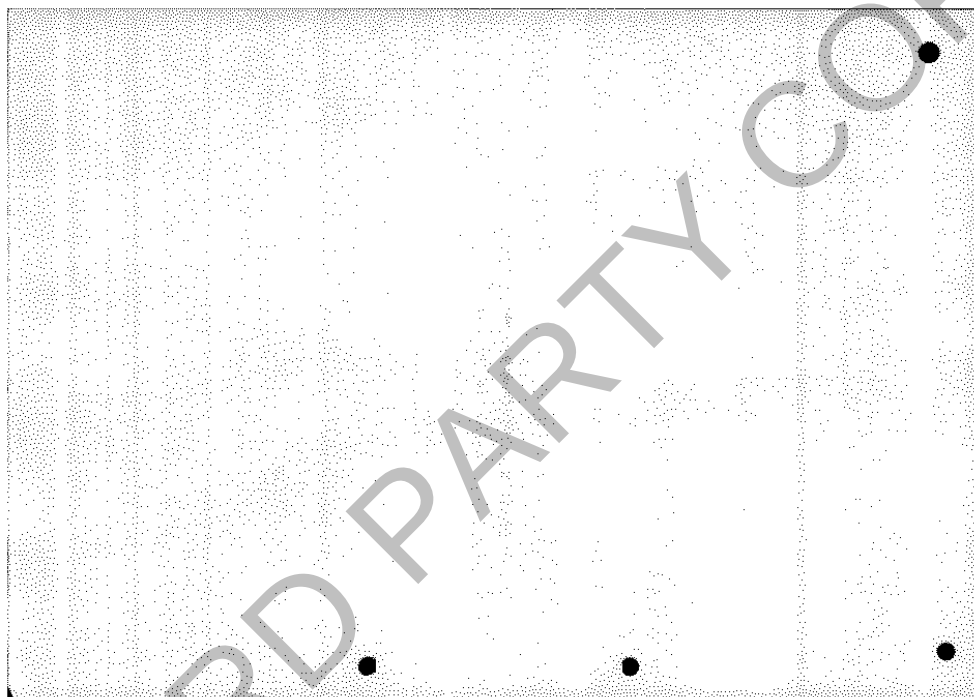
X Copy for information to: X

Dr. M. L. Shah
Werrington Health Centre
Skaters way
Werrington
PETERBOROUGH PE4 6NB

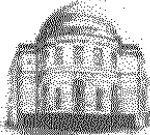
REC'D	19 OCT 2000
RESULT	NORMAL FILE
ACTION	NOTES SEE DR. SCRIPT

Directors: Ray Tempest and Diana Flanagan.

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient


THE BRIDGE PROJECT
 KILMARNOCK

1 The Cross, Kilmarock, KAT 1LR Tel: (01363) 543700 Fax: (01363) 544400

Date: 29 June 2001
 Ref: CR/LC

Dr Galbraith
 The Health Centre
 High Street
 STEWARTON
 Ayrshire

Dear Dr Galbraith

Paul Ewing (d.o.b. 11/05/878), 40 Lothian Road, Stewarton

I am writing to confirm that I saw Paul at the Health Centre and he has agreed to being seen at the Bridge Project. An appointment has been made for him on Wednesday 4 July 2001 at 3.00 p.m.

He has reduced his heroin intake and is coping with many of the physical side effects but states that some nights he has difficulty sleeping.

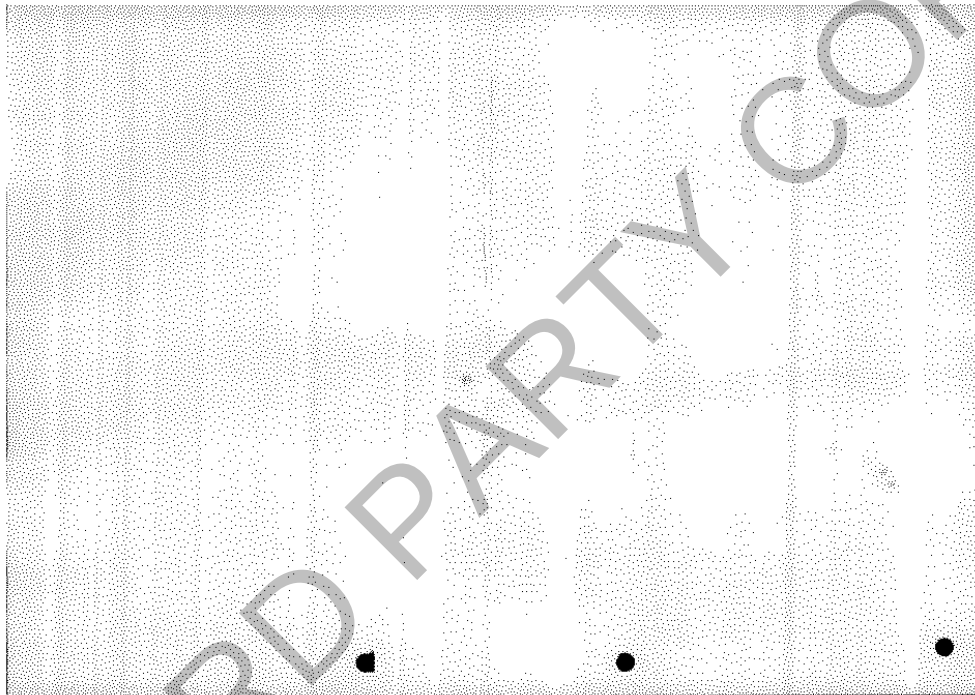
Yours sincerely


 Carol Reid
 Resource Worker
 Drug & Alcohol Support Project

RH	CV	JD	GM	SG
				/
COMPUTER				
NOTED PLEASE				

The Bridge Project - Kilmarock - is jointly funded by East Ayrshire Council and Ayrshire & Arran Health Board to provide information and counselling relating to alcohol and drug use

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

PPCC

Peterborough Primary Care Counselling Ltd
 16 Crowthorne Road, Peterborough, PE1 4AB
 Tel: 01733-563060 Fax: 01733-557405

7 October 2002

CONFIDENTIAL

Dr. J. D. Modha
 Thistlemoor Road Medical Centre
 6-8 Thistlemoor Road
 New England
 PETERBOROUGH PE1 3HP

Dear Dr. Modha

Re: Mr Paul Ewing d.o.b. 11.05.78, 11 Richmond Avenue Walton Peterborough PE4 6DP

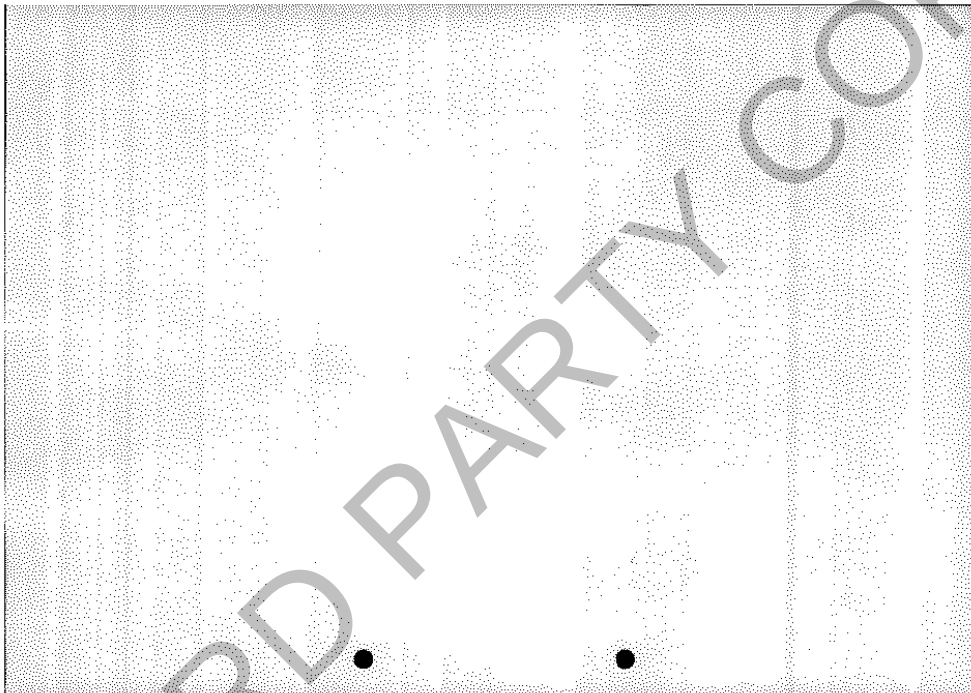
Thank you for your counselling referral for the above-named patient to whom we have written explaining that there is a waiting list for this service but that we will be in contact again as soon as an appointment becomes available.

