Subject Access Request

Patient	Mr Kyle Anderson
Date of birth	05-July-1979 (age 46)
Gender	M
NHS number	
Patient's address	43 Langlands Court KILMARNOCK KA1 2BF
Date range selected	Full record
Organisation	MMA Legal
Reference	100153

Problems

Active

09-Oct-2023 Dr W A Frew (FREW_13453)
Erectile dysfunction

21-July-2023 Ms Tracey C (TRACEYC_13453)
[X]Post - traumatic stress disorder
complex

10-Feb-2020 Mrs Margaret Francis (MGTF_13453)
Anxiety states

06-Jan-2017 Mrs Margaret Francis (MGTF_13453)
Alcohol dependence syndrome

20-Feb-2016 Mrs Isobel Turner (ISOBELT_13453)
Grand mal (major) epilepsy

19-Dec-2015 Mrs Margaret Francis (MGTF_13453)
Aggressive behaviour
while under the influence of alcohol at A&E

16-Nov-2015 Mrs Isobel Turner (ISOBELT_13453)
[D]Seizure NOS
DNA follow-up appointments or EEG

23-Jun-2000 Mrs Margaret Francis (MGTF_13453)
Dyspepsia

06-Aug-1999 Mrs Margaret Francis (MGTF_13453)
Neurotic depression reactive type

01-Jun-1999 Mrs Margaret Francis (MGTF_13453)
Alcohol problem drinking

Significant Past

19-July-2019 Mrs Margaret Francis (MGTF_13453)
EEG normal
(ambulatory)

11-Jan-2019 Mrs Margaret Francis (MGTF_13453)
EEG normal

23-Mar-2018 Mrs Margaret Bicker (MGTB1_13453)
EEG normal

14-Mar-2017 Mrs Margaret Francis (MGTF_13453)
Poor attender
to appointments

10-Feb-2015 Mrs Margaret Francis (MGTF_13453)
CT scan brain - normal

21-Jan-2003 Mrs Margaret Francis (MGTF_13453)
Alcohol detoxification
home

14-Sept-1995 Mrs Margaret Francis (MGTF_13453)
[D]Irritability and anger

08-Jun-1993 Mrs Margaret Francis (MGTF_13453)
[V]Behavioural problems

21-Oct-1992 Mrs Margaret Francis (MGTF_13453)
Poor sleep pattern
seen by child psychologist

Minor Past

This section is empty.

Consultations

08-Apr-2026 Pharmacist Lucy Church (CHUR) Data Entry

Comment	Comment additonal 8x 5mg diazepam tablets given and next rx due end oof month. Venlafaxine ammended - cannot half MR formulaiton. Rx issued for GP to sign	
Medication	Medication Diazepam Tablets 5 mg 8 TABLET ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 20 PER MONTH	
Medication	Medication Venlafaxine M/R tablets 37.5 mg 56 tablet ONE DAILY IN ADDITION TO 75MG TABLET (TOTAL DOSE 112.5MG)	

07-Apr-2026 PharmTech Katrina Ewart (KAE) Data Entry

Comment	Comment AMHS OPL - further letter to follow. Please print Rx once clinically checked - working remotely	
Comment	Medication increased Venlafaxine M/R 75mg OD to 112.5mg M/R OD	
Comment	Medication changed Diazepam Q increased to 20 tabs per month	
Medication	Medication Diazepam Tablets 5 mg 20 TABLET ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 20 PER MONTH	
Medication	Medication Venlafaxine M/R tablets 75 mg 84 TABLET ONE AND A HALF TABS (112.5MG) TO BE TAKEN EACH DAY	
31-Mar-2026 History	Outpatient clinic letter received	

26-Mar-2026 Nurse Kaitlyn Elliot (KAIT) The SurgeryMain Surgery

Problem	Grand mal (major) epilepsy	
Comment	Comment Epilespy review. bp within range. declined bloods due to anxiety. siezure free for the last year.	
Examination	Systolic blood pressure	122 mm Hg
Examination	Diastolic blood pressure	70 mm Hg
Examination	O/E - height	162 cm
Examination	O/E - weight	85 Kg
Examination	Body Mass Index	32.39
Social	Alcohol consumption	0 units/week
Social	Ex smoker Yrs since stopped	
Read Code	Smoking cessation advice	
Read Code	Seizure free >12 months	
Read Code	Epilepsy monitoring	

25-Mar-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 14:00 on Thu 26 of Mar at Holmhead Medical Practice. To cancel please reply CANCEL..

02-Mar-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:50 on Tue 03 of Mar at Holmhead Medical Practice. To cancel please reply CANCEL..

02-Mar-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text received from patient Type: «Type» Status: Reply Received Message: CANCEL.

06-Feb-2026 Pharmacist Emma Carson (EMP) Medicine Management

Comment	Comment timing ok - issued for GP to sign
Comment	Medication requested
Medication	Medication Diazepam Tablets 5 mg 12 TABLET ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 12 PER MONTH
Medication	Medication Zopiclone Tablets 7.5 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

02-Feb-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text received from patient Type: «Type» Status: Reply Received Message: Cancel.

02-Feb-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 16:30 on Tue 03 of Feb at Holmhead Medical Practice. To cancel please reply CANCEL..

02-Feb-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text received from patient Type: «Type» Status: Reply Received Message: CANCEL.

23-Jan-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 14:50 on Mon 26 of Jan at Holmhead Medical Practice. To cancel please reply CANCEL..

13-Jan-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / DATA PROTECTION NOTICE: All Text messages are recorded in your patient record. Dear Mr Anderson. Your Epilepsy Annual Review appointment is now OVERDUE. Please arrange a 20 minute appointment with the Practice Nurse. The review involves how your Epilepsy is controlled, to discuss any concerns you may have about your Epilepsy. You can bring your ***** is you have one. Holmhead Medical Practice. Please do not reply to this text as replies will not be actioned.

27-Dec-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Private Providers. This practice does not enter into shared care agreements with private providers. Private prescriptions will not be converted to NHS prescriptions.

27-Dec-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / The patient is responsible for all costs associated with private care, including investigations and prescriptions. Holmhead Medical Practice

15-Dec-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / DATA PROTECTION NOTICE: All Text messages are recorded in your patient record. Dear Patient, if you or someone you know has trouble sleeping, you can now access NHS sleep therapy. Sign-up to Sleepio and share the support: https://nhs.sleepio.com/HolmheadMedicalPractice Holmhead Medical Practice

09-Dec-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / DATA PROTECTION NOTICE: All Text messages are recorded in your patient record. Dear Mr Anderson. Your Epilepsy Annual Review appointment is now due. Please arrange a 20 minute appointment with the Practice Nurse and follow the link to fill out the questionnaire https://www.portlandroadsurgery.co.uk/epilepsy-questionnaire. Holmhead Medical Practice. Please do not reply to this text as replies will not be actioned.

25-Nov-2025 Pharmacist Emma Carson (EMP) Medicine Management

Comment	Comment noted zopiclone supported - on acute to monitor ordering.
Comment	Comment diaz to change to 5mg, 12 tabs per month - issued for GP to sign
Comment	Medication increased diazepam
Result	Follow up in outpatient clinic 6/12
Medication	Medication Diazepam Tablets 5 mg 12 TABLET ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 12 PER MONTH
26-Sept-2025 History	Outpatient clinic letter received

31-Oct-2025 Anp Kirsty Scoular (KI) The SurgeryMain Surgery

History	History Back pain. Ongoing for years. Few years ago fell down stairs and hurt his back and fractured ribs. Hx seizures which have impacted his back. Back seizes up at times. Lumbar spine. No radiation into legs. Taking Naproxen 250mg and co-cod 30/500. No bladder/bowel dysfunction. No saddle anaesthesia.
Examination	Examination No visible abnormality. Tender lumbar. Reduced ROM.
Comment	Comment MKS back pain. Given printed information sheet. Try medications below. Will refer to Physio. WSG
Medication	Medication Naproxen Tablets 500 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

31-Oct-2025 Miss Leah D (LE) Data Entry

Comment	Comment ongoing pain in lower back, has been bothering him for past few days, is struggling bending down and pain is keeping him up at night, has been taking co-codamol and naproxen but hasn't helped

14-Oct-2025 Pharmacist Emma Carson (EMP) Medicine Management

Comment	Comment issued from rpt - GP to sign
Comment	Repeated prescription
Medication	Medication Ketoconazole Shampoo 2 % 120 ML TO BE APPLIED AS DIRECTED

03-Oct-2025 PharmTech Gillian Purdie (PURD) Data Entry

Comment	Comment Further to consult below, reply received from Dr Nalci acknowledging my email, stated will refer to OT re weekly meds who may discuss further with pt.

02-Oct-2025 PharmTech Gillian Purdie (PURD) Data Entry

Comment	Prescription by supplementary prescriber Letter from AMHS - good response to zopiclone, to be continued 7.5mg ON for 3mnth trial and longer if ongoing benefit. Prazosin to be slowly ceased, pt will reduce 0.5mg now (29/09) and continue to reduce with guidance over the next 2-3mnths. An option would be to switch to doxazosin which may be more effective but he has decided to stop for now as prazosin not beneficial. To stop promethazine. Request for medication to be switched to weekly and issued monthly to aid compliance. Pt with Boots Grange St, Grange not taking on blister pks. Pt contcated and meds confirmed, stated was taking 8mg prazosin using 0.5mg tabs (2mg oos) and has now reduced to 7.5mg - plan to reduce by 0.5mg fortnightly. Discussed blister pk, pt stated he does not need this as his ***** is now making up weekly pks for him and he is not prepared to go to a different pharmacy, very adament about this. Pt will collect rx for zopiclone tnit from practice at 5pm. Will email Dr Nalci to update re weekly meds, if any concerns or would like to revise plan. Only zopiclone required today. L.P
Comment	Drug therapy discontinued Promethazine
Medication	Medication Zopiclone Tablets 7.5 mg 28 TABLET ONE TO BE TAKEN AT NIGHT
29-Sept-2025 History	Outpatient clinic letter received

04-Sept-2025 Dr Hannah Boyd (BOYD) The SurgeryMain Surgery

History	History looking for extra script for sleeping tabs- hx ptsd, says has been bad last few months and recent incident in family has flared it further, really strugglign to sleep, not slept for 2 days. has appt with Dr Nalci on 26th of september, wodnering if can get a couple of weeks worth to do until his appt. issued as below, advised pt to use sparingly, pt aware and review meantime if any concerns
Medication	Medication Zopiclone Tablets 7.5 mg 14 TABLET ONE TO BE TAKEN AT NIGHT

04-Sept-2025 Mr Lewis W (LEW) Data Entry

Comment	Comment pt looking to discuss issues with sleep and ptsd, has worsened since seen previously in july.

14-Aug-2025 Pharmacist Lucy Church (CHUR) Data Entry

Comment	Medication requested rx issued for GP to sign
Medication	Medication Doublebase Gel 500 gram Apply 3 times daily

13-Aug-2025 Mrs Rachel R (RB) Data Entry

Comment	Comment Looking for "sleeping tablets" as still struggling. Can't attend as going out for the day.

16-July-2025 Dr Mohammed Murtaza (MURT) The SurgeryMain Surgery

History	History hx of PTSD. under Dr Nalci. ***** got attacked. ***** involved. PTSD "through the roof". not sleeping well. looking for a short course of zopiclone. promethazine usually helps but not helping just now and zolpidem doesn't work as well. spoke with OT yesterday who will arrange review with Dr Nalci. looking for a repeat script of diazepam and a short supply of zopiclone. issued as requested. get in touch as required.
Medication	Medication Diazepam Tablets 2 mg 20 tablet ONE TO BE TAKEN THREE TIMES A DAY-IF REQD- MAX 20 TABS IN 4 WEEKS
Medication	Medication Zopiclone Tablets 7.5 mg 7 TABLET ONE TO BE TAKEN AT NIGHT

16-July-2025 Miss Gemma S (GEMM) Data Entry

Comment	Comment Struggling with sleeping

02-July-2025 Pharmacist Lyndsey Price (LP) Data Entry

Comment	Medication requested further supply issued
Medication	Medication Doublebase Gel 500 gram Apply 3 times daily
Read Code	Prescription by supplementary prescriber LP

12-Jun-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 16:00 on Fri 13 of Jun at Holmhead Medical Practice. To cancel please reply CANCEL..

06-Jun-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / DATA PROTECTION NOTICE: All Text messages are recorded in your patient record. Holmhead Practice has partnered with ***** Health to offer patients 12 months of free habit coaching (to help sleep, exercise, eating and mental wellbeing). The app may serve as an extra tool to help feel physically and mentally better. You can sign up here: http://hly.app/holmhead_gp

19-May-2025 Pharmacist Emma Carson (EMP) Special Request

Comment	Comment hx eczema- try formulary choice version- Issued for GP to sign
Comment	Medication requested doublebase gel
Medication	Medication Zerobase Cream 11 % 100 GRAM APPLY TWICE A DAY

19-May-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 15:40 on Tue 20 of May at Holmhead Medical Practice. To cancel please reply CANCEL..

08-May-2025 Pharmacist Lyndsey Price (LP) Data Entry

	Comment	Medication increased prazosin - increase by 0.5mg tablet every 5 days until taking 10mg at night as per clinic letter in DOCMAN from Dr Nalci. Patient will use up current supply of meds to make this change and re-0order when he needs. Directions updated on repeat med.
	Result	Post hospital discharge medication reconciliation with pt Patient contacted and tolerating medication well. Would like to increase to 10mg at ngiht. Happy with dosing regime increasing by 0.5mg every 5 days until on 10mg aty night.
	Result	Follow-up arranged by practice BP appt booked for 20/5 3.40 - patient aware.
25-Apr-2025	History	Outpatient clinic letter received

02-May-2025 Dr S Sardar (SARDAR_13453) Message

Comment	Comment TO GET 20 TABS MAX OVER 4 WEEKS-SEE PSYCH LETTERS-PUT ON REPEAT	
Medication	Medication Diazepam Tablets 2 mg 14 TABLET ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY	
Medication	Medication Diazepam Tablets 2 mg 20 tablet ONE TO BE TAKEN THREE TIMES A DAY-IF REQD- MAX 20 TABS IN 4 WEEKS	

02-May-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / DATA PROTECTION NOTICE: All Text messages are recorded in your patient record. Dear Kyle Anderson, please contact Holmhead Medical Practice on 01563 522118 regarding your recent prescription request. Please do not reply to this text as replies will not be actioned. Thank you.

29-Apr-2025 Dr Mohammed Murtaza (MURT) The SurgeryMain Surgery

History	History has facial eczema around both eyes and forehead. has flared up. using emollients and HC but not helping. skin can be red and inflamed. doesn't wish to go out some days. affects self confidence. HC making the skin stingy. also has rash on both shins L&gtR with scale ++
Examination	Examination dry flaky skin around both eyes and scalp with mild erythema.
Comment	Comment imp - eczema flare on face - use eumovate thinly OD for 10-14 days. c/w emollient generously BD. try dovobet on shins. seek review if no better.
Medication	Medication Eumovate Ointment 0.05 % 30 GRAM APPLY THINLY ONCE A DAY AS DIRECTED FOR 10 TO 14 DAYS
Medication	Medication Dovobet Ointment 30 gram APPLY THINLY ONCE A DAY

28-Apr-2025 Miss Rosie C (RC) Data Entry

Comment	Comment F2F 29/04 - Dry skin around for quite some time. Has tried various creams which do not really help.

28-Apr-2025 Dr Niamh Carey (CARE) Data Entry

History	History for further prazosin incresae - for TC - will also need BP check thanks for asking him to organise this

28-Apr-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: If you have booked a telephone appt then you should receive a call within the specified two hour window, please keep your line free to accept this call. If you have booked a face to face appointment please attend at the following time 4:15 PM on Tue 29 of Apr at Holmhead Medical Practice. To cancel please reply CANCEL..

09-Apr-2025 Hca Andrew Rose (ANDR) The SurgeryMain Surgery

Examination	O/E - BP reading bp	
Examination	Systolic blood pressure	130 mm Hg
Examination	Diastolic blood pressure	80 mm Hg

08-Apr-2025 Dr S Sardar (SARDAR_13453) Prescription Special Request

Comment	Comment SEE TASK- NEXT DUE 28/04 20 TABS
Medication	Medication Diazepam Tablets 2 mg 6 tablet ONE TO BE TAKEN AS REQD-MAX 20 IN 1 MONTH

08-Apr-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 15:10 on Wed 09 of Apr at Holmhead Medical Practice. To cancel please reply CANCEL..

24-Mar-2025 Pharmacist Emma Carson (EMP) Special Request

Comment	Comment hx eczema - not coded. no allergy - formulary choice issued- issued for GP to sign
Comment	Medication requested doublebase
Medication	Medication Zerobase Cream 11 % 100 GRAM APPLY TWICE A DAY

17-Mar-2025 Dr Niamh Carey (CARE) Telephone Call

History	History Clled to clarify psych letter - currently on prazaosin 6mg - issued additional to take up to 8mg as dircted - knows to book appt for BP. Discussed zolpidem - has had before - issued as per psych. Discussed diaz - scripts ammended but not issued. Doesn't need know. Aware potential for sedation with medicines combination
Medication	Medication Diazepam Tablets 2 mg 20 tablet ONE TO BE TAKEN THREE TIMES A DAY MAX 20 TABS PER MONTH AS PER PSYCH
Medication	Medication Prazosin Hydrochloride Tablets 500 micrograms 60 tablet IN ADDITION TO REGULAR DOSE - INCREASING BY 0.5MG EVERY 5 DAYS TO A TOTAL DOSE 8MG DAILY
Medication	Medication Zolpidem Tartrate Tablets 5 mg 7 tablet 1 TAB DAILY

26-Jan-2025 Dr Niamh Carey (CARE) Data Entry

History	History see psych letter - to continue regular diazepam for now

06-Jan-2025 Dr Niamh Carey (CARE) Telephone Call

History	History Has been getting 14 tabs Diazepam for many years. Uses this in order to feel confident enough to leave the house. Missed last psych appt. Has OT contact every week - *****. Lives alone. Spent chrismtas with *****. ***** died last year. No alcohol. No thoughts DSH. Psych letter from June 2023 very helpful - previous alcohol dependenmce and PTSD. No mention of regular Diaz in this letter. Has also had various scripts of Zopiclone and Zolpidem. Agree issue now. I will write to psych to ask if they're happy that this continues. Aware potential for dependence/tolerance.

06-Jan-2025 Miss Gemma S (GEMM) Data Entry

Comment	Comment Available on mobile - patient looking for diazepam - see below - advised to speak to GP for review before this can be prescribed

03-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / DATA PROTECTION NOTICE: All Text messages are recorded in your patient record. Dear Kyle Anderson, please contact Holmhead Medical Practice on 01563 522118 regarding your recent prescription request. Please do not reply to this text as replies will not be actioned. Thank you.

31-Dec-2024 Dr Niamh Carey (CARE) The SurgeryMain Surgery

History	History requests Diazepam + promethazine. I can't see any recent review of this and DNA psych appt most recently. Gets 14 Diaz tabs monthy and regular Promethazine script. Latter issued and recalled for review for ongoing Diaz scripts - not mentionned in older psych letter.
Medication	Medication Promethazine Hydrochloride Tablets 25 mg 28 tablet ONE TO BE TAKEN AT NIGHT

16-Dec-2024 Nurse Kelly McGhee (KE) The SurgeryMain Surgery

Problem	Grand mal (major) epilepsy	
Comment	Comment Patient attended for review, BP stable Refused bloods due to anxiety. Weight stable, discussed activity levels, patient stated he does not do much due to not leaving his home, he requires diazepam and assistance/ support from *****. Discussed activity that can be done at home.	
History	No significant family history	
Examination	Systolic blood pressure	128 mm Hg
Examination	Diastolic blood pressure	68 mm Hg
Examination	O/E - height	162 cm
Examination	O/E - weight	83 Kg
Examination	Body Mass Index	31.63
Examination	Epilepsy monitoring	
Social	Alcohol consumption	0 units/week
Social	Ex smoker	
Social	Takes inadequate exercise	
Read Code	Pt advised re high fibre diet	
Read Code	Patient advised re low cholesterol diet	
Read Code	Pt advised re low salt diet	
Read Code	Patient advised re diet	
Read Code	Pt advised re wt reducing diet	
Read Code	Smoking cessation advice	
Read Code	Health ed. - diet	

13-Dec-2024 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:00 on Mon 16 of Dec at Holmhead Medical Practice. To cancel please reply CANCEL..

08-Nov-2024 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / DATA PROTECTION NOTICE: All Text messages are recorded in your patient record. Your Epilepsy Annual Review appointment is now due. Please arrange a 20 minute appointment with the Practice Nurse. Please do not reply to this text as replies will not be actioned.

03-Sept-2024 Dr Elizabeth Bryden (BRYD) Medicine Management

History	History SR promethazine, diaz, omeoprazole, venlafaxine, is under psych
Medication	Medication Venlafaxine M/R tablets 75 mg 56 TABLET ONE TO BE TAKEN EACH DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 56 capsule ONE TO BE TAKEN EACH DAY
Medication	Medication Promethazine Hydrochloride Tablets 25 mg 28 tablet ONE TO BE TAKEN AT NIGHT
Medication	Medication Diazepam Tablets 2 mg 14 TABLET ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

19-Aug-2024 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Due to an unforeseen circumstance, we will be operating on an emergency only basis today. Please only contact the practice if necessary. This does not affect pre-booked appointments. We apologise for any inconvenience. Holmhead Medical Practice

13-Aug-2024 Dr Olga Morton (MORT) Medication Request

Medication	Medication Zerobase Cream 11 % 500 gram APPLY TWICE A DAY
Medication	Medication Prazosin Hydrochloride Tablets 2 mg 84 tablet TAKE 3 TABLETS AT NIGHT

24-July-2024 Miss Leah D (LE) Data Entry

Comment	Comment DVLA form passed to Dr A

22-July-2024 Mrs Rachel R (RB) Data Entry

Comment	Comment To discuss medication, very vauge, just wants to know "the best way to go forward with it", available on mobile

22-July-2024 Dr Rajay Arora (RA) Telephone Consultaion

	Problem	Erectile dysfunction --drug induced.
	History	History id confirmed. Telephone consultation. Basically is had testosterone levels checked and thyroid done, difficulties with erection, given viagra and get test done. No heart problems, getting it before.
	Comment	Comment SEs of Sildenafil explained: visual disturbances blue discolouration non-arteritic anterior ischaemic neuropathy nasal congestion flushing gastrointestinal side-effects headache priapism, Agreed to put on repeats, only 8 tabs for 3 months to begin with. Safety netted-- if does get chest pain radiating to the left shoulder, left arm, left jaw, throat or left ear, to call 999.
	Medication	Medication Sildenafil Citrate Tablets 100 mg 8 tablet TAKE AS DIRECTED

16-July-2024 Hca Andrew Rose (ANDR) The SurgeryMain Surgery

	Comment	Comment Bloods taken as requestyed

15-July-2024 Mr Anonymous User (ANON) MJog

	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 16:30 on Tue 16 of Jul at Holmhead Medical Practice. To cancel please reply CANCEL..

08-July-2024 Pharmacist Anisa Haleem (ANIS) The SurgeryMain Surgery

	Comment	Prescription by supplementary prescriber East Ayrshire CMHT request for zolpidem -
	Comment	Medication commenced zolpidem 5mg
	Result	Post hospital discharge medication reconciliation with pt
04-July-2024	History	Outpatient clinic letter received

05-July-2024 Mr Anonymous User (ANON) MJog

	Read Code	SMS text sent to patient Summary of text message sent to patient / DATA PROTECTION NOTICE: All Text messages are recorded in your patient record. Dear Kyle Anderson, please contact Holmhead Medical Practice on 01563 522118 regarding your recent prescription request. Please do not reply to this text as replies will not be actioned. Thank you.

04-July-2024 Mr Anonymous User (ANON) MJog

	Read Code	SMS text sent to patient Summary of text message sent to patient / DATA PROTECTION NOTICE: All Text messages are recorded in your patient record. Dear Kyle Anderson, please contact Holmhead Medical Practice on 01563 522118 there is a message waiting for you. Please do not reply to this text as replies will not be actioned. Thank you.

12-Jun-2024 Pharmacist Emma Carson (EMP) Special Request

	Comment	Comment Issued for GP to sign.
	Comment	Medication requested viagra
	Medication	Medication Sildenafil Citrate Tablets 100 mg 8 tablet TAKE AS DIRECTED

16-May-2024 Dr S Sardar (SARDAR_13453) Telephone Consultation

	Comment	Comment see a/e letter-- sore neck and rt shoulder-,nil neuro arms/legs-bowel/bladder okay-mobile- on co-codamol from chemist- try stronger analgesia-aware all s.e-advised stretching exc etc
	Medication	Medication Co-Codamol 30/500 Tablets 60 tablet 1-2 TAB QDS-MAX 8/DAY
	Medication	Medication Naproxen Tablets 250 mg 56 TABLET 1-2 TAB BD WITH FOOD

16-May-2024 Miss Rosie C (RC) Data Entry

	Comment	Comment Available on mobile - in car accident at the weekend, attended A&E and has soft tissue damage - still extremely sore in shoulder in neck, back and shoulders

13-May-2024 Miss Lucy T (LT) Data Entry

	Comment	Comment DVLA form passed to Dr Frew.

13-May-2024 Mr Bryan B (BRY) Data Entry

Comment Comment Accident over weekend. Pains over body. Advised A&E/OOH minor injuries.

26-Apr-2024 Pharmacist Lyndsey Price (LP) Data Entry

Comment Medication requested SR: ketoconazole still OOS - try capasal againa s an alternative
Medication Medication Capasal Shampoo 250 ML TO BE USED EACH DAY WHEN REQUIRED
Read Code Prescription by supplementary prescriber

28-Mar-2024 Pharmacist Lyndsey Price (LP) Data Entry

Comment Prescription by supplementary prescriber SR: ketoconazole shampoo OOS at pharmacy - try capasal as alternative.
Medication Medication Capasal Shampoo 250 ML TO BE USED EACH DAY WHEN REQUIRED

24-Jan-2024 Pharmacist Emma Carson (EMP) Special Request

Comment Comment SR prazosin. Started by CMHT Jun. Delay in starting as per Dr Tham entry in Jul. Issue while we wait on further input from MHT. GP to sign.
Medication Medication Prazosin Hydrochloride Tablets 2 mg 84 tablet TAKE 3 TABLETS AT NIGHT

09-Jan-2024 Dr Hannah Boyd (BOYD) The SurgeryMain Surgery

History History as below, has been taking promethazine for sleep, definitely helping but has run out now, was taking 2 tabs. his ***** has the 25mg tabs wwas wondering if he could get same and then only needs to take 1 tab. also asking for script for diazepam. also still coughing, green phlemg, amox doesn't seem to have helped, try macrolide and review if not settling, wsg advice
Medication Medication Clarithromycin Tablets 500 mg 10 TABLET ONE TO BE TAKEN TWICE A DAY
Medication Medication Diazepam Tablets 2 mg 14 TABLET ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY
Medication Medication Promethazine Hydrochloride Tablets 25 mg 28 tablet ONE TO BE TAKEN AT NIGHT

09-Jan-2024 Mr Kevin Thomson (KEV) The SurgeryMain Surgery

Comment Comment Mobile - pt struggling with sleep - requesting urgent call today.

09-Jan-2024 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / DATA PROTECTION NOTICE: All Text messages are recorded in your patient record. Dear Kyle Anderson, please call Holmhead Medical Practice to arrange a non urgent appointment with your usual GP. Please do not reply to this text as replies will not be actioned. Thank you.

04-Jan-2024 Dr Lyn Welsh (LL) Telephone Consultation

History History recently had covid, cough is worsening, productive in nature, very crackly. coughing so much he is tasting a rusty taste in his mouth, not seen blood. no underlying lung problems. non smoker. imp - secondary bacterial infection post covid. Px issued. worsening advice. review F2F if no improvement or if feeling wors.e
Medication Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY

04-Jan-2024 Mr Bryan B (BRY) Data Entry

Comment Comment avail on mobile - ?chest inf. Had for a few days. No improvement. Coughing up phlegm.

21-Dec-2023 Dr Mohammed Murtaza (MURT) Telephone Consultation

History History Hx of anxiety and depression. tested positive for covid last night and doesn't wish to pass it on to family. is self isolating at home alone. feeling anxiety is worse. feeling weak. headache. has spoken with OT. is under psych. gets diazepam short supply each month. looking for the same but higher dose of 5mg as feels needs to take 2 of the 2mg tabs. advised against it. script done as below. pt happy with plan.

Medication Medication Diazepam Tablets 2 mg 14 TABLET ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

21-Dec-2023 Miss Victoria Clark (VIC) The SurgeryMain Surgery

Comment Comment Avail on mob - COVID+ so unable to attend surgery - stuck in house so anxiety is through the roof, been in the house for a few days - struggling with the isolation

20-Dec-2023 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:40 on Thu 21 of Dec at Holmhead Medical Practice. To cancel please reply CANCEL..

14-Dec-2023 Dr W A Frew (FREW_13453) Message

Comment Comment Spoke to CMHT, Pt is booked for F/U appt with Dr Ulanova on 13th March. thanks ***** [14/12/2023 14:10] Recipients: Dr W A Frew

14-Dec-2023 Dr W A Frew (FREW_13453) Telephone Consultation

Comment Comment bloods satisfactory, note no TFTs done - will arrange - viagra 100mg mostly succesful occ failure to maintain, tried tadalafil before less successful, ***** died T cell leukaemia 2/12 ago, struggling with sleep, ude opc r/v dr Ulnaova - chase, and instead of zolpidem, which he is wary of due to addiction risk, try phenergan

Medication Medication Promethazine Hydrochloride Tablets 10 mg 28 tablet 1 or 2 Tabs At night

Medication Medication Sildenafil Citrate Tablets 100 mg 8 tablet TAKE AS DIRECTED

13-Dec-2023 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: If you have booked a telephone appt then you should receive a call within the specified two hour window, please keep your line free to accept this call. If you have booked a face to face appointment please attend at the following time 8:30 AM on Thu 14 of Dec at Holmhead Medical Practice. To cancel please reply CANCEL..

28-Nov-2023 PharmTech Kamila Armour (KA) Data Entry

Comment Comment Clin. email from Occupational Therapy- following discussion with Dr Ulanova (Psychiatry) agreed increase of medication. Requesting Rx for Zolpidem as noted below. Rx issued for GP to sign

Medication Medication Zolpidem Tartrate Tablets 10 mg 14 tablet ONE TO BE TAKEN AT NIGHT FOR 2 WEEKS

14-Nov-2023 Miss Courtney Hume (CHU) Data Entry

Comment Comment avail on mob - re recent blood results

13-Nov-2023 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / DATA PROTECTION NOTICE: All Text messages are recorded in your patient record. Dear Kyle Anderson, please contact Holmhead Medical Practice on 01563 522118 there is a message waiting for you. Please do not reply to this text as replies will not be actioned. Thank you.

02-Nov-2023 Dr W A Frew (FREW_13453) Data Entry

Comment Comment prolactin 149

31-Oct-2023 Hca Andrew Rose (ANDR) The SurgeryMain Surgery

Comment Comment Bloods taken as requested

30-Oct-2023 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 12:00 on Tue 31 of Oct at Holmhead Medical Practice. To cancel please reply CANCEL..

27-Oct-2023 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / DATA PROTECTION NOTICE: All Text messages are recorded in your patient record. Dear Kyle Anderson, your test results are available, please call 01563 522118. Holmhead Medical Practice. Please do not reply to this text as replies will not be actioned. Thank you.

25-Oct-2023 Dr W A Frew (FREW_13453) Data Entry

Comment Comment prolactin 566 - needs repeated then FTF consult with result

23-Oct-2023 Hca Andrew Rose (ANDR) The SurgeryMain Surgery

Comment Comment Bloods taken as requested Male Hormone profile
Read Code Test request : Thyroid Function Test

20-Oct-2023 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:30 on Mon 23 of Oct at Holmhead Medical Practice. To cancel please reply CANCEL..

09-Oct-2023 Dr W A Frew (FREW_13453) Telephone Consultation

Comment Comment in a new relationship for first tiem in many years - ED -advisd bloods, adamantly declined, scared fo getting blod done - advised would be sensible to have bloods checked - but has bought viagra 50mg little benefit, 100mg worked -requesting script for same
Problem Erectile dysfunction
Medication Medication Sildenafil Citrate Tablets 100 mg 8 tablet TAKE AS DIRECTED

09-Oct-2023 Mr Bryan B (BRY) Data Entry

Comment Comment f2f booked, to discuss medication.

04-Sept-2023 Pharmacist Lyndsey Price (LP) Data Entry

Comment Prescription by supplementary prescriber SR: see clinic letter form mental health service - request for a prescription for zolpidem 10mg at night for 2 weeks. script issued as below
Medication Medication Zolpidem Tartrate Tablets 10 mg 14 tablet ONE TO BE TAKEN AT NIGHT FOR 2 WEEKS

16-Aug-2023 Dr Lyn Welsh (LL) Telephone Consultation

History History Has been having diarrhoea since Monday, not seen any blood in stool. No vomiting, a bit of crampy pain. going around 5 times per day. Eating and drinking okay, passing urine okay. Has epilepsy, no recent seizures. advised should send stool C+S to confirm if he has c.diff. in meantime, encouraged re fluids, monitor temp, fluid status etc. knows to recontact if worsening

16-Aug-2023 Miss Courtney Hume (CHU) Data Entry

Comment Comment avail on mob - diarrhoea and feeling generally unwell. recently been in contact with ***** who has c-diff

11-Aug-2023 Dr Danny Tham (DTH) Data Entry

History History Letter from psych for patient to get zopiclone 7.5mg nocte for 1 week only.
Medication Medication Zopiclone Tablets 7.5 mg 7 TABLET ONE TO BE TAKEN AT NIGHT FOR 1 WEEK ONLY

18-July-2023 Dr Danny Tham (DTH) Data Entry

	History	History Task-requesting diazepam and zolpidem. However, letter from CMHT 26.6.23 advises that patient should have zolpidem for 1 week, then change to prazosin. Patient says is not taking prazosin.
	Comment	Comment Plan-diazepam prescribed. Zolpidem not prescribed, patient will have to speak to GP to discuss. May require letter to psychiatry after that.
	Medication	Medication Diazepam Tablets 2 mg 10 Tablet(s) ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

29-Jun-2023 Pharmacist Ali Mula (MULA) The SurgeryMain Surgery

	Problem	Problem RE hospital letter community mental health team 26/6/23
	Comment	Medication commenced Zolpidem and Prazosin
	Comment	Prescription by supplementary prescriber
	Medication	Medication Zolpidem Tartrate Tablets 10 mg 7 tablet ONE TO BE TAKEN EVERY NIGHT FOR 7 DAYS
	Medication	Medication Prazosin Hydrochloride Tablets 500 micrograms 87 TABLET TAKE ONE ON NIGHT ONE THEN TWO ON NIGHT TWO THEN INCREASE BY 2 TABLETS EVERY 3 DAYS UNTIL 5MG FOR 3 DAYS THEN SWITCH TO 6MG (2MG TABLETS)
	Medication	Medication Prazosin Hydrochloride Tablets 2 mg 84 tablet 3 TABLETS TO BE TAKEN EVERY NIGHT
	Read Code	Medication reconciliation
26-Jun-2023	Read Code	Outpatient letter

15-May-2023 Dr S Sardar (SARDAR_13453) Prescription Special Request

	Medication	Medication Hydrocortisone Cream 0.5 % 30 GRAM APPLY THINLY ONCE A DAY AS DIRECTED

02-May-2023 Dr Danny Tham (DTH) Telephone Consultation

	History	History Spoke to patient. He has been having sensation of irritated inflamed itchy skin around his eyes for a few years. Has worsened recently, is tender as well. No similar rash elsewhere on his body. Patient rubs his eyes at times. He did not send any photographs.
	Examination	Examination Alert, relaxed on the phone.
	Comment	Comment Plan-unable to see me today, so appointment given to see me tomorrow for examination.

02-May-2023 Miss Hannah Steele (HAN) Data Entry

	Comment	Comment avail on pt has inflammed itchy red flaky skin causing pain with the skin around eyes - was given cream - feels isnt helping.

02-May-2023 Mr Anonymous User (ANON) MJog

	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:30 on Wed 03 of May at Holmhead Medical Practice. To cancel please reply CANCEL..

02-May-2023 Mr Anonymous User (ANON) MJog

	Read Code	SMS text received from patient Type: «Type» Status: Reply Received Message: CANCEL.

27-Mar-2023 Dr Danny Tham (DTH) Data Entry

	History	History Task for diazepam. Pt going to see OT on 30.3.23.