Yours sincerely


 Diana Flanagan

THISTLEMOOR ROAD MEDICAL CENTRE					
S	Δ	R _x	PRES	D	T
16 OCT 2002					
ALL	J.N.	TAPLO			
LINE	HUA	UA	IP	FILE	SPR
ACTION:					

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

Practitioner Services
A Division of the Common Services Agency

Medical
Clifton House
Clifton Place
Glasgow, G3 7LN
Tel: 0141 300 1300
Fax: [Fax No]
www.show.scot.nhs.uk/psd



Dr K N Hambly
Health Centre
45 High Street
STEWARTON
KA3 5BP

Date 13 November 2002
Your Ref [your ref]
Our Ref [our ref]

Enquiries to Irene Howard
Registration Department
Extension 1365
Direct Line 0141 300 1365
E-mail Irene.Howard@psdglasgow.csa.scot.nhs.uk

Dear Hambly,

Paul P Ewing, DoB 11/5/78, 40 Lothian Road, Stewarton.

The above named patient has applied for assignment to another GP list. This has been carried out on 13th November 02

I look forward to receiving the relevant medical records as soon as possible.

Yours sincerely

Irene Howard

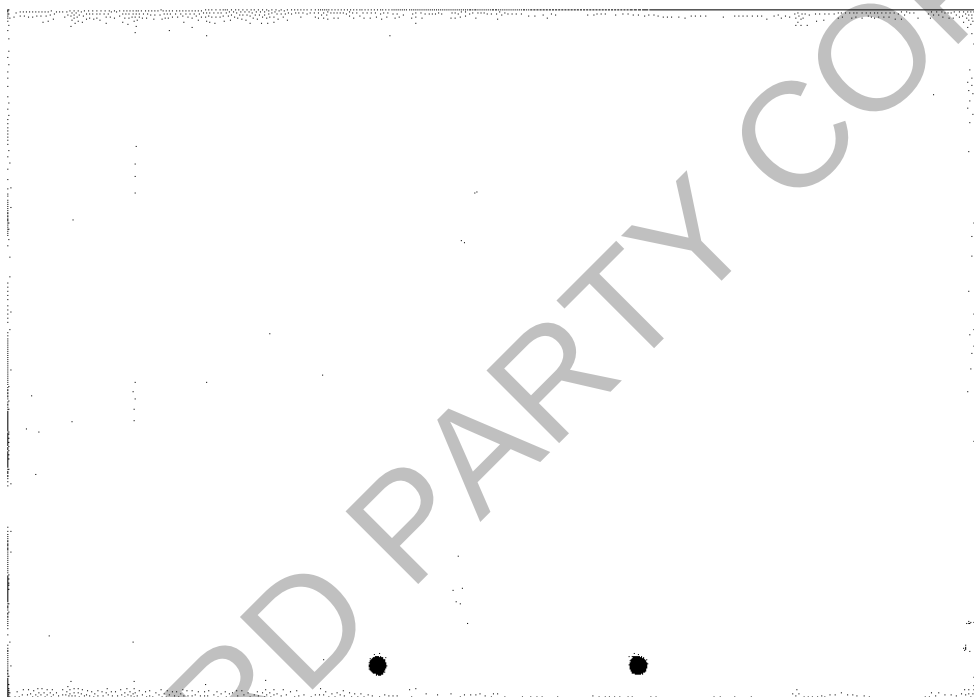
Mrs Irene Howard
REGISTRATION MANAGER



Headquarters
South Trinity Road, Edinburgh EH5 3SG

Chairman Graeme Millar
Chief Executive Stuart Bain

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Practitioner Services
A Division of the Common Services Agency

Medical
Clifton House
Clifton Place
Glasgow, G3 7LN
Tel: 0141 300 1300
Fax: [Fax No]
www.shownet.nhs.uk/prd

Mr Paul P Ewing
32 John Finnie Street
KILMARNOCK
KAT 1DD

Date: 13 November 2002
Your Ref: [your ref]
Our Ref: [our ref]

Enquiries to Irene Howard
Registration Manager
Extension: 1365
Direct Line: 0141 300 1365
E-mail: [email]

Dear Mr Ewing,

I refer to your request received 13th November 02 requesting that you are placed on the list of a doctor, and I am writing to inform you that she has been assigned to Dr P Gaffney, 34 Portland Road, Kilmarnock, (01563) 522411

Dr Gaffney has been informed accordingly is in partnership with Drs McIntyre, Dobbie, and McGuire and there is an appointment system in operation.

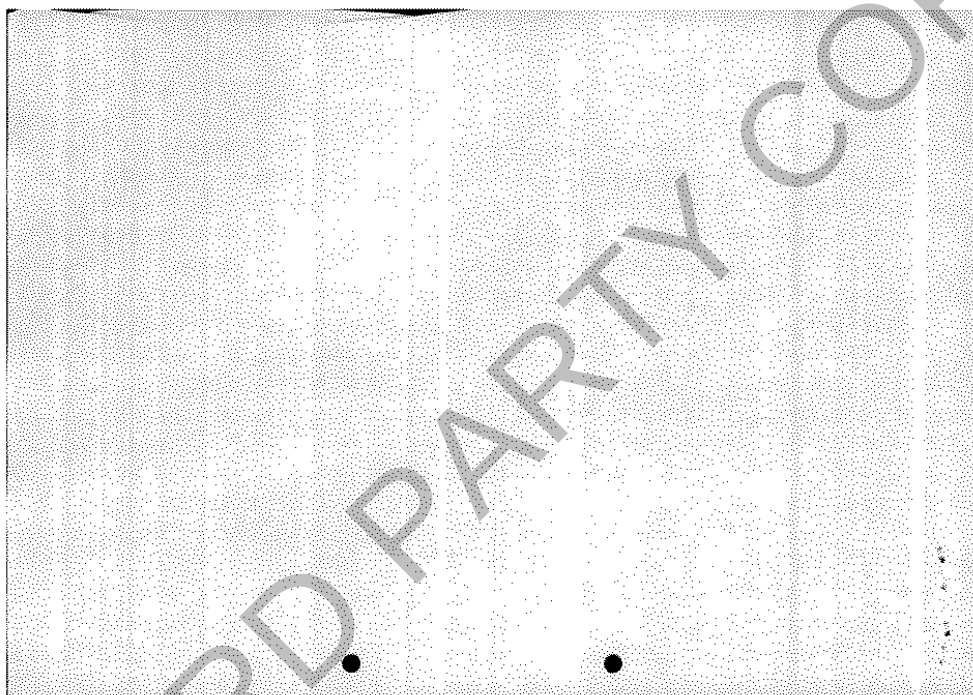
Yours sincerely

Mrs Irene Howard
REGISTRATION MANAGER



Headquarters
South Trinity Road, Edinburgh EH5 3SG
Chairman Graeme Millar
Chief Executive Stuart Bain

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Practitioner Services
A Division of the Common Services Agency

Medical
Clifton House
Clifton Place
Glasgow, G3 7LN
Tel: 0141 300 1300
Fax: [Fax No]
www.shaw.scot.nhs.uk/psd

Dr P Gaffney
34 Portland Road
KILMARNOCK
KA1 2DL

Date 13 November 2002
Your Ref
Our Ref

Enquiries to Irene Howard
Extension 1365
Direct Line 0141 300 1365
E-mail irene.howard@glasgow.csa.scot.nhs.uk

Dear Dr Gaffney,

● **Paul P Ewing, DoB 11/5/78, 32 John Finnie Street, Kilmarnock.**

I have received a request from the above person to be placed on the list of a doctor, and I am writing to let you know that they have been assigned to you.

I will forward the relevant medical records as soon as possible.

Yours sincerely

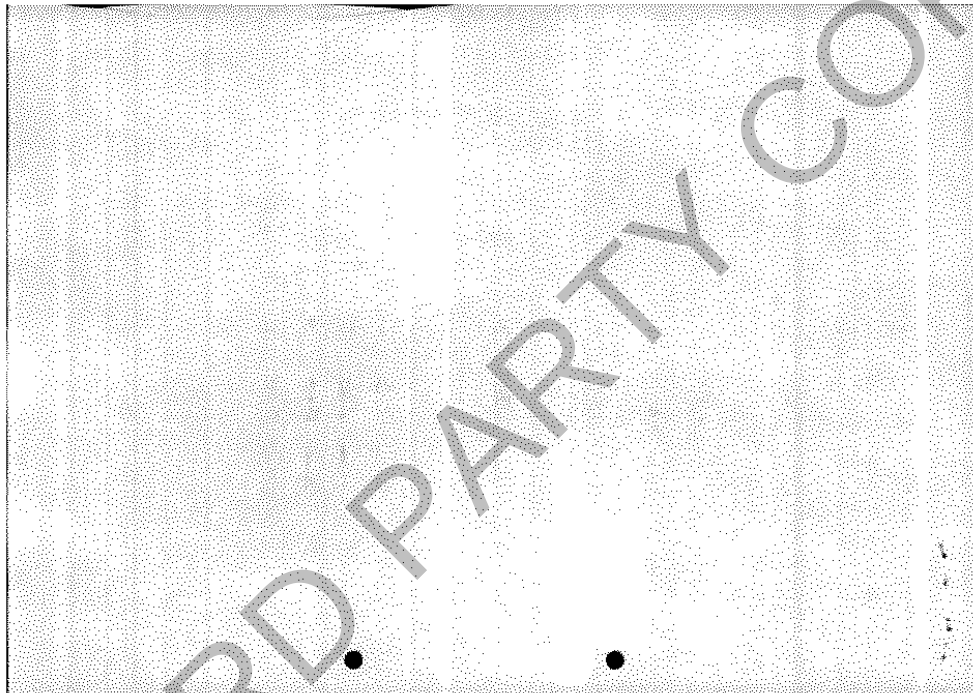
Mrs Irene Howard
REGISTRATION MANAGER

●



Headquarters
South Trinity Road, Edinburgh EH5 3SG
Chairman Graeme Millar
Chief Executive Stuart Bain

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NHS Confidential: Personal data about a patient

12 NOV 2002 19:35 KILMARNOCK NO. 923 P.1/1

FAX.

No. of pages: 1
Date: 12 / 11 / 02
Time: _____

COMMON SERVICES AGENCY,
PRACTITIONER SERVICES,
CLIFTON HOUSE,
CLIFTON PLACE,
GLASGOW,
FAX No.: 0181 3001 1247

From: PAUL

Message: I wish to be allocated a G.P. in the Kilmarnock Area.
My details are as Follows:

●

Name: PAUL PORTER EWING DOB: 11 / 05 / 78

Previous Address: 40 LOTHIAN ROAD
STEWARTON

Previous Doctor's
Name & Address: DR. MUDRA
THISTLEMOORE ROAD
PETERBOROUGH

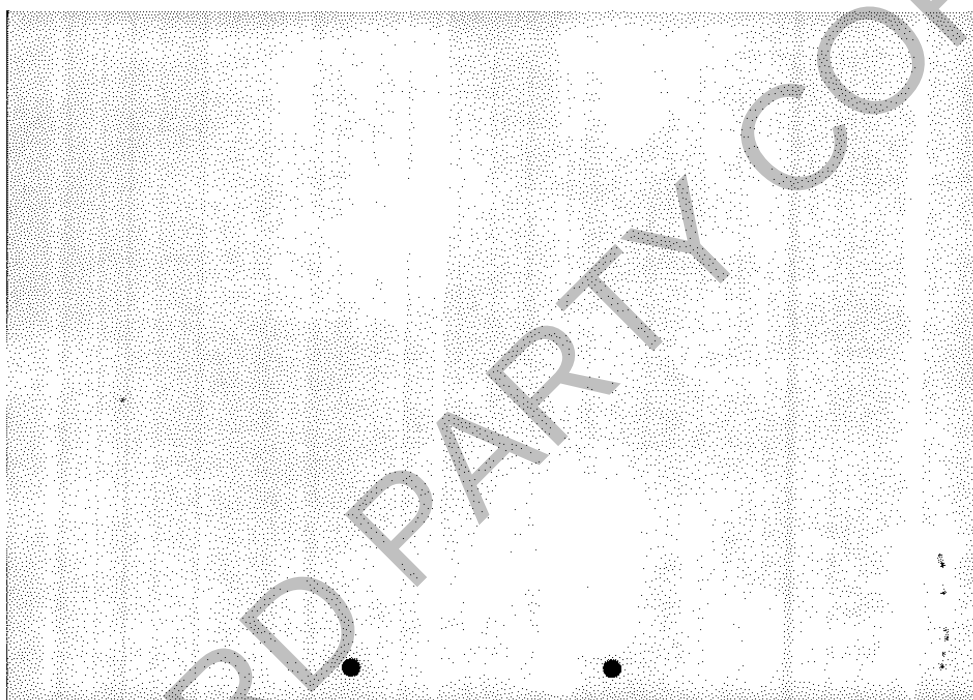
●

Current Address: 32, John Finnie Street, Kilmarnock, Ayrshire. KA11DD.

I would be grateful if you could process this as soon as possible.

Yours Sincerely,


NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

Practitioner Services
A Division of the Common Services Agency

Medical
Clifton House
Clifton Place
Glasgow, G3 7LN
tel: 0141 300 1300
fax: [Fax No]
www.show.scot.nhs.uk/psd

Dr K N Hambly
Health Centre
45 High Street
STEWARTON
KA3 5BP

Date 13 November 2002
Your Ref [your ref]
Our Ref [our ref]

Enquiries to Irene Howard
Registration Department
Extension 1365
Direct Line 0141 300 1365
E-mail irene.howard@psdglasgow.csa.scot.nhs.uk

Dear Hambly,

Paul P Ewing, DoB 11/5/78, 40 Lothian Road, Stewarton.

The above named patient has applied for assignment to another GP list. This has been carried out on 13th November 02

I look forward to receiving the relevant medical records as soon as possible.

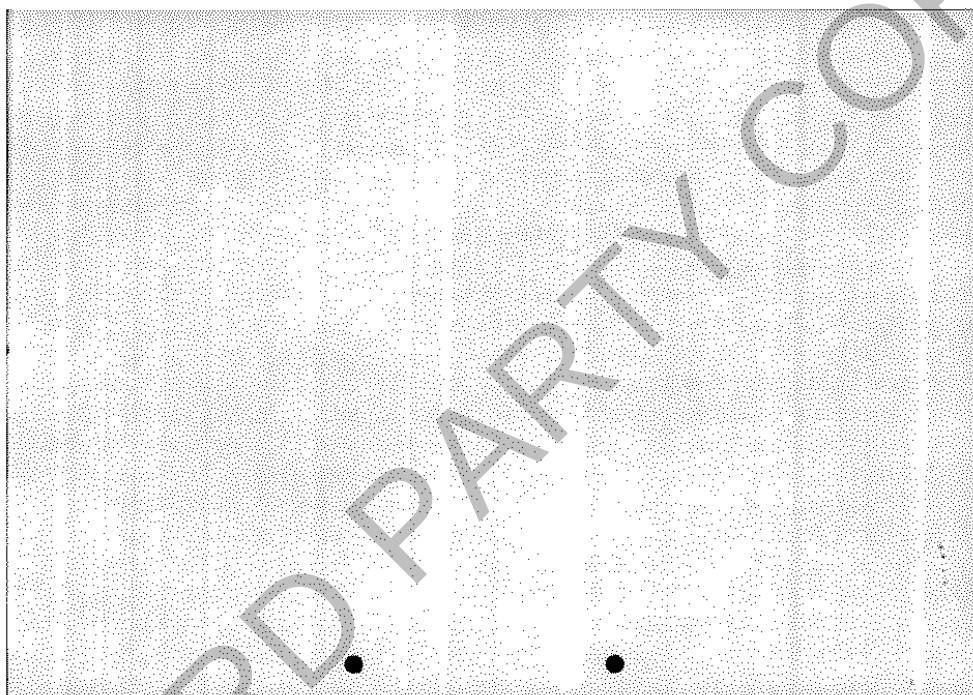
Yours sincerely

Mrs Irene Howard
REGISTRATION MANAGER

Headquarters
South Trinity Road, Edinburgh EH5 3SG
Chairman Graeme Millar
Chief Executive Stuart Bain