19-Jan-2023 Dr Lyn Welsh (LL) Telephone Consultation

	History	History Has had a long history of reflux - says started since he began his epilepsy medication. had tried his ***** omeprazole - this worked really well - better than antacid. no GI red flag symptoms. Would like to try ppi, advised could use for 4 weeks then try to reduce to prn usage. working with OT to try and get him out house more, finds he can only go out when takes diazepam - uses infrequently, but ran out and requesting further supply. aware not ideal long term solution but is engaging with OT and CMHT.
	Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 56 capsule ONE TO BE TAKEN EACH DAY

19-Jan-2023 Miss Courtney Hume (CHU) Data Entry

Comment Comment avail on mob - bad acid reflux. states when spoke to GP last time omeprazole was suggested but pt decline as was taking peptac. nothing in notes and feels he needs it now. needs diazepam also

27-Jun-2022 Dr Atul Mishra (MISH) Telephone Consultation

Problem Anxiety states
History History Pt on Venlafaxine 75mg od. Has been on for one year. Has f2f appt with CMHT this Friday. Feels medication is not helping at all. Main issue is anxiety when leaving the house. Says has left the house 3 times in past year. Feels this is affecting him as needs to see dentist and attend CMHT appt etc but anxious about leaving house. Says issues stem from alleged unprovoked ***** by strangers.
Comment Comment Discussed options pt feels needs increase in Venlafaxine however this may not kick in within one week. DIscussed options including Propranolol and Diazepam. Can try diazepam as short term anxiolytic. Pt aware that needs to use short term as cannot use long term due to addictive potential. SHort term script issued. Await CMHT review on Friday.
Medication Medication Diazepam Tablets 2 mg 10 Tablet(s) ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

27-Jun-2022 Miss Courtney Hume (CHU) Data Entry

Comment Comment avail on landline - anxiety of going out and feels needs increase of venlafaxine. wishign to speak to GP today

02-Jun-2022 Pharmacist Scott Hamilton (SCOT) Special Request

Comment Comment SR- hydrocortisone cream- past entries state for ?peri-orbital eczema. Will advise pt to contact if symptoms not improving/controlled with current tx. GP to sign.
Medication Medication Hydrocortisone Cream 1 % 30 GRAM APPLY DAILY

08-Mar-2022 Dr D Simpson (SIMPSON_13453) Telephone Consultation

Comment Comment review of venlafaxine. pt not sure if it is helping or not but has only just started his 1:1 treatement through the PCMHT. Keen to see how he gets on with that before further altering his medication. agreed.

10-Feb-2022 Miss Gemma S (GEMM) Data Entry

Comment Comment Available on 01563 525367 - T/C to dicuss medication as per task (10/02/22)

10-Feb-2022 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Please contact Dr Sardar & ***** on 01563 522118 there is a message waiting for you. Please do not reply to this text as replies will not be actioned. Thank you.

09-Feb-2022 Dr S Sardar (SARDAR_13453) Prescription Special Request

Comment Comment see ordering efexor-tc to discuss-? m.h.p

07-Jan-2022 Pharmacist Mhairi Millar (MM) Data Entry

Comment Prescription by supplementary prescriber SR - rx as per task. Note entry 10/2/21, ?peri-orbital eczema and to send pics if continues. Not overusing steroid but ongoing use of steroid cream on face - for review. Note on rx
Medication Medication Hydrocortisone Cream 1 % 15 gram APPLY DAILY
Medication Medication Doublebase Gel 500 GRAM(S) TO BE USED WHEN REQUIRED FOR DRY SKIN

05-Jan-2022 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / RREMIDNER: Dr Sardar & ***** are assisting with the COVID vaccine campaign. If you still require to make an appointment for your first, second or booster COVID vaccine please contact the surgery on our dedicated Practice mobile - 07970438504. Thank you Dr Sardar & *****

16-Dec-2021 Pharmacist Diane Woodburn (DIAN) Data Entry

Comment	Prescription by supplementary prescriber SR - issued as below.
Medication	Medication Doublebase Gel 500 GRAM(S) TO BE USED WHEN REQUIRED FOR DRY SKIN

11-Oct-2021 Dr S Sardar (SARDAR_13453) Prescription Special Request

Comment	Comment see oredering efexor not take regularly

29-Jun-2021 Dr D Simpson (SIMPSON_13453) Telephone Consultation

Comment	Comment states has not left he house in the last year. when does gets anxiety attack. ***** his 24 year old *****. feels mirtazipine is not helping. reduce to 15mg fr 2 weeks then stop. at the same time start venlafaxine. review 4 weeks. also ref to CMHT.
Medication	Medication Venlafaxine M/R tablets 75 mg 28 TABLET ONE TO BE TAKEN EACH DAY
Medication	Medication Peptac Liquid (peppermint) 1000 ML 10-20MLS AFTER MEALS AND AT BEDTIME

17-Jun-2021 Mrs Rachael McH (RACH) Data Entry

Comment	Comment available on mobile - as requested re mood - patient aware to call in sooner if anything changes

16-Jun-2021 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Please contact Dr Sardar & ***** on 01563 522118 regarding a recent hospital letter. Thank you.

09-Jun-2021 Dr S Sardar (SARDAR_13453) Prescription Special Request

Comment	Comment needs review zispin
Medication	Medication Mirtazapine Tablets 30 mg 56 TABLET ONE TO BE TAKEN AT NIGHT

10-Feb-2021 Dr S Sardar (SARDAR_13453) Telephone Consultation

Comment	Comment sounds like peri-orbital eczema--if cont send pictures
Medication	Medication Hydrocortisone Cream 1 % 15 gram APPLY DAILY
Medication	Medication Doublebase Gel 100 gram TO BE USED WHEN REQUIRED FOR DRY SKIN

10-Feb-2021 Miss Lucy T (LT) Data Entry

Comment	Comment skin around the eyes dry. had for a few weeks. unable to take photos, doesn't have camera phone. 525367.

11-Jan-2021 Sister Gemma Cooper (GC) The SurgeryMain Surgery

Comment	Comment Urine dipped and sent as per Dr *****
Result	Urine glucose test negative
Result	Urine protein test negative
Result	Urine blood test = negative
Result	Urine ketone test negative
Result	Urine nitrite negative
Result	MSU sent for C/S

30-Dec-2020 Dr D Simpson (SIMPSON_13453) Telephone Consultation

Comment	Comment about 1 month of foul smelling urine. central abdo discomfort. urine odd colour in the morning. greenish. otherwise well. will hand in red top for C+S and white top for dipstick and CHL/GR PCR please. last ***** was about 1 year ago but pt keen to be tested.

30-Dec-2020 Miss Ellie Fraser (EF) Data Entry

Comment	Comment 525367 - ? UTI

01-Oct-2020 Pharmacist Amy Kerr (AK) Data Entry

Comment	Comment sr - to review ongoing with aim to reduce to benozyl on its own. dr sutherland
Medication	Medication Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml 30 ML APPLY TWICE A DAY

01-Jun-2020 Pharmacist Amy Kerr (AK) Data Entry

Comment Comment sr should be back in stock Dr *****/sutherland
Medication Medication Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml 30 ML APPLY TWICE A DAY

04-Feb-2020 Dr Catherine Sutherland (CS) The SurgeryMain Surgery

History History seen with *****. says 1st time out the house since Christmas - comes down to fear he will have a seizure outside the house. not sleeping but really not doig anything during the day
Comment Comment will contact ***** neuro epilepsy nurse re ? ref psychology
Medication Medication Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN AT NIGHT IN ADDITION TO 30MG - TOTAL 45MG

09-Oct-2019 Dr D Simpson (SIMPSON_13453) Prescription Special Request

Comment Mental health problem mirtazipine

30-Aug-2019 Pharmacist Amy Kerr (AK) Data Entry

Comment Comment sr - zineryt unavailable. alternative issued. Noted uses rarely for ?acne skin rash developed in 2017. If helpful can remove onto repeats.
Medication Medication Duac Once Daily Gel 5 % + 1 % 25 GRAM APPLY ONCE A DAY IN THE EVENING

01-Aug-2019 Dr D Simpson (SIMPSON_13453) Prescription Special Request

Comment Mental health problem

03-Jun-2019 Dr D Simpson (SIMPSON_13453) Prescription Special Request

Comment Mental health problem script for mirtazipine

29-Mar-2019 Dr Catherine Sutherland (CS) The SurgeryMain Surgery

History History lots of issues. Re mirtazepine - can continue but needs extra support in as anxiety a big problem. Seen with ***** Paramedic.
Comment Comment I will ref community connector and see Kyle back
Medication Medication Peptac Liquid (peppermint) 500 ML 10-20MLS AFTER MEALS AND AT BEDTIME

11-Feb-2019 Dr Gareth Powell (GP) Data Entry

Problem Neurotic depression reactive type
History History task - requesting mirtazapine. been taking since 2017. no recent review
Comment Comment script issued but asked staff to arrange routine review appt

23-Oct-2018 Dr Catherine Sutherland (CS) Telephone Consultation

Comment Comment Advised to go to 4 x 250mg BD as per neuro. Has hurt back when had a fit so will come in about that whebn possible

23-Oct-2018 Mrs Tracey Cowan (TC) Data Entry

Comment Comment please call mob - re epilepsy meds see recent docman

22-Oct-2018 Dr Matthew Smith (MA) The SurgeryMain Surgery

Comment Comment second message left to call me back

22-Oct-2018 Dr Matthew Smith (MA) The SurgeryMain Surgery

Comment Comment NO answer. message left on mobile to call me back

19-Oct-2018 Mrs Rachael McH (RACH) Data Entry

Comment Comment As requested re epilepsy meds

19-Jun-2018 Dr Sarah Mrozinski (SML) The SurgeryMain Surgery

History History Prescription request
Medication Medication Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml 30 ML APPLY TWICE A DAY

24-Jan-2018 Dr Jayne Courtney (COURTNEY_13453) The SurgeryMain Surgery

Comment Comment also some urinary symptoms so to hand in mssu

24-Jan-2018 Dr Jayne Courtney (COURTNEY_13453) The SurgeryMain Surgery

Comment Comment going to neuro clinic later this week. Feels higher dose of mirtazepine has helped a lot so c/t. Left ear sore and deaf. O/e canal very red and swollen TM scarred and cloudy. Rx amoxil and review ear when next seen.
Medication Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY

08-Jan-2018 Dr Jayne Courtney (COURTNEY_13453) The SurgeryMain Surgery

Attachment eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: anxiety; Duration: 08/01/2018 - 19/02/2018)*

27-Dec-2017 Miss Courtney Hume (CHU) Data Entry

Comment Comment ESA form passed to Dr J

07-Dec-2017 Dr Jayne Courtney (COURTNEY_13453) The SurgeryMain Surgery

Comment Comment missed neurology appt and has phoned for another one. Having several seizures every week so advised to increase keppra to 750mg bd as suggested by neurologist in 2016. Very low and anxious. increase mirtazepine to 30mg
Medication Medication Mirtazapine Tablets 30 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

30-Nov-2017 Dr Jayne Courtney (COURTNEY_13453) The SurgeryMain Surgery

Comment Comment sick line 27/11 - 8/1 - anxiety

03-Nov-2017 Dr Jayne Courtney (COURTNEY_13453) The SurgeryMain Surgery

Comment Comment has stopped drinking for 2 months and feels better physically but feeling very anxious and low. NOt sleeping. Multiple stresses. has just managed to get a new house. Also skin rash ? acne ? reaction to shaving foam try rx below. Start mirtazepeine and reiew 4 weeks. Sick line 26/10 - 27/11
Medication Medication Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml 30 ML APPLY TWICE A DAY
Medication Medication Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

12-Jun-2017 Dr Jayne Courtney (COURTNEY_13453) The SurgeryMain Surgery

Comment Comment new patient with alcohol problems and a history of seizures. Saw neuro in 2015 but failed to attend for follow up. Was started on keppra but stopped then about 6 months ago. Was in prison recently. Says he has stopped drinking. Having regular seizures. Restart keppra as below and I will re-refer neuro.
Medication Medication Levetiracetam Tablets 250 mg 100 tablet 1 TAB IN EVENING FOR 5 DAYS THEN 1 TAB BD FOR 5 DAYS THEN 2 TABS IN MORNING AND 1 TAB IN EVENING FOR 5 DAYS THEN 2 TAB BD
Medication Medication Chlorhexidine Gluconate Mouth wash 0.2 % 300 ML 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY
Medication Medication Ketoconazole Shampoo 2 % 120 ML TO BE APPLIED AS DIRECTED

12-Jun-2017 Dr Jayne Courtney (COURTNEY_13453) The SurgeryMain Surgery

Comment Comment warned that he must not drive

Examination	Systolic blood pressure	110 mm Hg
Examination	Diastolic blood pressure	64 mm Hg
Examination	O/E - height	162 cm
Examination	O/E - weight	83 Kg
Examination	Body Mass Index	31.63
Examination	Fast alcohol screening test	10 /16
Examination	Alcohol screen - fast alcohol screening test completed	10
Social	Alcohol consumption	35 units/week
Social	Current smoker	
Social	Alcohol units per week	35 U/week
Social	Alcohol units consumed on heaviest drinking day	10 /day
Comment	Comment Attended new patient medical - advised see GP re alcohol intake, has arranged appt	
Result	Urine glucose test negative	
Result	Urine protein test negative	
Result	Urine blood test = negative	
Read Code	Health ed. - alcohol	
Read Code	Smoking cessation advice declined	
Read Code	Brief intervention for excessive alcohol consumptn completed Information and Advice	
Read Code	Seen in GP's surgery ABI	
Read Code	New appointment ABI	

Medications (inc. issues)

Acute

23-Jun-2026 Eumovate Ointment 0.05 %
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED FOR 10 TO 14 DAYS

26-May-2026 Eumovate Ointment 0.05 %
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED FOR 10 TO 14 DAYS

26-May-2026 Eumovate Ointment 0.05 %
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED FOR 10 TO 14 DAYS

18-May-2026 Hydrocortisone Cream 0.5 %
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

18-May-2026 Hydrocortisone Cream 0.5 %
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

27-Apr-2026 Diazepam Tablets 5 mg
20 TABLET - ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 20 PER MONTH

27-Apr-2026 Zopiclone Tablets 7.5 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

08-Apr-2026 Diazepam Tablets 5 mg
8 TABLET - ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 20 PER MONTH

26-Mar-2026 Zopiclone Tablets 7.5 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

26-Mar-2026 Diazepam Tablets 5 mg
12 TABLET - ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 12 PER MONTH

02-Mar-2026 Diazepam Tablets 5 mg
12 TABLET - ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 12 PER MONTH

02-Mar-2026 Zopiclone Tablets 7.5 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

06-Feb-2026 Diazepam Tablets 5 mg
12 TABLET - ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 12 PER MONTH

06-Feb-2026 Zopiclone Tablets 7.5 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

13-Jan-2026 Zopiclone Tablets 7.5 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

13-Jan-2026 Diazepam Tablets 5 mg
12 TABLET - ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 12 PER MONTH

15-Dec-2025 Zopiclone Tablets 7.5 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

19-Nov-2025 Zopiclone Tablets 7.5 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

27-Oct-2025 Zopiclone Tablets 7.5 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

02-Oct-2025 Zopiclone Tablets 7.5 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

04-Sept-2025 Zopiclone Tablets 7.5 mg
14 TABLET - ONE TO BE TAKEN AT NIGHT

13-Aug-2025 Zopiclone Tablets 7.5 mg
7 TABLET - ONE TO BE TAKEN AT NIGHT

12-Jun-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

16-May-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

07-May-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

23-Apr-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

11-Apr-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

22-Mar-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

11-Mar-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

01-Mar-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

15-Feb-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

05-Feb-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

23-Jan-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

12-Jan-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

14-Dec-2023 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

30-Nov-2023 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

09-Nov-2023 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

19-Oct-2023 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

09-Oct-2023 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

09-Feb-2022 Venlafaxine M/R tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

27-Sept-2018 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

Repeat

23-Jun-2026 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

23-Jun-2026 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

23-Jun-2026 Zopiclone Tablets 7.5 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

23-Jun-2026 Diazepam Tablets 5 mg
20 TABLET - ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 20 PER MONTH

26-May-2026 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

26-May-2026 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

26-May-2026 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

26-May-2026 Zopiclone Tablets 7.5 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

26-May-2026 Diazepam Tablets 5 mg
20 TABLET - ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 20 PER MONTH

18-May-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 capsule - ONE TO BE TAKEN EACH DAY

18-May-2026 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

18-May-2026 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

18-May-2026 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

18-May-2026 Doublebase Gel
500 gram - Apply 3 times daily

18-May-2026 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

18-May-2026 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE DAILY (TOTAL DOSE 112.5MG)

18-May-2026 Venlafaxine M/R tablets 37.5 mg
56 tablet - ONE DAILY IN ADDITION TO 75MG TABLET (TOTAL DOSE 112.5MG)

18-May-2026 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

24-Apr-2026 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

08-Apr-2026 Venlafaxine M/R tablets 37.5 mg
56 tablet - ONE DAILY IN ADDITION TO 75MG TABLET (TOTAL DOSE 112.5MG)

08-Apr-2026 Venlafaxine M/R tablets 37.5 mg
56 tablet - ONE DAILY IN ADDITION TO 75MG TABLET (TOTAL DOSE 112.5MG)

26-Mar-2026 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

26-Mar-2026 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

26-Mar-2026 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

06-Mar-2026 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

26-Feb-2026 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

26-Feb-2026 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

26-Feb-2026 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

26-Feb-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 capsule - ONE TO BE TAKEN EACH DAY

26-Feb-2026 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

26-Feb-2026 Doublebase Gel
500 gram - Apply 3 times daily

26-Feb-2026 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

26-Feb-2026 Doublebase Gel
500 gram - Apply 3 times daily

05-Feb-2026 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

05-Feb-2026 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

16-Jan-2026 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

16-Jan-2026 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

16-Jan-2026 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

16-Jan-2026 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

16-Jan-2026 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

13-Jan-2026 Diazepam Tablets 5 mg
20 TABLET - ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 20 PER MONTH

09-Jan-2026 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

11-Dec-2025 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

11-Dec-2025 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

11-Dec-2025 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

11-Dec-2025 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

11-Dec-2025 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

11-Dec-2025 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

11-Dec-2025 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

11-Dec-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 capsule - ONE TO BE TAKEN EACH DAY

13-Nov-2025 Liquid Paraffin And Isopropyl Myristate Gel 15 %+ 15 %
500 gram - Apply 3 times daily

13-Nov-2025 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

13-Nov-2025 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

13-Nov-2025 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

13-Nov-2025 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

13-Nov-2025 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

27-Oct-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 capsule - ONE TO BE TAKEN EACH DAY

27-Oct-2025 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

27-Oct-2025 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

27-Oct-2025 Liquid Paraffin And Isopropyl Myristate Gel 15 %+ 15 %
500 gram - Apply 3 times daily

14-Oct-2025 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

13-Oct-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 capsule - ONE TO BE TAKEN EACH DAY

06-Oct-2025 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

06-Oct-2025 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

06-Oct-2025 Liquid Paraffin And Isopropyl Myristate Gel 15 %+ 15 %
500 gram - Apply 3 times daily

06-Oct-2025 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

06-Oct-2025 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

18-Sept-2025 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

18-Sept-2025 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

10-Sept-2025 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

10-Sept-2025 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

26-Aug-2025 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

26-Aug-2025 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

13-Aug-2025 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

13-Aug-2025 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

13-Aug-2025 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

13-Aug-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 capsule - ONE TO BE TAKEN EACH DAY

13-Aug-2025 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

13-Aug-2025 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

13-Aug-2025 Zopiclone Tablets 7.5 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

13-Aug-2025 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

29-July-2025 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

29-July-2025 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

29-July-2025 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

29-July-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 capsule - ONE TO BE TAKEN EACH DAY

11-July-2025 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

11-July-2025 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

11-July-2025 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

01-July-2025 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

01-July-2025 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

01-July-2025 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

16-Jun-2025 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

16-Jun-2025 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

30-May-2025 Liquid Paraffin And Isopropyl Myristate Gel 15 %+ 15 %
500 gram - Apply 3 times daily

19-May-2025 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

19-May-2025 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

19-May-2025 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

19-May-2025 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

19-May-2025 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

22-Apr-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 capsule - ONE TO BE TAKEN EACH DAY

22-Apr-2025 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

22-Apr-2025 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

22-Apr-2025 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

22-Apr-2025 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

31-Mar-2025 Liquid Paraffin And Isopropyl Myristate Gel 15 %+ 15 %
500 gram - Apply 3 times daily

31-Mar-2025 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

31-Mar-2025 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

31-Mar-2025 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

31-Mar-2025 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

24-Mar-2025 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

21-Mar-2025 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

21-Feb-2025 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

21-Feb-2025 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

03-Feb-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 capsule - ONE TO BE TAKEN EACH DAY

03-Feb-2025 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

21-Jan-2025 Liquid Paraffin And Isopropyl Myristate Gel 15 %+ 15 %
500 gram - Apply 3 times daily

21-Jan-2025 Liquid Paraffin And Isopropyl Myristate Gel 15 %+ 15 %
500 gram - Apply 3 times daily

21-Jan-2025 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

21-Jan-2025 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

21-Jan-2025 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

21-Jan-2025 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

20-Dec-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

06-Dec-2024 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

06-Dec-2024 Zerobase Cream 11 %
500 gram - APPLY TWICE A DAY

06-Dec-2024 Zerobase Cream 11 %
100 GRAM - APPLY TWICE A DAY

06-Dec-2024 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

06-Dec-2024 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

06-Dec-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 capsule - ONE TO BE TAKEN EACH DAY

06-Dec-2024 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

06-Dec-2024 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

20-Nov-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

04-Nov-2024 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

04-Nov-2024 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

25-Oct-2024 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

25-Oct-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

02-Oct-2024 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

02-Oct-2024 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

02-Oct-2024 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

02-Oct-2024 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

25-Sept-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

03-Sept-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 capsule - ONE TO BE TAKEN EACH DAY

03-Sept-2024 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

03-Sept-2024 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

28-Aug-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

28-Aug-2024 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

13-Aug-2024 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

02-Aug-2024 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

02-Aug-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 capsule - ONE TO BE TAKEN EACH DAY

02-Aug-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 capsule - ONE TO BE TAKEN EACH DAY

22-July-2024 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

03-July-2024 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

03-July-2024 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

25-Jun-2024 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

29-May-2024 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

24-May-2024 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

24-May-2024 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

24-May-2024 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

24-May-2024 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

18-Apr-2024 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

17-Apr-2024 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

17-Apr-2024 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

11-Apr-2024 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

08-Apr-2024 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

22-Mar-2024 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

29-Feb-2024 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

22-Jan-2024 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

22-Jan-2024 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

22-Jan-2024 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

22-Jan-2024 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

22-Jan-2024 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

21-Dec-2023 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

21-Dec-2023 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

21-Dec-2023 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

21-Dec-2023 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

23-Nov-2023 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

23-Nov-2023 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

23-Nov-2023 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

21-Nov-2023 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

06-Nov-2023 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

09-Oct-2023 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

09-Oct-2023 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

09-Oct-2023 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

09-Oct-2023 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

09-Oct-2023 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

09-Oct-2023 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

09-Oct-2023 Sildenafil Citrate Tablets 100 mg
8 tablet - TAKE AS DIRECTED

14-Aug-2023 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

14-Aug-2023 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

09-Jun-2023 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

09-Jun-2023 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

09-Jun-2023 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

09-Jun-2023 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

09-Jun-2023 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

09-Jun-2023 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

12-May-2023 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

26-Apr-2023 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

26-Apr-2023 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

11-Apr-2023 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

11-Apr-2023 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

11-Apr-2023 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

10-Mar-2023 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

10-Mar-2023 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

14-Feb-2023 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

14-Feb-2023 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

14-Feb-2023 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

08-Feb-2023 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

08-Feb-2023 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

08-Feb-2023 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

20-Jan-2023 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

05-Jan-2023 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

05-Jan-2023 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

07-Dec-2022 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

07-Dec-2022 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

07-Dec-2022 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

23-Nov-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

23-Nov-2022 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

20-Oct-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

12-Oct-2022 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

12-Oct-2022 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

12-Oct-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

12-Oct-2022 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

12-Oct-2022 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

22-Sept-2022 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

22-Sept-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

22-Sept-2022 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

24-Aug-2022 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

24-Aug-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

24-Aug-2022 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

24-Aug-2022 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

24-Aug-2022 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

24-Aug-2022 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

29-July-2022 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

29-July-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

29-Jun-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

29-Jun-2022 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

21-Jun-2022 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

21-Jun-2022 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

21-Jun-2022 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

01-Jun-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

16-May-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

26-Apr-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

07-Apr-2022 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

07-Apr-2022 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

07-Apr-2022 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

01-Apr-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

11-Mar-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

23-Feb-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

09-Feb-2022 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

09-Feb-2022 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

09-Feb-2022 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

09-Feb-2022 Venlafaxine M/R tablets 75 mg
56 TABLET - ONE DAILY (TOTAL DOSE 112.5MG)

31-Jan-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

06-Jan-2022 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

05-Jan-2022 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

15-Dec-2021 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

08-Dec-2021 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

08-Dec-2021 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

30-Nov-2021 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

30-Nov-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

27-Oct-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

27-Oct-2021 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

27-Oct-2021 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

11-Oct-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

11-Oct-2021 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

11-Oct-2021 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

11-Oct-2021 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

29-Sept-2021 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

29-Sept-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

03-Sept-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

03-Sept-2021 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

20-Aug-2021 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

20-Aug-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

11-Aug-2021 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

11-Aug-2021 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

11-Aug-2021 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

30-July-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

30-July-2021 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

14-July-2021 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

14-July-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

29-Jun-2021 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

24-Jun-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

18-Jun-2021 Peptac Liquid (peppermint)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

08-Jun-2021 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

08-Jun-2021 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

07-Jun-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

02-Jun-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

02-Jun-2021 Peptac Liquid (peppermint)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

21-May-2021 Peptac Liquid (peppermint)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

21-May-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

12-May-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

12-May-2021 Peptac Liquid (peppermint)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

19-Apr-2021 Peptac Liquid (peppermint)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

12-Apr-2021 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

12-Apr-2021 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

12-Apr-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

09-Feb-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

09-Feb-2021 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

09-Feb-2021 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

07-Jan-2021 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

15-Dec-2020 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

15-Dec-2020 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

15-Dec-2020 Peptac Liquid (peppermint)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

01-Oct-2020 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

01-Oct-2020 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

01-Oct-2020 Peptac Liquid (peppermint)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

01-Oct-2020 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

01-Oct-2020 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

27-July-2020 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

27-July-2020 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

27-July-2020 Peptac Liquid (peppermint)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

27-July-2020 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

27-July-2020 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

01-Jun-2020 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

01-Jun-2020 Peptac Liquid (peppermint)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

01-Jun-2020 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

01-Jun-2020 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

01-Jun-2020 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

19-May-2020 Peptac Liquid (peppermint)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

19-May-2020 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

19-May-2020 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

19-May-2020 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

19-May-2020 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

23-Mar-2020 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

23-Mar-2020 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

23-Mar-2020 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

23-Mar-2020 Peptac Liquid (peppermint)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

24-Feb-2020 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

24-Feb-2020 Peptac Liquid (peppermint)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

24-Feb-2020 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

24-Feb-2020 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

04-Feb-2020 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

21-Jan-2020 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

21-Jan-2020 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

27-Dec-2019 Peptac Liquid (peppermint)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

27-Dec-2019 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

27-Dec-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

05-Dec-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

05-Dec-2019 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

05-Dec-2019 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

14-Nov-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

14-Nov-2019 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

30-Oct-2019 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

30-Oct-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

30-Oct-2019 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

09-Oct-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

26-Sept-2019 Peptac Liquid (peppermint)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

26-Sept-2019 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

26-Sept-2019 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

26-Sept-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

26-Sept-2019 Lacosamide Tablets 100 mg
112 tablet - ONE TO BE TAKEN TWICE A DAY

26-Sept-2019 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

26-Sept-2019 Peptac Liquid (peppermint)
1000 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

02-Sept-2019 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

26-Aug-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

26-Aug-2019 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

01-Aug-2019 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

01-Aug-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

03-July-2019 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

03-July-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

03-Jun-2019 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

03-Jun-2019 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

03-Jun-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

13-May-2019 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

13-May-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

13-May-2019 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

11-Apr-2019 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

09-Apr-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

09-Apr-2019 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

11-Mar-2019 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

11-Mar-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

11-Feb-2019 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

11-Feb-2019 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

11-Feb-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

14-Jan-2019 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

14-Jan-2019 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

14-Jan-2019 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

19-Dec-2018 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

19-Dec-2018 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

20-Nov-2018 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

20-Nov-2018 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

23-Oct-2018 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

23-Oct-2018 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

23-Oct-2018 Chlorhexidine Gluconate Mouth wash 0.2 %
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

23-Oct-2018 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

27-Sept-2018 Ketoconazole Shampoo 2 %
120 ML - TO BE APPLIED AS DIRECTED

11-Sept-2018 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

07-Aug-2018 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

23-May-2018 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

16-Apr-2018 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

28-Feb-2018 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

17-Jan-2018 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

07-Dec-2017 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

06-Dec-2017 Levetiracetam Tablets 250 mg
224 tablet - 2 TABS BD

02-Oct-2017 Levetiracetam Tablets 250 mg
224 tablet - 2 TABS BD

07-Aug-2017 Levetiracetam Tablets 250 mg
224 TABLET - 3 TABS BD

07-Aug-2017 Levetiracetam Tablets 250 mg
224 tablet - 2 TABS BD

Past

15-Dec-2025 Diazepam Tablets 5 mg Acute Medication (Past)
12 TABLET - ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 12 PER MONTH

11-Dec-2025 Eumovate Ointment 0.05 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED FOR 10 TO 14 DAYS

11-Dec-2025 Dovobet Ointment Acute Medication (Past)
30 gram - APPLY THINLY ONCE A DAY

11-Dec-2025 Eumovate Ointment 0.05 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED FOR 10 TO 14 DAYS

11-Dec-2025 Dovobet Ointment Acute Medication (Past)
30 gram - APPLY THINLY ONCE A DAY

11-Dec-2025 Doublebase Gel Acute Medication (Past)
500 gram - Apply 3 times daily

11-Dec-2025 Doublebase Gel Acute Medication (Past)
500 gram - Apply 3 times daily

25-Nov-2025 Diazepam Tablets 5 mg Acute Medication (Past)
12 TABLET - ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 12 PER MONTH

25-Nov-2025 Diazepam Tablets 5 mg Acute Medication (Past)
12 TABLET - ONE TO BE TAKEN WHEN REQUIRED AS DIRECTED BY PSYCHIATRY - MAX 12 PER MONTH

17-Nov-2025 Diazepam Tablets 2 mg Repeat Medication (Past)
20 tablet - ONE TO BE TAKEN THREE TIMES A DAY-IF REQD- MAX 20 TABS IN 4 WEEKS

31-Oct-2025 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

31-Oct-2025 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

31-Oct-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

31-Oct-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

13-Oct-2025 Diazepam Tablets 2 mg Repeat Medication (Past)
20 tablet - ONE TO BE TAKEN THREE TIMES A DAY-IF REQD- MAX 20 TABS IN 4 WEEKS

02-Oct-2025 Prazosin Hydrochloride Tablets 500 micrograms Acute Medication (Past)
28 TABLET - DOSE REDUCTION AS PER PSYCHIATRY - REDUCING DOSE BY 0.5MG FORTNIGHTLY TO STOP

18-Sept-2025 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 TABLET - TAKE 3 TABLETS AT NIGHT (TDD 10MG - INCREASING DOSE WITH 0.5MG TABS)

10-Sept-2025 Diazepam Tablets 2 mg Repeat Medication (Past)
20 tablet - ONE TO BE TAKEN THREE TIMES A DAY-IF REQD- MAX 20 TABS IN 4 WEEKS

10-Sept-2025 Promethazine Hydrochloride Tablets 25 mg Repeat Medication (Past)
28 tablet - 1 TAB AT NIGHT

27-Aug-2025 Dovobet Ointment Acute Medication (Past)
30 gram - APPLY THINLY ONCE A DAY

27-Aug-2025 Dovobet Ointment Acute Medication (Past)
30 gram - APPLY THINLY ONCE A DAY

27-Aug-2025 Eumovate Ointment 0.05 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED FOR 10 TO 14 DAYS

27-Aug-2025 Eumovate Ointment 0.05 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED FOR 10 TO 14 DAYS

14-Aug-2025 Doublebase Gel Acute Medication (Past)
500 gram - Apply 3 times daily

14-Aug-2025 Doublebase Gel Acute Medication (Past)
500 gram - Apply 3 times daily

13-Aug-2025 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 TABLET - TAKE 3 TABLETS AT NIGHT (TDD 10MG - INCREASING DOSE WITH 0.5MG TABS)

11-Aug-2025 Diazepam Tablets 2 mg Repeat Medication (Past)
20 tablet - ONE TO BE TAKEN THREE TIMES A DAY-IF REQD- MAX 20 TABS IN 4 WEEKS

29-July-2025 Promethazine Hydrochloride Tablets 25 mg Repeat Medication (Past)
28 tablet - 1 TAB AT NIGHT

16-July-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

16-July-2025 Diazepam Tablets 2 mg Repeat Medication (Past)
20 tablet - ONE TO BE TAKEN THREE TIMES A DAY-IF REQD- MAX 20 TABS IN 4 WEEKS

16-July-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

02-July-2025 Doublebase Gel Acute Medication (Past)
500 gram - Apply 3 times daily

01-July-2025 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 TABLET - TAKE 3 TABLETS AT NIGHT (TDD 10MG - INCREASING DOSE WITH 0.5MG TABS)

24-Jun-2025 Promethazine Hydrochloride Tablets 25 mg Repeat Medication (Past)
28 tablet - 1 TAB AT NIGHT

24-Jun-2025 Diazepam Tablets 2 mg Repeat Medication (Past)
20 tablet - ONE TO BE TAKEN THREE TIMES A DAY-IF REQD- MAX 20 TABS IN 4 WEEKS

16-Jun-2025 Doublebase Gel Acute Medication (Past)
500 gram - Apply 3 times daily

16-Jun-2025 Doublebase Gel Acute Medication (Past)
500 gram - Apply 3 times daily

30-May-2025 Promethazine Hydrochloride Tablets 25 mg Repeat Medication (Past)
28 tablet - 1 TAB AT NIGHT

30-May-2025 Diazepam Tablets 2 mg Repeat Medication (Past)
20 tablet - ONE TO BE TAKEN THREE TIMES A DAY-IF REQD- MAX 20 TABS IN 4 WEEKS

30-May-2025 Promethazine Hydrochloride Tablets 25 mg Repeat Medication (Past)
28 tablet - 1 TAB AT NIGHT

19-May-2025 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 TABLET - TAKE 3 TABLETS AT NIGHT (TDD 10MG - INCREASING DOSE WITH 0.5MG TABS)

02-May-2025 Diazepam Tablets 2 mg Repeat Medication (Past)
20 tablet - ONE TO BE TAKEN THREE TIMES A DAY-IF REQD- MAX 20 TABS IN 4 WEEKS

02-May-2025 Prazosin Hydrochloride Tablets 500 micrograms Acute Medication (Past)
60 TABLET - IN ADDITION TO REGULAR DOSE - INCREASING BY 0.5MG EVERY 5 DAYS TO A TOTAL DOSE 10MG DAILY

02-May-2025 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

29-Apr-2025 Eumovate Ointment 0.05 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED FOR 10 TO 14 DAYS

29-Apr-2025 Dovobet Ointment Acute Medication (Past)
30 gram - APPLY THINLY ONCE A DAY

29-Apr-2025 Diazepam Tablets 2 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN AS REQD-MAX 20 IN 1 MONTH

29-Apr-2025 Dovobet Ointment Acute Medication (Past)
30 gram - APPLY THINLY ONCE A DAY

29-Apr-2025 Eumovate Ointment 0.05 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED FOR 10 TO 14 DAYS

22-Apr-2025 Doublebase Gel Acute Medication (Past)
100 gram - TO BE USED WHEN REQUIRED FOR DRY SKIN

22-Apr-2025 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

22-Apr-2025 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

22-Apr-2025 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

22-Apr-2025 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

08-Apr-2025 Diazepam Tablets 2 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN AS REQD-MAX 20 IN 1 MONTH

08-Apr-2025 Diazepam Tablets 2 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN AS REQD-MAX 20 IN 1 MONTH

31-Mar-2025 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

31-Mar-2025 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

31-Mar-2025 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

31-Mar-2025 Doublebase Gel Acute Medication (Past)
100 gram - TO BE USED WHEN REQUIRED FOR DRY SKIN

21-Mar-2025 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

17-Mar-2025 Zolpidem Tartrate Tablets 5 mg Acute Medication (Past)
7 tablet - 1 TAB DAILY

17-Mar-2025 Prazosin Hydrochloride Tablets 500 micrograms Acute Medication (Past)
60 tablet - IN ADDITION TO REGULAR DOSE - INCREASING BY 0.5MG EVERY 5 DAYS TO A TOTAL DOSE 8MG DAILY

17-Mar-2025 Zolpidem Tartrate Tablets 5 mg Acute Medication (Past)
7 tablet - 1 TAB DAILY

17-Mar-2025 Prazosin Hydrochloride Tablets 500 micrograms Acute Medication (Past)
60 tablet - IN ADDITION TO REGULAR DOSE - INCREASING BY 0.5MG EVERY 5 DAYS TO A TOTAL DOSE 8MG DAILY

03-Mar-2025 Doublebase Gel Acute Medication (Past)
100 gram - TO BE USED WHEN REQUIRED FOR DRY SKIN

03-Mar-2025 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

03-Mar-2025 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

21-Feb-2025 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

03-Feb-2025 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

03-Feb-2025 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

03-Feb-2025 Doublebase Gel Acute Medication (Past)
100 gram - TO BE USED WHEN REQUIRED FOR DRY SKIN

21-Jan-2025 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

06-Jan-2025 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

31-Dec-2024 Zerobase Cream 11 % Acute Medication (Past)
500 gram - APPLY TWICE A DAY

31-Dec-2024 Doublebase Gel Acute Medication (Past)
100 gram - TO BE USED WHEN REQUIRED FOR DRY SKIN

31-Dec-2024 Zerobase Cream 11 % Acute Medication (Past)
500 gram - APPLY TWICE A DAY

31-Dec-2024 Doublebase Gel Acute Medication (Past)
100 gram - TO BE USED WHEN REQUIRED FOR DRY SKIN

31-Dec-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

06-Dec-2024 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

03-Dec-2024 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

03-Dec-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

03-Dec-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

03-Dec-2024 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

04-Nov-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

04-Nov-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

04-Nov-2024 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

02-Oct-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

02-Oct-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

02-Oct-2024 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

03-Sept-2024 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

03-Sept-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

03-Sept-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

13-Aug-2024 Zerobase Cream 11 % Acute Medication (Past)
500 gram - APPLY TWICE A DAY