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NHS Confidential: Personal data about a patient

Practitioner Services
A Division of the Common Services Agency

Medical
Clifton House
Clifton Place
Glasgow, G3 7LN
Tel: 0141 300 1300
Fax: [Fax No]
www.show.scot.nhs.uk/psd

Mr Paul Ewing
32 John Finnie Street
KILMARNOCK
KAT 1DD

Date: 25 November 2002
Your Ref: [your ref]
Our Ref: [our ref]

Inquiries to Irene Howard
Registration Department
Extension: 1365
Direct Line: 0141 300 1365
(email)

Dear Mr Ewing,

I am writing to let you know that Dr P G Gaffney has informed me that he wishes your name to be removed from his list of patients. Dr Gaffney is not required to give any reason for his decision under the Regulations which govern his contract with Ayrshire & Arran Primary Care Trust; as you may be aware, general practitioners are independent, self-employed contractors and are not employees of the Trust. Dr Gaffney will however, remain responsible for your treatment until 3rd December 02, unless you have been accepted by – or assigned to – another doctor before that date.

The Primary Care Trust has a legal responsibility to ensure that every resident has continuous access to a named general practitioner, and Practitioner Services acting on behalf of the Trust has the power, if necessary, to assign a patient to a new doctor if that patient has been unable to find a general practitioner willing to accept them.

You should, therefore, apply as soon as possible to another doctor for inclusion in his list. If you have difficulty in finding a doctor who is willing to accept you, please write to me asking to be assigned to a doctor.

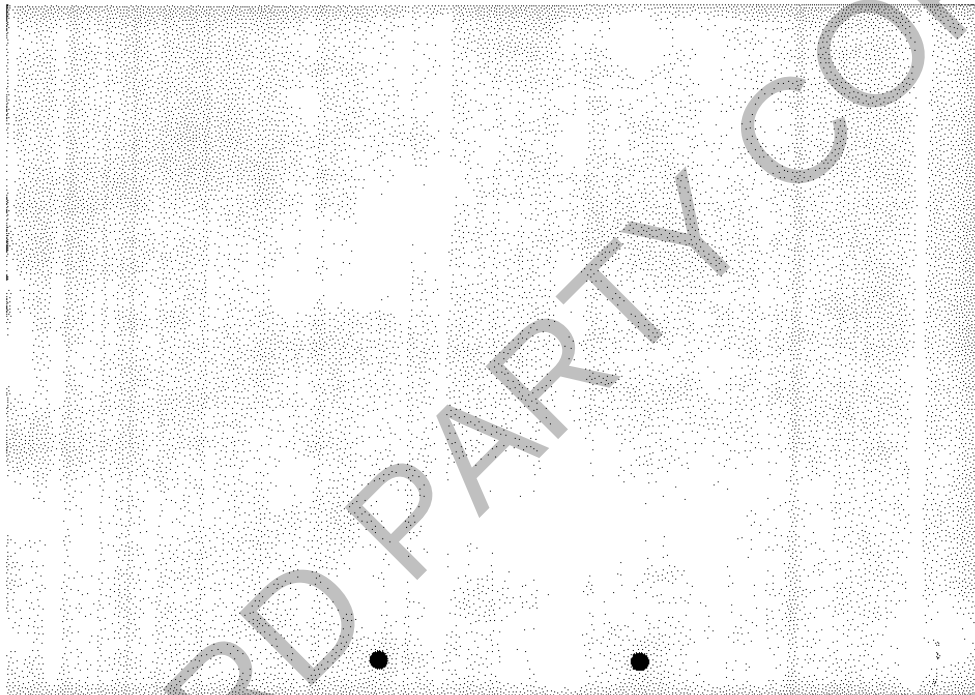
If you require any further information or assistance, please feel free to contact me at the address and telephone number given at the bottom of this letter.

Yours sincerely

Irene Howard
REGISTRATION MANAGER

Headquarters
South Trinity Road, Edinburgh EH5 3SG
Chairman Graeme Millar
Chief Executive Stuart Bain

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NHS Confidential: Personal data about a patient

Practitioner Services
A Division of the Common Services Agency

Medical
Clifton House
Clifton Place
Glasgow, G3 7LN
Tel: 0141 300 1300
Fax: [Fax No]
www.thow.scot.nhs.uk/psd

Dr P G Gaffney
34 Portland Road
KILMARNOCK
KA1 2DL

Date: 25 November 2002
Your Ref: [your ref]
Our Ref: [our ref]

Enquiries to Irene Howard
Registration
Extension: 1365
Direct Line: 0141 300 1365
E-mail: [email]

Dear Dr Gaffney,

I refer to your letter received 25th November 02 requesting that the undernoted patient is removed from your lists, and write to confirm that the removals will take effect as from the date they are accepted by another practitioner, or on the eighth day after the date of this letter i.e. 3rd December 02, whichever is sooner. May I remind you that you are responsible for the medical care of the patients until the earlier of the two dates.

Yours sincerely

Irene Howard
REGISTRATION MANAGER

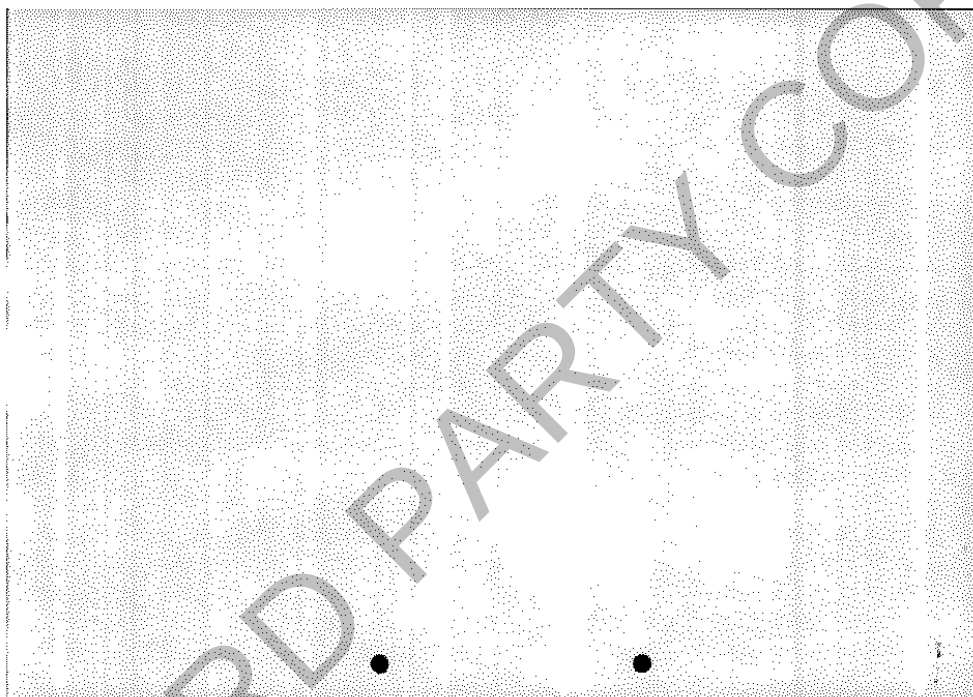
Person(s) referred to:-

Paul Ewing, DoB 11/5/78, 32 John Finnie Street, Kilmarnock.



Headquarters
South Trinity Road, Edinburgh EH5 3SG
Chairman Graeme Miller
Chief Executive Stuart Bain

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

22/11/02 16:34 FAX 01563 373557 Dr Toshner & Partners 002

Dr. McIntyre, Gaffney, McGuire & Dobbie
34 Portland Road Kilmarnock KA1 2DL
Telephone: 01563 522411
Fax: 01563 373557



Our Ref: PG/GY

22 November 2002

Ms Debbie McEwan
Assistant Registration Manager
Practitioner Services
Common Services Agency
Clifton House
Clifton Place
GLASGOW
G3 7LN

Dear Ms McEwan

I would be grateful if the under noted patient could be removed from our practice list forthwith:

PAUL EWING 32 JOHN FINNIE STREET KILMARNOCK

DATE OF BIRTH: 11.05.78 NHS NO: NA

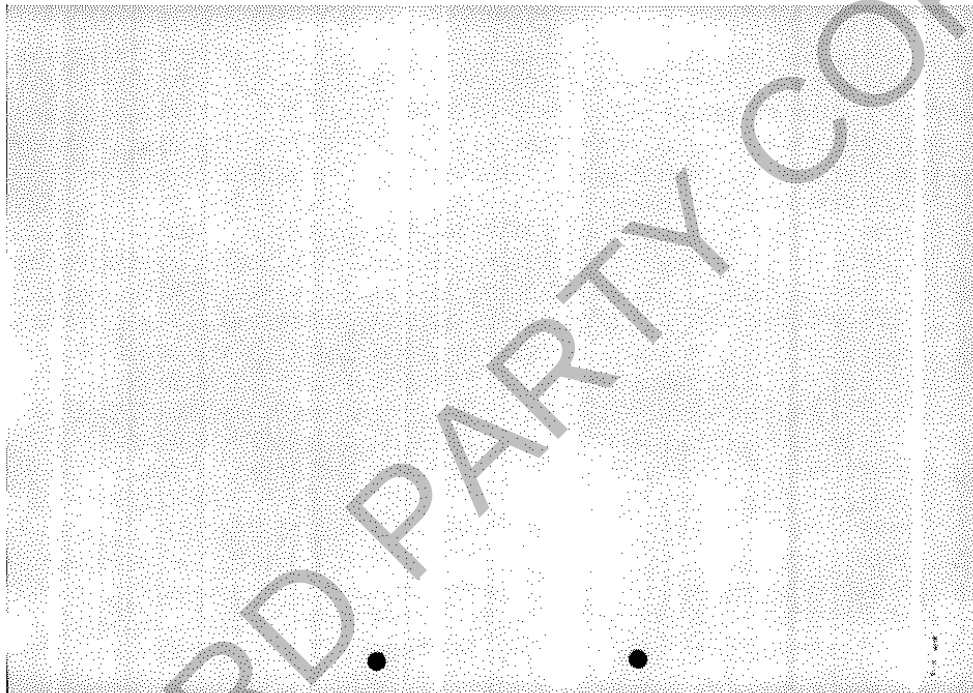
I will forward the relevant A4 records in due course.

Yours sincerely

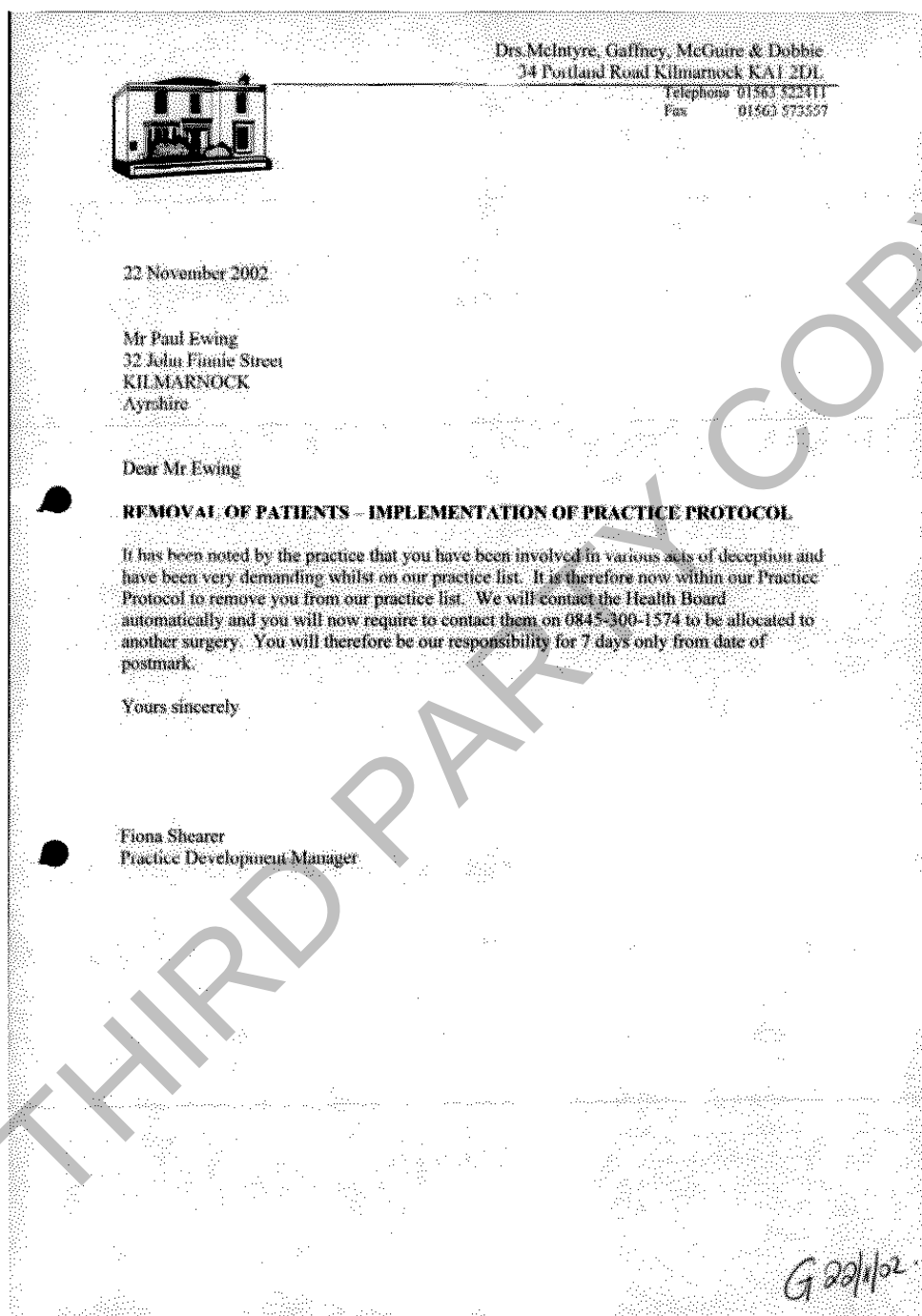


Paul G. Gaffney MB ChB.