13-Aug-2024 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

02-Aug-2024 Zerobase Cream 11 % Acute Medication (Past)
500 gram - APPLY TWICE A DAY

02-Aug-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

02-Aug-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

08-July-2024 Zolpidem Tartrate Tablets 5 mg Acute Medication (Past)
14 tablet - TAKE ONE TABLET AT NIGHT WHEN REQUIRED FOR 2 WEEKS

08-July-2024 Zolpidem Tartrate Tablets 5 mg Acute Medication (Past)
14 tablet - TAKE ONE TABLET AT NIGHT WHEN REQUIRED FOR 2 WEEKS

01-July-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

01-July-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

25-Jun-2024 Zerobase Cream 11 % Acute Medication (Past)
500 gram - APPLY TWICE A DAY

25-Jun-2024 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

25-Jun-2024 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

25-Jun-2024 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

25-Jun-2024 Zerobase Cream 11 % Acute Medication (Past)
500 gram - APPLY TWICE A DAY

04-Jun-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

30-May-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

30-May-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

30-May-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

24-May-2024 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

16-May-2024 Co-Codamol 30/500 Tablets Acute Medication (Past)
60 tablet - 1-2 TAB QDS-MAX 8/DAY

16-May-2024 Naproxen Tablets 250 mg Acute Medication (Past)
56 TABLET - 1-2 TAB BD WITH FOOD

16-May-2024 Co-Codamol 30/500 Tablets Acute Medication (Past)
60 tablet - 1-2 TAB QDS-MAX 8/DAY

16-May-2024 Naproxen Tablets 250 mg Acute Medication (Past)
56 TABLET - 1-2 TAB BD WITH FOOD

07-May-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

07-May-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

26-Apr-2024 Capasal Shampoo Acute Medication (Past)
250 ML - TO BE USED EACH DAY WHEN REQUIRED

18-Apr-2024 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

11-Apr-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

11-Apr-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

08-Apr-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

08-Apr-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

08-Apr-2024 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

28-Mar-2024 Capasal Shampoo Acute Medication (Past)
250 ML - TO BE USED EACH DAY WHEN REQUIRED

28-Mar-2024 Capasal Shampoo Acute Medication (Past)
250 ML - TO BE USED EACH DAY WHEN REQUIRED

11-Mar-2024 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

11-Mar-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

11-Mar-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

11-Mar-2024 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

11-Mar-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

01-Mar-2024 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

09-Feb-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

05-Feb-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

24-Jan-2024 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

23-Jan-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

23-Jan-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

09-Jan-2024 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 TABLET - ONE TO BE TAKEN TWICE A DAY

09-Jan-2024 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 TABLET - ONE TO BE TAKEN TWICE A DAY

09-Jan-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

09-Jan-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

09-Jan-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

04-Jan-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

04-Jan-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

21-Dec-2023 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

21-Dec-2023 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

14-Dec-2023 Promethazine Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - 1 or 2 Tabs At night

14-Dec-2023 Promethazine Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - 1 or 2 Tabs At night

28-Nov-2023 Zolpidem Tartrate Tablets 10 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT FOR 2 WEEKS

28-Nov-2023 Zolpidem Tartrate Tablets 10 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT FOR 2 WEEKS

23-Nov-2023 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

23-Nov-2023 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

19-Oct-2023 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

18-Oct-2023 Prazosin Hydrochloride Tablets 2 mg Repeat Medication (Past)
84 tablet - TAKE 3 TABLETS AT NIGHT

18-Oct-2023 Prazosin Hydrochloride Tablets 2 mg Acute Medication (Past)
84 TABLET - DOSE REDUCTION AS PER PSYCHIATRY - REDUCING DOSE BY 0.5MG FORTNIGHTLY TO STOP

18-Oct-2023 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

15-Sept-2023 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

15-Sept-2023 Diazepam Tablets 2 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

15-Sept-2023 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

15-Sept-2023 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

04-Sept-2023 Zolpidem Tartrate Tablets 10 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT FOR 2 WEEKS

04-Sept-2023 Zolpidem Tartrate Tablets 10 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT FOR 2 WEEKS

14-Aug-2023 Prazosin Hydrochloride Tablets 2 mg Acute Medication (Past)
84 tablet - 3 TABLETS TO BE TAKEN EVERY NIGHT

14-Aug-2023 Prazosin Hydrochloride Tablets 2 mg Acute Medication (Past)
84 tablet - 3 TABLETS TO BE TAKEN EVERY NIGHT

11-Aug-2023 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT FOR 1 WEEK ONLY

11-Aug-2023 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT FOR 1 WEEK ONLY

18-July-2023 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

29-Jun-2023 Prazosin Hydrochloride Tablets 2 mg Acute Medication (Past)
84 tablet - 3 TABLETS TO BE TAKEN EVERY NIGHT

29-Jun-2023 Prazosin Hydrochloride Tablets 2 mg Acute Medication (Past)
84 tablet - 3 TABLETS TO BE TAKEN EVERY NIGHT

29-Jun-2023 Prazosin Hydrochloride Tablets 500 micrograms Acute Medication (Past)
87 TABLET - TAKE ONE ON NIGHT ONE THEN TWO ON NIGHT TWO THEN INCREASE BY 2 TABLETS EVERY 3 DAYS UNTIL 5MG FOR 3 DAYS THEN SWITCH TO 6MG (2MG TABLETS)

29-Jun-2023 Zolpidem Tartrate Tablets 10 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN EVERY NIGHT FOR 7 DAYS

29-Jun-2023 Prazosin Hydrochloride Tablets 500 micrograms Acute Medication (Past)
87 TABLET - TAKE ONE ON NIGHT ONE THEN TWO ON NIGHT TWO THEN INCREASE BY 2 TABLETS EVERY 3 DAYS UNTIL 5MG FOR 3 DAYS THEN SWITCH TO 6MG (2MG TABLETS)

29-Jun-2023 Zolpidem Tartrate Tablets 10 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN EVERY NIGHT FOR 7 DAYS

09-Jun-2023 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

09-Jun-2023 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

09-Jun-2023 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

09-Jun-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

19-May-2023 Hydrocortisone Cream 1 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

19-May-2023 Epaderm Cream Acute Medication (Past)
50 gram - APPLY TWICE A DAY

19-May-2023 Hydrocortisone Cream 1 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

19-May-2023 Epaderm Cream Acute Medication (Past)
50 gram - APPLY TWICE A DAY

15-May-2023 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

15-May-2023 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

26-Apr-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

27-Mar-2023 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

27-Mar-2023 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

10-Mar-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

10-Mar-2023 Hydrocortisone Cream 1 % Acute Medication (Past)
30 GRAM - APPLY DAILY

14-Feb-2023 Hydrocortisone Cream 1 % Acute Medication (Past)
30 GRAM - APPLY DAILY

14-Feb-2023 Hydrocortisone Cream 1 % Acute Medication (Past)
30 GRAM - APPLY DAILY

19-Jan-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

19-Jan-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

19-Jan-2023 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

19-Jan-2023 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

07-Dec-2022 Hydrocortisone Cream 1 % Acute Medication (Past)
30 GRAM - APPLY DAILY

07-Dec-2022 Hydrocortisone Cream 1 % Acute Medication (Past)
30 GRAM - APPLY DAILY

25-Oct-2022 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

25-Oct-2022 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

21-Oct-2022 Hydrocortisone Cream 1 % Acute Medication (Past)
30 GRAM - APPLY DAILY

21-Oct-2022 Hydrocortisone Cream 1 % Acute Medication (Past)
30 GRAM - APPLY DAILY

29-July-2022 Hydrocortisone Cream 1 % Acute Medication (Past)
30 GRAM - APPLY DAILY

29-July-2022 Hydrocortisone Cream 1 % Acute Medication (Past)
30 GRAM - APPLY DAILY

27-Jun-2022 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

27-Jun-2022 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

27-Jun-2022 Diazepam Tablets 2 mg Acute Medication (Past)
10 Tablet(s) - ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY

02-Jun-2022 Hydrocortisone Cream 1 % Acute Medication (Past)
30 GRAM - APPLY DAILY

02-Jun-2022 Hydrocortisone Cream 1 % Acute Medication (Past)
30 GRAM - APPLY DAILY

13-Apr-2022 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

24-Mar-2022 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

24-Mar-2022 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

07-Jan-2022 Doublebase Gel Acute Medication (Past)
500 GRAM(S) - TO BE USED WHEN REQUIRED FOR DRY SKIN

07-Jan-2022 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

06-Jan-2022 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

16-Dec-2021 Doublebase Gel Acute Medication (Past)
500 GRAM(S) - TO BE USED WHEN REQUIRED FOR DRY SKIN

16-Dec-2021 Doublebase Gel Acute Medication (Past)
500 GRAM(S) - TO BE USED WHEN REQUIRED FOR DRY SKIN

08-Dec-2021 Venlafaxine M/R tablets 75 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

08-Dec-2021 Venlafaxine M/R tablets 75 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

11-Oct-2021 Venlafaxine M/R tablets 75 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

11-Oct-2021 Venlafaxine M/R tablets 75 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

29-Sept-2021 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

29-Sept-2021 Doublebase Gel Acute Medication (Past)
100 gram - TO BE USED WHEN REQUIRED FOR DRY SKIN

29-Sept-2021 Doublebase Gel Acute Medication (Past)
100 gram - TO BE USED WHEN REQUIRED FOR DRY SKIN

29-Sept-2021 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

11-Aug-2021 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

11-Aug-2021 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

11-Aug-2021 Doublebase Gel Acute Medication (Past)
100 gram - TO BE USED WHEN REQUIRED FOR DRY SKIN

11-Aug-2021 Doublebase Gel Acute Medication (Past)
100 gram - TO BE USED WHEN REQUIRED FOR DRY SKIN

11-Aug-2021 Venlafaxine M/R tablets 75 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

11-Aug-2021 Venlafaxine M/R tablets 75 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

29-Jun-2021 Venlafaxine M/R tablets 75 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

29-Jun-2021 Venlafaxine M/R tablets 75 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

18-Jun-2021 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

18-Jun-2021 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

09-Jun-2021 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

12-Apr-2021 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

12-Apr-2021 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

12-Apr-2021 Doublebase Gel Acute Medication (Past)
100 gram - TO BE USED WHEN REQUIRED FOR DRY SKIN

12-Apr-2021 Doublebase Gel Acute Medication (Past)
100 gram - TO BE USED WHEN REQUIRED FOR DRY SKIN

12-Apr-2021 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

10-Feb-2021 Doublebase Gel Acute Medication (Past)
100 gram - TO BE USED WHEN REQUIRED FOR DRY SKIN

10-Feb-2021 Doublebase Gel Acute Medication (Past)
100 gram - TO BE USED WHEN REQUIRED FOR DRY SKIN

10-Feb-2021 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

10-Feb-2021 Hydrocortisone Cream 1 % Acute Medication (Past)
15 gram - APPLY DAILY

09-Feb-2021 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

15-Dec-2020 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

01-Oct-2020 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

01-Oct-2020 Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml Acute Medication (Past)
30 ML - APPLY TWICE A DAY

01-Oct-2020 Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml Acute Medication (Past)
30 ML - APPLY TWICE A DAY

28-July-2020 Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml Acute Medication (Past)
30 ML - APPLY TWICE A DAY

28-July-2020 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

28-July-2020 Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml Acute Medication (Past)
30 ML - APPLY TWICE A DAY

01-Jun-2020 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

01-Jun-2020 Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml Acute Medication (Past)
30 ML - APPLY TWICE A DAY

01-Jun-2020 Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml Acute Medication (Past)
30 ML - APPLY TWICE A DAY

19-May-2020 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

23-Mar-2020 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

04-Feb-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT IN ADDITION TO 30MG - TOTAL 45MG

04-Feb-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT IN ADDITION TO 30MG - TOTAL 45MG

21-Jan-2020 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

16-Dec-2019 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

09-Oct-2019 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

09-Oct-2019 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

03-Sept-2019 Lacosamide Tablets 50 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

03-Sept-2019 Lacosamide Tablets 50 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

30-Aug-2019 Duac Once Daily Gel 5 %+ 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

30-Aug-2019 Duac Once Daily Gel 5 %+ 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

26-Aug-2019 Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml Repeat Medication (Past)
30 ML - APPLY TWICE A DAY

01-Aug-2019 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

01-Aug-2019 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

01-Aug-2019 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

30-July-2019 Lacosamide Tablets 50 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

30-July-2019 Lacosamide Tablets 50 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

03-July-2019 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

03-July-2019 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

03-Jun-2019 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

03-Jun-2019 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

11-Apr-2019 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

11-Apr-2019 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

29-Mar-2019 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

29-Mar-2019 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

11-Feb-2019 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

11-Feb-2019 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

19-Dec-2018 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

19-Dec-2018 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

23-Oct-2018 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

23-Oct-2018 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

27-Sept-2018 Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml Acute Medication (Past)
30 ML - APPLY TWICE A DAY

27-Sept-2018 Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml Acute Medication (Past)
30 ML - APPLY TWICE A DAY

11-Sept-2018 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

11-Sept-2018 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

11-Sept-2018 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

11-Sept-2018 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

25-July-2018 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - TO BE APPLIED AS DIRECTED

25-July-2018 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

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56 TABLET - ONE TO BE TAKEN AT NIGHT

25-July-2018 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
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25-July-2018 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - TO BE APPLIED AS DIRECTED

19-Jun-2018 Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml Acute Medication (Past)
30 ML - APPLY TWICE A DAY

19-Jun-2018 Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml Acute Medication (Past)
30 ML - APPLY TWICE A DAY

06-Jun-2018 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

06-Jun-2018 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

06-Jun-2018 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

06-Jun-2018 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

27-Apr-2018 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - TO BE APPLIED AS DIRECTED

27-Apr-2018 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

27-Apr-2018 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - TO BE APPLIED AS DIRECTED

27-Apr-2018 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

06-Apr-2018 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

06-Apr-2018 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

24-Jan-2018 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

24-Jan-2018 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

24-Jan-2018 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

05-Jan-2018 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

05-Jan-2018 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

07-Dec-2017 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

07-Dec-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - TO BE APPLIED AS DIRECTED

07-Dec-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - TO BE APPLIED AS DIRECTED

07-Dec-2017 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

07-Dec-2017 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

06-Dec-2017 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

06-Dec-2017 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

03-Nov-2017 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

03-Nov-2017 Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml Acute Medication (Past)
30 ML - APPLY TWICE A DAY

03-Nov-2017 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

03-Nov-2017 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

03-Nov-2017 Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml Acute Medication (Past)
30 ML - APPLY TWICE A DAY

02-Oct-2017 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

02-Oct-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - TO BE APPLIED AS DIRECTED

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120 ML - TO BE APPLIED AS DIRECTED

02-Oct-2017 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

04-Aug-2017 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

04-Aug-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - TO BE APPLIED AS DIRECTED

04-Aug-2017 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

04-Aug-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - TO BE APPLIED AS DIRECTED

12-Jun-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - TO BE APPLIED AS DIRECTED

12-Jun-2017 Levetiracetam Tablets 250 mg Acute Medication (Past)
100 tablet - 1 TAB IN EVENING FOR 5 DAYS THEN 1 TAB BD FOR 5 DAYS THEN 2 TABS IN MORNING AND 1 TAB IN EVENING FOR 5 DAYS THEN 2 TAB BD

12-Jun-2017 Levetiracetam Tablets 250 mg Acute Medication (Past)
100 tablet - 1 TAB IN EVENING FOR 5 DAYS THEN 1 TAB BD FOR 5 DAYS THEN 2 TABS IN MORNING AND 1 TAB IN EVENING FOR 5 DAYS THEN 2 TAB BD

12-Jun-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - TO BE APPLIED AS DIRECTED

12-Jun-2017 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

12-Jun-2017 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

Allergies

This section is empty.

Vaccinations

10-Nov-1993 Mrs Margaret Francis (MGTF_13453)
Booster tetanus + polio vacc.

Referrals

04-Nov-2025 Dr Mohammed Murtaza (MURT)
8Hlq.: Referral to community musculoskeletal service (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

29-Jun-2021 Dr D Simpson (SIMPSON_13453)
8Hc0.: Referral to community mental health team (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

19-Jun-2017 Dr Jayne Courtney (COURTNEY_13453)
8H46.: Neurological referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

Test Requests

This section is empty.

Test Results

16-July-2024 Mr Anonymous User (ANON)			
Result:	Thyroid function test		
	TSH	2.98 mU/L	(Range: 0.27 - 4.2)
	Free T4	13.9 pmol/L	(Range: 10 - 22)
31-Oct-2023 Mr Anonymous User (ANON)			
Result:	Prolactin level		
	Prolactin	149 mU/L	(No range available)
23-Oct-2023 Mr Anonymous User (ANON)			
Result:	(Non Coded Event - GLYCATED HB)		
	Haemoglobin A1c (IFCC)	36 mmol/mol	(Range: 20 - 41)
	Haemoglobin A1c	5.5 %	(Range: 4 - 5.9)
23-Oct-2023 Mr Anonymous User (ANON)			
Result:	Serum testosterone		
	Testosterone	12.8 nmol/L	(Range: 8.6 - 29)
23-Oct-2023 Mr Anonymous User (ANON)			
Result:	Prolactin level		
	Prolactin	**566 mU/L**	**(No range available)**
23-Oct-2023 Mr Anonymous User (ANON)			
Result:	Liver function test		
	Globulin	29 g/L	(Range: 21 - 35)
	Albumin	46 g/L	(Range: 35 - 50)
	Total Protein	75 g/L	(Range: 60 - 80)
	ALT	12 U/L	(Range: 5 - 55)
	AST	17 U/L	(Range: 10 - 45)
	ALP	63 U/L	(Range: 30 - 130)
	Bilirubin	5 µmol/L	(No range available)
23-Oct-2023 Mr Anonymous User (ANON)			
Result:	Urea and electrolytes		
	eGFR result/1.73m2 >60		(No range available)
	Chloride	102 mmol/L	(Range: 95 - 108)
	Potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
	Sodium	139 mmol/L	(Range: 133 - 146)
	Creatinine	87 µmol/L	(Range: 50 - 120)
	Urea	6.9 mmol/L	(Range: 2.5 - 7.8)
23-Oct-2023 Mr Anonymous User (ANON)			
Result:	Blood glucose level		
	Glucose	5 mmol/L	(Range: 3.3 - 6)
23-Oct-2023 Mr Anonymous User (ANON)			
Result:	Full blood count - FBC		
	Basophils	0.1 10*9/L	(No range available)
	Eosinophils	0.2 10*9/L	(Range: 0.1 - 0.7)
	Monocytes	0.5 10*9/L	(Range: 0.2 - 0.9)
	Lymphocytes	1.8 10*9/L	(Range: 1.1 - 5)
	Neutrophils	3.7 10*9/L	(Range: 1.5 - 6.5)
	Platelets	276 10*9/L	(Range: 150 - 400)
	MCHC	328 g/L	(Range: 316 - 349)
	MCH	29.4 pg	(Range: 27.3 - 32.6)
	MCV	90 fL	(Range: 82 - 98)
	Haematocrit	0.47 %	(Range: 0.39 - 0.5)
	RBC	5.23 10*12/L	(Range: 4.32 - 5.66)
	White Cell Count	6.3 10*9/L	(Range: 3.7 - 9.5)
	Haemoglobin	154 g/L	(Range: 133 - 176)
11-Jan-2021 Mr Anonymous User (ANON)			
Result:	Chlamydia ***** polymerase chain reaction		
	N. gonorrhoeae		(No range available)
	Chlamydia *****		(No range available)
11-Jan-2021 Mr Anonymous User (ANON)			
Result:	Urine culture - E. Coli		
	Culture No growth		(No range available)

Other Items

04-July-2044	Recall	Influenza vaccination
25-Mar-2027	Recall	Follow-up epilepsy assessment
02-Feb-2026	Read Code	DNA surgery appointment - 1st letter
13-Jan-2026	Read Code	Epilepsy monitoring call second letter

09-Dec-2025	Read Code	Epilepsy monitoring call first letter
04-Aug-2025	Read Code	Appointment declined CVD DES
08-Nov-2024	Read Code	Epilepsy monitoring call first letter
23-Aug-2023	Read Code	Patient Advised not to Drive
23-Aug-2023	Read Code	Epilepsy monitoring
14-Aug-2023	Read Code	Epilepsy medication review
14-Aug-2023	Read Code	1 to 12 seizures a year
21-July-2023	Read Code	[X]Post - traumatic stress disorder complex
28-Mar-2022	Read Code	Epilepsy medication review
28-Mar-2022	Read Code	1 to 12 seizures a year
28-Mar-2022	Read Code	Epilepsy monitoring
12-Jan-2022	Read Code	Epilepsy medication review
12-Jan-2022	Read Code	1 to 12 seizures a year
10-Jan-2022	Read Code	Epilepsy monitoring
11-Jun-2021	Read Code	Epilepsy medication review
11-Jun-2021	Read Code	Epilepsy monitoring
11-Jun-2021	Read Code	1 to 12 seizures a year
17-Apr-2020	Read Code	Epilepsy monitoring
17-Apr-2020	Read Code	1 to 12 seizures a year
17-Apr-2020	Read Code	Epilepsy medication review
01-Apr-2020	Read Code	Last fit
10-Feb-2020	Read Code	Epilepsy monitoring
10-Feb-2020	Read Code	1 to 7 seizures a week
10-Feb-2020	Read Code	Anxiety states
03-Feb-2020	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:00 on Tue 04 of Feb at Dr Sardar & *****. Please text CANCEL to 07800000199 if you can...
05-Dec-2019	Read Code	SMS text sent to patient Please contact Dr Sardar & ***** on 01563 522118 regarding your recent prescription request. Thank you.
27-Sept-2019	Read Code	SMS text sent to patient Please contact Dr Sardar & ***** on 01563 522118 regarding your recent prescription request. Thank you.
30-July-2019	Read Code	SMS text sent to patient Please contact Dr Sardar & ***** on 01563 522118 regarding a recent hospital letter. Thank you.
19-July-2019	Read Code	EEG normal (ambulatory)
08-Apr-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:30 on Tue 09 of Apr at Dr ***** & *****. Please text CANCEL to 07800000199 if you can...

28-Mar-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:20 on Fri 29 of Mar at Dr ***** & *****. Please text CANCEL to 07800000199 if you can...
04-Mar-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 16:10 on Tue 05 of Mar at Dr ***** & *****. Please text CANCEL to 07800000199 if you can...
22-Feb-2019	Read Code	Fail encntr-SMS delivry failur
18-Feb-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:00 on Tue 19 of Feb at Dr ***** & *****. Please text CANCEL to 07800000199 if you can...
11-Feb-2019	Read Code	SMS text sent to patient Please contact Dr ***** & ***** on 01563 522118 regarding your recent prescription request. Thank you.
11-Jan-2019	Read Code	EEG normal
12-Nov-2018	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:30 on Tue 13 of Nov at Dr ***** & *****. Please text CANCEL to 07800000199 if you can...
29-Oct-2018	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:20 on Tue 30 of Oct at Dr ***** & *****. Please text CANCEL to 07800000199 if you can...
19-Oct-2018	Read Code	SMS text sent to patient Please call Dr ***** & ***** on 01563 522118 with regards to a recent hospital letter we have received. Thank you.
12-Oct-2018	Read Code	Epilepsy monitoring
12-Oct-2018	Read Code	Last fit
12-Oct-2018	Read Code	1 to 7 seizures a week
07-Aug-2018	Recall	Medication review
23-Mar-2018	Read Code	EEG normal
26-Jan-2018	Read Code	Health ed. - alcohol
26-Jan-2018	Read Code	Heavy drinker - 7-9u/day
26-Jan-2018	Read Code	Epilepsy monitoring
23-Jan-2018	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:40 on Wed 24 of Jan at Dr ***** & *****. Please text CANCEL to 07800000199 if you can...
16-Jan-2018	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 08:40 on Wed 17 of Jan at Dr ***** & *****. Please text CANCEL to 07800000199 if you can...
06-Dec-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 08:50 on Thu 07 of Dec at Dr ***** & *****. Please text CANCEL to 07800000199 if you can...
02-Nov-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:30 on Fri 03 of Nov at Dr ***** & *****. Please text CANCEL to 07800000199 if you can...
09-Jun-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:30 on Mon 12 of Jun at Dr ***** & *****. Please text CANCEL to 07800000199 if you can...
05-Apr-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:20 on Thu 06 of Apr at Dr ***** & *****. Please text CANCEL to 07800000199 if you can...

14-Mar-2017	Read Code	Computer summary updated
14-Mar-2017	Read Code	Poor attender to appointments
25-Jan-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 16:20 on Thu 26 of Jan at Dr ***** & *****. Please text CANCEL to 07800000199 if you can...
20-Jan-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 13:50 on Mon 23 of Jan at Dr ***** & *****. Please text CANCEL to 07800000199 if you can...
20-Jan-2017	Read Code	Total notes on computer
13-Jan-2017	Read Code	Scottish - ethnic category 2001 census
13-Jan-2017	Read Code	No significant family history
13-Jan-2017	Read Code	White Scottish
13-Jan-2017	Read Code	Smoking cessation advice declined
13-Jan-2017	Read Code	Current smoker
13-Jan-2017	Read Code	Patient's ***** ***** Anderson (*****) 07756941874
06-Jan-2017	Read Code	Alcohol dependence syndrome
20-Feb-2016	Read Code	Grand mal (major) epilepsy
20-Feb-2016	Read Code	Smoking cessation advice
20-Feb-2016	Read Code	Current smoker
20-Feb-2016	Read Code	Health ed. - alcohol
20-Feb-2016	Read Code	Heavy drinker - 7-9u/day
20-Feb-2016	Read Code	Patient Advised not to Drive
19-Dec-2015	Read Code	Aggressive behaviour while under the influence of alcohol at A&E
16-Nov-2015	Read Code	[D]Seizure NOS DNA follow-up appointments or EEG
10-Feb-2015	Read Code	CT scan brain - normal
21-Jan-2003	Read Code	Alcohol detoxification home
23-Jun-2000	Read Code	Dyspepsia
06-Aug-1999	Read Code	Neurotic depression reactive type
01-Jun-1999	Read Code	Alcohol problem drinking
14-Sept-1995	Read Code	[D]Irritability and anger
08-Jun-1993	Read Code	[V]Behavioural problems
21-Oct-1992	Read Code	Poor sleep pattern seen by child psychologist

Attachments

Scanned Document
23-Jun-2026 LT
Additional: Scanned Document

Filename: Microsoft Word - 01091637.pdf
Extension:.tif

Pages:

KHI/RW

11 Apr. 16

Ms Lorraine Biggar
Housing Occupational Therapist
Civic Centre North
John Dickie St
Kilmarnock
KA1 1HW

Dear Ms Biggar

KYLE ANDERSON, 36C BAIRD PL, KILMARNOCK DOB 5.7.79

In response to your letter to Dr Mulligan who is on annual leave I reply on his behalf.

A recent letter to Dr Mulligan from Dr Gabor Kiss, a locum neurologist at Crosshouse Hospital suggested that indeed Mr Anderson has seizure activity of the order of between one or two per week and one per month. Dr Kiss formed an opinion that Kyle was suffering from grand mal seizures although had been unable to get an eye witness account to this. Kyle has been booked for an EEG or brainwave test.

No mention is made in that assessment at Crosshouse Hospital with regard to Parkinson's disease and I am unable to confirm that.

I am unable from our records to ascertain what the alleged incident was with the GP – Mr Anderson had two home visits in autumn 2015.

I have no information suggesting that a ground floor accommodation as such is recommended.

Yours sincerely

Dr K H Irvine

Scanned Document
23-Jun-2026 LT
Additional: Scanned Document

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Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101038132602Q

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0507793552

REFERRAL TO

Spinal R5A1
AA Back Pain

Musculoskeletal Triage and Treatment
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	04-Nov-2025
Date submitted	04-Nov-2025

PATIENT DETAILS

Surname	Anderson
Forename(s)	Kyle
Title	-
Sex	Male
Date of birth	05-Jul-1979
CHI no.	0507793552

Patient's address

43 Langlands Court
KILMARNOCK
KA1 2BF

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr S Sardar		
GMC code	3341458	GP code	24139
Practice name	Holmhead Medical Practice (13453)		
Practice code	80397		

Practice address

The Surgery
31 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522118
Facsimile: 01563 573562

REFERRING PRACTITIONER DETAILS

Name	Dr. Mohammed Murtaza		
GMC code	7608196	GP code	22462
Practice name	Holmhead Medical Practice (80397)		
Practice code	80397		

Practice address

31 Portland Road
Kilmarnock
KA1 2DJ

Contact number(s)

Voice: 01563522118

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Dictated but not checked by ANP Scoular 04/11 LT

Comment: Name: Kyle Anderson
CHI: 0507793552
Contact No: 07391613221
To: MSK

Dear Doctor

I would appreciate your review of this 46 year old gentleman with worsening back pain. He has a long standing history of intermittent back pain. A few years ago he sustained an injury after falling downstairs during which he hurt his back and fractures several ribs. He reports that at that time he was bedbound for several days. He also has a history of seizures which he feels have further impacted his back. He describes his back as seizing up at times with pain across his lumbar spine. He denies any radiation of pain into his legs. He denies any bladder or bowel dysfunction or saddle anaesthesia. He is currently taking naproxen and co codamol for pain relief.

On examination there were no visible abnormalities. He had generalised tenderness over the lumbar spine and paraspinal muscles. He had reduced range of movement in all directions due to pain.

Given the ongoing and worsening nature of his back pain we would appreciate your expert assessment and input on further management.

Yours sincerely
ANP Scoular

Examinations and Investigations

Height:	162	-
Weight(kg):	83	-
BMI:	31.63	-
Ex smoker:		16-Dec-2024 00:00
Current smoker:		26-Jan-2017 00:00
Current smoker:		13-Jan-2017 00:00
Current smoker:		20-Feb-2016 00:00
Alcohol consumption, 0 units/week:		16-Dec-2024 00:00
Heavy drinker - 7-9u/day:		26-Jan-2018 00:00
Alcohol consumption, 35 units/week:		26-Jan-2017 00:00
Alcohol units per week, 35 U/week:		26-Jan-2017 00:00
Alcohol units consumed on heaviest drinking day, 10 /day:		26-Jan-2017 00:00
Heavy drinker - 7-9u/day:		20-Feb-2016 00:00
Takes inadequate exercise:		16-Dec-2024 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
Erectile dysfunction	-	-	-	09-Oct-2023	09-Oct-2023
[X]Post - traumatic stress disorder	-	-	complex	21-Jul-2023	21-Jul-2023
Anxiety states	-	-	-	10-Feb-2020	10-Feb-2020
Alcohol dependence	-	-	-	06-Jan-	06-Jan-2017

syndrome				2017	
Grand mal (major) epilepsy	-	-	-	20-Feb-2016	20-Feb-2016
Aggressive behaviour	-	-	while under the influence of alcohol at A&E	19-Dec-2015	19-Dec-2015
[D]Seizure NOS	-	-	DNA follow-up appointments or EEG	16-Nov-2015	16-Nov-2015
Dyspepsia	-	-	-	23-Jun-2000	23-Jun-2000
Neurotic depression reactive type	-	-	-	06-Aug-1999	06-Aug-1999
Alcohol problem drinking	-	-	-	01-Jun-1999	01-Jun-1999
[D]Irritability and anger	-	-	-	14-Sep-1995	14-Sep-1995
[V]Behavioural problems	-	-	-	08-Jun-1993	08-Jun-1993
Poor sleep pattern	-	-	seen by child psychologist	21-Oct-1992	21-Oct-1992

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
EEG normal	-	-	(ambulatory)	19-Jul-2019	19-Jul-2019
EEG normal	-	-	-	11-Jan-2019	11-Jan-2019
EEG normal	-	-	-	23-Mar-2018	23-Mar-2018
CT scan brain - normal	-	-	-	10-Feb-2015	10-Feb-2015
Alcohol detoxification	-	-	home	21-Jan-2003	21-Jan-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
Diazepam Tablets 2 mg	0401020K0AAAHAH	20 tablet	ONE TO BE TAKEN THREE TIMES A DAY- IF REQD- MAX 20 TABS IN 4 WEEKS	-	02-May-2025	-	13-Oct-2025
Liquid Paraffin And Isopropyl Myristate Gel 15 % + 15 %	-	500 gram	Apply 3 times daily	-	21-Jan-2025	-	27-Oct-2025
Zerobase Cream 11 %	-	100 GRAM	APPLY TWICE A DAY	-	06-Dec-2024	-	27-Oct-2025
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	56 capsule	ONE TO BE TAKEN EACH DAY	-	02-Aug-2024	-	27-Oct-2025
Sildenafil Citrate Tablets 100 mg	0704050Z0AAACAC	8 tablet	TAKE AS DIRECTED	-	09-Oct-2023	-	27-Oct-2025
Venlafaxine M/R tablets 75 mg	-	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Feb-2022	-	06-Oct-2025
Lacosamide Tablets 100 mg	-	112 tablet	ONE TO BE TAKEN TWICE A DAY	-	26-Sep-2019	-	06-Oct-2025
Peptac Liquid (peppermint)	-	1000 ML	10-20MLS AFTER MEALS AND AT BEDTIME	-	26-Sep-2019	-	18-Sep-2025
Ketoconazole	1309000I0AAAAAA	120 ML	TO BE APPLIED	-	27-Sep-	-	14-Oct-

Shampoo 2 %			AS DIRECTED		2018	2025
Levetiracetam Tablets 250 mg	-	224 TABLET	3 TABS BD	-	07-Aug-2017	-	18-Sep-2025

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Co-Codamol 30/500 Tablets	0407010F0AAAHAH	100 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	31-Oct-2025	12 Days	31-Oct-2025
Naproxen Tablets 500 mg	1001010P0AAAEAE	56 TABLET	ONE TO BE TAKEN TWICE A DAY	-	31-Oct-2025	28 Days	31-Oct-2025
Prazosin Hydrochloride Tablets 500 micrograms	0205040S0AAABAB	28 TABLET	DOSE REDUCTION AS PER PSYCHIATRY - REDUCING DOSE BY 0.5MG FORTNIGHTLY TO STOP	-	02-Oct-2025	42 Days	02-Oct-2025
Dovobet Ointment	-	30 gram	APPLY THINLY ONCE A DAY	-	27-Aug-2025	42 Days	27-Aug-2025
Eumovate Ointment 0.05 %	1304000H0BBABBA	30 GRAM	APPLY THINLY ONCE A DAY AS DIRECTED FOR 10 TO 14 DAYS	-	27-Aug-2025	42 Days	27-Aug-2025
Doublebase Gel	-	500 gram	Apply 3 times daily	-	14-Aug-2025	42 Days	14-Aug-2025
Zopiclone Tablets 7.5 mg	0401010Z0AAAAAA	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	13-Aug-2025	117 Days	27-Oct-2025
Promethazine Hydrochloride Tablets 25 mg	0304010W0AAALAL	28 tablet	1 TAB AT NIGHT	-	30-May-2025	-	10-Sep-2025
Prazosin Hydrochloride Tablets 2 mg	0205040S0AAADAD	84 TABLET	DOSE REDUCTION AS PER PSYCHIATRY - REDUCING DOSE BY 0.5MG FORTNIGHTLY TO STOP	-	18-Oct-2023	757 Days	18-Sep-2025

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101023730393S

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0507793552

REFERRAL TO

Community Mental Health Services - East G1AF
AA Adult Mental Health

Community Mental Health Services - Adult
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	29-Jun-2021
Date submitted	29-Jun-2021

PATIENT DETAILS

Surname	Anderson
Forename(s)	Kyle
Title	-
Sex	Male
Date of birth	05-Jul-1979
CHI no.	0507793552

Patient's address

6 Dunoon Avenue
KILMARNOCK
KA3 1SY

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr S Sardar		
GMC code	3341458	GP code	24139
Practice name	Portland Road (13453)		
Practice code	80397		

Practice address

The Surgery
31 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522118
Facsimile: 01563 573562

REFERRING PRACTITIONER DETAILS

Name	Dr. Dawn Simpson		
GMC code	4613167	GP code	23175
Practice name	Dr Sardar and Partners (80397)		
Practice code	80397		

Practice address

The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Contact number(s)

Voice: 01563522118

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: APPROVED 29/6/21 DS/KC

Comment: Kyle Anderson – CMHT

Dear Team

I would be grateful for your review of this 41 year old gentleman. He is suffering from low mood and anxiety. He states that he has not left his house in a year and has not seen his friends or family in this time. He does live with his 24 year old son.

For the last 4 years he has been taking Mirtazapine but he does not feel this has made any difference so I have reduced this and started him on Venlafaxine.

He has a history of alcohol misuse but he has not been taking any alcohol for years.

I am grateful for your help.