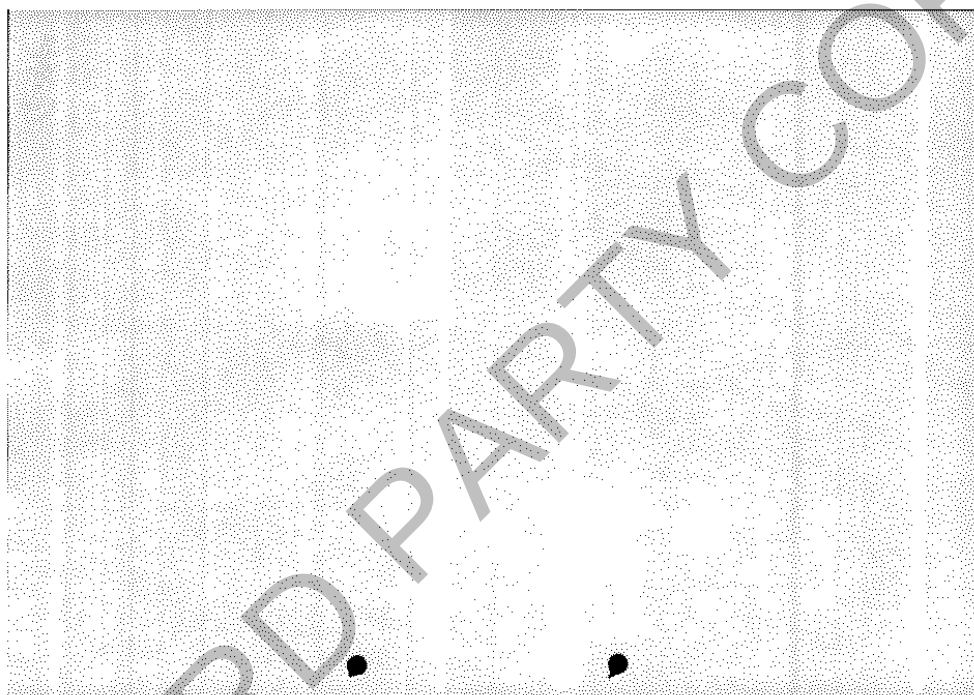
NHS Confidential: Personal data about a patient



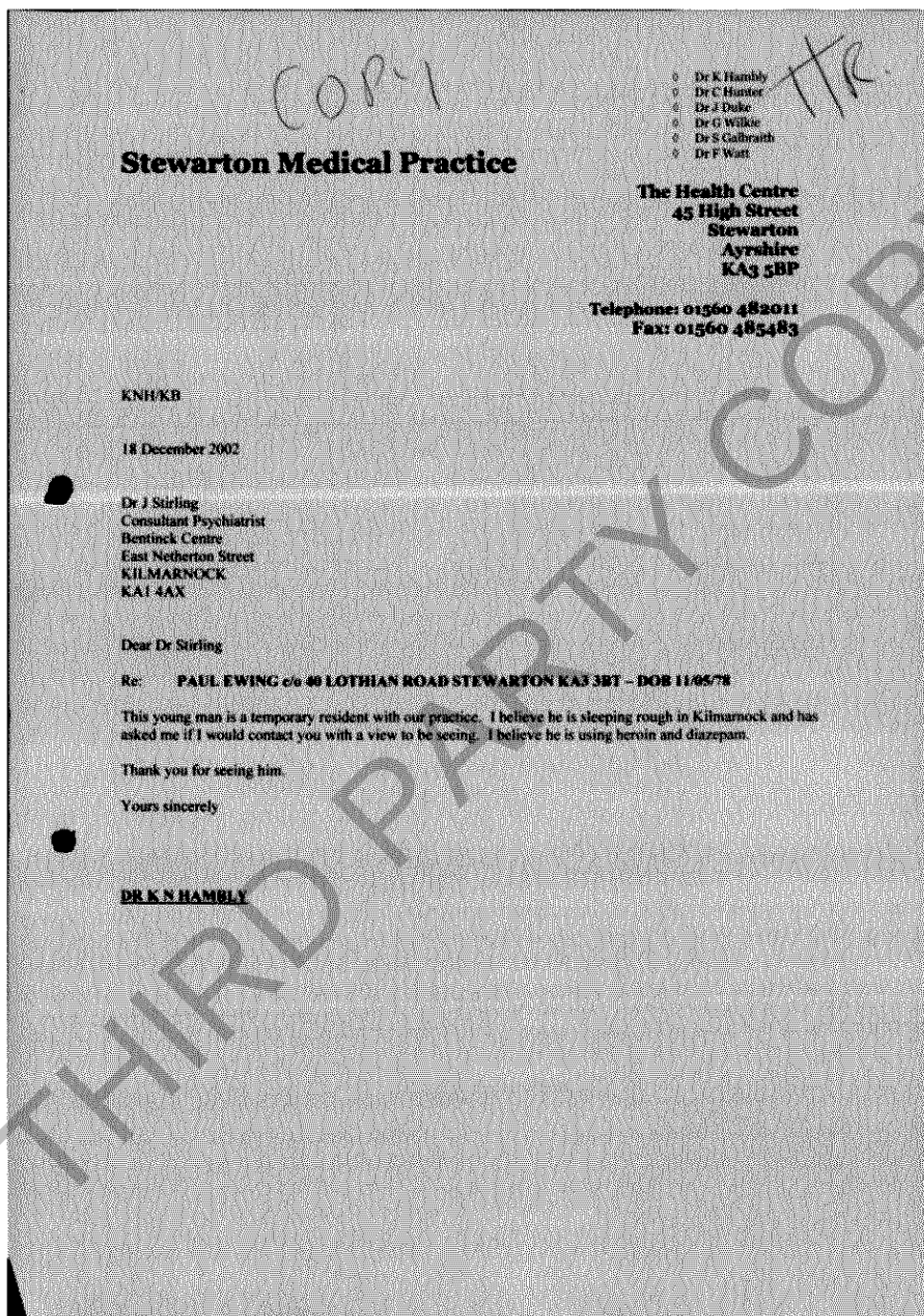
NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

**Primary Care NHS Trust
ADDICTION SERVICES**

Bentock Centre
East Netherton Street
KILMARNOCK
KA1 4AX
Tel: 01563 574 237
Fax: 01563 574238

www.nhs-ayrshire.org



Our Ref: NT/JS/MJM/56366
Your Ref:
Date: 6th March 2003
Dictated: 4th March 2003

Dr Hambly
The Health Centre
High Street
STEWARTON

Dear Dr Hambly

RE PAUL EWING 40 LOTHIAN ROAD STEWARTON DOB 11.05.78

I saw Mr Ewing at the Kilmarnock Bridge Project on 4th March 2003. He had completed the Bridge assessment for entry onto the Methadone Reduction Programme. He is currently using around 6 bags heroin per day IV. I have given a script for eight days for 40mls Methadone under supervised daily dispensing.

I also see he has been getting 45mgs Diazepam from yourself. We do not usually undertake Diazepam prescribing at the Bridge Project unless it is under a specific reduction regime, and we do not usually reduce two addictive drugs at the same time. I have spoken to your colleague Gail Wilkie about this and hopefully she will confer with you about what to do.

Yours sincerely

Nicola Taylor
NICOLA TAYLOR
SHO Psychiatry
Cc The Bridge Project, 1 The Cross, Kilmarnock

Jeremy Stirling
JEREMY STIRLING
Consultant Psychiatrist

02 APR 2003

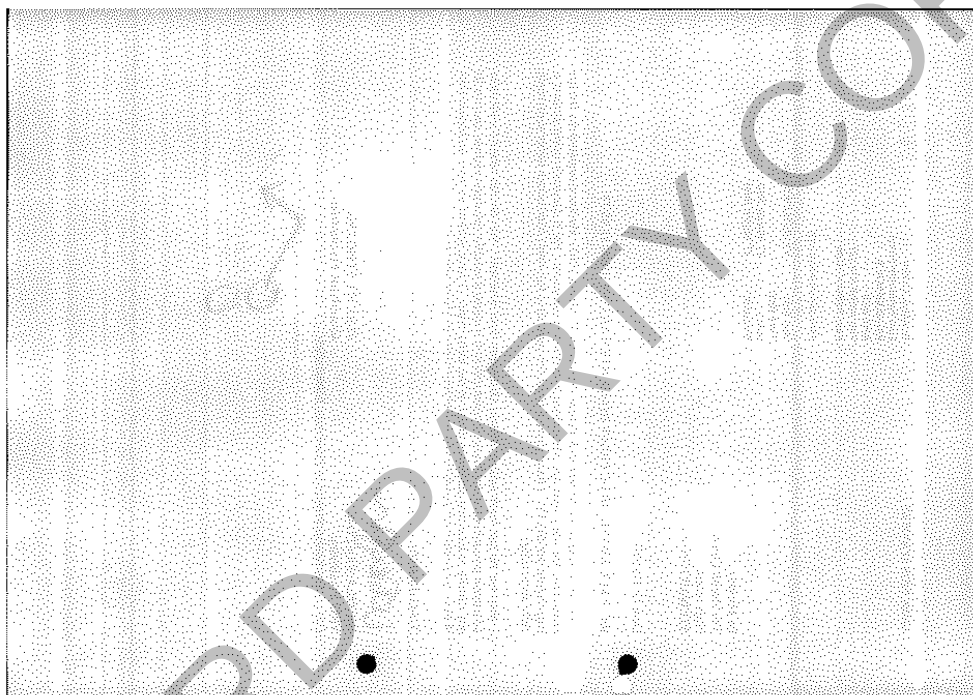
CH	JD	GM	SG	FW	PL
TELL PATIENT					
GM	APPT	OTHER			
FILE	NOTES	SCRIPT			


Approved for circulation
Rothney House
Community Psychiatric Services
Mental Health Services