Yours sincerely
Dr D Simpson

Examinations and Investigations

If referral is urgent, has this been discussed with duty clinician:	No	-
1. Are there current active thoughts of self harm, is there a plan?:	Unknown	-
Is there a History of suicidal or self harm injurious behaviours?:	Unknown	-
Any history or current threat of violence or aggression, considerations to staff safety?:	Unknown	-
Any social circumstances or previous psychiatric history impacting on current presentation?:	Unknown	-
Considerations of vulnerability /Child Protection Issues/ First presentation Psychosis/ Peri-Natal:	Unknown	-
Height:	162	-
Weight(kg):	83	-
BMI:	31.63	-
Current smoker:		26-Jan-2017 00:00
Current smoker:		13-Jan-2017 00:00
Alcohol consumption, 35 units/week:		26-Jan-2017 00:00
Alcohol units per week, 35 U/week:		26-Jan-2017 00:00
Alcohol units consumed on heaviest drinking day, 10 /day:		26-Jan-2017 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
Anxiety states	-	-	-	10-Feb-2020	10-Feb-2020
Alcohol dependence syndrome	-	-	-	06-Jan-2017	06-Jan-2017
Aggressive behaviour	-	-	while under the influence of alcohol at A&E	19-Dec-2015	19-Dec-2015
[D]Seizure NOS	-	-	DNA follow-up appointments or EEG	16-Nov-2015	16-Nov-2015

Dyspepsia	-	-	-	23-Jun-2000	23-Jun-2000
Neurotic depression reactive type	-	-	-	06-Aug-1999	06-Aug-1999
Alcohol problem drinking	-	-	-	01-Jun-1999	01-Jun-1999
[D]Irritability and anger	-	-	-	14-Sep-1995	14-Sep-1995
[V]Behavioural problems	-	-	-	08-Jun-1993	08-Jun-1993
Poor sleep pattern	-	-	seen by child psychologist	21-Oct-1992	21-Oct-1992

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
EEG normal	-	-	(ambulatory)	19-Jul-2019	19-Jul-2019
EEG normal	-	-	-	11-Jan-2019	11-Jan-2019
EEG normal	-	-	-	23-Mar-2018	23-Mar-2018
CT scan brain - normal	-	-	-	10-Feb-2015	10-Feb-2015
Alcohol detoxification	-	-	home	21-Jan-2003	21-Jan-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
Peptac Liquid (peppermint)	-	1000 ML	10-20MLS AFTER MEALS AND AT BEDTIME	-	26-Sep-2019	-	29-Jun-2021
Lacosamide Tablets 100 mg	-	112 tablet	ONE TO BE TAKEN TWICE A DAY	-	26-Sep-2019	-	08-Jun-2021
Chlorhexidine Gluconate Mouth wash 0.2 %	1203040E0AAABAB	300 ML	10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY	-	23-Oct-2018	-	24-Jun-2021
Ketoconazole Shampoo 2 %	1309000I0AAAAAA	120 ML	TO BE APPLIED AS DIRECTED	-	27-Sep-2018	-	01-Oct-2020
Levetiracetam Tablets 250 mg	-	224 TABLET	3 TABS BD	-	07-Aug-2017	-	08-Jun-2021

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Venlafaxine M/R tablets 75 mg	-	28 TABLET	ONE TO BE TAKEN EACH DAY	-	29-Jun-2021	28 Days	29-Jun-2021
Hydrocortisone Cream 1 %	1304000V0AAADAD	15 gram	APPLY DAILY	-	18-Jun-2021	42 Days	18-Jun-2021
Doublebase Gel	-	100 gram	TO BE USED WHEN REQUIRED FOR DRY SKIN	-	12-Apr-2021	42 Days	12-Apr-2021
Hydrocortisone Cream 1 %	1304000V0AAADAD	15 gram	APPLY DAILY	-	12-Apr-2021	42 Days	12-Apr-2021
Mirtazapine Tablets 30 mg	0403010AAAAAAAA	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	09-Oct-2019	-	09-Jun-2021

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

Social circumstances

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010138826089

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0507793552

REFERRAL TO

NeurologyAH
AA Gen Ref - PMH Med & High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	19-Jun-2017
Date submitted	19-Jun-2017

PATIENT DETAILS

Surname	Anderson
Forename(s)	Kyle
Title	-
Sex	Male
Date of birth	05-Jul-1979
CHI no.	0507793552

Patient's address

29 Creighton Court
KILMARNOCK
KA3 2ED

Contact number(s)

Voice: 624339

REGISTERED GP DETAILS

Name	Dr S Sardar		
GMC code	3341458	GP code	24139
Practice name	Portland Road (13453)		
Practice code	80397		

Practice address

The Surgery
31 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522118
Facsimile: 01563 573562

REFERRING PRACTITIONER DETAILS

Name	Dr. Jayne Courtney		
GMC code	2547992	GP code	24988
Practice name	Dr Pugh and Partners (80397)		
Practice code	80397		

Practice address

The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Contact number(s)

Voice: 01563522118

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Approved by Dr Courtney 190617

Comment: Kyle Anderson -- Neurology -- Dr Kiss

Dear Dr Kiss

This 37 year old man attended your clinic in February 2016 because of seizures which had started over the previous year. He was started on Keppra and referred for EEG however he failed to attend this appointment and then did not attended for follow up. He took Keppra for a very short time only. He was drinking heavily at this time. He has now been in prison and has stopped drinking. I have restarted his Keppra gradually increasingly the dose as suggested in your letter. He continues to have frequent possibly grand mal seizures.

Thank you for seeing him again.

Yours sincerely
Dr J Courtney

Examinations and Investigations

Height:	162	-	
Weight(kg):	83	-	
BMI:	31.63	-	
Current smoker:			26-Jan-2017 00:00
Current smoker:			13-Jan-2017 00:00
Alcohol consumption, 35 units/week:			26-Jan-2017 00:00
Alcohol units per week, 35 U/week:			26-Jan-2017 00:00
Alcohol units consumed on heaviest drinking day, 10 /day:			26-Jan-2017 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
Alcohol dependence syndrome	-	-	-	06-Jan-2017	06-Jan-2017
Aggressive behaviour	-	-	while under the influence of alcohol at A&E	19-Dec-2015	19-Dec-2015
[D]Seizure NOS	-	-	DNA follow-up appointments or EEG	16-Nov-2015	16-Nov-2015
Dyspepsia	-	-	-	23-Jun-2000	23-Jun-2000
Neurotic depression reactive type	-	-	-	06-Aug-1999	06-Aug-1999
Alcohol problem drinking	-	-	-	01-Jun-1999	01-Jun-1999
[D]Irritability and anger	-	-	-	14-Sep-1995	14-Sep-1995
[V]Behavioural problems	-	-	-	08-Jun-1993	08-Jun-1993
Poor sleep pattern	-	-	seen by child psychologist	21-Oct-1992	21-Oct-1992

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
CT scan brain - normal	-	-	-	10-Feb-2015	10-Feb-2015
Alcohol detoxification	-	-	home	21-Jan-2003	21-Jan-2003

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Levetiracetam Tablets 250 mg	-	100 tablet	1 TAB IN EVENING FOR 5 DAYS THEN 1 TAB BD FOR 5 DAYS THEN 2 TABS IN MORNING AND 1 TAB IN EVENING FOR 5 DAYS THEN 2 TAB BD	-	12-Jun-2017	42 Days	12-Jun-2017
Chlorhexidine Gluconate Mouth wash 0.2 %	1203040E0AAABAB	300 ML	10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY	-	12-Jun-2017	42 Days	12-Jun-2017
Ketoconazole Shampoo 2 %	1309000I0AAAAAA	120 ML	TO BE APPLIED AS DIRECTED	-	12-Jun-2017	42 Days	12-Jun-2017

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101007867334C

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0507793552

REFERRAL TO

UrologyCB
AA Gen Ref - PMH Med & High

University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX

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	10-Sep-2014
Date submitted	11-Sep-2014

PATIENT DETAILS

Surname	Anderson
Forename(s)	Kyle
Title	-
Sex	Male
Date of birth	05-Jul-1979
CHI no.	0507793552

Patient's address

22 Todhill Avenue
KILMARNOCK
KA3 2EG

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr L McIntyre		
GMC code	2548735	GP code	22616
Practice name	Portland Medical Practice (16673)		
Practice code	80908		

Practice address

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

REFERRING PRACTITIONER DETAILS

Name	Dr. Lesley McIntyre		
GMC code	2548735	GP code	22616
Practice name	Portland Medical Practice (80908)		
Practice code	80908		

Practice address

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: AS NOTED BELOW - ED

Comment: Dear Colleague

I would be grateful if you could see this young man who has recently been discharged from prison.

Whilst in he received news that his wife had left him and since that time he's been experiencing erectile dysfunction. He's generally very agitated and stressed and feels this is significantly adding to his woes.

He is refusing to have blood tests taken as he says he is needle phobic.

I would be grateful for your input.

Yours sincerely

Dr L McIntyre

Examinations and Investigations

Current smoker:	Current Smoker	09-Oct-2012 00:00
Cigarette smoker, 10 Cigarettes/day:		24-Feb-2011 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2	05-Dec-2008 00:00
Current smoker:	: priority=2	20-Feb-2007 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2	16-Jun-2004 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
Alcohol problem drinking	-	-	alcihol dependance	14-Jan-2014	14-Jan-2014
Dyspepsia	-	-	:	23-Jun-2000	23-Jun-2000
Neurotic depression reactive type	-	-	:	06-Aug-1999	06-Aug-1999
Aggressive outburst	-	-	violent	14-Sep-1995	14-Sep-1995
Overactive child syndrome	-	-	poor sleeper	13-Sep-1988	13-Sep-1988

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Alcohol detoxification	-	-	REFERRED BUT FTA	22-Oct-2002	22-Oct-2002

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Trimethoprim Tablets 200 mg	0501080W0AAAEAE	6 TABLET	ONE TO BE TAKEN TWICE A DAY	-	08-Sep-2014	3 Days	08-Sep-2014
Diazepam Tablets 5 mg	0401020K0AAAIAI	21 tablet	1 TID	-	08-Sep-2014	42 Days	08-Sep-2014

Clinical warnings Smoking status Alcohol consumption

Lifestyle risks Number per day | Units per day

Exercise status: Not Known

? (not known) | ? (not known)

Additional relevant information
Administrative information
Referred By:Registered GP

Social circumstances
Employment: Data processing operator

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

Scanned Document
23-Jun-2026 LT
Additional: Scanned Document

Filename: file_P_PCTI_DOCMAN7_DATA_S1_Document_DMEDOC01_00027800_0109_4.pdf
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101008719154L

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0507793552

REFERRAL TO

Addictions - East Ayrshire PCATG1A8
AA Mental Health Service

Addiction Service
NHS Ayrshire & Arran

Ethnic Origin	-
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**
Date of referral	16-Feb-2015
Date submitted	16-Feb-2015

PATIENT DETAILS

Surname	Anderson
Forename(s)	Kyle
Title	-
Sex	Male
Date of birth	05-Jul-1979
CHI no.	0507793552

Patient's address

36c Baird Place
KILMARNOCK
KA3 7RL

Contact number(s)

Voice: 01563 403574

REGISTERED GP DETAILS

Name	Anne Faure		
GMC code	77G001W	GP code	AALDZ
Practice name	Portland Medical Practice (16673)		
Practice code	80908		

Practice address

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

REFERRING PRACTITIONER DETAILS

Name	Anne Faure		
GMC code	77G001W	GP code	AAIDZ
Practice name	Portland Medical Practice (80908)		
Practice code	80908		

Practice address

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: AS NOTED BELOW - Urgent

Comment: Dear Team

I would be grateful for your help with Mr Anderson.

He is currently drinking in excess of 10 units of alcohol per day. He has had problems with excess alcohol intake over the last 6/12. This started after he was released from prison. He states he was drinking 35 bottles of beer per day.

He has recently cut this to his current level and he is asking for help with Detox, possibly at home.

Today he attended the practice with the impression this was starting today. He was anxious and slightly agitated as this was not the case.

In view of this, I would value your urgent assessment and help with his alcohol management.

Yours sincerely

Anne Faure
Advanced Nurse Practitioner

Examinations and Investigations

Current smoker:		20-Jan-2015 00:00
Current smoker:	Current Smoker	09-Oct-2012 00:00
Cigarette smoker, 10 Cigarettes/day:		24-Feb-2011 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2	05-Dec-2008 00:00
Current smoker:	: priority=2	20-Feb-2007 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2	16-Jun-2004 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
Alcohol problem drinking	-	-	alcihol dependance	14-Jan-2014	14-Jan-2014
Dyspepsia	-	-	:	23-Jun-2000	23-Jun-2000
Neurotic depression reactive type	-	-	:	06-Aug-1999	06-Aug-1999
Aggressive outburst	-	-	violent	14-Sep-1995	14-Sep-1995
Overactive child syndrome	-	-	poor sleeper	13-Sep-1988	13-Sep-1988

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Alcohol detoxification	-	-	REFERRED BUT FTA	22-Oct-2002	22-Oct-2002

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Fluconazole And Clotrimazole Capsule And Cream 150 mg + 2 %	-	1 pack	TO BE USED AS DIRECTED	-	26-Nov-2014	42 Days	26-Nov-2014

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

Social circumstances

Employment: Data processing operator

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010102969972

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0507793552

REFERRAL TO

Addictions - East Ayrshire CATG1A9
AA Mental Health Service

Addiction Service
NHS Ayrshire & Arran

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	10-Nov-2015
Date submitted	10-Nov-2015

PATIENT DETAILS

Surname	Anderson
Forename(s)	Kyle
Title	-
Sex	Male
Date of birth	05-Jul-1979
CHI no.	0507793552

Patient's address

36c Baird Place
Kilmarnock
KILMARNOCK
KA3 7RL

Contact number(s)

Voice: 542015

REGISTERED GP DETAILS

Name	Dr Glenn Mulligan		
GMC code	4328768	GP code	24392
Practice name	Old Irvine Road Surgery (16992)		
Practice code	80414		

Practice address

4/6
Old Irvine Road
Kilmarnock

Contact number(s)

Voice: 01563 522413
Facsimile: 01563 573559

REFERRING PRACTITIONER DETAILS

Name	Dr. Glenn Mulligan		
GMC code	4328768	GP code	24392
Practice name	The Surgery (80414)		
Practice code	80414		

Practice address

Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Contact number(s)

Voice: 01563522413

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: alcohol misuse - known to addiction

Comment: I wonder could your team make contact with Kyle again mainly due to his persistent heavy alcohol use intermittently. Of note he has also been having seizures for quite a number of months which may be related to his alcohol use although also may be related to a previous head injury earlier in the year. He is also using Diazepam intermittently from the street although has managed to reduce this thankfully.

There are huge levels of stress and anxiety here due to very difficult domestic circumstances which has involved him and unfortunately his son and Kyle has for many years struggled to control some of his anxiety and agitation.

Anyhow I would be grateful if your team could engage with him to see whether we can at least help him with his alcohol use. Of note I have also referred him to the seizure clinic.

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
Alcohol problem drinking	-	-	-	14-Jan-2014	14-Jan-2014
Dyspepsia	-	-	-	23-Jun-2000	23-Jun-2000
Neurotic depression reactive type	-	-	-	06-Aug-1999	06-Aug-1999
Aggressive outburst	-	-	-	14-Sep-1995	14-Sep-1995
Overactive child syndrome	-	-	-	13-Sep-1988	13-Sep-1988

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Alcohol detoxification	-	-	-	22-Oct-2002	22-Oct-2002

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Chlordiazepoxide Hydrochloride Tablets 10 mg	-	40 tablet	2 TABLETS FOUR TIMES DAILY THEN AS PER CHART	-	27-Oct-2015	42 Days	27-Oct-2015
Thiamine Hydrochloride Tablets 100 mg	0906026M0AAAGAG	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	27-Oct-2015	42 Days	27-Oct-2015

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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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101010294382R

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0507793552

REFERRAL TO

NeurologyAH
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	10-Nov-2015
Date submitted	10-Nov-2015

PATIENT DETAILS

Surname	Anderson
Forename(s)	Kyle
Title	-
Sex	Male
Date of birth	05-Jul-1979
CHI no.	0507793552

Patient's address

36c Baird Place
Kilmarnock
KILMARNOCK
KA3 7RL

Contact number(s)

Voice: 542015

REGISTERED GP DETAILS

Name	Dr Glenn Mulligan		
GMC code	4328768	GP code	24392
Practice name	Old Irvine Road Surgery (16992)		
Practice code	80414		

Practice address

4/6
Old Irvine Road
Kilmarnock

Contact number(s)

Voice: 01563 522413
Facsimile: 01563 573559

REFERRING PRACTITIONER DETAILS

Name	Dr. Glenn Mulligan		
GMC code	4328768	GP code	24392
Practice name	The Surgery (80414)		
Practice code	80414		

Practice address

Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Contact number(s)

Voice: 01563522413

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: recurrent seizures

Comment: I would be grateful if you could assess this 36 year old who has been having seizures for about a year. It is very hard to say any pattern and even the date of onset is not clear. He attributes them to a significant head injury he sustained during an assault about 8 or 9 months ago. I think there is undoubtedly also an influence from an intermittent heavy alcohol use coupled with intermittent use of street valium.

Kyle has had a lot of stress in his life over the last year or two due to very difficult domestic circumstances and these are factors that seem to lie behind his use of alcohol and benzodiazepines.

Under normal circumstances I may have persisted with seeing if we could help him to get off the alcohol and benzodiazepines and see if any of the seizures resolve but he is extremely anxious about the seizures which I can understand and in fairness to him he is very keen to attend your clinic and I would be grateful if you could see him.

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
Alcohol problem drinking	-	-	-	14-Jan-2014	14-Jan-2014
Dyspepsia	-	-	-	23-Jun-2000	23-Jun-2000
Neurotic depression reactive type	-	-	-	06-Aug-1999	06-Aug-1999
Aggressive outburst	-	-	-	14-Sep-1995	14-Sep-1995
Overactive child syndrome	-	-	-	13-Sep-1988	13-Sep-1988

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
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Thiamine Hydrochloride Tablets 100 mg	0906026M0AAAGAG	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	27-Oct-2015	42 Days	27-Oct-2015

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**

Registration Details - Patient No: 16194

Personal details...		Address details...	
Sex	M	House Name Flat No	
Surname	Anderson	No and Street	29 Creighton Court
Previous Surname		Village	
Forenames	Kyle McClymont	Town	Kilmarnock
Calling Name	Kyle	County	
Date of birth	05/07/1979	Post Code	KA3 2ED
Title	Mr		
Birth Surname			
Marital Status			
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Home Tel No	624339 07391 613 221
Registered GP	Dr Glenn Mulligan	Work Tel No	
Usual GP	Dr Glenn Mulligan	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery		Next of Kin	Mary (mum) 07756 941874
CHI Number	0507793552	Key Access Pass Code	
NHS Number	666/79/505		

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

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	11/03/2015		
Paper Records			

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	Yes		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
14/01/2014	Alcohol problem drinking	Mrs Coubrough	E23-2
22/10/2002	Alcohol detoxification	Mrs Coubrough	8BA8
23/06/2000	Dyspepsia	Mrs Coubrough	J16y4
06/08/1999	Neurotic depression reactive type	Mrs Coubrough	E204
14/09/1995	Aggressive outburst	Mrs Coubrough	E2C00

Past Problems		Authorised By	Code
16/11/2015	**[D]Seizure NOS**	Dr Irvine	R003z-1
13/09/1988	**Overactive child syndrome**	Mrs Coubrough	E2E-1

Health Admin Problems		Authorised By	Code

Investigations		Authorised By	Code
23/08/2016	**(Non Coded Event - FULL BLOOD COUNT)** (Source: LAB) .		
23/08/2016	**Liver function test** (Source: LAB) .		44D6.
23/08/2016	**Urea and electrolytes** (Source: LAB) .		44JB.
23/08/2016	**Thyroid function test** (Source: LAB) .		442J.

Values			
Date	**Last Entry**	**Normal Range Indicator**	**Normal Range**
23/08/2016	**Haemoglobin estimation 157 g/L**	....|....	133-176
23/08/2016	**Total white cell count 8.4 10*9/L**	.....|..	3.7-9.5
23/08/2016	**Red blood cell (RBC) count 5.1 10*12/L**	....|....	4.32-5.66
23/08/2016	**Haematocrit 0.46 %**	....|....	0.39-0.5
23/08/2016	**Mean corpuscular volume (MCV) 91 fl**	....|....	82-98
23/08/2016	**Mean corpusc. haemoglobin(MCH) 30.8 pg**	....|...	27.3-32.6
23/08/2016	**Mean corpusc. Hb. conc. (MCHC) 339 g/L**	....|...	316-349
23/08/2016	**Platelet count 324 10*9/L**	....|...	150-400
23/08/2016	**Neutrophil count 4.8 10*9/L**	....|...	1.5-6.5
23/08/2016	**Lymphocyte count 2.5 10*9/L**	...|.....	1.1-5
23/08/2016	**Monocyte count 0.8 10*9/L**	.....|.	0.2-0.9
23/08/2016	**Eosinophil count 0.3 10*9/L**	..|.....	0.1-0.7
23/08/2016	**Basophil count 0.1 10*9/L**	.....|	0-0.1
23/08/2016	**Plasma total bilirubin level 7 µmol/L**	.|.....	3-21
23/08/2016	**Plasma alkaline phosphatase level 76 U/L**	..|.....	46-157
23/08/2016	**AST serum level 31 U/L**	....|....	10-45
23/08/2016	**Serum alanine aminotransferase level 39 U/L**	....|...	5-55
23/08/2016	**Plasma total protein 73 g/L**	....|....	60-80
23/08/2016	**Serum albumin 44 g/L**	....|....	35-50
23/08/2016	**Serum globulin 29 g/L**	....|....	21-35
23/08/2016	**Plasma urea level 4 mmol/L**	..|.....	2.5-7.8
23/08/2016	**Serum creatinine 82 µmol/L**	....|....	50-120
23/08/2016	**Plasma sodium level 141 mmol/L**	....|....	133-146
23/08/2016	**Plasma potassium level 3.7 mmol/L**	.|.....	3.5-5.3
23/08/2016	**Plasma chloride level 97 mmol/L**	.|.....	95-108
23/08/2016	**GFR calculated abbreviated MDRD >60**		
23/08/2016	**Plasma free T4 level 13.9 pmol/L**	..|.....	9-24
23/08/2016	**Plasma TSH level 6.91 mU/L**	..... |	0.3-6

Attachments			Authorised By	Code
09/01/2017	**Letter encounter** Admin removal lett to hb	D7_00791855.XXX	Ms Docman	EMISATTACHMENT
09/01/2017	**Letter encounter** Admin removal lett to him	D7_00791854.XXX	Ms Docman	EMISATTACHMENT
09/01/2017	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Alcohol problem drinking; Duration: 06/01/2017 - 27/01/2017)	FitNote_ce810060-dd88-4315-9fba-4462beaa000f.pdf	Dr Curran	9D15
14/12/2016	**Letter encounter** Admin Letter to Patient	D7_00787711.XXX	Ms Docman	EMISATTACHMENT
11/04/2016	**Letter encounter** Admin lett to OT housing	D7_00725468.XXX	Ms Docman	EMISATTACHMENT
05/04/2016	**Letter encounter** Admin lett to springburn DRT	D7_00724725.XXX	Ms Docman	EMISATTACHMENT

Due Diary Entries		Authorised By	Code
04/07/2044	**Influenza vaccination**	Dr Mulligan	65E..
18/08/2017	**Medication review**	Dr Mulligan	8B314

Overdue Diary Entries	Authorised By	Code
None		

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Family History		Authorised By	Code
	None		

Referrals		Authorised By	Code
10/11/2015	**8H...: Referral for further care (SCI Gateway Referral)**	Dr Mulligan	8H
10/11/2015	**8H...: Referral for further care (SCI Gateway Referral)**	Dr Mulligan	8H

Immunisations		Authorised By	Code
	None		

Health Status

Other Observations		Authorised By	Code
19/01/2017	**Total notes on computer**	Miss McGuffie	9346
09/01/2017	**Alcohol problem drinking (REVIEW)**	Dr Curran	E23-2
06/01/2017	**Patient given advice** re behaviour language for removal from p'list	Dr Curran	8CA
06/01/2017	**Alcohol problem drinking (REVIEW)**	Dr Curran	E23-2
26/08/2016	**Failed encounter - message left on answer machine**	Dr Mulligan	9N4F
26/08/2016	**Failed encounter**	Dr Mulligan	9N4
28/10/2015	**Alcohol problem drinking (REVIEW)**	Dr Mulligan	E23-2
27/10/2015	**Alcohol detoxification (REVIEW)**	Dr McGregor	8BA8
21/05/2015	**Notes summary on computer**	Mrs Coubrough	9344
31/03/2015	**Failed encounter - message left on answer machine**	Dr Mulligan	9N4F

Consultations

09/01/2017	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Admin removal lett to hb
-	----
09/01/2017	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Admin removal lett to him
-	----
09/01/2017	Dr David Curran at Data Entry
Problem (REVIEW)	**Alcohol problem drinking**
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Alcohol problem drinking; Duration: 06/01/2017 - 27/01/2017)
-	----
06/01/2017	Dr David Curran at Old Irvine Road Surgery
Problem (REVIEW)	**Alcohol problem drinking**
History	intoxicated bottle whiskey and beer today
Comment	Patient given advice re behaviour language for removal from p'list
-	----
06/01/2017	Dr Claire Davey at Telephone Consultation
Problem	Requested a house call for sore legs, telephoned. Offered a cancellation this afternoon. Explained that a housecall is not appropriate for this problem in a person of his age. Quite disgruntled that he would have to wait a few hours to be seen, called me 'Irish as fuck and mental'. Told his language was unacceptable. Said he would attend this afternoon to be seen. Details of consultation and language used will be passed to PM for discussion.
-	----
14/12/2016	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Admin Letter to Patient
-	----
12/12/2016	Dr Glenn Mulligan at Telephone Consultation
History	No answer>letter.
New Referral	Routine, ,
-	----
31/10/2016	Dr Glenn Mulligan at Old Irvine Road Surgery
History	Task for keppra>>appt.
-	----
26/08/2016	Dr Glenn Mulligan at Old Irvine Road Surgery
History	Failed encounter - message left on answer machine
-	----

26/08/2016	Dr Glenn Mulligan at Telephone Consultation
History	Failed encounter
25/08/2016	Dr Glenn Mulligan at Old Irvine Road Surgery
History	Note TFTs. Has tel slot re AED.
23/08/2016	Mrs Carrie Fyfe at North West Kilmarnock Area Centre
Comment	bloods taken as requested by Dr Mulligan, (terrified of needles)
18/08/2016	Dr Glenn Mulligan at Old Irvine Road Surgery
History	scaly scalp. ROH use controlled now; no valium. Considering gettign dogs again. Keen to try AED - thinks still occ seizures; chat/advice>get bloods and then commence.
Medication	Ketoconazole Shampoo 2 % *120 ML TO BE APPLIED AS DIRECTED*
Test Request	FBC, U and E, LFTs, TFTs
03/08/2016	Dr Kenneth Irvine at Data Entry
Medication	Permethrin Dermal cream 5 % *90 gram APPLY AOVER WHOLE BODY AND WASH OFF AFTER 8-12HOURS. REPEAT AFTER 7 DAYS*
Comment	contact of scabies ----son
11/04/2016	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Admin lett to OT housing
05/04/2016	Ms Docman *do Not Delete Please* Docman at Docman
Additional	Letter encounter Admin lett to springburn DRT
25/02/2016	Dr Glenn Mulligan at Old Irvine Road Surgery
History	note neuro letter re Rx > see to discuss.
16/11/2015	Dr Kenneth Irvine at Home visit
Problem (FIRST)	**[D]Seizure NOS**
History	x4-5 in last 24 hours was referred by OOH ALSO C/O BILAT ELBOW pain following stabbing jan also mouth pain - awaits dentist
Examination	t 37.2 abdo soft says hasn't pu'd much mouth - furredc tongue no major gingivitis no neck nodes
Social	partner unable to verify seizures - she was aasleep this am
Comment	ref medics again
12/11/2015	Dr Glenn Mulligan at Telephone Consultation
History	info passed re referral to Addictions.
03/11/2015	Dr Glenn Mulligan at Old Irvine Road Surgery
History	Long chat again--stressed/poss court soon re divorce; interm valium (but less) and roh. son stressed--hassle from mates re mum.
Comment	refer seizure clinic at his insistance and also roh= team. rv here 2w if poss.
New Referral	Routine. ,
28/10/2015	Dr Glenn Mulligan at Home visit
Problem (REVIEW)	**Alcohol problem drinking**
History	Now living with out pt Kerry Liddell. Drinking large amt ROH on/off and, in past 2-3w, using daily valium - exact amts unclear but significant. Ongoing stress and upset re family breakdown and facxt that ex is now with a teenager. Possible short seizure last night. Did not want librium--says threw out.
Examination	bit agitated; no acute withdrawals.
Comment	He wants valium script-explained not good idea for a number of reasons. Needs to reduce and stop valium--gfriend agrees. Not to stop ROH at same time. Family to remain with him and safety re poss seizures discussed. If more seizures may need admitted acutely.

	Get RV appt next week.
27/10/2015	Dr Esther McGregor at Telephone Consultation
Problem (REVIEW)	**Alcohol detoxification**
History	. Late phonecall.Spoke to Kyle on the phone. he seemed rational. usually drinks 15 cans daily but has cut down to 3 daily plus took some street valium and has been seeing things. says is like his detox before. Suggested he go to hospital but he declined. Agreed to give him detox meds again for tonight then will r/v him tomorrow. His Mum will go get the tabs
Medication	Chlordiazepoxide Hydrochloride Tablets 10 mg *40 tablet 2 TABLETS FOUR TIMES DAILY THEN AS PER CHART* Thiamine Hydrochloride Tablets 100 mg *84 TABLET ONE TO BE TAKEN THREE TIMES A DAY*
02/04/2015	Dr Glenn Mulligan at Telephone Consultation
History	Doing detox himself as had ROH in system when addn staff attended; going fine-reducing doses appropriately. also tinea pedis + scaly scalp (longterm).
Medication	Terbinafine Hydrochloride Cream 1 % *30 gram APPLY THINLY ONCE OR TWICE A DAY AS DIRECTED* Ketoconazole Shampoo 2 % *120 ML TO BE APPLIED AS DIRECTED*
31/03/2015	Mrs Carrie Fyfe at North West Kilmarnock Area Centre
Comment	DNA N/P appt
31/03/2015	Dr Glenn Mulligan at Telephone Consultation
History	Failed encounter - message left on answer machine
26/03/2015	Dr Glenn Mulligan at Old Irvine Road Surgery
History	Chat. NP. ROH probs--worse 6m since wife left him for someone else. Lives with son who is at college (sports). No othert pmhx. Trains dogs. Situation at home tricky as wife now with son's best pal. Prev detoxs have helped; has counsellor lined up also. Seeing J MacPhail Mon.
Medication	Chlordiazepoxide Hydrochloride Tablets 10 mg *40 tablet TO BE TAKEN AS DIRECTED* Thiamine Hydrochloride Tablets 100 mg *84 TABLET ONE TO BE TAKEN THREE TIMES A DAY*
25/03/2015	Dr Glenn Mulligan at Telephone Consultation
History	Message-may be doing roh detox next 1-2 days; spoke with him; see tomorrow as may need meds as per addictions.

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
18/08/2016	**Ketoconazole Shampoo 2 %** TO BE APPLIED AS DIRECTED 120 ML	28/10/2016P	Dr Glenn Mulligan	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
26/08/2016	**Levetiracetam Tablets 250 mg** 1 TAB DAILY FOR 5 DAYS. THEN 1 TAB TWICE DAILY FOR 5 DAYS. THEN 1 TAB MORNING AND 2 TABS AT NIGHT FOR 5 DAYS AND THEN 2 TAB MORNING AND NIGHT. 30 tablet	26/08/2016P	Dr Glenn Mulligan	ACUTE
03/08/2016	**Permethrin Dermal cream 5 %** APPLY AOVER WHOLE BODY AND WASH OFF AFTER 8-12HOURS. REPEAT AFTER 7 DAYS 90 gram	03/08/2016P	Dr Kenneth Irvine	ACUTE
27/10/2015	**Chlordiazepoxide Hydrochloride Tablets 10 mg** 2 TABLETS FOUR TIMES DAILY THEN AS PER CHART 40 tablet	27/10/2015P	Dr Esther McGregor	ACUTE
27/10/2015	**Thiamine Hydrochloride Tablets 100 mg** ONE TO BE TAKEN THREE TIMES A DAY 84 TABLET	27/10/2015P	Dr Esther McGregor	ACUTE

02/04/2015	**Terbinafine Hydrochloride Cream 1 %** APPLY THINLY ONCE OR TWICE A DAY AS DIRECTED 30 gram	02/04/2015P	Dr Glenn Mulligan	ACUTE
02/04/2015	**Ketoconazole Shampoo 2 %** TO BE APPLIED AS DIRECTED 120 ML	02/04/2015P	Dr Glenn Mulligan	ACUTE
26/03/2015	**Chlordiazepoxide Hydrochloride Tablets 10 mg** TO BE TAKEN AS DIRECTED 40 tablet	26/03/2015P	Dr Glenn Mulligan	ACUTE
26/03/2015	**Thiamine Hydrochloride Tablets 100 mg** ONE TO BE TAKEN THREE TIMES A DAY 84 TABLET	26/03/2015P	Dr Glenn Mulligan	ACUTE

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Anderson
Forenames (Block Letters): Kyle
Address: 25 [illegible] ~~71 [illegible]~~ Kilmarnock.
Date of Birth: 5.7.79.

Date	*	
22/2/89		[illegible] 2 days urticaria. nil to see to-day.
		? new [illegible] Rx [illegible] [illegible]
29/5/89		[illegible] Not sleeping well (- does sleep 3-4 hrs) V. active
		all day. DHW HV
25/1/89		Syr Pen V. 125/5ml 5ml qid 4 days supply
8/2/90		Not sleeping. HV to call. Phenergan elixir 100ml
		10ml nocte.
22.4.90		Blotchy rash Tavegil 5ml nocte
		V. tense nervous boy
8/8/90		Pen V Syr 125mg/5ml 100ml 5ml qid
30/10/90		Pipsan Sachet As directed
7/1/91		Mildly decreased [illegible] lives c Mum. Watches
		TV at night. Takes a nap at Teatime
		Tofranil syrup x 200ml 10ml nocte
		Schoolwork not suffering 1/12
		Drinks coffee only - to take decaff.
14/1/91		Phone call from mother Apparently will not go
		to school - starts fights in playground.
		Rarely goes out. Work "too hard" →
		educational psychologist first. If no joy
		→ child psychiatrist. Parents separated.
		Father recently stopped calling :. "no one
		wants him".
17/1/91		Tofranil Syr 200ml 5ml nocte
14/2/91		Ovelepan Elixir 100ml, 20ml.
11/5/91		Pen V Syrup 125mg/5mls 100mls 5ml Q.i.d.
22/8/91		Tab Tulpen 15 T tid
"		Syr Nuelin 200ml 5mls tid
5/2/92		Galcodeine Linctus 100ml 5ml tid

*This column has been provided for doctors to enter A, V or C at their discretion

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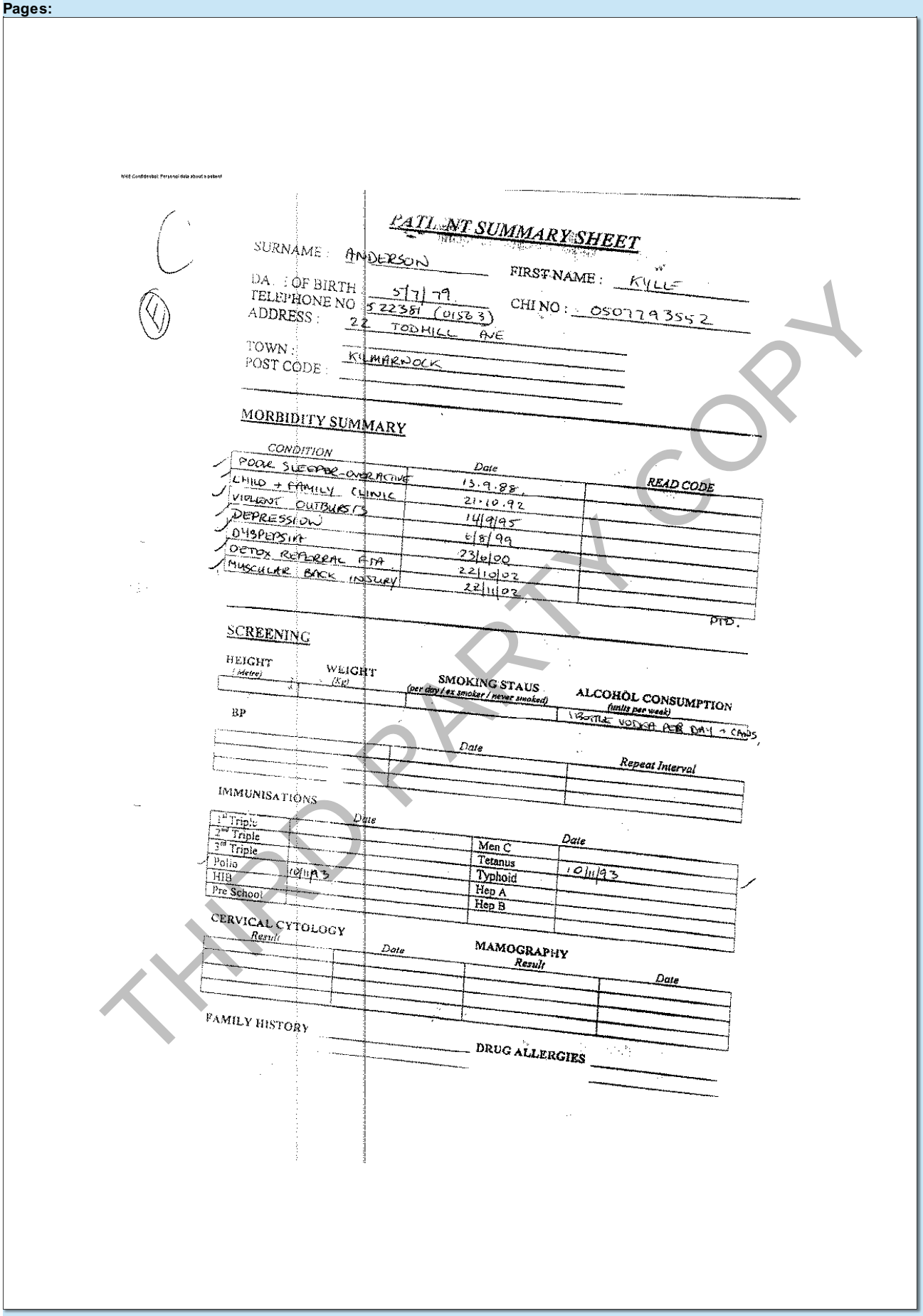

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PATIENT SUMMARY SHEET

SURNAME : ANDERSON FIRST NAME : KYLLE

DATE OF BIRTH : 5/7/79 CHI NO : 0507793552

TELEPHONE NO 522381 (01563)

ADDRESS : 22 TODHILL AVE

TOWN : KILMARNOCK

POST CODE :

MORBIDITY SUMMARY

CONDITION	Date	READ CODE
POOR SLEEPER - OVERACTIVE	13.9.88	
CHILD + FAMILY CLINIC	21.10.92	
VIOLENT OUTBURSTS	14/9/95	
DEPRESSION	6/8/99	
DYSPEPSIA	23/6/00	
DETOX REFERRAL A+A	22/10/02	
MUSCULAR BACK INJURY	22/11/02	

PTD.