Head Office
Ta Hurlers Avenue Ayr KA8 9DW
Chairman: Sandra R. Hood, O.B.E.
Chief Executive: Allan Gunning

PCT 0003

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Scanned Document
17-July-2026 MMG
Additional:Scanned Document

Filename: iGPRDA.pdf
Extension:.tif
Pages:

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HEMATOLOGY		SEE OVER FOR EXPLANATION OF CODED COMMENTS		AYRSHIRE AND ARRAN LABORATORY SERVICE																			
GP	LN28481U	SURNAME	EWING	GP	PAUL																		
WARD	STEWARTON H.C.	CLINICAL DATA	HUNTER	STEWARTON H.C.																			
PATIENT'S ADDRESS	40 LOTHIAN ROAD STEWARTON																						
DATE OF COLLECTION	SPECIMEN	ISSUE	1	OF PAGE	1																		
02/03/93	BLOOD	COMPLETED 03/03/93																					
1000HRS	28481U	BLOOD FILM COMMENT																					
FILM IS CONSISTENT WITH GLANDULAR FEVER																							
<table border="1"> <tr> <td>TELL</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PH</td> <td>KH</td> <td>CH</td> <td>JD</td> <td>MG</td> <td>TH</td> </tr> <tr> <td colspan="6">COMPUTER</td> </tr> </table>						TELL						PH	KH	CH	JD	MG	TH	COMPUTER					
TELL																							
PH	KH	CH	JD	MG	TH																		
COMPUTER																							
02/03/93	BLOOD	NEUTRO- PHILS	LYMPHO- CYTES	MONO- CYTES	EOSINO- PHILS																		
1000HRS		N/A	N/A	N/A	N/A																		
<table border="1"> <tr> <td>BASO- PHILS</td> <td>LUC</td> </tr> <tr> <td>N/A</td> <td>N/A</td> </tr> </table>						BASO- PHILS	LUC	N/A	N/A														
BASO- PHILS	LUC																						
N/A	N/A																						
02/03/93	BLOOD	PLAT x 10 ⁹ /l	WBC x 10 ⁹ /l	RBC x 10 ¹² /l	Hb g/dl																		
1000HRS		181	13.7	5.22	14.8																		
			>		0.435																		
					83																		
					28.4																		
					34.0																		
					ESR mm in 1 hr																		

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Insufficient Sample-IS
Sample clotted-CS
Sample leaked in transit-LS
Sample broken in Lab.-BS
Sample haemolysed-HS
Sample received too late for this test-RL

No sample received with this patient's
name-NS
Container overfilled-OS
Sample in wrong container-WS
Not required-NR
Not Done-ND

Dusselm

NHS Confidential: Personal data about a patient

HISTOLOGY		SEE OVER FOR EXPLANATION OF CODED COMMENTS		AYRSHIRE AND ARRAN LABORATORY SERVICE	
GP	LN28486Z	EWING	PAUL	M	11/05/78
WARD	STEWARTON H.C.		CLINICAL DATA		
CONSULTANT	HUNTER		STEWARTON H.C.		
PATIENT'S ADDRESS			CLINICAL DATA		
40 LOTHIAN ROAD STEWARTON					
DATE OF COLLECTION	SPECIMEN	ISSUE	1	OF PAGE	1
		GLANDULAR FEVER TEST			COMPILED 03/03/93
02/03/93	BLOOD 28486Z	POSITIVE			
		MISCELLANEOUS TEST REPORT			
02/03/93	BLOOD 28486Z	PAUL BUNNELL TITRATION.			
		SALINE GUINEA PIG	OX CELL	RESULT	
		1/1280	1/1280	1/320	POSITIVE.
		NEUTRO- LYMPHO- MONO- EOSINO- BASO- LUC			
		PHILS CYTES CYTES PHILS PHILS			
		PLAT	WBC	RBC	Hb
		$\times 10^9/l$	$\times 10^9/l$	$\times 10^{12}/l$	g/dl
				Hct	MCV
				fL	MCH
				pg	MCHC
				g/dl	ESR
					mm as 1 hr.

NHS Confidential: Personal data about a patient

Insufficient Sample-IS
Sample clotted-CS
Sample leaked in transit-LS
Sample broken in Lab.-BS
Sample haemolysed-HS
Sample received too late for this test-RL

No sample received with this patient's name-NS
Container overfilled-OS
Sample in wrong container-WS
Not required-NR
Not Done-ND

TELL PATIENT		✓ PRES			
PH	KH	CH	JD	PMG	TR
		✓			
COMPUTER					

NHS Confidential: Personal data about a patient

MATOLOGY		SEE OVER FOR EXPLANATION OF CODED COMMENTS		AYRSHIRE AND ARRAN LABORATORY SERVICE	
NUMBER	LN28486Z	SURNAME	EWING	FORENAME	PAUL
STEWARTON H.C.		HUNTER		SEX	M
DATE OF BIRTH		STEWARTON H.C.			11/05/78
ADDRESS	CLINICAL DATA				
OTHIAN ROAD ARTON					
DATE	3/93	SPECIMEN	BLOOD	ISSUE	GLANDULAR FEVER TEST
	28486Z		POSITIVE	TEST	PATIENT
				PH	KH
				CH	JD
				PMcG	TR
				COMPUTER	
				COMPILED 02/03/93	
				PRES.	
				NEUTRO- LYMPHO- MONO- EOSINO- BASO- LUC	
				PHILS CYTES CYTES PHILS PHILS	
				PLAT x 10 ⁹ /l	
				WBC x 10 ⁹ /l	
				RBC x 10 ¹² /l	
				Hb g/dl	
				Hct	
				MCV fl	
				MCH pg	
				MCHC g/dl	
				ESR mm in 1 hr.	

NHS Confidential: Personal data about a patient

Insufficient Sample-IS
Sample clotted-CS
Sample leaked in transit-LS
Sample broken in Lab-BS
Sample haemolysed-HS
Sample received too late for this test-RL

No sample received with this patient
name-NS
Container overfilled-OS
Sample in wrong container-WS
Not required-NR
Not Done-ND

NHS Confidential: Personal data about a patient

KILMARNOCK INFIRMARY

REPORT FROM RADIOLOGICAL DEPARTMENT

Patient's Name EWING, Paul (11.5.79) Date 1.4.80. X-Ray No. 6588/80
Albert Wynd,
 Address Stewarton. Unit No. Ward or Clinic
 Referred by Dr. Peter McGeech Examination Chest
Health Centre, Stewarton.

L5	
A4	S

Report BS/AM 4.4.80. X-Ray No. 6588/80

Lung fields now clear.

No further review is thought necessary.

W. G. S. Stanton,
 Consultant Radiologist.

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

IMMUNISATIONS AND SCREENING INVESTIGATIONS

National Health Service Number

Surname (Block Letters) **EWING** Forenames (Block Letters) **PAUL**

Address

Date of Birth **1/5/78**

IMMUNISATIONS (Insert date where appropriate)

	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella	TAB	Smallpox
1	23/11/1978			23/11/78	5/9/79			
2	14/1/1979			4/1/79				
3	24/5/1979			15/2/79				
Boost	12/6/1980		12/6/80	12/6/80				
Boost			22/5/92	22/5/92				
Boost								

Tuberculin Test

Result **-** Date **10.2.92**

BCG

Other Inoculations

Type							

Page 348 of 357

NHS Confidential: Personal data about a patient

IMMUNISATION AND SCREENING INVESTIGATIONS	Surname (Block Letters)	Forenames (Block Letters)
	Ewing	Paul
	Address	
	Date of Birth	
	1/5/78	

IMMUNISATIONS (Insert Date and Batch Number where appropriate)							
--	--	--	--	--	--	--	--

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

	Influenza	Hep.B.	Typhoid	HIB	Men C	Cholera
Date						
Manufacturer & Batch No.						
Date						
Manufacturer & Batch No.						
Date						
Manufacturer & Batch No.						
Date						
Manufacturer & Batch No.						
Date						
Manufacturer & Batch No.						