SCREENING

HEIGHT (Metre)	WEIGHT (Kg)	SMOKING STAUS (per day / ex smoker / never smoked)	ALCOHOL CONSUMPTION (units per week)
			1 BOTTLE VODKA PER DAY + CANS,

BP

	Date	Repeat Interval

IMMUNISATIONS

	Date		Date
1st Triple		Men C	
2nd Triple		Tetanus	
3rd Triple		Typhoid	10/11/93
Polio	10/11/93	Hep A	
HIB		Hep B	
Pre School			

CERVICAL CYTOLOGY

Result	Date

MAMOGRAPHY

Result	Date

FAMILY HISTORY

DRUG ALLERGIES

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/ DETOX PROGRAME FOR ALCOHOL 21/5/03
√ DEPRESSION 12/10/04

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National Health Service Number

IMMUNISATIONS AND SCREENING INVESTIGATIONS

Surname (Block Letters): Anderson

Forenames (Block Letters): Kyle

Address: 71 Campbeltown Dr. Kilm.

Date of Birth: 5.7.99

IMMUNISATIONS (Insert date where appropriate)

	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella	TAB	Smallpox
1			10/11/93	10/11/93				
2								
3								
Boost								
Boost								
Boost								

Tuberculin Test					BCG.		
Result				Date			
Date							

Other Inoculations

Type						
Date						
Type						
Date						
Type						
Date						

SCREENING INVESTIGATIONS

Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure	Urine			Miscellaneous		
		Date	Date	Albumen	Sugar	Date	Weight	Other (Specify)

SCREENING INVESTIGATIONS CONTINUED OVERLEAF

FORM GP111H Dd 8037861 5006f 11/87 MdC

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Date	*	
24.2.92		C. Amoxil x 15 ī tid.
		T. Calpsend x 20 ī tid (Dr TO)
23.3.92		Awake all night, sleeps all day
		Urinalysis NAD CVS – NAD
31.8.92		FTR (Fm)
9/9/92		Something must be done – up all
		nights, not attending school. Letter from
		School – misbehaving etc. In special school unit
11/9/92		Letter to Dr Chapman Rainbow House. (Dr Fm)
7/12/92.		Syr Dimotane plus 100mls 5ml/[illegible]
		Cap Amoxil 250mg x 15 [illegible]
14/4/93		Bactrim Paed Susp. 100mls 10ml b.d (Dr Fm)
29/10/93		Dimotane Plus 150ml 10ml tid.
16/11/93		Tab Pondocillin x 10 ī bd.
		Dimotane Plus x 150ml 10ml tid
22/8/94		Cap. Cephradine 500mg x 28 ī QID (Dr Fm)
24/1/95	V.	[illegible] settling advice.
		[illegible] today.
3/4/95		T Pen V 250mg x 20 ī QID
13.9.95		Aggressive ī friends & family O/Ga.
		[illegible] ī [illegible]. Smokes 10/day –
		not on drugs. Year history – getting worse
		[illegible]. Fights ++. [illegible] mother going
		to throw him out. Ex [illegible] ī rage
/9/95		Letter to Psychiatry, XH. (Dr TO)
21/9/95		[illegible]
14-11-95		T Pondocillin x 10 ī bd
		Syr Dimotane Plus 200ml
		10ml tid Dr TO
2.1.96		FTR x 4 Psychiatry

*This column has been provided for doctors to enter A, V or C at their discretion

8128665 750M 9/88 27219

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PLEASE DETACH AND **RETURN BOTH COPIES** TO HEAD TEACHER

CONSENT FORM

Name of Child	Date of Birth	School	Year of Last Protection
KYLE ANDERSON	5·7·79	KILMARNOCK ACADEMY	Tetanus DON'T KNOW. (Dip. / Tetanus or Tetanus booster following injury) 19..... Polio 19.....

PLEASE INDICATE BY TICKING THE APPROPRIATE BOX

(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 intend to have my child immunised by my own GP. ☐

Signature of Parent / Guardian A Anderson

Address 25 TODHILL AVE
ONTHANK

* *Name and Address of Family G.P.* DR. McINTYRE
PORTLAND ROAD K/K

Date 8·11·93

For Office Use Only

Date 10/11/93 School Medical Officer S M Smith

Tetanus - Batch No. J0463

Poliomyelitis - Batch No. SCF 3752A1.

Kyle Anderson

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
21/1/82	.	Amoxil Syr. 6	Resp Inf.
19/3/82		Dioralyte Two sachets as dir.	
27/3/82		Ceporex Syr 125 mg 100 ml qid	
1/10/82		Syr. Ceporex 125mg/5ml 100ml qid	
14/11/83		Tab Solpin (X) ag. 6	Resp.
1/1/83		Erythroped Syr 250mg/5ml 100ml	
3.3.83		Dowicil 125	URI
21/6/83		Chloromycetin Eye drops 1 bottle 1 drop eye qid	
27/6/83	.	Nappy ... Canestan ...	
8.11.80		Erythroped Syr 250mgm/ml 100ml	
6.1.84		Keflex	
28/2/84		Linctifed Paed 100ml tid. Syr Talpen 125mgm/5ml 100ml tid (STD)	
12/5/84		Benylin Paed. 100ml tid. Syr Talpen 125/5ml 100ml tid. Afrazine Paed Nasal drops 10ml. [illegible] ii drops in each nostril b.d. Dr To	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MALE

NHS No 666/79/505

SURNAME	CHRISTIAN NAMES	
ANDERSON	KYLE ~~[illegible]~~ M[illegible]	
ADDRESS 71 Campbelltown Dr.		Date of Birth 5 7 79

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
5/11/79		Ivax 100ml 5ml qid	
22/2/80		Mist Kaolin pro Inf 100ml x 5ml Vial qid	
11/3/80		Phenergan 100ml 5ml nocte	
14/5/80		Tablets.	
3/6/80		Mist Kaolin Ro Inf 100ml 5ml qid	
14/7/80		" " "	"
19/9/80		" " "	"
25/2/81		Ivax 100ml 5ml qid	
18/3/81		Calpol mitte 100ml sig Vial tid	
26/3/81		Ivax 100ml vial Qid	
17/4/81		Any Ledoped (12 [illegible])	
17/9/81		Timodine 30g Apply qid	
28/9/81		"	
19/10/81		Erythroped Syr 125mg/5ml 100ml qid	
20/11/81		Nystan Oral Susp 1 bottle 1 dose tid	
22/12/81		Benylin Paed 125ml vial qid	
11/1/82		Erythroped Syr. 125mg/5ml 100ml qid	
		Dr Dewar (Aug '79)	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

53-2126 9/78 612915 F. & S. Ltd.

FORM G.P. 7 (Scotland)

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Hospital use Only | Clinic | Day Date | Time | Hospital No. | GP112

REQUEST FOR OUT-PATIENT CONSULTATION

Hospital Rainbow House Date 11.9.92

Urgent Appointment Required YES/NO

Please arrange for this patient to attend the Child Psychiatry clinic of Dr/Mr Dr Chapman

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname ANDERSON
First Names KYLE
Address 25 Todhill Avenue
KILMARNOCK
Postal Code Telephone Number
Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital
Year of Attendance Hospital No
If the patient's name and/or address has/have changed since then please give details:

Maiden Surname
Single/Married/Widowed/Other
Date of Birth 5.7.79
Patient's Occupation

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

DR FRANK McGUIRE
34 PORTLAND ROAD
KILMARNOCK

80382

Please use rubber stamp

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

This child was brought by his mother who states that he does not sleep at nights for years and was 'hyperactive'. He has recently not been attending school because he has not slept at night his mother says. He has had behaviour problems also at school.

The first record of not sleeping etc appears around Jan 1988 in the notes and mentioned again Feb 1990 and Jan 1991; phenergan and later Toframil have been prescribed for short periods. There is a note last year of referral to an educational psychologist. His mother says this did not take place, but he has been placed in a "special unit" at Grange Academy.

I do not know this family well, but again from the records it appears there was a marriage breakdown last year and the father stopped visiting at that time.

There appears to have been a crisis at school and the mother thinks "something must be done".

I would greatly value your assessment.

Yours sincerely

FRANK McGUIRE MB ChB.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray 10 day rule (women of childbearing age). Date of first day of L.M.P.

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

Signature

Dd 8037834 6M 1/88 22314 (17289)

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

NBS/MKS/5486

October 21, 1992

Dr. F. McGuire,
The Surgery,
34 Portland Road,
KILMARNOCK

Dear Dr. McGuire,

KYLE ANDERSON, 25 TODHILL AVENUE, KILMARNOCK - D.O.B. 5.7.79

I saw this 13 year old boy on 21.10.92 at Burnside Clinic, Irvine along with his mother at Dr. Chapman's request. I aplogise for the delay in seeing Kyle but the referral seems to have gone from Rainbow House to Crosshouse Hospital before finally arriving at our Department.

As you say in your referral letter his mother's main complaint is about Kyle's sleep pattern. This has been a problem of 5 year's duration. He will stay awake until 4 o'clock in the morning resulting in him being reluctant to go to school in the morning due to tiredness. However at weekends he will sleep until 2 in the afternoon wakening refreshed. Because of this he has missed 60% of his schooling and they are talking about referring him to a Children's Panel.

As you say in your letter Kyle's parents have been separated for approximately 4 years. In fact his father drove Kyle and his mother to the clinic but did not come in. The father has a new relationship and has a year old son. Kyle sees his father fairly regularly and is quite happy with the situation. However his mother told me that Kyle has in the past objected to her forming any relationships with other men.

Also in the house are Kyle's sisters Marsha aged 18 and Cheryl aged 8. He seems to have the usual sibling rivalries with them but the relationships appear reasonable.

He has a good appetite. He keeps very good health and has no complaints of aches pains or pains. He has his own bedroom and in the early hours of the morning he will watch television and read books getting up to make himself something to eat and also sometimes have a bath. He eventually will drop off at about 4 a.m. if left. He is in second year at Grange Academy and the mother feels he struggles a bit with the work. The school complain about his attendance. She thinks sometimes he is cheeky but he seems to keep out of trouble there. Outside the school he attends a youth club and enjoys watching television, swimming and skating. He has no problem in making and keeping friends. He is not reported as having any fears.

In the clinic Kyle was very co-operative. He appeared relaxed and not to have any anxiety. He confirmed his mother's history about his sleep pattern.

I went over Kyle's routine with him and his mother and they both have agreed to have supper at 10 p.m. and nothing after, television to be switched off at 11 p.m., Kyle to avoid taking catnaps during the day which he tends to do and his mother to be firmer with him. She did admit that she spoils him and does things such as making his bed for him and polishing his shoes.

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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

Kyle Anderson

21st October 1992

Kyle has agreed to this and I have agreed to see him every 2 weeks and monitor his change in sleep pattern.

With kind regards,

Yours sincerely,

Norman B. Stephen
Clinical Nurse Specialist

c.c. Dr. P.H.G. Thomson, Senior Clinical Medical Officer, Child Health Care Unit, Ayrshire Central Hospital

23 OCT 1992

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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

NE /MK 5486

December 10, 1992

Dr. F. McGuire,
The Surgery,
34 Portland Road,
KILMARNOCK

RTR

Dear Dr. McGuire,

KYLE ANDERSON, 25 TODHILL AVENUE, KILMARNOCK - D.O.B. 05.07.79

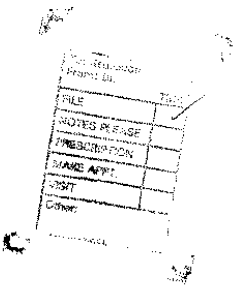
Since last writing to you this 13 year old boy has failed to keep any of the appointments offered to him. His mother has not communicated with the clinic. Consequently I have discharged him from my caseload.

With kind regards,

Yours sincerely,

Norman B. Stephen
Clinical Nurse Specialist (Child and Adolescent)

12 DEC 1992



KJ

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McCANN GRAHAM

SOLICITORS AND NOTARIES

CHARLES G. McCANN, LL.B., N.P.

6 PORTLAND ROAD, KILMARNOCK KA1 2BS Tel: 20328

RUTLAND EXCHANGE BOX 16

Your Ref:

Our Ref: CGM/SB

Date: 8th June, 1993

Dr. F McGuire
34 Portland Road
KILMARNOCK

I, Mary Anderson of 25 Todhill Avenue, Kilmarnock give my consent for you to furnish Mr C G McCann, Solicitor of 6 Portland Road, Kilmarnock with a medical report in connection with a problem my son Kyle Anderson, date of birth, 5/7/79 has with regards to sleeping, on which I have sought your opinion for a number of years.

Signed
M Anderson
(Mother)

Date
8th June, 1993

Jane

McCANN GRAHAM
SOLICITORS AND NOTARIES
6 PORTLAND ROAD, KILMARNOCK KA1 2BS Tel: 20328
RUTLAND EXCHANGE BOX 16

CHARLES G. McCANN, LL.B., N.P.

Your Ref:
Our Ref: CGM/SB
Date: 8th June, 1993

Dr. F. McGuire
34 Portland Road
KILMARNOCK

Dear Sir/Madam

Our Client: **Kyle Anderson, (D.O.B 5/7/79) 25 Todhill Avenue, Kilmarnock.**

We write in connection with the above and should be grateful if you could furnish us with a medical report at your earliest convenience, we confirm we shall be responsible for your fee.

Our client, Kyle, has, as we understand it from his mother, Mrs Anderson, a problem with sleeping. You have been consulted on this problem for a number of years and Kyle has also been referred to a psychologist at a Clinic in Irvine.

Unfortunately, the school has now reported Kyle for his lack of attendance at school. His mother has informed us that on these days, Kyle has been home in bed as he has been unable to attend school through his lack of sleep. He is to attend a Children's hearing in front of a Sheriff sometime in June, the date has not yet been fixed. We should be gratefulif you could give this matter your most urgent attention.

We look forward to hearing from you at your earliest convenience.

Yours faithfully
McCann Graham

Jane

Dr. D. TOSHNER
Dr. L.A. McINTYRE
Dr. PAUL GAFFNEY
Dr. F. McGUIRE

Consulting Rooms:
34 PORTLAND ROAD,
KILMARNOCK
AYRSHIRE KA1 2DL
Tel: Kilmarnock 22411

10 June 1993

McCann Graham
Solicitors & Notaries
6 Portland Road
KILMARNOCK
KA1 2BS

TO...

Extract from medical records in respect of
Kyle Anderson (Date of birth: 05.07.79),
25 Todhill Avenue, Kilmarnock, Ayrshire.

FEE... £20.00

Signed:

Frank McGuire MB ChB.

NHS Confidential: Personal data about a patient

Dr. D. TOSHNER
Dr. L. A. McINTYRE
Dr. P. G. GAFFNEY
Dr. F. McGUIRE

Consulting Rooms:
34 PORTLAND ROAD,
KILMARNOCK,
AYRSHIRE KA1 2DL
Tel. Kilmarnock 22411

10 June 1993

McCann Graham
Solicitors & Notaries
6 Portland Road
KILMARNOCK
KA1 2BS

Dear Sirs

RE: KYLE ANDERSON (DATE OF BIRTH: 05.07.79)
25 TODHILL AVENUE KILMARNOCK AYRSHIRE

Thank you for your letter dated 8 June 1993. I did see Kyle with his mother on 9 September 1992 when the reported problem was that he was 'up all night' and not going to school; that he was misbehaving at school and had been put into a special unit; and finally that a warning letter had been received from the school.

I did make a referral through Dr Chapman of AAHB Child and Family services and a consultation took place on 21 October 1992 at Burnside Clinic between Norman B. Stephen, Clinical Nurse Specialist and Kyle with his mother. I have to report a letter dated 10 December 1992 reporting "he has failed to keep any of the appointments offered to him. His mother has not communicated with the clinic".

Reviewing the records, I note consultations regarding disturbed sleep pattern with various partners when different interventions such as general advice re sleep and behaviour, referral to the Health Visitor and even courses of sedative drugs were prescribed. On occasions when arrangements for review were made (eg. 07.01.91) it did not take place.

The first consultation regarding poor sleep was on 13 January 1988; subsequently 29 May 1989 (during an unrelated consultation), 8 February, 30, 7 January 1991, 23 March 1992 and 9 September 1992. He has not attended the surgery since.

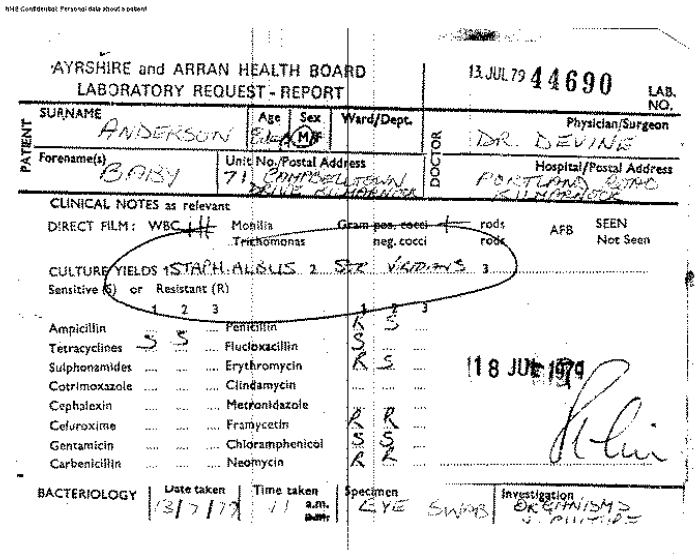
I hope this report is of assistance to you.

Yours sincerely

Frank McGuire MB ChB.

Enc

G 10/6/93



AYRSHIRE and ARRAN HEALTH BOARD
LABORATORY REQUEST - REPORT

13 JUL 79 44690 LAB. NO.

PATIENT
SURNAME: ANDERSON | Age: Baby | Sex: (M)/F | Ward/Dept.:
Forename(s): BABY | Unit No./Postal Address: 71 SOMERVILLE DRIVE KILMARNOCK

DOCTOR
Physician/Surgeon: DR. DEVINE
Hospital/Postal Address: PORTLAND HOSP KILMARNOCK

CLINICAL NOTES as relevant

DIRECT FILM: WBC +++ Motilis / Trichomonas | Gram pos. cocci + / neg. cocci | rods / rods | AFB | SEEN / Not Seen

CULTURE YIELDS 1 STAPH. ALBUS 2 STR. VIRIDANS 3

Sensitive (S) or Resistant (R)

	1	2	3		1	2	3
Ampicillin				Penicillin	R	S	
Tetracyclines	S	S		Flucloxacillin	R		
Sulphonamides				Erythromycin	R	S	
Cotrimoxazole				Clindamycin			
Cephalexin				Metronidazole			
Cefuroxime				Framycetin	R	R	
Gentamicin				Chloramphenicol	S	S	
Carbenicillin				Neomycin	R	R	

18 JUL 1979

BACTERIOLOGY | Date taken: 13/7/79 | Time taken: 11 a.m./p.m. | Specimen: EYE SWABS | Investigation: ORGANISMS

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
30/6/85		Syr Dimotane Plus	100ml 5ml tid
		Syr Calpol 100ml	5ml tid
6/8/5?		Amoxil Syr 250mg/5ml 100ml 5ml td
13/1/88		Phenergan elixir 100ml.	
		Not sleeping – overtired	
19/1/88		[illegible]	
20.1.88		[illegible]	
15/2/88		Velmox Susp 30ml	
		5ml only once.	
15/3/88		Augmentin Junior 100mls	
		5ml tid	
		Syrup Sudafed 100mls 5ml tid	DJ
18/4/88	v.	[illegible] con [illegible] amoxil	
31/10/88		Pen V. 125/5ml 100ml 5ml qid	
21.11.88		Dimotane Plus	[illegible]

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MALE SURNAME: ANDERSON. CHRISTIAN NAMES: KYLE:

ADDRESS 71 CAMBELTOWN DR. Date of Birth: 5 7 79.

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
21/6/84		Linctus Paed 100ml	vnd qid
		Phenergan Paed 1 bottle	qid
		Erythroped Syr	125/5ml
6/9/84		DRA 100ml	vnd qid
8/9/84		Erythroped Syr. 250mg/5ml 100ml	vnd qid
21/11/84			
13/12/85		Linctus Paed 200ml vnd tid	
25.7.85		Salbutol	
1/9/85		Syr Erythroped 250mg/5ml	
		100ml vnd tid	
5/2/86		Erythroped Syr 250mg/5ml 100ml	vnd qid
27/10/86		Ceporex Syr 125 100ml	vnd qid
11/6/86		Sudafed Elixir 100ml	vnd tid
21/10/86		Amoxil Syr 100ml	vnd qid
11/11/85		Ceporex 125mg/5ml 100ml	vnd TID
17/2/87		Erythroped 500 100ml	vnd qid
16/4/87		Fybogel granules 2 sachets ½ tv-day	
		½ after 2 meals	x 5
23/4/8		Amoxil 250mg/5ml 100ml	
		5ml T.I.D	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 7 (Scotland)

P.P.L., 53-ST-4268, 12/82

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National Health Service Number	666.79.505.
Surname (Block Letters)	Anderson
Forenames (Block Letters)	Kyle.
Address	25 Todhill Av Kilmarnock.
Date of Birth	5/7/79.

CLINICAL NOTES

Date	*	
28/3/96		T Pondocillin x 10 T bd DITTO.
13/9/96		T. Pardocillin x10 t bd (OKM).
10/3/97		FTR [illegible]
1/7/98		Galcodeine linctus x100ml 5ml tid (DrGa)
		Infected bite. Cephalexin 500 [illegible]
17/7/98		qT tid
19.8.98		1 bottle last week - mother girlfriend etc not speaking to [illegible]
		T. Zimovane x 7 [illegible]
		Refer counsellor. NO friends.
		No interests. Being denied access to child.
27/8/98		Still not sleeping. Rx Prothiaden 75mg n (14)
Sep/[illegible]	LV	Depressed for months! [illegible] Psych / Rx Prothiaden 75mg (14)
		See 3/52
4/8/99	3/52	N deb No better Stop Dothiepin → Prozac 20mg 1d (30)
		Refer Counsellor
6/8/99		Letter to Counsellor, (Dr Ga)
25/8/99	2/52	N deb No better Prozac 20mg (28) Not sleeping Rx Zimovane 7.5mg n (14)
8/9/99		[redacted] Dr Ga car broke down.
9/9/99	2/52	N. deb. Still no better 'prescription not helping'
		Can't sleep. Attending counsellor.
		On prozac (had dothiepin + zimovane not use!)
22/9/99	3/52	N deb No better Cr Prozac 20mg (28)
6/10/99	2/52	- Prozac → [illegible] Take at night
20/10/99	3/52	- 1/52 Prozac 20mg (30)
5/11/99	2/52	Nervous debility. D.M.
1/12/99	4/52	Nervous debility (Dr Ga).
8/12/99		FTR (Dr GA) Incap form —
9/12/99	4/52	N deb Prozac 20mg (28)
31/1/00	4/52	- (28) No better Father has Ca

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

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Hospital use Only | Clinic | Day Date | Time | Hospital No. | GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital: CROSSHOUSE Date: 14.09.95 CHI No.

Please arrange for this patient to attend the clinic of Dr/Mr: PSYCHIATRY DR WAHAB

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname: ANDERSON Maiden Surname:
First Names: KYLE Single/Married/Widowed/Other:
Address: 25 TODHILL AVENUE Date of Birth: 05.07.79
KILMARNOCK Patient's Occupation:
Postal Code: Contact telephone number:
Has the patient attended hospital before? YES/NO If "YES" please state:
Name of Hospital:
Year of Attendance: Hospital No.:
If the patient's name and/or address has/have changed since then please give details:
Can patient attend at short notice? YES/NO
If YES, minimum notice required: days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR DAVID TOSHNER
34 PORTLAND ROAD
KILMARNOCK

80382

Please use rubber stamp

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

This 16-year-old has a long history of behavioural problems and was seen by the Child & Family Services in 1992 supposedly for sleep pattern disorder.

He has always been aggressive with friends and family. His father walked out some years ago and he now lives with his mother who has threatened to eject him. He is subject to sudden rages and violence to an extent that his friends now avoid him and he is having problems at work.

I would appreciate your opinion.

Yours sincerely

David Toshner MB ChB.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P

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

Signature G 14/9.

355-2104

0X86435621 3493 1718 13181

NHS Confidential: Personal data about a patient

AYRSHIRE & ARRAN
Community Health Care

Community Mental Health Team
Kilmarnock and Loudoun Area
Kirklandside Hospital
KILMARNOCK KA1 5LH
Tel: (01563) 572476
Fax: (01563) 572697

PD

c.c. Dr Toshner 34 Portland Rd.

29th September 1995

Mr Kyle Anderson
25 Todhill Avenue
KILMARNOCK

Dear Mr Anderson,

You have been referred to the Community Mental Health Team by your General Practitioner Dr Toshner. I can therefore offer you an appointment with Dr Murray, Locum Consultant Psychiatrist -

on: Friday 10th November 1995

at: 9.15

in: Clinic K Crosshouse Hospital

If however this appointment does not suit, please do not hesitate to contact us at the above telephone number when an alternative appointment can be arranged.

If for any reason you are unable to attend this appointment it is essential that you inform the Team prior to the date.

Yours sincerely,

K MURRAY
LOCUM CONSULTANT PSYCHIATRIST

29 SEP 1995

G 2/10.

NON 6403

NHS Confidential: Personal data about a patient

AYRSHIRE & ARRAN
Community Health Care

Community Mental Health Team
Kilmarnock and Loudoun Area
Kirklandside Hospital
KILMARNOCK KA1 5LH
Tel: (01563) 572476
Fax: (01563) 572697

KM/PD27390

13th November 1995
dict. 10.11.95

21 NOV 1995

Dr D Toshner
34 Portland Road
KILMARNOCK

Dear Dr Toshner,

KYLE ANDERSON 25 TODHILL AVENUE KILMARNOCK (05.07.79)

This young boy failed to turn up for the psychiatric appointment which was arranged for him at Crosshouse Hospital for 10th November 1995. As this clinic is presently so busy, I have not arranged a further appointment for the time being, but I wonder, from the contents of your referral letter if it might be helpful instead to refer him to the Clinical Psychologist to help with anger management.

Yours sincerely,

K MURRAY
LOCUM CONSULTANT PSYCHIATRIST

NON 640

NHS Confidential: Personal data about a patient

AYRSHIRE + ARRAN
Community Health Care

Community Mental Health Team
Kilmarnock and Loudoun Area
Kirklandside Hospital
KILMARNOCK KA1 5LH
Tel: (01563) 572476
Fax: (01563) 572697

MA/PD/27390

27th November 1995
dict. 24.11.95

Dr D Toshner
34 Portland Road
KILMARNOCK

Dear Dr Toshner,

KYLE ANDERSON 25 TODHILL AVENUE KILMARNOCK (DOB 05.07.79)

The above patient failed to attend for outpatient appointment at Crosshouse Hospital on the 24th November 1995. I will send a further appointment.

Yours sincerely,

M AHMED
LOCUM CONSULTANT PSYCHIATRIST

10 JAN 1996

G 10/1/96

NON 8403

NHS Confidential: Personal data about a patient

AYRSHIRE + ARRAN
Community Health Care
NHS TRUST

Community Mental Health Team
Kilmarnock and Loudoun Area
Kirklandside Hospital
KILMARNOCK KA1 5LH
Tel: (01563) 572476
Fax: (01563) 572697

MA/PD/27390

28th December 1995
dict. 20.12.95

Dr D Toshner
34 Portland Road
KILMARNOCK

Dear Dr Toshner,

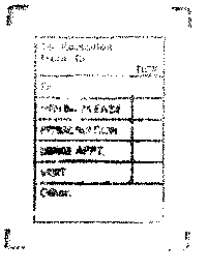
KYLE ANDERSON 25 TODHILL AVENUE KILMARNOCK (05.07.79)

The above patient failed to attend for outpatient appointment on 20th December 1995. We will send a further appointment.

Yours sincerely,

M AHMED
LOCUM CONSULTANT PSYCHIATRIST

10 JAN 1996



- promoting health, providing care -

NON 8403

NHS Confidential: Personal data about a patient

AYRSHIRE + ARRAN
Community Health Care
NHS TRUST

Community Mental Health Team
Kilmarnock and Loudoun Area
Kirklandside Hospital
KILMARNOCK KA1 5LH
Tel: (01563) 572476
Fax: (01563) 572697

MA/PD/27390

22nd January 1996
dict. 17.1.96

Dr D Toshner
34 Portland Road
KILMARNOCK

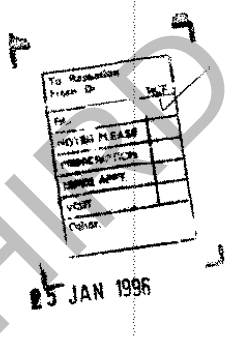
Dear Dr Toshner,

KYLE ANDERSON 25 TODHILL AVENUE KILMARNOCK (DOB 05.07.79)

The above patient has failed to attend for outpatient appointment at Crosshouse Hospital on the 17th January 1996. As Mr Anderson has not attended any outpatient appointments we have not sent a further appointment, we would be happy to do so if you feel this would be useful.

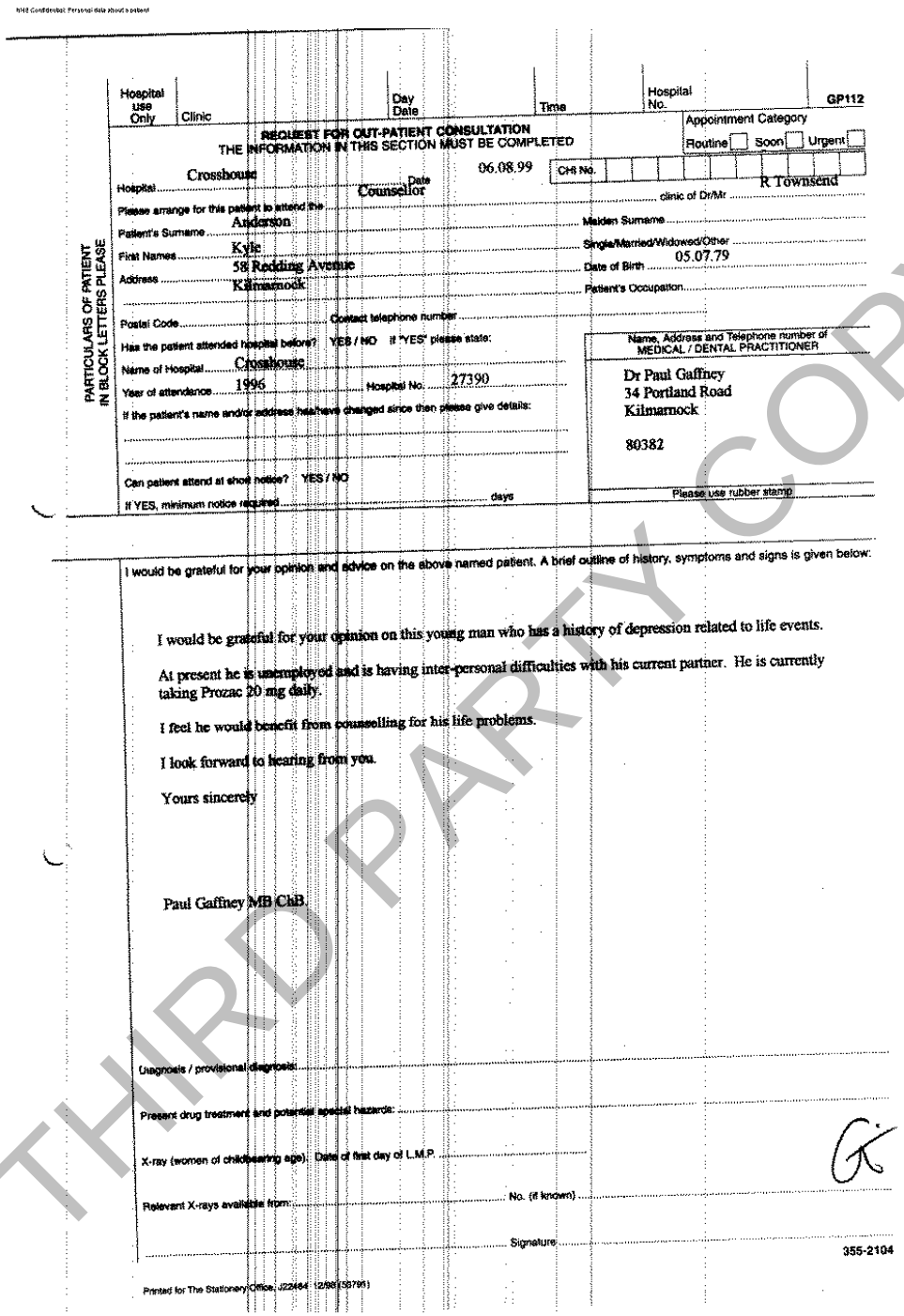
Yours sincerely,

M AHMED
LOCUM CONSULTANT PSYCHIATRIST



25 JAN 1996

NON 6401



NHS Confidential: Personal data about a patient

Hospital use Only | Clinic | Day Date | Time | Hospital No. | GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital: Crosshouse Date: 06.08.99 CHI No.

Please arrange for this patient to attend the Counsellor clinic of Dr/Mr R Townsend

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname: Anderson Maiden Surname:

First Names: Kyle Single/Married/Widowed/Other:

Address: 58 Redding Avenue Date of Birth: 05.07.79

Kilmarnock Patient's Occupation:

Postal Code: Contact telephone number:

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

Name of Hospital: Crosshouse

Year of attendance: 1996 Hospital No.: 27390

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

Can patient attend at short notice? YES / NO

If YES, minimum notice required: days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

Dr Paul Gaffney
34 Portland Road
Kilmarnock

80382

Please use rubber stamp

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

I would be grateful for your opinion on this young man who has a history of depression related to life events.

At present he is unemployed and is having inter-personal difficulties with his current partner. He is currently taking Prozac 20 mg daily.

I feel he would benefit from counselling for his life problems.

I look forward to hearing from you.

Yours sincerely

Paul Gaffney MB ChB.

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age) Date of first day of L.M.P.

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

Signature

355-2104

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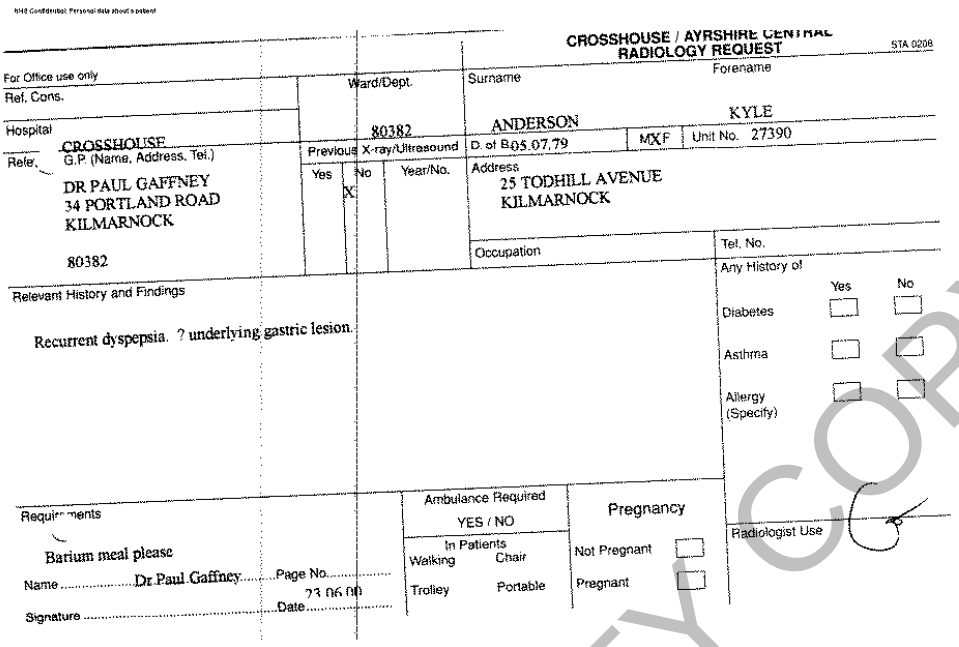

NHS Confidential: Personal data about a patient

CROSSHOUSE / AYRSHIRE CENTRAL
RADIOLOGY REQUEST

STA 0208

For Office use only

Ref. Cons.

Hospital: CROSSHOUSE

Refer: G.P. (Name, Address, Tel.)

DR PAUL GAFFNEY
34 PORTLAND ROAD
KILMARNOCK

80382

Ward/Dept.: 80382

Previous X-ray/Ultrasound: Yes | No (X) | Year/No.

Surname: ANDERSON

Forename: KYLE

D. of B. 05.07.79 | M X F | Unit No. 27390

Address: 25 TODHILL AVENUE
KILMARNOCK

Occupation

Tel. No.

Any History of

	Yes	No
Diabetes		
Asthma		
Allergy (Specify)		

Relevant History and Findings

Recurrent dyspepsia. ? underlying gastric lesion.

Requirements

Barium meal please

Name: Dr Paul Gaffney Page No.

Signature: Date: 23.06.00

Ambulance Required YES / NO

In Patients: Walking | Chair | Trolley | Portable

Pregnancy

Not Pregnant

Pregnant

Radiologist Use

NHS Confidential: Personal data about a patient

benefits agency

An Executive Agency of the Department of Social Security

Your reference is JN505993B
Please tell us this number if you get in touch with us

DR P G GAFFNEY
34 PORTLAND ROAD
KILMARNOCK

Kilmarnock BO
12 Woodstock Street
Kilmarnock
Ayrshire
KA1 2BN

Phone 01563 578500
TEXTPHONE for the deaf/hard of hearing ONLY 01563 78538

Date 24/03/2000
FOR MR KYLE MCCLYMONT ANDERSON

INFORMATION ABOUT A PATIENT

About the patient

Name MR KYLE MCCLYMONT ANDERSON

Address 25 TOOHILL AVENUE
KILMARNOCK
AYRSHIRE
KA3 2EQ

National Insurance Number JN505993B

Date of Birth 05/07/1979

Payment of benefit and the award of National Insurance credits due to incapacity for work are subject to an incapacity test. If a customer satisfies the test or is incapable of work, they no longer need to send us medical certificates.

29 MAR 2000

K

5082/0408

Page 01 of 02

24/03/2000

MR KYLE MCCLYMONT ANDERSON

REF: JN505993B

The patient shown above has satisfied the incapacity test or is treated as incapable of work so we do not require further NHS medical certificates for this person's present claim for benefit. However, we may need to contact you for further information about your patient in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and insurance companies. The provision of this information is not usually an NHS requirement.

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

The booklet 'A guide for registered medical practitioners' gives you more information. If you do not already have this booklet, you can get it from your local Family Health Authority or Health Board.

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

Yours sincerely,

IB74

29 MAR 2000

5082/0408

Page 02 of 02

NHS Confidential: Personal data about a patient

Drs. Toshner, McIntyre, Gaffney,McGuire
34 Portland Road Kilmarnock KA1 2DL
Telephone 01563 522411
Fax 01563 573557

Dr P Gaffney
34 Portland road
Kilmarnock

16 January 2000

Dear Dr Gaffney

Re Kyle Anderson, 58 Redding Avenue, Kilmarnock. DoB 05.07.79

Kyle attended three counselling appointments. I'm not sure we actually achieved a great deal other than the fact that he did make the effort to leave his house to attend the surgery. He cancelled the next six appointments and failed to attend a seventh. He has not replied to my letter asking him to contact me should he wish another appointment so I assume he does not wish to continue at present. I am, therefore, discharging him from my care.

Yours sincerely

Ruth Townsend
Practice Counsellor

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NHS Confidential: Personal data about a patient

Date	*	
1/2/00		n.d. Fluoxetine 20mg (28)
1/3/00		Notes still tense at times Fluoxetine 20mg (28)
		Dandruff Rx Betnovate sc (100ml)
4/4/00		Caps Prozac 20mg x 30.
19/5/00		C Prozac 20mg x 30 asd.
		Betnovate SA 2 x 100 ASd DM.
22/6/00		Dyspepsia worse c alcohol [illegible]
		Rx Gaviscon Adv (500ml) Prozac 20mg (28) Rx [illegible]
23/6/00		Letter to X-ray, XH (Dr Ga).
19/7/00		T Calpsued x 20 i qid (Dr Ga)
8/8/00		C. Prozac 20mg x 28 i daily (DM)
16/9/00		Still has dyspepsia Rx Lansoprazole 1000mg (60)
12/9/00		T. Cimetidine 400mg x 60. as dir
"		C. Prozac 20mg x 28 i daily (Dr M)
3/8/01		↑ Tension Rx Fluoxetine 20mg (30)
8/10/01		C. Fluoxetine 20mg x 28 i daily (D.M)
20/11/01		Incap form
18/1/02		Med 4 8/52 Anxiety Efexor XL 75mg (28)
		Nizoral Shampoo (60)
25/1/02		Dimotane Plus x 100ml 10ml tid (D.M)
28/1/02		Nizoral Shampoo x 150ml as dir (D.M)
6/3/02		Effexor XL 75mg x 28 i daily (DrM).
"		Nizoral Shampoo 150mL As dir (DrM)
7/10/02		Emergency appt: Drinking daily 24 cans/d.
		wife has left.
		Adv: re AA / AA Had beer today.
		Librium 10mg x 6 [refer detox]
		phone 9Am 8/10/02 [illegible]
26/11/02		RTA 22/11/02 Seen A+E → muscular injury back
		Given analgesia. Front seat passenger. Wearing seatbelt.
		Side impact from patient's side.
		O/E Min. tender paraspinal muscles Thoracic region
		Δ whiplash injury
		Rx diclofenac 50mg i TID (21) [signature]

*This column has been provided for doctors to enter A, V or C at their discretion

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NHS Confidential: Personal data about a patient

Ayrshire & Arran
ACUTE HOSPITALS NHS TRUST

Crosshouse Hospital
Crosshouse, Kilmarnock KA2 0BE
Telephone: 01563 521133 Fax:

Your Ref:
Our Ref:

MM/dna1

13 FEB 2001

9/2/01

Dear Griffiths

Your patient Kyle Anderson 5/7/79 25 Hall Avenue failed to attend the X-ray Department for a recent appointment.

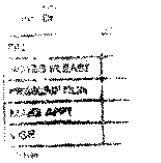
A further letter was sent asking the patient to contact the department within 14 days if another appointment was required.

No response has been received. If an appointment is still required for this patient please submit another x-ray referral.

Thank you for your assistance.

Yours sincerely

Appointments Secretary
DEPARTMENT OF MEDICAL IMAGING



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STA 0340

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NHS Confidential: Personal data about a patient

About your patient – continued

Your reply to the Medical Services doctor

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

1 Date patient was last seen or examined for the condition(s) causing incapacity.

Alcohol excess & depression 7.1.09

2 Diagnosis of all relevant conditions and date(s) of onset.

Depression & anxiety & intermittent alcohol abuse

3 **Factual details of patient's condition.**
Where possible, please include brief factual details of:
- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

Medication - Nil

Not seen since January '08

Posted G 21/3.

NHS Confidential: Personal data about a patient

About your patient – continued

4 Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

5 **Any other information.**
- If you have evidence which indicates that, as a result of their medical condition, your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of the medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

Only complete the section below if you have diagnosed a psychiatric condition at question 2.

6 Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision made by the Benefits Agency, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature

Name Dr Crawford

Date 21/3/19

Doctor's stamp

Spotland Lodge Surgery
3[illegible] Rd
Kilmarnock KA1 2DL
Tel: 01563 522411
Fax: 01563 573537

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NHS Confidential: Personal data about a patient

G GAFFNEY
ORTLAND ROAD
MARNOCK
RSHIRE
A1 2DL

Dr C McGuffie Dr A Lannigan
Accident and Emergency
Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577758/9
Fax: 01563 572009

KYLE ANDERSON,
108 LORENY DR, KILMARNOCK,
AYRSHIRE KA1 4RQ

DOB: 05/07/1979
A/E No: 02048271

Date and Time of Attendance: 22/11/2002 20:03

Diagnosis: *muscular injury bilateral back*

Treatment: *verbal advice*

Co codcad for 1 day as required.

X-Rays:

X-Ray Results: *None:*

FILE

Follow Up: *Discharge no review*

Additional Information: *passenger in rta. anxious. muscular tenderness shoulders and back subscapular.discharge with advice.,analgesia.*

Clinicians Seen in A&E Department:

DR A LIPKA

f you have any queries about this patient, please contact one f the staff at the above number.

DR ANDREW LIPKA
Staff Grade Andrew W. Lipka

NHS Confidential: Personal data about a patient

Primary Care NHS Trust

Whitletts Clinic
Glenmuir Place
AYR
KA8 9RW
Tel: 01292 886980
Fax: 01292 886988

www.nhs-ayrshire.org

NHS Ayrshire & Arran

Date 25 October 2002
Dictated 21 October 2002
Our Ref 24653-I/SM/TD

Enquiries to
Extension
Direct Line
Email

Dr McGuire
34 Portland Road
KILMARNOCK
Ayrshire
KA1 2DL

Dear Dr McGuire

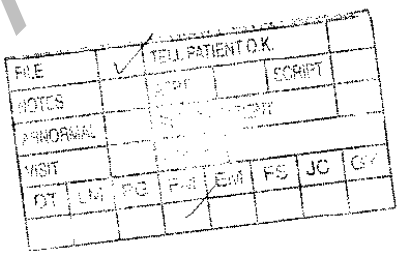
RE: KYLE ANDERSON, 108 LORENY DRIVE, KILMARNOCK
DOB: 5/7/79

Thank you for the referral of this 23 year old man. I called as arranged at Mr Anderson's mother's home on 11 October 2002, unfortunately he was not in. I left a letter requesting Mr Anderson to contact me within 7 days to arrange a further appointment. Unfortunately Mr Anderson has failed to contact me and consequently no further action can be taken at this time.

Yours sincerely

Stuart McGregor

Stuart McGregor
Charge Nurse
Home Detox Team



30 OCT 2002

Awarded for excellence
Ballochmyle Hospital
Community Paediatric Services
Mental Health Services

Head Office
Ta Hunters Avenue Ayr KA8 9DW

Chairman Aileen Bates
Chief Executive Allan Gunning

PCT 0001

NHS Confidential: Personal data about a patient

COMMUNITY HEALTH DIVISION
ADDICTION SERVICES

Home Detox Team
Whitletts Clinic
Glenmuir Place
AYR, KA8 9RW
Tel: 01292 886980
Fax: 01292 886988

www.nhs-ayrshire.org

PERSONAL IN CONFIDENCE
Mr Kyle Anderson
22 Toddhill Avenue
KILMARNOCK
KA3 2EG

Date: 07 July 2005
Our Ref: 24653-3/GT/TS

1 JUL 2005

Dear Mr Anderson

You have been referred to our service by **Dr McIntyre**.

Can I see you on **Wednesday 13 July 2005** at **home** at **9:30am**. If this is unsuitable please contact the above telephone number.

If you cannot attend this appointment, it is important you contact the office to inform us, in order the appointment may be re-allocated. Should you fail to attend this given appointment and there is no communication from you within 7 days from the appointment date, then we will assume you no longer wish to use our service.

Yours sincerely

FILE		✓	TELL PATIENT OK				
NOTES			APPT		SCRIPT		
ABNORMAL					PATIENT		
VISIT							
LM	PG	FM	SM	EM	FS	JC	GY

Gordon Taylor
Charge Nurse
Home Detox Team

Cc: Dr McIntyre, Portland Medical Practice, 34 Portland Road, KILMARNOCK KA1 2DL

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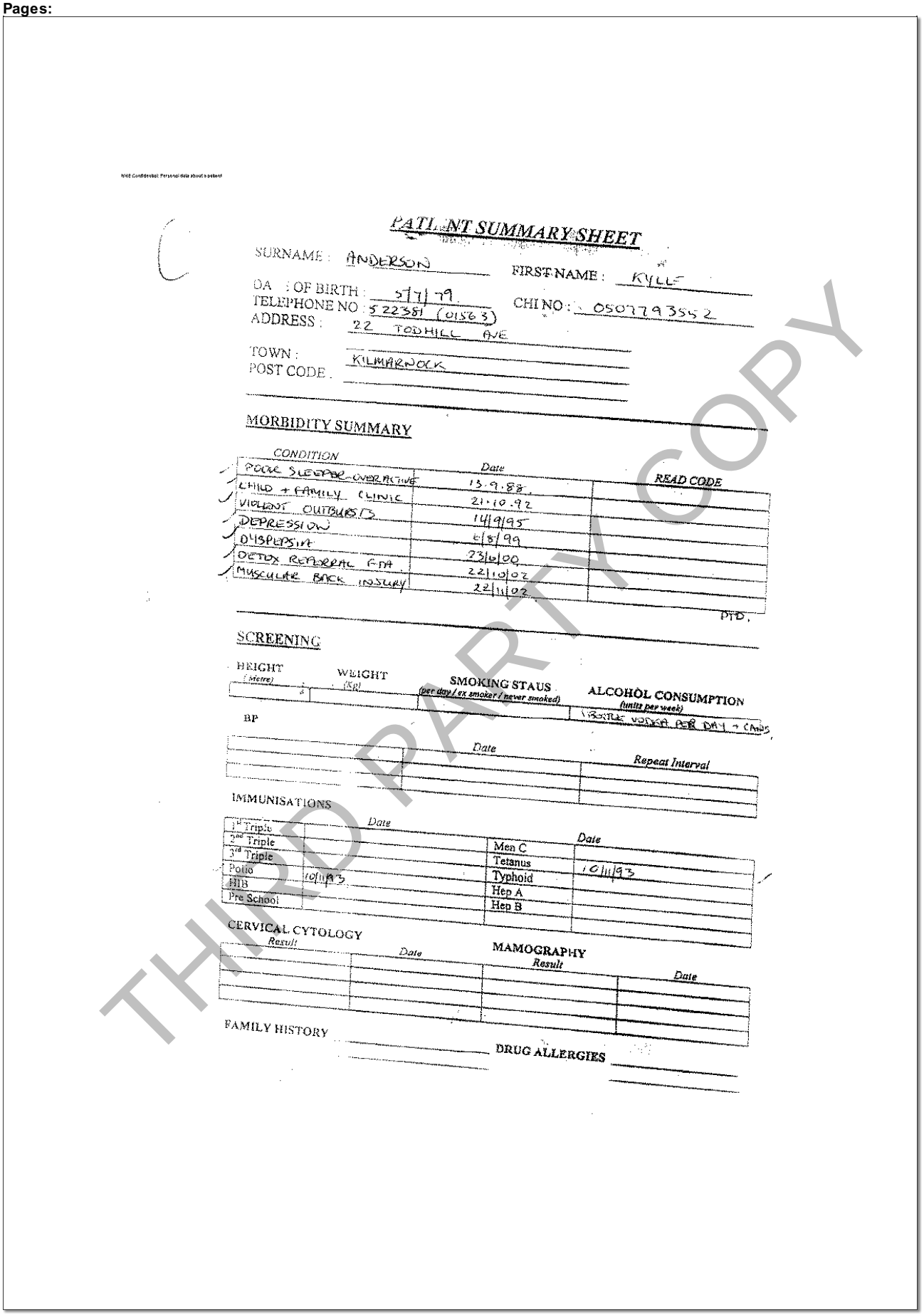
Pages:



NHS Confidential: Personal data about a patient

PATIENT SUMMARY SHEET

SURNAME : ANDERSON FIRST NAME : KYLE

DATE OF BIRTH : 5/7/79. CHI NO : 0507793552

TELEPHONE NO : 522381 (01563)

ADDRESS : 22 TODHILL AVE

TOWN : KILMARNOCK

POST CODE :

MORBIDITY SUMMARY

CONDITION	Date	READ CODE
POOR SLEEPER-OVERACTIVE	13.9.88.	
CHILD + FAMILY CLINIC	21.10.92	
VIOLENT OUTBURSTS	14/9/95	
DEPRESSION	6/8/99	
DYSPEPSIA	23/6/00	
DETOX REFERRAL GDA	22/10/02	
MUSCULAR BACK INJURY	22/11/02.	

PTO.

SCREENING

HEIGHT (metre)	WEIGHT (Kg)	SMOKING STAUS (per day / ex smoker / never smoked)	ALCOHOL CONSUMPTION (units per week)
			BOTTLE VODKA PER DAY + CANS

BP

	Date	Repeat Interval

IMMUNISATIONS

	Date		Date
1st Triple		Men C	
2nd Triple		Tetanus	10/11/93
3rd Triple		Typhoid	
Polio	10/11/93	Hep A	
BIB		Hep B	
Pre School			

CERVICAL CYTOLOGY

Result	Date

MAMOGRAPHY

Result	Date

FAMILY HISTORY

DRUG ALLERGIES

NHS Confidential: Personal data about a patient

/ DETOX PROGRAMME FOR ALCOHOL 21/5/03.
√ DEPRESSION 12/10/04

NHS Confidential: Personal data about a patient

NHS AYRSHIRE AND ARRAN
COMMUNITY HEALTH DIVISION

Addiction Services

Bentinck Centre
East Netherton Street
KILMARNOCK
KA1 4AX

www.nhs-ayrshire.org

NHS Ayrshire & Arran

Date Typed 06 July 2005
Date Dict 30 June 2005
Your Ref
Our Ref JS/JRB/027390

Enquiries To **Julie Ross-Binning**
Extension
Tel **01563 574237**
Fax **01563 574238**
Email julie.ross-binning@aapct.scot.nhs.uk

Clinical in Confidence
Dr S J Montgomery
Spotland Medical Practice
34 Portland Road
KILMARNOCK
KA1 2DL

Dear Dr Montgomery

KYLE ANDERSON, 22 TODHILL AVENUE, KILMARNOCK, DOB 05.07.79
CHI 0507793552

Unfortunately Mr Anderson failed to attend his appointment with me at the Bentinck Centre on Thursday 30 June 2005. No contact was made to explain his non-attendance. I am therefore discharging Mr Anderson back to your care. Should you wish to re-refer him in the future, please do not hesitate to do so.

Yours sincerely

J Stirling
Consultant Psychiatrist

FILE	✓	TELL PATIENT OK					
NOTES		ADET	SCRIPT				
ABNORMAL		[illegible] PATIENT					
VISIT		OTHER					
LM	PG	FM	SM	EM	FS	JC	GY
			✓				

19 JUL 2005

STA 4138

NHS Confidential: Personal data about a patient

Drs. McIntyre, Gaffney, McGuire & Montgomery
Portland Medical Practice
34 Portland Road
Kilmarnock KA1 2DL
Telephone: 01563 522411
Fax: 01563 545499

PRACTICE ACCREDITATION
RCGP Scotland
2002-2005

Our Ref: FM/AB

12th October 2004

Dual Diagnosis Team
Whitletts Clinic
Glenmuir Place
Ayr KA8 9RW

Dear Colleague,

RE: MR KYLE ANDERSON, 22 TODHILL AVENUE, KILMARNOCK KA3 2EG
DOB – 5.7.1979 – TEL: 01563 522381

This man reports heavy drinking (1 bottle vodka and 4 cans daily) until Thursday: he did not wish treatment with Chlordiazepoxide or referred to the Home Detox Team.

He has been seen by the latter on 3 occasions. He has not attended AA or ACA. He normally lives alone but his mother has moved in with him.

He states he feels depressed and that is why he drinks – he denies he is an alcoholic. I agreed to give him Citalopram 20mg daily and Temazepam 20mg one nocte x 7.

I would be grateful if he could be seen and assessed soon.

Thank you.

Yours sincerely,

Dr Frank McGuire MB ChB.

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NHS Confidential: Personal data about a patient

Website: **www.dss.gov.uk**

DR P GAFFNEY
34 PORTLAND ROAD
KILMARNOCK
KA1 2DL

If you get in touch with us, tell us this reference number **JN 50 59 93 B**

Our address **SOCIAL SECURITY OFFICE**
12 WOODSTOCK STREET
KILMARNOCK
AYRSHIRE
KA1 2BN

Our phone number **01563 578500**

If you have a textphone

Date **7 February 2005**

Dear DR GAFFNEY

About MR KYLE ANDERSON - Date of Birth 5 July 1979

I am writing to you about your patient MR KYLE ANDERSON. He has been claiming National Insurance credits because he has been incapable of work. We recently assessed MR ANDERSON's ability to work using the Personal Capability Assessment.

We have decided that your patient has not met the threshold of incapacity from and including 4 February 2005. This is based on the medical examination we arranged that MR ANDERSON went to on 25 January 2005 and medical information you provided. We also used information that MR ANDERSON gave us.

This means that you do not have to give MR ANDERSON any more medical certificates for incapacity benefit purposes. But you may need to again if his condition worsens significantly or he has a new medical condition.

We have sent a summary of the Personal Capability Assessment to MR ANDERSON.

Yours sincerely

Mrs S. Green
Manager

10 FEB 2005

FILE	✓	TELL PATIENT OK					
NOTES				SCRIPT			
ABNORMAL				PATIENT			
VISIT		OTHER					
LM	PG	FM	SM	EM	FS	JC	GY

IB65B

Page 1 of 1

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NHS Confidential: Personal data about a patient

Primary Care NHS Trust

Home Detox Team
Whitletts Clinic
Glenmuir Place
AYR
KA8 9RW
Tel: 01292 886980
Fax: 01292 886988

www.nhs-ayrshire.org

NHS Ayrshire & Arran

PRIVATE & CONFIDENTIAL
Dr Seenan
Spotland Lodge Surgery
34 Portland Road
KILMARNOCK
KA1 2DL

Date 22 January 03
Dictated 21 January 03
Our Ref 24653-2/KM/MS

Enquiries to
Extension
Direct Line
Email

Dear Dr Seenan

RE: KYLE ANDERSON, 108 LORENY DRIVE, KILMARNOCK KA1 4RQ
DOB: 5/7/79

Following referral Kyle was seen on two occasions by my colleague Frances Mason. He had declined a visit from our service over the weekend but received a phone call from my colleague Stuart McGregor. I attempted to visit Kyle at home for an arranged visit on the 14th January 03 but he was not at home. A seven-day letter was left asking him to contact by the 21st January 03. Unfortunately Kyle has not done this and has therefore been discharged from our service.

If you wish to discuss this further please do not hesitate to contact me.

29 JAN 2003

Yours sincerely

Kay Montgomery

Kay Montgomery
Staff Nurse
Home Detox Team

FILE	✓	TEL PATIENT O/K					4
NOTES		LETT		SCRIPT			
[illegible]							
[illegible]		[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Awarded for excellence

Member Unison
Community Paediatric Services
Mental Health Services

Head Office
1a Hunters Avenue Ayr KA8 9DW

Chairman Aileen Bates
Chief Executive Allan Gunning

PCT 0001

Primary Care NHS Trust

Home Detox Team
Whitletts Clinic
Glenmuir Place
AYR
KA8 9RW
Tel: 01292 886980
Fax: 01292 886988

www.nhs-ayrshire.org

NHS Ayrshire & Arran

PRIVATE & CONFIDENTIAL
Dr Seenan
Spotland Lodge Surgery
34 Portland Road
KILMARNOCK
Ayrshire
KA1 2DL

Date 21 January 2003
Dictated 9 January 2003
Our Ref 24653-2/FM/TD

Enquiries to
Extension
Direct Line
Email

Dear Dr Seenan

RE: Kyle Anderson, 108 Loreny Drive, Kilmarnock
DOB: 5/7/79

Thank you for your re-referral of this 23-year-old gentleman to the Home Detoxification Service. He was seen and assessed at home today.

Kyle described a 5-year history of problematic use of alcohol. It appears to have started when Kyle was working part-time. Unlike his friends who would stop after a few pints, Kyle would continue drinking. This would often result in Kyle becoming aggressive towards others. He has also smashed up his mum's house in the past. She refused to give him money to alcohol.

When I saw Kyle today he had stopped drinking 2 days previously. He was experiencing mild withdrawals at the time of my assessment. There is no history of seizures / hallucinations. It transpired that Kyle had not been taken the Chlordiazepoxide prescribed by yourself to minimise withdrawal symptoms.

I have accepted Kyle for a home detox and given him a reducing chart for his medication. He has also been given information on Disulfiram and Acamprosate medication. Daily visits have been arranged over the next few days. Kyle will also be encouraged to make use of other support agencies. I trust this meets with your satisfaction.

27 JAN 2003

Yours sincerely

Frances Mason
Charge Nurse
Home Detox Team

FILE	✓	ALL PATIENT O.K					
NOTES		APPT.		SCRIPT			
ASSESSMENT		REFERRAL/DISCHARGE					
VISIT		TIME					
DT	LM	FS	PM	EM	FS	JC	GY
		✓					

Awarded for excellence
Community Psychiatric Services
Mental Health Services

Head Office
1a Hunters Avenue Ayr KA8 9DW

Chairman Aileen Bates
Chief Executive Allan Cunning

PCT 0001

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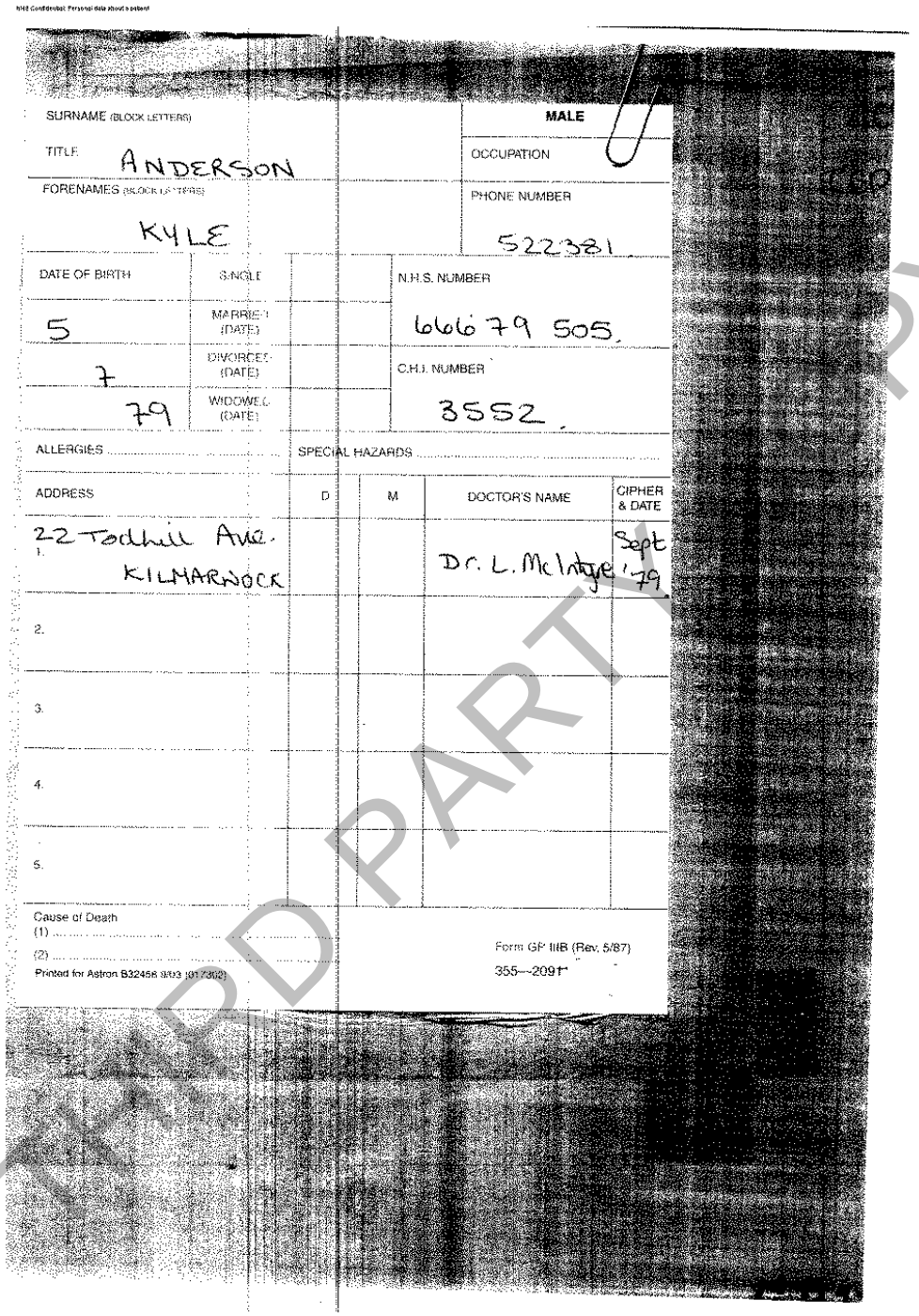

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SURNAME (BLOCK LETTERS)

TITLE: ANDERSON

FORENAMES (BLOCK LETTERS)

KYLE

MALE

OCCUPATION

PHONE NUMBER

522381

DATE OF BIRTH		N.H.S. NUMBER
5	SINGLE	
	MARRIED (DATE)	666 679 505
7	DIVORCED (DATE)	C.H.I. NUMBER
79	WIDOWED (DATE)	3552

ALLERGIES

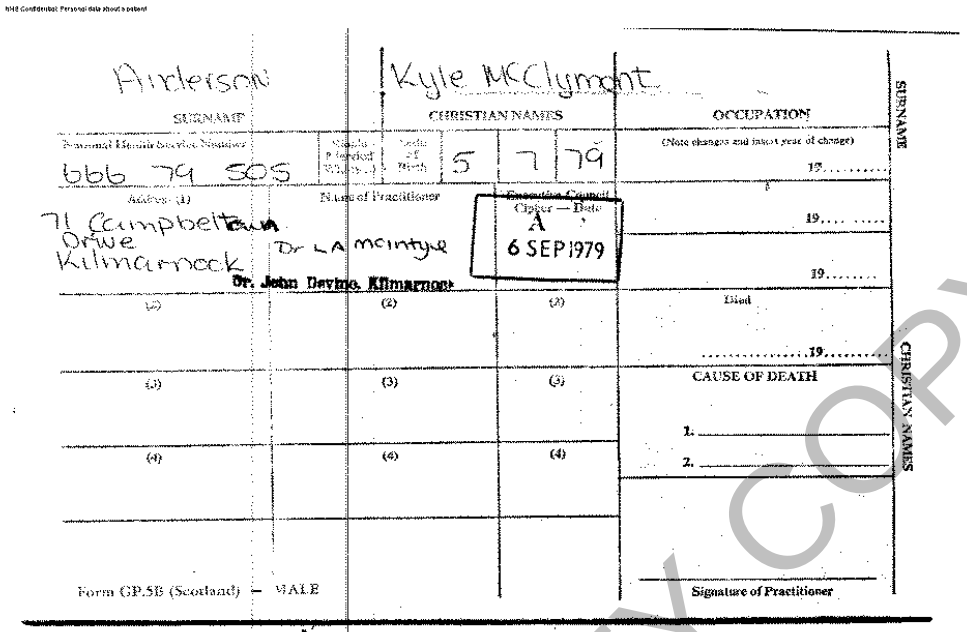
SPECIAL HAZARDS

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
1. 22 Todhill Ave. KILMARNOCK			Dr. L. McIntyre	Sept '79
2.				
3.				
4.				
5.				

Cause of Death
(1)
(2)

Printed for Astron B32456 8/83 (01/30/2)

Form GP 118B (Rev. 5/87)
355—2091



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Airlerson — SURNAME

Kyle MCClymont — CHRISTIAN NAMES

OCCUPATION (Note changes and insert year of change)

19.....

19.....

19.....

Died

.....19.....

CAUSE OF DEATH

1. .....

2. .....

Signature of Practitioner

SURNAME

CHRISTIAN NAMES

Personal Health Service Number: 666 79 5055

Sex: 1 (1 = Male, 2 = Female)

Date of Birth: 5 7 79

Address (1): 71 Campbeltown Drive Kilmarnock

Name of Practitioner: Dr LA McIntyre

Dr. John Devine, Kilmarnock

Executive Council Cipher — Date: A 6 SEP 1979

(2) (3) (4) (5)

Form GP.5B (Scotland) — VALE

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	
Anderson	Kyle.	
Address		Date of Birth
22 Toohill Avenue Kilmarnock		5/7/79

Date	*	Clinical Notes	Diagnosis
7/1/08		Emergency Appointment	
		Drinking 24 cans beer + 1 bottle vodka	
		daily — becomes aggressive [illegible] +	
		occ violent when has had alcohol	
		Wants to stop but didn't c/t c previous	
		detox.	
		Discussed need to follow detox advice	
		Mood up + down. — no suicidal ideation	
		Re-referred home detox team	
		Rx Librium 20mg qds (16×10mg tabs)	
		R/V 2/7	[signature]
~~9/1/08~~		~~FTR~~ Charge Nurse Mason from	
		Home Detox Phoned	
1/1/08		Tabs Chlordiazepoxide 10mg x 10 as dir	
		(DM)	
10/1/08		FTR A	
20/5/08		FTR	
?.8.08		FTR [illegible]	
28/8/08		C Fluoxetine 20mg x 56 1 mane (DM)	
23/10/08		Nizoral shampoo x 150ml use prn (DM)	
16/6/09 (A)		Off drink [illegible]. Agitated. Does not	
		want librium. Not sleeping	Dr Paul Miller GMC 3337677
		M Temaz. tab 20 x 7	
		· Cipramil [illegible] (DM)	
		- Mirtaz (DM)	
		see 3/52.	
8/10/09	(E)		
12.10.09	(E)		

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

355 2095

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NHS Confidential: Personal data when in patient

Drs. McIntyre, Gaffney, McGuire & Montgomery
Spotland Lodge Surgery
34 Portland Road
Kilmarnock KA1 2DL
Telephone: 01563 522411
Fax: 01563 545499

PRACTICE ACCREDITATION
RCGP Scotland
2002-2005

Our Ref: FS/GY

21 January 2009

Mr Kyle Anderson
22 Todhill Avenue
KILMARNOCK
KA3 2EG

Dear Mr Anderson

REMOVAL OF PATIENTS – NOTIFICATION OF PRACTICE PROTOCOL

It has been noted from our records that you have failed to attend for 5 appointments since October 2008. In accordance with our Practice Protocol this is indeed non-compliance with our practice appointment system. This is wasting the doctor's/nurse's time, appointments are being wasted and therefore other patients are unable to get an appointment.

Should you continue to fail to attend, we will ask that you either contact the Health Board on 0845-300-1574 or approach another surgery of your choosing to request registration. This will happen automatically should you fail to attend or cancel any future appointments.

Yours sincerely

Fiona Shearer
Practice Development Manager

Fail to attend dates:

21.10.08 – Nurse Practitioner
08.01.09 – Nurse Practitioner
12.01.09 – Nurse Practitioner
15.01.09 – Dr Gaffney
21.01.09 – Dr McGuire

G 21/1/09

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Jobcentreplus

Website: www.jobcentreplus.gov.uk

Your reference is JN505993B
Please tell us this number
if you get in touch with us

02536
Dr Maguire
34 PORTLAND ROAD
KILMARNOCK
AYRSHIRE
KA3 3AG

Kilmarnock BDC
Jobcentre Plus
Baird Street
Glasgow
G90 8BB

Phone 0845 6088632
TEXTPHONE for the deaf/hard of hearing ONLY 0845 6088581

Date 9 May 2009

Dear Doctor Maguire

Work Capability Assessment Outcome Notification

Patients Name Mr K M Anderson
Patients Address 22 Todhill Av
Kilmarnock
Ayrshire
KA3 2EG

Patients D.O.B : 5 July 1979

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

WCA Effective Date 19 April 2009

We have decided that your patient is capable of work from and including 19 April 2009.

This means that you do not have to give your patient any more medical certificates for Employment and Support Allowance purposes unless they appeal against this decision. But you may need to again if their condition worsens significantly, or they have a new medical condition.

We have sent a summary of the Work Capability Assessment to your patient.

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

Yours sincerely

Jim Murdoch

Manager

3742/0107 Page 01 of 01

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NHS Confidential: Personal data about a patient

Ayrshire & Arran Acute Hospitals NHS Trust Area Laboratory Microbiology

ANDERSON	*Patient No.* 0507793552	*Clinician*	Dr P Gaffney
KYLE	*Unit No.*	*Request Location*	The Surgery
25 TODHILL AVENUE	*DOB* 05/07/1979		34 Portland Road
KILMARNOCK KA032EQ	*Sex* M		Kilmarnock

This Report To **Dr P Gaffney GP, Kilmarnock: 34 Portland Road**

White blood cells	4	/ul (normal range 0-40/ul)
Red blood cells (Non-haemolysed)	14	/ul (normal range 0-45/ul)
Epithelial cells	1	/ul (normal range 0-55/ul)
Casts	0	/ul (normal range 0-1/ul)

Only specimens with flagged WBC and/or BACTERIAL COUNT are cultured.

Lab No M.08.304378.9 *Date/Time* 24/11/2008 12:20 *Authorised By* Auto Authorised User for DeptMIC

Printed 24/11/2008 16:23 *Sample* Mid stream urine *Page* 1 OF 1 *Date* 24/11/2008

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

COMMUNITY HEALTH DIVISION
ADDICTION SERVICES

Home Detox Team
Whitletts Clinic
Glenmuir Place
AYR, KA8 9RW
Tel: 01292 886980
Fax: 01292 886988
www.nhs-ayrshire.org

NHS Ayrshire & Arran

Date: 22 July 2005
Dictated: 14 July 2005
Our Ref: 24653-3/GT/MA

CLINICAL IN CONFIDENCE
Dr McIntyre
Spotland Lodge Surgery
34 Portland Road
KILMARNOCK
KA1 2DL

Dear Dr McIntyre

Re: Kyle Anderson, 22 Toddhill Avenue, Kilmarnock, KA3 2EG 05/07/79
CHI. No. 0507793552

Thank you for referring the above named patient to the Home Detox Team. Kyle initially cancelled his first appointment with myself but I did eventually meet with him at his home address today, 14th July 2005. He was not intoxicated in anyway and reports that he has had no alcohol for around 1 week using the Chlordiazepoxide prescribed by yourself. This can be seen as being the only positive aspect of our assessment appointment.

Kyle could be best described as belligerent and abrasive in manner throughout our meeting. He wanted to know why noone had visited him on the day of referral to the team and did not seem particularly keen to listen to any explanation of this. I note he has not attended several appointments in the past, which he tells me he was not to blame for. He also tells me he was due to see a doctor at the Bentinck Centre recently but he did not attend this appointment as "the Bentinck Centre is for junkies". He was not really willing to accept that he must leave the house to attend appointments at times. He also then complained about his GP practice claiming his Prozac was stopped as, "the GPs won't give me appointments at home". Again he seemed to think that this was the norm from our or your service.