IMMUNOLOGICAL STATUS				
	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date				
Result				
Date				
Result				
Date				
Result				

Form GP 111H 355-2097

NHS Confidential: Personal data about a patient

[illegible]

EMIS attachment reference code
08-Apr-2026 Ms Amy Kerr (AK3)
Additional:EMIS attachment reference code
blister pack change
Filename: blister pack change.doc
Extension:.tif
Pages:

STEWARTON MEDICAL PRACTICE

Dr G Wilkie | Dr Watt | Dr Costley | Dr S Wilkie

Dr Garrick | Dr Cordiner | Dr Shields | Dr Campbell | Dr Jackson

The Health Centre
45 High Street
Stewarton
KA3 5BP

Tel: 01560 482011

Changes to Instalment Dispensed Medication

Patient Name: Paul Ewing

Patient CHI: 1105783235

Date: 08 04 2026

Medication started

Name	Dose	Frequency	For MDS? Y/N	Comments

Medication stopped

Name	Comments

Medication altered

Current medication:			To be changed to:		
Name	Dose	Frequency	Name	Dose	Frequency
Pregabalin	100mg	TID	Pregabalin	150mg am 100mg afternoon and night	

Notes:

Prescription issued: X ☐

Changes to be made: As soon as possible: ☐

STEWARTON MEDICAL PRACTICE

Dr G Wilkie | Dr Watt | Dr Costley | Dr S Wilkie

Dr Garrick | Dr Cordiner | Dr Shields | Dr Campbell | Dr Jackson

The Health Centre
45 High Street
Stewarton
KA3 5BP

Tel: 01560 482011

dispense:X ☐

With next weekly

From next month's prescription cycle: ☐

THIRD PARTY COPY

EMIS attachment reference code

19-Aug-2025 Ms Gillian Lynas (GL)

Additional:EMIS attachment reference code

disp weekly medication change form

Filename: disp weekly medication change form.doc

Extension:.tif

Pages:

STEWARTON MEDICAL PRACTICE

Dr G Wilkie | Dr F Watt | Dr W Costley | Dr S Wilkie

Dr V Browning | Dr C Monteith | Dr K Taylor | Dr L Garrick

Dr L Thompson | Dr A Cordiner

The Health Centre
45 High Street
Stewarton
KA3 5BP

Tel: 01560 482011

Changes to Instalment Dispensed Medication

Patient Name: Paul Ewing

Patient CHI: 1105783235

Date: 19 08 2025

Medication started

Name	Dose	Frequency	For MDS? Y/N	Comments

Medication stopped

Name	Comments

Medication altered

Current medication:			To be changed to:		
Name	Dose	Frequency	Name	Dose	Frequency
Quetiapine	150mg	X3 daily	Quetiapine	150mg	BD (AM & PM)
			Quetiapine	25mg	At lunchtime
			Quetiapine	100mg	At lunchtime

Notes:

Dispense weekly Quetiapine reducing by 25mg per month until on 100mg x 3 daily as per Addictions

Prescription issued: Y

Changes to be made: With next weekly dispense / From next prescription cycle

EMIS attachment reference code

23-Feb-2015 Mrs Lesley Hendry (LH)

Additional:EMIS attachment reference code

letter-dr stirling, consultant psychiatrist, cc ***** drysdale. dr costl

STEWARTON MEDICAL PRACTICE

The Health Centre
45 High Street
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www.stewartonmedicalpractice.co.uk

Telephone: 01560 482011

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WC/LD

16 July 2026

Dr J Stirling
Consultant Psychiatrist
NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
STEVENSTON
KA20 3HU

Dear Dr Stirling

Mr Paul Ewing **DOB: 11/05/1978** **CHI: 1105783235**
40 Lothian Road
Stewarton
Kilmarnock
Ayrshire
KA3 3BT

I write regarding Paul whom I'm sure you remember well. I have met with Paul's [REDACTED] and Paul himself on a couple of occasions recently and it would seem that his parents are getting to the end of their tether with his behaviour in the house. He seems to act in a very immature fashion in the house and of being petulant and argumentative. He deliberately causes mess in the house and I sense his parents are getting to the end of their tether. Paul's [REDACTED] does not keep good health.

I have a good doctor/patient relationship with Paul and I have always found him articulate and quite insightful into his condition. I have suspected until recently that Paul may have a degree of cognitive impairment, possibly secondary to his longstanding drug use. I performed a 6CIT test on Paul and he scored 100%, indicating that there is no significant memory impairment.

The purpose of writing to you is to enquire if you would advocate formal psychometric testing of Paul as there seems to be some behavioural abnormalities that I don't think can be fully explained by his drug misuse or underlying psychiatric disorder. [REDACTED] also asked me if there was a possibility of respite admission for Paul with a view to further assessment and to give [REDACTED] a break from the daily tribulations of caring for him. I am not sure what services are available but I said I would write to you to obtain your thoughts and I look forward to hearing from you in due course.

Many thanks for your ongoing help in managing Paul's case.

Yours sincerely

Dr William Costley

Cc Liz Drysdale, East Community Addiction Team, 35-41 Lister Street, Crosshouse Hospital,
KILMARNOCK, KA2 0BE

EMIS attachment reference code

12-Jan-2015 Mrs Karen McLay (KMCL)

Additional: EMIS attachment reference code

letter dr stirling, psychiatrist, addiction services, stewarton

File name: letter dr stirling, psychiatrist, addiction services, stewarton.doc

Extension: .tif

Pages:

STEWARTON MEDICAL PRACTICE

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WC/KM

16 July 2026

Private & Confidential**Dr J Stirling****Consultant Psychiatrist****NHS Addiction Services****Caley Court Resource Centre****Moorpark Road West****STEVENSTON KA20 3HU**

Dear Dr Stirling

Mr Paul Ewing DOB: 11/05/1978 CHI: 1105783235**40 Lothian Road, Stewarton, Ayrshire KA3 3BT**

Thank you for your recent letter regarding Paul Ewing. I am happy to prescribe his Pregabalin and I have updated his GP records accordingly. You need not prescribe him anymore Pregabalin.

The purpose of this letter is for your information only.

Yours sincerely

Dr W Costley

EMIS attachment reference code

07-July-2014 Ms Maryjane Brown (MJB)

Additional: EMIS attachment reference code

Letter to Dr Stirling, Addiction Services, Crosshouse Hospital

Filename: Letter to Dr Stirling, Addiction Services, Crosshouse Hospital.doc

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STEWARTON MEDICAL PRACTICE

Dr C Hunter | Dr J Duke | Dr G Wilkie | Dr F Watt

Dr W Costley | Dr S Wilkie | Dr D Harden

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WC/MJB

16 July 2026

Dr J Stirling
Consultant Psychiatrist
Addiction Services
Crosshouse Hospital
Kilmarnock Road
Kilmarnock
KA2 0BE

Dear Dr Stirling

Mr Paul Ewing **DOB: 11/05/1978** **CHI: 1105783235**
40 Lothian Road
Stewarton
Kilmarnock
Ayrshire
KA3 3BT

Thank you for your recent letter regarding Paul. You state in your letter that he is receiving Quetiapine 450 mg daily (in divided doses) which is being prescribed by the addiction services. Previous letters have stated that this is being prescribed through ourselves and I direct you to your letter of 14 January 2013 where you ask us to take over the prescribing of Quetiapine which we did. Paul has been receiving prescriptions for Quetiapine from us since then. I would be grateful if you would clarify that you are in fact not prescribing Paul Quetiapine and I would be grateful if you would let me know.

Yours sincerely

Dr W Costley