Kyle claims to be depressed and agoraphobic though reports that he does leave the house on a daily basis to buy his alcohol and also goes to pubs drinking in Kilmarnock. With regard to his depression there was no evidence of any low mood today. He denies any illicit drug use but does have charges pending for assault and being drunk and disorderly. Again these offences were committed outside the home which makes me question his claims of being agoraphobic.

01 AUG 2005

FILE		TELL PATIENT OK	
NOTES		APPT	SCRIPT
ORIGINAL		INFORM PATIENT	
VISIT			

LM	PG	FM	SM	EM	FS

STA 4138

Kyle describes a 5 year history of alcohol misuse consuming around 30-40 units of alcohol per day. He states that this is mostly lager. He reports that he wishes to remain abstinent from alcohol but then added he hopes to return to alcohol use in the future. This can be best described as ambivalent.

We spoke at length about what services he feels he may require in the longer term and he seemed most keen on the Ayrshire Council on Alcohol. He was not interested in Alcoholics Anonymous, as he could not be bothered listening to other people's stories. I will refer Kyle to my colleagues at the local Ayrshire Council on Alcohol in Kilmarnock by means of this letter and states that this, "just what I need". I have advised him to speed the process up by perhaps popping in or phoning and asking for input though I doubt that this will happen.

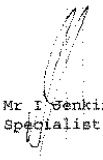
As input from the Home Detox Team at this time is inappropriate I have discharged Kyle from my caseload. I trust this meets with your satisfaction. Should you require any further information or if you feel re-referral is indicated please do not hesitate to contact me at the above number.

Yours sincerely

Gordon Taylor
Charge Nurse
Home Detox Team

Cc Ayrshire Council on Alcohol, 22 Portland Road, Kilmarnock, KA1 2BS

NHS Confidential: Personal data about a patient



Mr I Jenkins
Specialist Registrar

Mr John R McGREGOR
Consultant Surgeon

NHS
Ayrshire
& Arran

STA 4138

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Anderson, Kyle M **05/07/1979**
, 22 Todhill Avenue, , KILMARNOCK,

GMS Contract Registers

AF	Ast	BP	Cancer	CHD	CKD	COPD	Dem	Dep	DM	Epil	HF	LD	MH	Obes	PC	Stroke	Thy
No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

GMS Contract Missing Indicators

Indicator	*Action Required*	*Observation/Outcome/Comments*
Ind 15	Clinical Summary	
Ind 18	Clinical Summary	
Ind 20	Clinical Summary	

House Visit Info

Visited By: Dr GA

Date / Time: 21/11/08 15:20

Comments:
Late Call. Vague hx of painful passing urine ? 1/12
Sore down below o/e: Abdominal Abdo normal. Kites normal
To hand in MSU To make appt if not improving

Tasks to be arranged following visit:

Arrange D/N to do the following bloods ________ on/around ________

Arrange re-visit by Dr ________ on ________

Other ________

© W ✓

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NHS Confidential: Personal data about a patient

Mental Health Services
Addiction Services
Home Detox Team
Westmount
79 Ayr Road
PRESTWICK, KA9 1TF
Tel: 01292 473250
Fax: 01292 473258

www.nhs-ayrshire.org

CLINICAL IN CONFIDENCE
Dr F McGuire
Portland medical Practice
34 Portland Road
Kilmarnock
KA1 2DL

Date: 26th November 2008
Dictated: 24st November 2008
Our Ref: 195921-225048/CF/ES

Dear Dr McGuire

RE: KYLE ANDERSON, 22 TODHILL AVENUE KILMARNOCK KA3 2EG
(D.O.B: 05/07/79) (CHI NO: 0507793552)

Mr Anderson did not attend his assessment appointment.
In view of no communication from him to arrange another appointment I assume he no longer wishes our intervention and have therefore discharged him from our service.

Yours sincerely

C.Ferguson

Cheryl Ferguson
Staff Nurse
Home Detox Team

Awarded for excellence

STA 5000

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NHS Confidential: Personal data about a patient

Mental Health Services
Addiction Services
Home Detox Team
Westmount
KA9 1TF
Tel: 01292 473250
Fax: 01292 473258

www.nhs-ayrshire.org

PERSONAL IN CONFIDENCE
Mr Kyle Anderson
22 Todhill Avenue
KILMARNOCK
KA3 2EG

Date: 07 November 2008
Our Ref: 195921-225048/CF/DD
CHI No: 0507793552

Dear Mr Anderson

You have been referred to the service by **Dr Frank McGuire**.

Can I see you on **Wednesday 12 November 2008 at between 1.00pm and 4.00pm at home**. If this is unsuitable please contact the above telephone number.

If you cannot attend this appointment, it is important you contact the office to inform us, in order the appointment may be re-allocated. Should you fail to attend this given appointment and we do not hear from you within 7 days, then we will conclude you no longer wish to use our service and will be discharged.

Yours sincerely

Cheryl Ferguson
Staff Nurse
Home Detox Team

CC Dr Frank McGuire, Portland Medical Practice, 34 Portland Road, Kilmarnock, KA1 2DL

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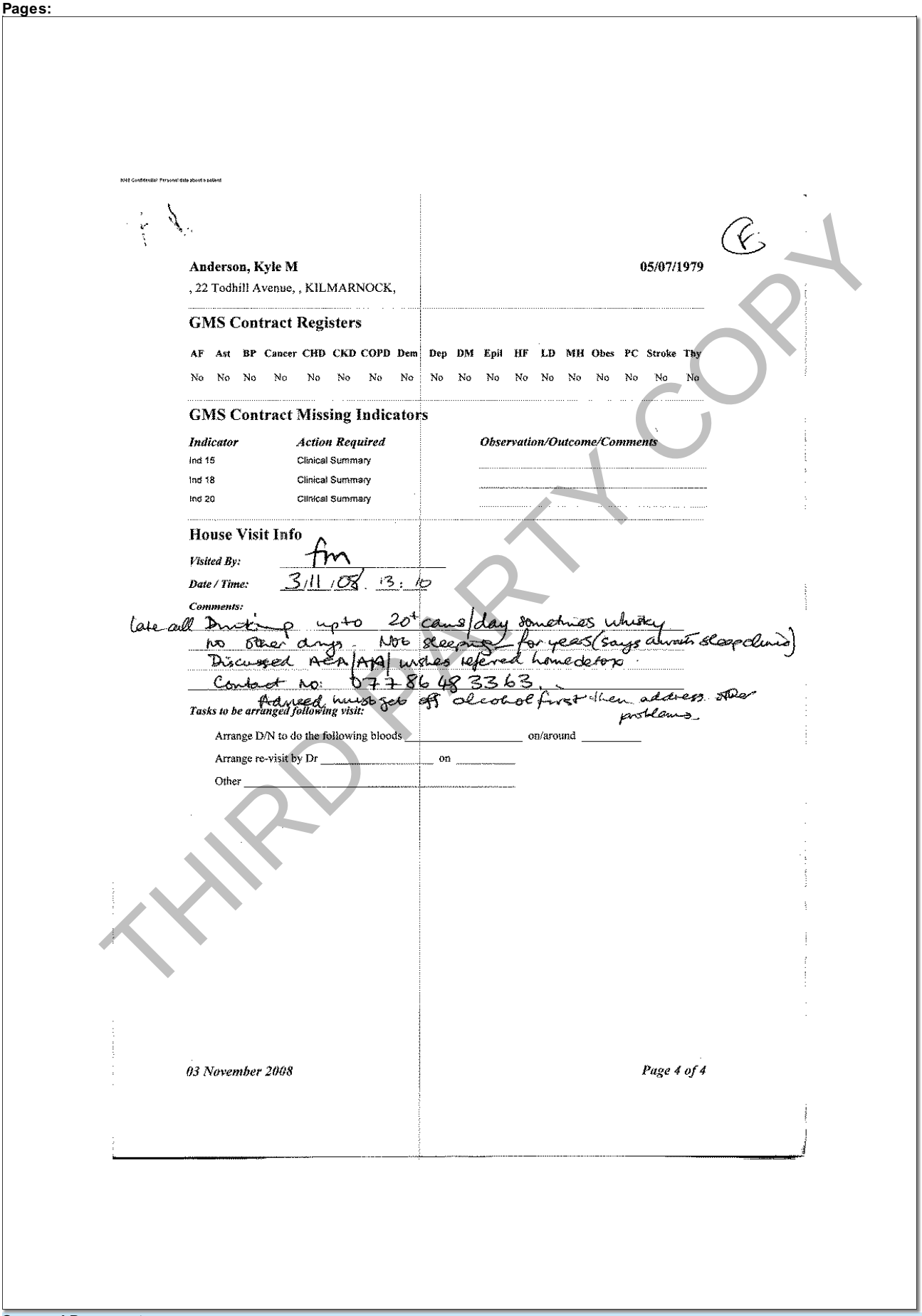

NHS Confidential: Personal data about a patient

Anderson, Kyle M **05/07/1979**

, 22 Todhill Avenue, , KILMARNOCK,

GMS Contract Registers

AF	Ast	BP	Cancer	CHD	CKD	COPD	Dem	Dep	DM	Epil	HF	LD	MH	Obes	PC	Stroke	Thy
No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

GMS Contract Missing Indicators

Indicator	*Action Required*	*Observation/Outcome/Comments*
Ind 15	Clinical Summary	
Ind 18	Clinical Summary	
Ind 20	Clinical Summary	

House Visit Info

Visited By: fm

Date / Time: 3/11/08 13:10

Comments:

late all Drinking up to 20+ cans/day sometimes whisky
no other drugs - Not sleeping for years (says about 3 hours/night)
Discussed AEA/AAA/ wishes referred home detox
Contact no: 07786 483363
Advised must go off alcohol first then address other problems

Tasks to be arranged following visit:

Arrange D/N to do the following bloods _____ on/around _____

Arrange re-visit by Dr _____ on _____

Other _____

03 November 2008 *Page 4 of 4*

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NHS Confidential. Personal data about a patient

Bainbridge, Anne

From: Adastra Comms [AdastraC@adoc.scot.nhs.uk]
Sent: 17 September 2006 04:14
To: 'Portlandmedicalpractice.admin@aapct.scot.nhs.uk'
Subject: Call #83047 16-Sep-2006

1-2

Call #: 83047 Received NHS24: 16-Sep-2006 09:32

Full cover

Patient's Name:Kyle Anderson
Date of birth:05-Jul-1979 (Age: 27 yearsSex:Male | Received ADOC:09:32
22 Todhill Avenue Kilmarnock | Passed :10:15
KA3 2EG (NS:430 398) | Advised :10:40
Tel No: 07842 186465 Origin: NHS24 | Arrived :__:__
Urgency: Within 4 Hours Type: Doctor Advic | Departed :__:__
Consulted by: Ghosh, Dr K(Stevenson 45) Own Doctor: Montgomery, Stuart

---

NHS24 Triage Begin 16-Sep-2006 09:36 NHS24 Triage End 16-Sep-2006 09:37
NHS24 Triaged by : Ghosh, Dr K(Stevenson 45)

Triage - Diagnosis
Comments: PT STATES HE IS GOIN TO KILL HIMSELF

Dr/CPN to phone patient ASAP within 1Hr
Clinical summary created: 16-Sep-2006
SUICIDAL FEELINGS FOR PAST 2 WEEKS, NOW STATES NEEDS HELP OR WILL KILL SELF TODAY. FATHER DIED AND CANNOT COPE. HAS ALCOHOL PROBLEM AND HAS NOT SOUGHT HELP IN PAST 2 WEEKS AS BEEN DRINKING DURING THIS TIME. DOES NOT FEEL ABLE TO ATTEND PCEC, WANTS GP OUT AT HOUSE. ADVISED GP WILL PHONE.

19 SEP 2006

Current Medication:
NIL
Allergies:
NIL
Previous Medical History:
ALCOHOL
NIL

FILE	✓	TELL PATIENT OK						
NOTES		APPT.		SCRIPT				
ABNORMAL		INFORM PATIENT						
VISIT		OTHER						
LM	PG	FM	SM	EM	FS	JC	GY	

Time Adoc Advised : 10:40 Advised by : Ghosh, Dr K(Stevenson 45)

Time of Visit/Base __:__ Consulting Doctor :

Final Outcome - Diagnosis

Final Outcome - Treatment
prescribed chlordiazepoxide 10 mg x 12.

Final Outcome - History
Has been drinking heavily,taking two bottle of whiskey daily, now stopped drinking, and experiencing nightmares, took one glass of whiskey this am, shaking, requesting to prescribe sleeping tabs as has not been sleeping, had previous home detom, I advised librium only but states that this does not work, I advised that I am not prepared to prescribe anything else, advised not to take alcohol along with librium and gradually reduce the dose.Not suicidal, sounded reasonable, has not expressed any suicidal thoughts to me.

Followups:

1

Patient Told To Contact GP: 2-2

FILE		TELL PATIENT OK					
NOTES		APPT		SCRIPT			
ABNORMAL		REFORM PATIENT					
VISIT		OTHER					
LM	PG	FM	SM	EM	FS	JC	GY

19 SEP 2006

2

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Hastings, Zoe

From: Adastra system communications server account [AdastraC@adoc.scot.nhs.uk]
Sent: 25 October 2008 04:10
To: Admin at Portland Medical Practice
Subject: Call #99043 24-Oct-2008

Call #: 99043 Received NHS24: 24-Oct-2008 18:26
Full cover

Patient's Name:Kyle Anderson
Date of birth:05-Jul-1979 (Age: 29 yearsSex:Male | Received ADOC:18:33
22 Todhill Avenue | Passed :18:55
Kilmarnock KA3 2EG (NS:430 398) | Advised :__:__
Tel No: 07544 256670 Origin: NHS24 | Arrived :19:26
Urgency: Routine Type: PCTC (Doctor| Departed :19:46
Consulted by: Porteous, Gordon S Own Doctor: Montgomery, Stuart

---

NHS24 Triage Begin 24-Oct-2008 18:30 NHS24 Triage End 24-Oct-2008 18:43
NHS24 Triaged by : Triage Nurse (Other Clinical User) (Gla

Triage - Diagnosis
SPOKE TO TL L. CLYDESDALE OK TO REGRADE CALL TO PCEC 4 HOURS ((Other Clinical User) (Glasgow))

PCEC within 4 Hrs
Clinical summary created: 24-Oct-2008
linical User) (Glasgow) [24/10/2008 18:43:12]
PAIN PASSING URINE FOR 3 DAYS AND FREQUENT URGE TO URINATE, URGE TO URINATE EVEN AFTER GOING TO TOILET, FEELS HOT, PT ADVISED TO BRING URINE SAMPLE, WORSENING STATEMENT GIVEN, PCEC CROSSHOUSE 4 HOURS
Current Medication:
NIL
Allergies:
NIL
Previous Medical History:
NIL

Time Adoc Advised : 18:30 Advised by : Triage Nurse (Other Cl

---

Time of Visit/Base 19:26 Consulting Doctor : Porteous, Gordon S

Final Outcome - Diagnosis
?diag for msu-doesnt wish to collect sample at present-given bottle to hand in to surgery

---

Final Outcome - Treatment
advice observe

Final Outcome - History
few days freq and discomfort in testicles on mictn.otherwise ok
married x12years,no extramarital intercourse

Final Outcome - Examination
looks ok. hs abdo nad.no renal angle tenderness.t36.9. says testicles

27/10/2008

Call #99043 24-Oct-2008

and groin look ok-nil to see-refuses examn

Prescribed Medications

Followups:
No Follow-Up Required:

27/10/2008

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Mental Health Services
NHS Addiction Services
East Ayrshire
Crosshouse Hospital
KILMARNOCK, KA2 0BE
Tel: 01563 826177
Fax: 01563 826184

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE
Dr. McGuire
Portland Road Practice
34 Portland Road
Kilmarnock

Date: 14 January 2014
Dictated: 6 January 2014
Our Ref: GB/CW

Dear Dr. McGuire

KYLE ANDERSON, 22 TODDHILL AVENUE, KILMARNOCK, KA3 2EG
CHI: 0507793552

Please see attached assessment letter for the above named patient.

If you require any further information please do not hesitate to contact me on the above telephone number.

Yours sincerely

Gary Brown
Charge Nurse
NHS Addiction Services - East Ayrshire

[redacted]

www.nhsayrshireandarran.com

NAME: KYLE ANDERSON CHI NO: 0507793552

Addiction Service Assessment V2	Confidential
Title	Mr.
Name:	*Kyle Anderson*
Address line 1:	*22 Toddhill Avenue*
Town:	*Kilmarnock*
Postcode:	*KA3 2EG*
CHI number	*0507793552*
Date of birth:	*05/07/1979*
Care co-ordinator:	*Mr. Gary Brown*
Completed by:	*Mr. Gary Brown*
Profession:	*Community Psychiatric Nurse*
Location:	*.Patient's Home*
Date:	*06/01/2014*
Reason for referral	
Reason for referral:	*Detoxification*
Patient's reason for attending	
Concerned and unhappy with current lifestyle and excessive alcohol use.	
Summary of strengths, goals and aspirations	
Recent period of abstinence indicates ability to address alcohol issues, insightful and motivated.	
Previous involvement with services:	*Addictions service*
Risks	
Risk to self:	*Low apparent risk*
aware of risks to health associated with excessive alcohol use, aware of risk of impulsive behaviour influenced by alcohol.	
Risk to others:	*Low apparent risk*
No risk nor threat of violence indicated today but Kyle does have previous charges for domestic violence and assault.	

NAME: KYLE ANDERSON CHI NO: 0507793552

Gender based violence	
Was routine gender based violence enquiry carried out?:	*Yes, first contact*
Why was gender based violence enquiry not possible?:	*Not relevant as already carried out*
Substance career	
Teens	
Reports first drinking aged 15/16 with peers at weekends. Kyle reports drinking beer at this time escalating from 4 bottles as his tolerance increased. ged 17/18 Kyle recalls drinking midweek when watching football and or boxing. Kyle admits he quickly began to drink most evenings.	
20's	
In his 20's Kyle reports drinking each evening and this escalated to drinking 15-20 cans of lager each evening. *reports being detoxed by NHS Addiction Services approx 8 years ago, aged 26 approx.*	
30's	
-Kyle reports drinking each evening and this escalated to drinking 20+ cans of lager and at times a bottle of Morgans spiced daily.	
40's	
-	
50's	
-	
60's	
-	
History	
History of presenting complaint	
Housing:	*Mild problem*
Currently residing with his mother, had previously been renting a room elsewhere.	

[redacted]

NAME: KYLE ANDERSON CHI NO: 0507793552

Physical health	
Physical health	
-Denied any diagnosed illness, current ailments nor recent operations but aware of risk of detriment to health if excessive alcohol use remains. *history and evidence today of alcohol withdrawal symptoms,* *Breathalyser 0.67%mmgs,* *BP 116/70* *P 88.*	
Seizure activities:	*none reported-*
Current medication	
-none reported	
Psychiatric history:	*none reported-*
Current mental state:	*yes-*
No major concerns noted but Kyle aware of the negative aspect alcohol has on his mood and mental well being.	
Forensic history:	*yes-*
Kyle was unspecific with his forensic past but did report approx 8 previous charges for either domestic violence, assault, BoP over a five year period the last charge being approx 2 years ago. Kyle reports previous community service and currently being on probation. *Kyle's probation officer is Archie Clark, Message left for Archie to discuss referral.*	
Assessment	
Current substance use	
-Reports current daily alcohol use being able to drink 20+ cans of lager and a bottle of morgans spice daily. Kyle had been alcohol free for 6 days from boxing day but his excessive alcohol use has again escalated over the last 6/7 days.	
Summary of Assessment	
Summary of Assessment	
Self referral for alcohol detox, *long history of daily excessive alcohol use,* *previous detox approx 8 years ago,* *current daily excessive alcohol use,*	

4

NAME: KYLE ANDERSON CHI NO: 0507793552

recent self cessation of alcohol use, *evidence of alcohol dependance.* *Provisionally accepted for home detox,* *to reduce and stabalise daily alcohol use,* *further PCAT appts agreed,* *GP liaison.*
Action plan
Provisionally accepted for home detox, *to reduce and stabalise daily alcohol use,* *further PCAT appts agreed,* *GP liaison.*
In this report key item status is indicated as follows: + = Nominated, ++ = Prioritised, - = Resolved, * = Strength
In this report alerted item status is indicated as follows: [!] = Alert Attached, [-!] = Alert Removed

Printed by:	*Mr. Gary Brown*
Signature:	
Date printed:	*14/01/2014*

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jobcentreplus

Part of the Department for Work and Pensions

Employment and Support Allowance

JOBCENTREPLUS
KILMARNOCK BDC
BAIRD STREET
GLASGOW
G90 8BB

Dr A MAGUIRE
34 PORTLAND ROAD
KILMARNOCK
AYRSHIRE
KA3 3AG

Our direct dial number is
Code 0845 Number 608 86 32

Textphone users with speech or hearing difficulties call
Code 0845 Number 608 85 81

If you get in touch with us, tell us this reference number
JN 50 59 93B

Date
09 / 05 / 2009

Limited capability for work assessment

Dear Doctor

Patient's name: Mr Kyle ANDERSON

Address: 22 TODHILL AVENUE, KILMARNOCK, AYRSHIRE, KA3 2EG

Date of birth: 05 / 07 / 1979

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

We decided that your patient is capable of work from 09 / 05 / 2009. This is based on

- [x] a medical assessment we arranged and your patient attended on 28 / 4 / 2009
- [ ] medical information you provided
- [x] information your patient gave us.

This means you do not have to give your patient any more medical certificates for Employment and Support Allowance purposes. But you may have to give your patient new medical certificates if

- they decide to appeal against our decision
- their condition gets significantly worse
- they have a new medical condition.

We have sent your patient a summary of the Limited Capability for Work Assessment.

Yours sincerely

for the manager

ESA65B 10/08

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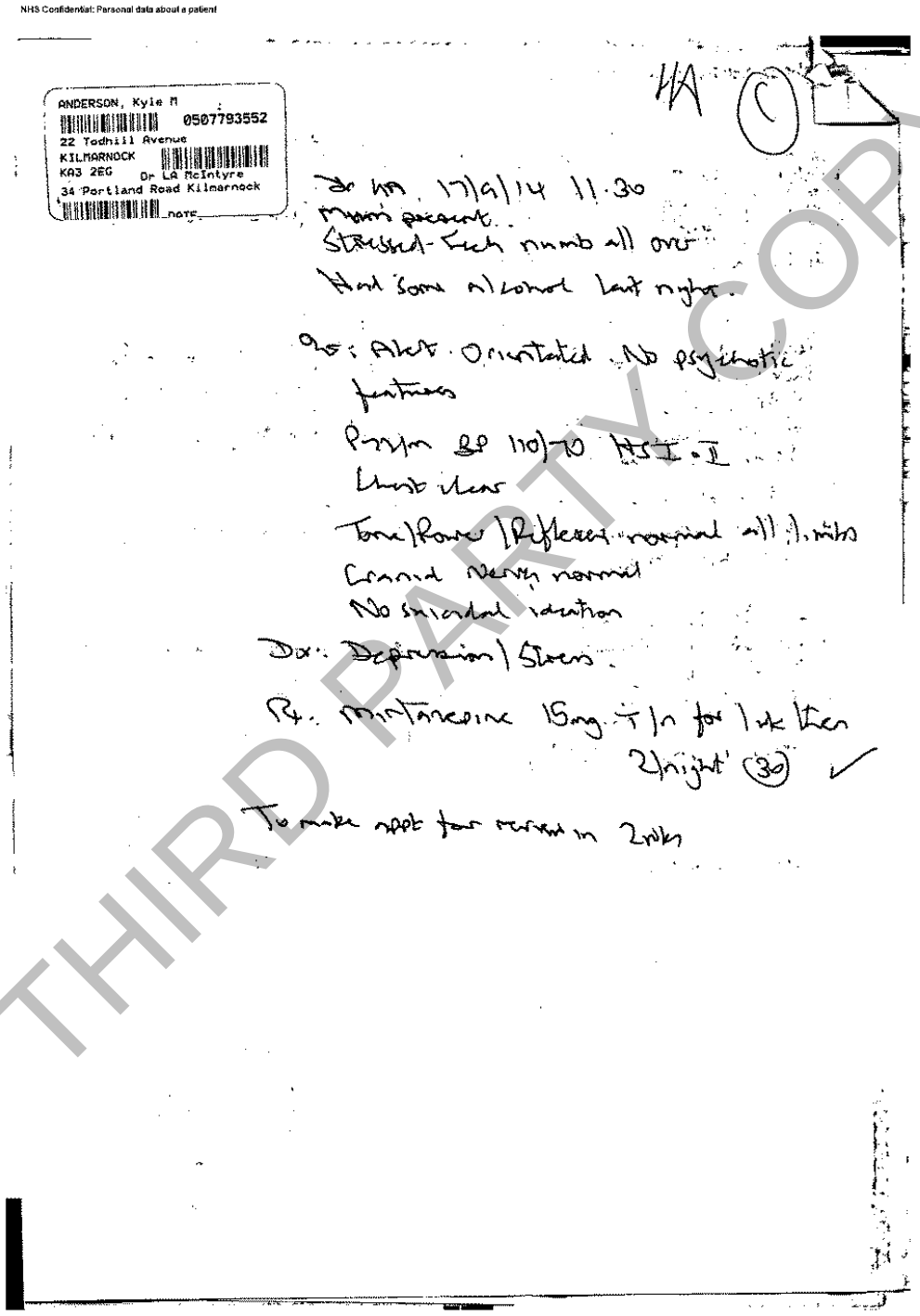

NHS Confidential: Personal data about a patient

ANDERSON, Kyle M
0507793552
22 Todhill Avenue
KILMARNOCK
KA3 2EG Dr LA McIntyre
34 Portland Road Kilmarnock
NOTE

HA C

Dr HA 17/9/14 11.30
Mum present.
Stressed - Each month all over
Had some alcohol last night.

MSE: Alert. Orientated. No psychotic features
Pupils BP 110/70 HS I. II
Chest clear
Tone/Power/Reflexes normal all limbs
Cranial Nerves normal
No suicidal ideation

Dx: Depression/Stress

Rx: Mirtazapine 15mg OD for 1st Week
2nd night (30) ✓

To make appt for review in 2wks

NHS Confidential: Personal data about a patient

Portland Medical Practice

34 Portland Road, Kilmarnock, KA1 2DL
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522413
Fax : 01563 545499
www.portlandmedicalpractice.co.uk

Ref: LM/SG

12th September 2014

TO WHOM IT MAY CONCERN:

KYLE ANDERSON, DOB: 05/07/1979
22 TODHILL AVENUE, KILMARNOCK, KA3 2EG

I can confirm that the above patient is currently suffering acute distress due to the break-up of his marriage.

He tells me that his ex-wife stays across the road from his current house and he is urgently requesting re-housing. This seems reasonable and I would be grateful if this could be taken into consideration.

Yours sincerely

Dr L McIntyre

Filename: document_102.pdf
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NHS Confidential: Personal data about a patient

Mental Health Services
NHS Addiction Services
East Ayrshire
Crosshouse Hospital
KILMARNOCK, KA2 0BE
Tel: 01563 826177
Fax: 01563 826184

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr McGuire
Portland Medical Practice
34 Portland Road
KILMARNOCK
KA1 2DL

Date: 26 February 2014
Dictated: 22 January 2014
Our Ref: GB/RB

Dear Dr McGuire

KYLE ANDERSON, 22 TODHILL AVENUE KILMARNOCK KA3 2EG
CHI 0507793552

Please see attached assessment / discharge letter for the above named patient.

If you require any further information please do not hesitate to contact me on the above telephone number.

Yours sincerely

Gary Brown
Charge Nurse
NHS Addiction Services - East Ayrshire

INVESTING IN VOLUNTEERS

www.nhsayrshireandarran.com

NAME: KYLE ANDERSON CHI NO: 0507793552

Addiction Service Assessment V2	Confidential
Title	Mr.
Name:	*Kyle Anderson*
Address line 1:	*22 Toddhill Avenue*
Town:	*Kilmarnock*
Postcode:	*KA3 2EG*
CHI number	*0507793552*
Date of birth:	*05/07/1979*
Care co-ordinator:	*Mr. Gary Brown*
Completed by:	*Mr. Gary Brown*
Profession:	*Community Psychiatric Nurse*
Location:	*Lister Street*
Date:	*22/01/2014*
Reason for referral	
Reason for referral:	*Detoxification*
Patient's reason for attending	
Concerned and unhappy with current lifestyle and excessive alcohol use.	
Summary of strengths, goals and aspirations	
Recent period of abstinence indicates ability to address alcohol issues, insightful and motivated.	
Previous involvement with services:	*Addictions service*
Risks	
Risk to self:	*Low apparent risk*
Risk to others:	*Low apparent risk*
Gender based violence	
Was routine gender based violence enquiry carried out?:	*Yes, first contact*

NAME: KYLE ANDERSON CHI NO: 0507793552

Why was gender based violence enquiry not possible?:	*Not relevant as already carried out*
Substance career	
Teens	
Reports first drinking aged 15/16 with peers at weekends. Kyle reports drinking beer at this time escalating from 4 bottles as his tolerance increased. Aged 17/18 Kyle recalls drinking midweek when watching football and or boxing. Kyle admits he quickly began to drink most evenings.	
20's	
In his 20's Kyle reports drinking each evening and this escalated to drinking 15-20 cans of lager each evening. *reports being detoxed by NHS Addiction Services approx 8 years ago, aged 26 approx.*	
30's	
-Kyle reports drinking each evening and this escalated to drinking 20+ cans of lager and at times a bottle of Morgans spiced daily.	
40's	
-	
50's	
-	
60's	
-	
History	
History of presenting complaint	
Housing:	*Mild problem*
Physical health	
Physical health	
Health concerns remain, *Kyle unable to reduce alcohol use in prepapration for detox aware of health risks connected to excessive alcohol use.*	
Seizure activities:	*none reported/observed during intervention*

NAME: KYLE ANDERSON CHI NO: 0507793552

Current medication	
-none reported	
Psychiatric history:	*none reported-*
Current mental state:	*yes-*
Forensic history:	*yes-*
Assessment	
Current substance use	
Kyle had reported being alcohol free for a couple of days but had since returned to daily alcohol use, *at times of both PCAT appts Kyle was intoxicated and under the influence of alcohol,* *Kyle reports a daily consumption of 15-20 cans of lager daily and expressed his intent to drink this amount after appts during the appt.*	
Summary of Assessment	
Summary of Assessment	
Attended both appts under the influence of alcohol, *reported an inability to reduce and stabalise daily alcohol use as required for preparation for detox,* *opted not to respond to a 7 day engagement letter to receive PCAT intervention.*	
Action plan	
reports and displayed an inability to reduce and stabalise daily alcohol use, *declined further PCAT appts by not responding to a 7 day contact letter,* *discharged from NHS Addiction Services,* *telephone message left for GP Dr McGuire on 21/1/14,* *GP liaison.*	
In this report key item status is indicated as follows: + = Nominated, ++ = Prioritised, - = Resolved, * = Strength	
In this report alerted item status is indicated as follows: [!] = Alert Attached, [-!] = Alert Removed	
Printed by:	*Mr. Gary Brown*
Signature:	
Date printed:	*26/02/2014*

NHS Confidential: Personal data about a patient

Portland Medical Practice

34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411.
Fax : 01563 545499.
www.portlandmedicalpractice.co.uk

Ref: LM/SG

12th September 2014

TO WHOM IT MAY CONCERN:

KYLE ANDERSON, DOB: 05/07/1979
22 TODHILL AVENUE, KILMARNOCK, KA3 2EG

I can confirm that the above patient is currently suffering acute distress due to the break-up of his marriage.

He tells me that his ex-wife stays across the road from his current house and he is urgently requesting re-housing. This seems reasonable and I would be grateful if this could be taken into consideration.

Yours sincerely

Dr L McIntyre

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NHS 24 FAX REPORT

NHS 24 ID:	Call ID: 15062012	Site:	Glasgow
CHI #:	0507783552	Caller Name:	MARY ANDERSON
Surname:	ANDERSON	Date/Time Call Received:	08/09/2014 9:45
Forename:	KYLE	Date Call Completed:	
DOB:	05/07/1979	Time Call Completed:	
Gender:	Male	Call Priority:	3
Address:	22 Todhill Avenue	Call Reason:	?NERVOUS BREAKDOWN 3 WEEKS SEE AV
	Kilmarnock	Current Location:	16 Hareshaw Gardens
	Ayrshire/KA3 2EG		Kilmarnock
PH NO:	07548111998 (Return)		Ayrshire/KA3 2ET
		Special Directions:	Main Door
		Current PH NO:	07548111998 (Return)
Care Provider:	MONTGOMERY, STUART	Care Provider Details:	34 PORTLAND RD
			KILMARNOCK
			KA1 2DL
			Scotland
Temporary Resident:	No		

Referred To: Recommended Action:

CLINICAL SUMMARY

FEELS NUMB FOR UNSURE AND NO TEMP OR RASH AND ABLE TO PUT CHIN TO CHEST. OFF FOOD 4 DAYS TAKING FLUID. PU AND BO NORMAL HAD ONE EPISODE OF RECTAL BLEEDING SEVERAL DAYS AGO WITH BO. TAKING STREET VALIUM AND ALCOHOL. STATES NOT COPING SINCE WIFE LEFT HIM FOR ANOTHER. RECENT JAIL TIME FOR CAUSING PROBLEMS WITH EX. FEELS HE WANTS TO KILL SOMEONE. GP APP 4HRS. PT TO CALL GP

PAST MEDICAL HISTORY

MEDICAL PROBLEMS

NIL

MEDICATIONS

NIL, STREET VALIUM

ALLERGIES

NIL

Referred Clinical Notes:

T:
P:
R:
BP: /

Print Name: Signature:

NHS Confidential: Personal data about a patient

ANDERSON, Kyle M
0507793552
22 Todhill Avenue
KILMARNOCK
KA3 2EG
Dr LA McIntyre
34 Portland Road Kilmarnock

Pt staying at
16 Hareshaw Gardens
KA3 2ET

07548111 998

Really out of prison. Whilst in, found out wife had left him for their son's 17yr old friend. Going 'mental'. Agitated c/o ED & V distressed by it. Not sleeping. Does not want to go out. Staying at sisters house. Not suicidal.
2. Feels wife strong + foul.
3. ? Remnant vein lt calf. - not thrombosed.
4. Wishes referred to ED clinic - issues since heard about wife but refuses bloods.

For TSW if not helping.
Warned will not get another diazepam Rx for a week. For 7 bd week 2, 7 daily week 3.
Rx T. Diazepam 5mg x 21. T tid (own will keep).

T trimethoprim 200mg x 6 T bd.

Cert 4 weeks - stress. - can't fit probation.

[redacted]

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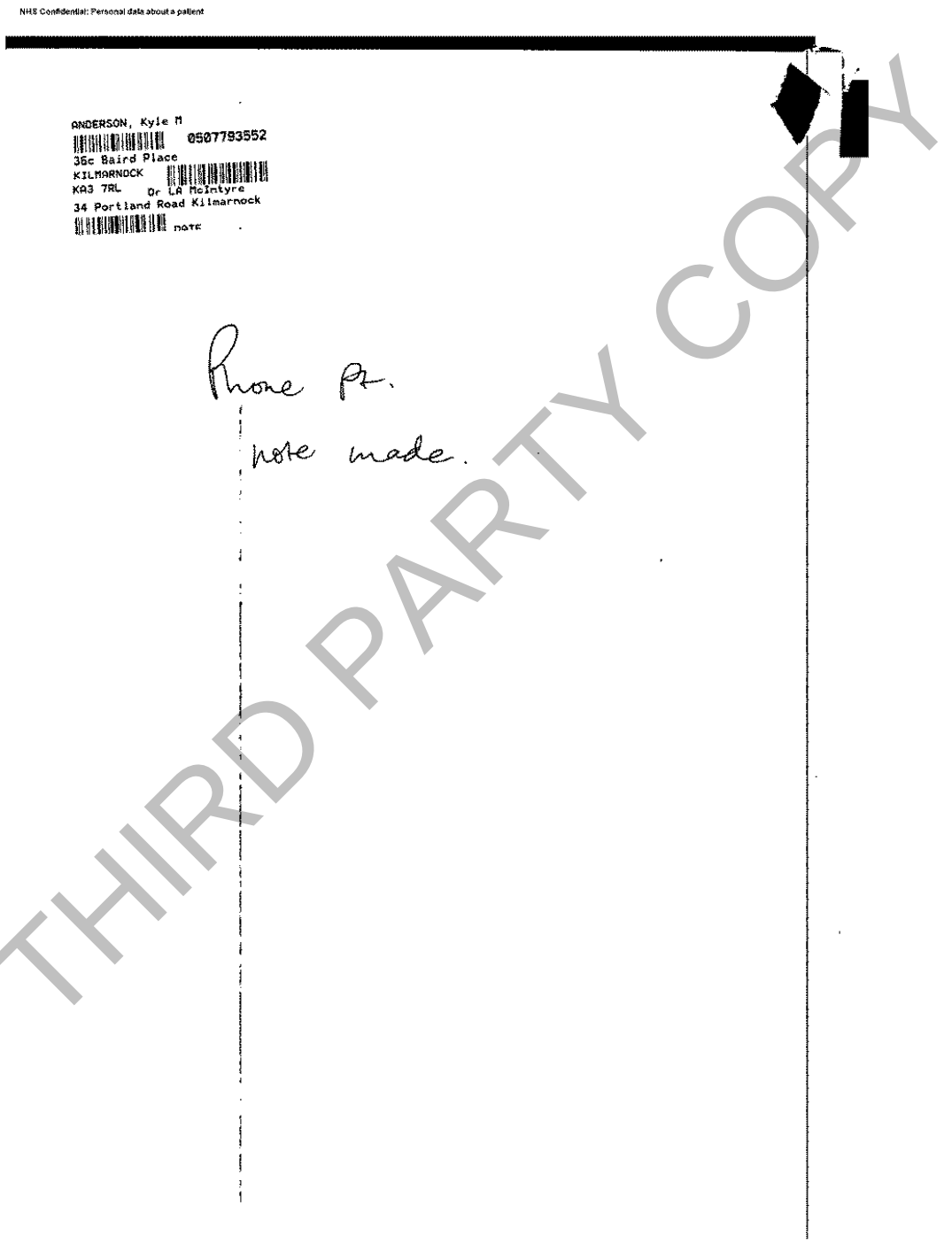
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ANDERSON, Kyle M
0507793552
36c Baird Place
KILMARNOCK
KA3 7RL Dr LA McIntyre
34 Portland Road Kilmarnock
note

Phone Pt.
note made.

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Patient : Kyle Anderson
(Gender: Male) (DOB: 05/07/1979) (Age: 34 years) (CHI: 0507793552)

Case No 11600 **Case Date** 24/05/2014 17:08
Own Dr Montgomery, Stuart

Emergency Care Summary viewed on case

Current Address
22 Todhill Avenue

Kilmarnock
KA3 2EG
Current Phone 01563 559309

Home Address (If Different)

Home Phone (If Different) 07833 958479

Case Type Home Visit
Priority On Reception Within 4 Hours

NHS 24 Advice by (Nurse Advisor) (Glasgow) **Triage Start** 14:02 **Triage End** 14:17

Clinical summary created by: (Nurse Advisor) (Glasgow) [24/05/2014 14:17:37]
NOT COPING FOR ONGOING AND DRINKING 30 CANS OF BEER A DAY TO HELP COPE WITH RELATIONSHIP STRESS. MANAGED TO STOP FOR 20 DAYS BY USING STREET VALIUM . BEEN DRINKING FOR 7 DAYS NOW AND REQUESTING HELP TO STOP. SPEAK TO GP/ CPN 4 HRS

PATIENT HAS ALCOHOL PROBLEMS, DRINKING FAR TOO MUCH AND GOING CRAZY. MENTAL HEALTH IS AFFECTED. STATES HE NEEDS A DETOX. HE FEELS DOWN. ((Non-Clinical User) (Glasgow))

Case Questions

Pocked Aremote Consult by: **Consult Start**
Start Type **End Type** **Consult End**

Adastra Consult by Sharma, S C **Consult Start** 16:43
Start Type Doctor Advice **End Type** Doctor Advice **Consult End** 16:45

History
phoned at . 4 40 . no reply . message left . he has drinking problem and he had discharged from service . cpn has told . he has appoint on Tuesday . . advised to contact us . . i will try again

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Adastra Consult by Sharma, S C **Consult Start** 17:05
Start Type Doctor Advice **End Type** Home Visit **Consult End** 17:07

History
phoned at . 4 40 . no reply . message left . he has drinking problem and he had discharged from service . cpn has told . he has appoint on Tuesday . . advised to contact us . . i will try again
phoned back at 5 08 pm . no reply . message left to contact us again .
unfortunately it is not been possible to contact him . due to unpredictability of this kind of case . HV arranged for 4 hours

Report Statistics: Report produced by Adastra Version 3 - 25/05/2014 04:03:13

Patient : Kyle Anderson

(Gender: Male) (DOB: 05/07/1979) (Age: 34 years) (CHI: 0507793552)

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Adastra Consult by Sardar, Sohail **Consult Start** 20:23
Start Type Home Visit **End Type** Home Visit **Consult End** 20:42

History
as above-seen with mum and sister-drinking ++-danger dts-had detox before and 4 weeks ago bought valium to detox himself-20 days off alcohol-drinking +++,drinking when seen

Examination
well,alert,orientated,pulse 80,bp 146/80,hydrtaed,temop 37,no anaemia,no shock-nil re dts

Diagnosis
alcoholism

Treatment
desperate to stop-given script librium,10mg caps- 3 qds dai, 11 caop day 2,10 cap day 3-reducing dose-mum will keep meds-tcb as reqd-otherwise gp tue re review /;librium

Clinical Code(s)
E23.. Alcohol dependence syndrome

Prescriptions

Informational Outcome(s)
Patient Told To Contact GP - as above

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NHS Confidential: Personal data about a patient

ate: 16/02/2015 Time: 17:30 To: Spotland 80382-1 KILMARNOCK @ ,01563545499 NHS2
Page: 001

NHS 24 FAX REPORT

NHS 24 ID:	Call ID: 15785220	Site:	Edinburgh
CHI #:	0507793562	Caller Name:	
Surname:	ANDERSON	Date/Time Call Received:	16/02/2015 17:06
Forename:	KYLE		
DOB:	05/07/1979	Date Call Completed:	
Gender:	Male	Time Call Completed:	
Address:	36c Baird Place	Call Priority:	C50
		Call Reason:	WITHDRAWING FROM ALCOHOL SEE AV
	Kilmarnock	Current Location:	36c Baird Place
	Ayrshire/KA3 7RL		Kilmarnock
PH NO:	01563403574 (Return)		Ayrshire/KA3 7RL
		Special Directions:	Intercom/Buzzer Entry
		Current PH NO:	01563403574 (Return)
Care Provider:	MONTGOMERY, STUART	Care Provider Details:	34 PORTLAND RD
			KILMARNOCK
			KA1 2DL
			Scotland
Temporary Resident:	No		

Referred To: Recommended Action:

CLINICAL SUMMARY

ALCOHOL WITHDRAWAL FOR TODAY AND RETURN CALLER,CONCERNED AS HAD 2 SEIZURES TODAY WHILST REDUCING ALCOHOL INTAKE. ADVISED EARLIER TO ATTEND A+E OR CONTACT OWN GP. NO BREATHING CONCERNS. HAVING COLD SWEATS AND HAS HAD SOME FURTHER ALCOHOL. NO WAY OF GETTING TO A+E AND NOW STATES HE DOES NOT HAVE A GP. LOOKING FOR A HOME VISIT. ADVISED TO GO TO A+E AS NO OOH GP AVAILABLE AT THISTIME BUT INSISTANT WILL CALL BACK LATER. A+E OUTCOME {DISPUTED}

PAST MEDICAL HISTORY

MEDICAL PROBLEMS

NIL, ALCOHOL ISSUES

MEDICATIONS

NIL, STREET VALIUM

ALLERGIES

NIL

Referred Clinical Notes:

T:
P:
R:
BP: /

Print Name: Signature:

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NHS Confidential: Personal data about a patient

HMP Kilmarnock
Transfer of Care Summary

NHS Ayrshire & Arran

Dear Dr Montgomery, Portland Medical Practice

Clients Name	Kyle Anderson	Date of Birth	05.07.1979
Alias		CHI Number	

Clients address	22 Todhill Avenue
Post code	KA3 2EG
Contact telephone number	

Date of Liberation	28.08.2014

The above patient has been in our care. During his stay, he has suffered from the following medical condition(s)

1. Lower Back Pain — Date of onset 23/08/14 — Active / No
2. _____ — Date of onset / / — Active / No
3. _____ — Date of onset / / — Active / No
4. _____ — Date of onset / / — Active / No
5. _____ — Date of onset / / — Active / No

The Following Medicine(s) is/are currently being prescribed:

MEDICINE (BLOCK CAPS)	Dose and Form (eg Tabs)	Frequency of Administration	Additional Information

The Following Medicine(s) will be prescribed by the Community Addictions Team:

MEDICINE (BLOCK CAPS)	Dose and Form (eg Tabs)	Frequency of Administration	Additional Information

Additional information (eg outstanding outpatient appointment)	

The patient has been advised to contact GP on the day of release to confirm registration or re-register and confirm continuation of medication. Patient will be given a minimum of a 3 day liberation script of all medication (not including controlled drugs).

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Department of Urology
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555
01292 614641
www.nhsaaa.net

NHS Ayrshire & Arran

Dr LA McIntyre
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Our Ref:	DR/CIK
Hospital No:	0507793552
Clinic Date:	17/11/2014
Date Dictated:	17/11/2014
Date Typed:	20/11/2014
Enquiries to	Maureen McCreadie
Direct Line:	
Ext. Number:	14876
Email:	maureen.mccreadie@aaaht.scot.nhs.uk

Dear Dr McIntyre,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
22 TODHILL AVENUE, KILMARNOCK, AYRSHIRE, KA3 2EG

Thank you for referring this gentleman to the Sexual Dysfunction Clinic.

He failed to attend his appointment with me today.

I plan no further follow-up for him. If he requests re-referral, please let me know and I will certainly arrange another appointment for him.

Yours sincerely

Authorised on 20/11/2014 13:50:35 by Derek Rutherford.

Derek Rutherford PhD
Consultant Nurse in Men's Health/Sexual Medicine

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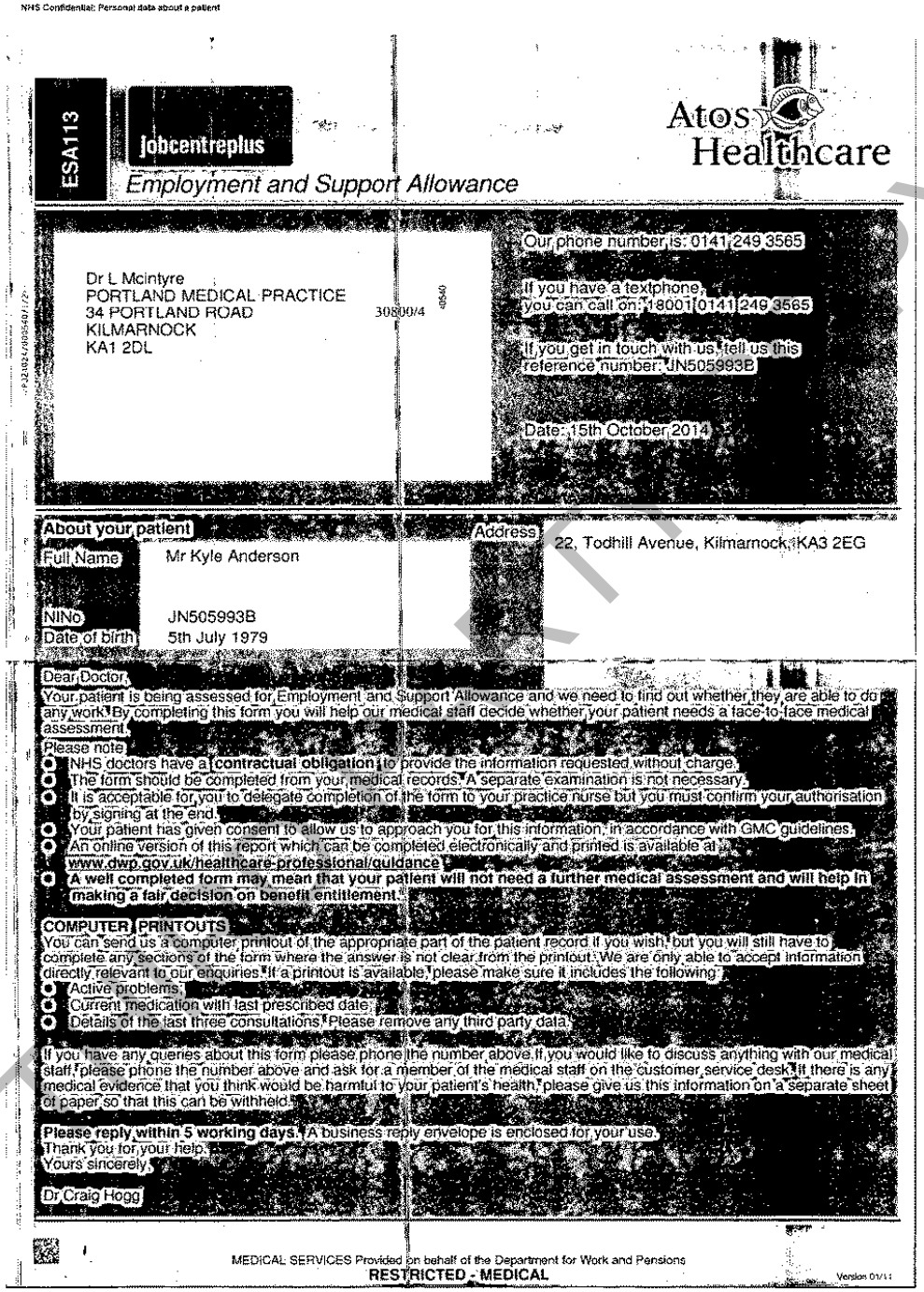

NHS Confidential: Personal data about a patient

ESA113

Jobcentreplus

Employment and Support Allowance

Atos Healthcare

Dr L McIntyre
PORTLAND MEDICAL PRACTICE
34 PORTLAND ROAD
KILMARNOCK
KA1 2DL

30800/4 4540

Our phone number is: 0141 249 3565

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

If you get in touch with us, tell us this reference number: JN505993B

Date: 15th October 2014

About your patient

Full Name	Mr Kyle Anderson
NINo	JN505993B
Date of birth	5th July 1979

Address: 22, Todhill Avenue, Kilmarnock, KA3 2EG

Dear Doctor,

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

Please note:

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

COMPUTER PRINTOUTS

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

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

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

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

Thank you for your help.

Yours sincerely,

Dr Craig Hogg

MEDICAL SERVICES Provided on behalf of the Department for Work and Pensions

RESTRICTED - MEDICAL

Version 01/11

NHS Confidential: Personal data about a patient

Client Name:
Mr Kyle Anderson

Client NINo: JN505993B

Client Date of Birth: 05.07.1979

Freepost Plus RTGB-KEBA-RBAX
Atos Healthcare Glasgow MSC
Mail Handling Site A
Wolverhampton
WV98 1SN

Your reply

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

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

1 **When did your patient last see a GP?**

19 11

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

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

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

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

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
Anxiety / depression		
H/o alcohol abuse - anger management issues. Previously attended - PCT/HT		
DH / mirtazapine 30mg nocte		

MEDICAL SERVICES Provided on behalf of the Department for Work and Pensions
RESTRICTED - MEDICAL

NHS Confidential: Personal data about a patient

About your patient - continued

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

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

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

Concentration poor

very stressed at present + irritable

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

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

7 Additional information
Please continue on a separate sheet if necessary

H/O Domestic violence + assault, but no risk when last seen

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

Your Signature

Signature [signature]

Name IN CAPITALS Dr

Date 17/10/14

Practice stamp

Dr L A McIntyre
34 Portland Road
Kilmarnock
Ayrshire KA1 2DL
Tel: 01563 522411 Fax 573557

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RESTRICTED - MEDICAL

Version 01/11

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NHS Confidential: Personal data about a patient

Portland Medical Practice
34 Portland Road, Kilmarnock, KA1 2DL
Hurlford Clinic, Union Street, Hurlford, KA1 5BT
Telephone No. : 01563 522411
Fax : 01563 545499
www.portlandmedicalpractice.co.uk

Our Ref: FS/GM

16th February 2014

Kyle M Anderson
36c Baird Place
KILMARNOCK
KA3 7RL

Dear Mr Anderson,

REMOVAL OF PATIENTS

It is noted from our records that there has been a breakdown of practice/patient relationship. I now wish to inform you that I have accordingly written to Practitioner Services and have asked them to remove you from the list of Dr McIntyre and Partners.

I would strongly recommend that you register with another Doctor or contact the Health Board on 0141300-1300 who will allocate you to another Doctor.

WE WILL BE RESPONSIBLE FOR YOUR CARE FOR 8 DAYS AFTER THE DATE ON THIS LETTER.

Yours sincerely

Fiona Shearer
Practice Development Manager

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Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

jobcentreplus

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

Your reference is JN505993B
Please tell us this number
if you get in touch with us

02536
Dr McIntyre
DOCTORS SURGEY
PORTLAND ROAD
KILMARNOCK
AYRSHIRE
KA1 2DJ

Bathgate Benefit Centre
Mail Handling Site A
Wolverhampton
WV98 1AN

Phone 0345 6088545
TEXTPHONE for the deaf/hard of hearing ONLY 0845 6088551

Date 19 November 2014

Dear Doctor McIntyre

Work Capability Assessment Outcome Notification

File / Sm

Patients Name	Mr K M Anderson
Patients Address	22 Todhill Av Kilmarnock Ayrshire KA3 2EG

Patients D.O.B : 5 July 1979

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

WCA Effective Date 1 December 2014

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

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

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

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

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

NHS Confidential: Personal data about a patient

19 November 2014

Dr McIntyre REF: JN505993B

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

Yours sincerely

Ken Barnes

Manager

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Pages:

NHS Confidential: Personal data about a patient

Dr D Chung Dr J Gordon Dr M Draegebo Dr J Mu[illegible]
Dr J Mardon Mr J Stevenson Dr C McGuffie Dr Y Mouids Dr L[illegible]

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 5777[illegible]
Fax: 01563 5720[illegible]

Dr. PG GAFFNEY
PORTLAND MEDICAL PRACTICE
34 PORTLAND ROAD
KILMARNOCK
AYRSHIRE
KA1 2DL

Kyle Anderson
36E BAIRD PLACE
KILMARNOCK, KA3 7RL

DOB: 05/07/1979
A/E No: XH-15-008109
CHI No: 0507793552

Date and Time of Attendance: 10 Feb 2015 15:22
Total A&E Attendances = 3 , attendances in last year = 2

Diagnosis Minor head injury

Treatment Advice

Drugs:

Investigations

Follow up: Discharge, no follow up

Usual place of residence

Additional Information: presented 8 days after alleged assualt when intoxicated. head injury sustained to R side of head/face. ongoing pain, blurred vision and unsteady gait since head injury. intermittent vomiting. h/o chronic alcohol misuse. inconsistent neuro examination findings. unsteady on feet, reduced visual acuity, brusing to R ear. tender++ over frontal/maxillary sinuses and R pinna. CT head - no bleed/infarct seen. discharged home with advice and appointment for alcohol liason clinic on 12/2/15. patient keen to stop drinking. advised to not stop in interim due to potential for withdrawl sequelae.

Laura Farmer

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

Patient : Kyle Anderson
(Gender: Male) (DOB: 05/07/1979) (Age: 35 years) (CHI: 0507793552)

Case No 92923 **Case Date** 08/02/2015 19:01
Own Dr Montgomery, Stuart

Current Address
36C Baird Place

Kilmarnock
KA3 7RL
Current Phone 07808 504606

Home Address (If Different)
Home Phone (If Different) 07833 958479

Case Type NHS24 Advice
Priority On Reception NHS24 Advised

NHS 24 Advice by (Nurse Advisor) (Tayside) **Triage Start** 19:06 **Triage End** 21:03

Clinical summary created by: (Nurse Advisor) (Tayside) [08/02/2015 21:02:24]
MULTIPLE INJURIES FOR 6 DAYS AND STATES ASSAULTED IN LONDON 6/7, STABBED IN HAND & EAR. FACE & HEAD BEATEN, C/O HEADACHE, DOUBLE/TRIPPLE VISION, RECTAL BLEEDING, NOSEBLEEDS, SWOLLEN PAINFUL HAND, DAILY ALCOHOL DRINKER. NAUSEA, ADVISED ATTEND CROSSHOUSE A & E

BEAT UP ON MONDAY - STABBED 5 TIMES IN HAND & LOST A LOT OF BLOOD - SEEING TRIPLE - NAUSEA - PASSING BLOOD WITH BOWEL MOVEMENTS ((User) (Cardonald))

CAN TOLERATE LIGHT AFTER FURTHER QUESTIONING - CS 2 - D/W TL J. BOYLE - PT ARRESTED AFTER ATTACK - DR LOOKED AT HIM AT CELLS & SAID HADN'T SEEN EAR INJURY LIKE THAT & SHOIULDN'T GO TO COURT BUT PT WENT TO COURT ANYWAY ((User) (Cardonald))

OPENED FOR QC ROLE ((User) (Cardonald))

OPENED FOR QC ROLE ((Other Clinical User) (Cardonald))

LONG CALL TRIED TO NEGOTIATE PATIENT ATTENDING A & E ONLY 3 MILES AWAY. NO MONEY AS WAS ROBBED. PARTNER KERRY HAPPY TO ASSIST AND TRY AND GET PATIENT TO A & E, NOT SUITABLE FOR SAS ((Nurse Advisor) (Tayside))

Case Questions

Pocked Aremote Consult by: **Consult Start**
Start Type **End Type** **Consult End**

Adastra Consult by **Consult Start**
Start Type **End Type** **Consult End**

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics: Report produced by Adastra Version 3 - 09/02/2015 04:05:29

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Pages:

NHS Confidential: Personal data about a patient

Patient : Kyle Anderson
(Gender: Male) (DOB: 05/07/1979) (Age: 35 years) (CHI: 0507793552)

Case No 95279 **Case Date** 16/02/2015 17:06
Own Dr Montgomery, Stuart

Current Address
36C Baird Place

Kilmarnock
KA3 7RL
Current Phone 01563 403574

Home Address (If Different)

Home Phone (If Different) 07833 958479

Case Type NHS24 Advice
Priority On Reception NHS24 Advised

NHS 24 Advice by (Nurse Advisor) (Edinburgh) **Triage Start** 17:10
Triage End 17:30

Clinical summary created by: (Nurse Advisor) (Edinburgh) (16/02/2015 17:28:05)
ALCOHOL WITHDRAWAL FOR TODAY AND RETURN CALLER.CONCERNED AS HAD 2 SEIZURES TODAY WHILST REDUCING ALCOHOL INTAKE. ADVISED EARLIER TO ATTEND A+E OR CONTACT OWN GP. NO BREATHING CONCERNS. HAVING COLD SWEATS AND HAS HAD SOME FURTHER ALCOHOL. NO WAY OF GETTING TO A+E AND NOW STATES HE DOES NOT HAVE A GP. LOOKING FOR A HOME VISIT. ADVISED TO GO TO A+E AS NO OOH GP AVAILABLE AT THISTIME BUT INSISTANT WILL CALL BACK LATER. A+E OUTCOME (DISPUTED)

RETURN CALLER: CONCERNED ABOUT TAKING 2 SEIZURES EARLIER TODAY, DID NOT ATTEND A&E AS TOO UNWELL. ABDO PAIN, LEG PAIN, ((User) (Cardonald))

Case Questions

Pocked Aremote Consult by: **Consult Start**
Start Type **End Type** **Consult End**

Adastra Consult by **Consult Start**
Start Type **End Type** **Consult End**

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics: Report produced by Adastra Version 3 - 17/02/2015 04:05:35

Patient : Kyle Anderson
(Gender: Male) (DOB: 05/07/1979) (Age: 35 years) (CHI: 0507793552)

Case No 95297 **Case Date** 16/02/2015 18:24
Own Dr Montgomery, Stuart

Emergency Care Summary viewed on case

Current Address
36C Baird Place

Kilmarnock
KA3 7RL
Current Phone 07808 504606

Home Address (If Different)

Home Phone (If Different) 07833 958479

Case Type Home Visit
Priority On Reception Within 4 Hours

NHS 24 Advice by (Nurse Advisor) (Edinburgh) **Triage Start** 18:27
Triage End 18:42

Clinical summary created by: (Nurse Advisor) (Edinburgh) [16/02/2015 18:42:05]
FITTING AND ALCOHOL WITHDRAWAL FOR 4 DAYS AND FITTED X2, ACHES ALL OVER. FREQUENT D&V. NOT REGISTERED WITH GP.FLUCTUATING TEMP. UNABLE TO LEAVE HOUSE. HOME VISIT 4HRS

THIRD CALL TO SERVICE TODAY. ADVISED TO GO TO A&E ON PREVIOUS CALLS. WANTS A DR TO COME TO THE HOUSE. STATES LAST HAD A FIT AROUND 11AM TODAY. WITHDRAWING FROM ALCOHOL. SWEATING. ((Other Clinical User) (Aberdeen))

DOES NOT WANT SURGERY TO KNOW ABOUT THIS CALL. ((Other Clinical User) (Aberdeen))

DATA CONSENT CHANGED TO YES TO ALLOW CALL TO BE SENT TO HUB, STATES NOT REGISTERED WITH GP ((Nurse Advisor) (Edinburgh))

Case Questions

Pocked Aremote Consult by: **Consult Start**
Start Type **End Type** **Consult End**

Adastra Consult by Igwe-Omoke,Agom (supplementary) **Consult Start** 21:22
Start Type Home Visit **End Type** Home Visit **Consult End** 21:55

History
Hx as per triage, seen with partner, pt has been advised to attend XH AE earlier but he refused. Difficult consultation as pt wanted to be given meds for detox tonight, he doesn't want to see own GP and doesn't want own GP to know he has called ADOC tonight asking for drugs-- see PmHx of use of street valium, no information on ECS/KISS -- I have explained that pharmacy has closed now and we don't carry chlordiazepoxide in Adoc bag, he declined any other medication/declined offer of hospital admission/addiction referral.

Examination
Abdo=NAD, T=36.8, RR=18, HR=78, SPO2=98%RA, CRT<2 secs well hydrated, appears well. Pt not co-operative for full physical examination as he simply wants "drugs for detox". Pt doesn't not appear intoxicated. MH-- He maintained good rapport and eye contact, reactive affect, speech okay, nil suicidal ideations/plan

Diagnosis
?Alcohol Problems
Drug seeking behaviour

Treatment
Pt declined all management options i.e. addictions review/own GP review/hospital admission/medications for D&V-- simply wanted "drugs for detox" to be given to him tonight. General advice, worsening statement issued. Rv PRN, TCB if any concerns. Red flags well explained. Own GP follow up mane

Report Statistics: Report produced by Adastra Version 3 - 17/02/2015 04:05:35

Patient : Kyle Anderson

(Gender: Male) (DOB: 05/07/1979) (Age: 35 years) (CHI: 0507793552)

Clinical Code(s)
E24,. Drug dependence

Prescriptions

Informational Outcome(s)
Patient Told To Contact GP -

Report Statistics: Report produced by Adastra Version 3 - 17/02/2015 04:05:35

Patient : Kyle Anderson

(Gender: Male) (DOB: 05/07/1979) (Age: 35 years) (CHI: 0507793552)

Case No 95403 **Case Date** 16/02/2015 21:42
Own Dr Montgomery, Stuart

Current Address
36C Baird Place

Kilmarnock
KA3 7RL
Current Phone 07808 504606

Home Address (If Different)

Home Phone (If Different) 01563 403574

Case Type NHS24 Advice
Priority On Reception NHS24 Advised

NHS 24 Advice by (Nurse Advisor) (Ayrshire (& Arran)) **Triage Start** 21:48 **Triage End** 23:34

Clinical summary created by: (Nurse Advisor) (Ayrshire (& Arran)) [16/02/2015 23:33:52]
ALCOHOL WITHDRAWAL FOR 1 DAY AND NO ANSWER ON RETURNING CALL, MESSAG ELEFT ADVISING TO CALL BACK TO SERVICE. NOT ASSESSED. CALL CLOSED

4TH CALL TO SERVICE TODAY - WAITED ON GPHV FOR 4 HRS - GP ATTENDED TO PRESCRIBE TABLETS FOR SICKNESS AND DIARRHOEA - PT LOOKING FOR SOMETHING TO ALLEVIATE SYMPTOMS OF WITHDRAWAL TONIGHT. HAS HAD 2 SEIZURES TODAY. ((User) (Cardonald))

GP ADVISED PT TO ATTEND A&E FOR FURTHER ASSISTANCE IF NEED BE BUT PT UNABLE TO GET TO A&E - PT ADVISES ON WORSENING THAT HE WILL NEED TO GET OUT AND GET ALCOHOL TONIGHT IF HE HAS TO WAIT FOR CALLBACK - DW TL JACKIE BLAIR RE PATIENT SAFETY GIVEN THIS INFORMATION REITERATED TO PT OUR RECOMMENDATION IS TO WAIT FOR CALLBACK OR ALTERNATIVELY TO ATTEND A&E - PT UNHAPPY WITH THIS. ((User) (Cardonald))

OPENED FOR QC ROLE ((User) (Cardonald))

OPENED FOR QUEUE COORDINATOR ((Other Clinical User) (Cardonald))

Case Questions

Pocked Aremote Consult by: **Consult Start**
Start Type **End Type** **Consult End**

Adastra Consult by **Consult Start**
Start Type **End Type** **Consult End**

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics: Report produced by Adastra Version 3 - 17/02/2015 04:05:35

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NHS Confidential: Personal data about a patient

Practitioner Services

Medical
Meridian Court
5 Cadogan Street
Glasgow, G2 6QE
Tel 0141 300 1300
Text Relay: 18001 0141 300 1300
Fax 0141 300 1347
www.psd.scot.nhs.uk

NHS National Services Scotland

Dr L A McIntyre
Portland Medical Practice
34 Portland Road
KILMARNOCK
KA1 2DL

Date : 17 February 2015
Your Ref :
Our Ref : GMSRGL003 (CC/Del/A8090)

Extension : 1367
Direct Line: 0141 300 1367
E-mail : christopher.cunningham@nhs.net

Dear Dr McIntyre

I acknowledge receipt of your communication intimating that you wish the name of the undernoted patient removed from the practice.

The patient has been notified accordingly and their name will be removed from the practice list in accordance with the provisions of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004 on 25 February 2015 unless they register with another practice before this date.

A formal request will then be made for the return of their medical records which should be retained until this time.

Yours sincerely

Mr Chris Cunningham
ASSISTANT REGISTRATION MANAGER

Patients(s) referred to: -

Kyle M Anderson, CHI 0507793552
36C Baird Place, KILMARNOCK, KA3 7RL

Headquarters
Gyle Square, 1 South Gyle Crescent, EDINBURGH EH12 9EB
Telephone 0131 275 6000
Chair Professor Elizabeth Ireland
Chief Executive Ian Crichton

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

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Pages:

NHS Confidential: Personal data about a patient

Mental Health Services
NHS Addiction Services
East Ayrshire
Crosshouse Hospital
KILMARNOCK, KA2 0BE
Tel: 01563 826177
Fax: 01563 826184

NHS Ayrshire & Arran

195

CLINICAL IN CONFIDENCE
Dr Irvine
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock

Date: 01 April 2015
Dictated: 24/02/2015
Our Ref: JMc/KL

Dear Dr Irvine

KYLE ANDERSON 36c BAIRD AVENUE KILMARNOCK KA3 7RL
CHI 0507793552

Please see attached discharge letter for the above named patient.

If you require any further information please do not hesitate to contact me on the above telephone number.

Yours sincerely

Jacqueline McPhail
Charge Nurse
NHS Addiction Services - East Ayrshire

INVESTING IN VOLUNTEERS

www.nhsaaa.net

NAME Kyle Anderson CHI NO 0507793552 2 of 5

Addiction Service Assessment V2	Confidential
Title	Mr.
Name:	*Kyle Anderson*
Address line 1:	*36c Baird Avenue*
Town:	*Kilmarnock*
Postcode:	*KA3 7RL*
CHI number	*0507793552*
Date of birth:	*05/07/1979*
Care co-ordinator:	*Jacqueline MacPhail*
Completed by:	*Karen Renucci*
Profession:	*Student Nurse*
Location:	*.Patient's Home*
Date:	*24/02/2015*
Reason for referral	
Reason for referral:	*Detoxification*
Patient's reason for attending	
Concerned and unhappy with current lifestyle and excessive alcohol use.	
Summary of strengths, goals and aspirations	
Recent period of abstinence indicates ability to address alcohol issues, insightful and motivated.	
Previous involvement with services:	*Addictions service*
Risks	
Risk to self:	*Low apparent risk*
Kyle is aware of the risk to his health associated with excessive alcohol consumption.	
Risk to others:	*Low apparent risk*
No risk or threat of violence raised or voiced at the time of assessment. Currently involved with Criminal Justice social worker (William Tallin) community payback order	

NAME Kyle Anderson CHI NO 0507793552 3 5

Gender based violence	
Why was gender based violence enquiry not possible?:	*Partner / others present*
Substance career	
Teens	
Reports first drinking aged 15/16 with peers at weekends. Kyle reports drinking beer at this time escalating from 4 bottles as his tolerance increased. Aged 17/18 Kyle recalls drinking midweek when watching football and or boxing. Kyle admits he quickly began to drink most evenings.	
20's	
In his 20's Kyle reports drinking each evening and this escalated to drinking 15-20 cans of lager each evening. *reports being detoxed by NHS Addiction Services approx 8 years ago, aged 26 approx.*	
30's	
-Kyle reports drinking each evening and this escalated to drinking 20+ cans of lager.	
40's	
-	
50's	
-	
60's	
-	
History	
History of presenting complaint	
Housing:	*Mild problem*
Kyle currently rents a two bedroom private let. No new issues or concerns raised at the time of assessment.	
Physical health	
Physical health	
Kyle reports that he has no current or pre-existing health conditions.	

NAME Kyle Anderson CHI NO 0507793552 4 of 5

Breathalyser 0.04%mmgs. *BP 148/72* *P 76*
Seizure activities: .
No seizures witnessed at the time of assessment, however Kyle reported that he has experienced two seizures over the last month.
Current medication
Kyle currently has no prescribed medication.
Psychiatric history: .
No concerns or issues raised at the time of assessment.
Current mental state: .
Kyle reports that his mood is variable dependant on his alcohol consumption. There were no symptoms of acute mental illness or significant mood disorder. Kyle was orientated and cognition appeared intact with no symptoms of mental illness that may impair his decision making or judgement.
Forensic history: .
Kyle disclosed that he has recently served a three month sentence regarding a domestic breach of the peace.
Assessment
Current substance use
Kyle states that he is currently consuming between 20 - 30 cans of lager. Kyle also reports that he also drinks whisky. Kyle has stated that he has taken diazepam intermittently. *6 panel oral drug screen, negative for all tested substances*
Summary of Assessment
Summary of Assessment
Kyle reports that his mood is variable dependant on his alcohol consumption. There were no symptoms of acute mental illness or significant mood disorder. *Was orientated and cognition appeared intact with no symptoms of mental illness that may impair his decision making or judgement. Kyle states that he is currently consuming between 20 - 30 cans of lager. Kyle also reports that he also drinks whisky. Kyle has stated that he has taken diazepam intermittently.*

NAME Kyle Anderson CHI NO 0507793552 5,5

Action plan
Plan agreed and discussed with Kyle is as follows; *Kyle has had his initial assessment with C/N MacPhail.* *Kyle has agreed to record his daily alcohol intake in his diary.* *Kyle has agreed to stabilise and safely reduce his alcohol intake.* *Next home visit arranged for the 6th March 2015.*
In this report key item status is indicated as follows: + = Nominated, ++ = Prioritised, - = Resolved, * = Strength
In this report alerted item status is indicated as follows: [!] = Alert Attached, [-!] = Alert Removed

Printed by:	*Jacqueline MacPhail*
Signature:	
Date printed:	*01/04/2015*

5

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23-Jun-2026 LT
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Pages:

Registration Details - Patient No: 2732

Personal details...		Address details...	
Date of birth	05/07/1979	Post Code	KA3 7RL
Sex	M	House Name Flat No	
Surname	Anderson	No and Street	36c Baird Place
Previous Surname		Village	
Forenames	Kyle M	Town	KILMARNOCK
Calling Name	Kyle	County	
Title	Mr		
Birth Surname			
Marital Status	Single		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Home Tel No	01563 403674
Registered GP	Dr S Montgomery	Work Tel No	07548111998 (mum)
Usual GP	Dr S Montgomery	Mobile Tel No	07876878791
CHI Number	0507793552	E Mail Address	
Residential Inst			
Branch Surgery			
NHS Number	666/79/505		

Practice Information...		Further Information	
Dispensing	N	Long/Short stay or Dead	
Hospital Number		Date of registration	16/02/2015
Records At			

Upload Consent		AMS\CMS Details	
SCI-DC Consent	Implied Consent (default)	AMS Consent	Yes
CMS Status	Not Registered		
Pharmacy Details			
Compliance Check	No		

Medical Record

Problems

Active Problems		Authorised By	Code
14/01/2014	Alcohol problem drinking alcohol dependance	Mrs Murray	E23-2
22/10/2002	Alcohol detoxification REFERRED BUT FTA	carolyn	88A8
23/06/2000	Dyspepsia :	carolyn	J16y4
06/08/1999	Neurotic depression reactive type :	carolyn	E204
14/09/1995	Aggressive outburst violent	carolyn	E2C00
13/09/1988	Overactive child syndrome poor sleeper	carolyn	E2E

Past Problems		Authorised By	Code

Health Admin Problems		Authorised By	Code

Values			
Date	Last Entry	Normal Range Indicator	Normal Range
17/09/2014	O/E - BP reading Mum present. Stressed, feels numb all over. Had some alcohol last night. O/E Alert, Orientated, no psychotic features. P72/m, , HS I+II, chest clear. Tone/power/reflexes normal all limbs, cranial nerves		

	normal. No suicidal ideation. diagnosis Depression/stress. RX. Mirtazepine 15mg one at night for 1 week then 2/night (30). To make appt for review in 2 weeks (HA)		
17/09/2014	**Blood pressure reading 110/70 mm Hg**		>0
24/02/2011	**Cigarette smoker 10 Cigarettes/day**		

Attachments			Authorised By	Code
28/01/2015	**eMED3 (2010) duplicate issued, not fit for work** FitNote.pdf, (Diagnosis: stress and gastroenteritis; Duration: 27/01/2015 - 29/01/2015)	FitNote_6ac8caee-a3b7-4425-9bb8-62902d1dc60c.pdf	Dr McIntyre	9D17
28/01/2015	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: stress and gastroenteritis; Duration: 27/01/2015 - 29/01/2015)	FitNote_6ac8caee-a3b7-4425-9bb8-62902d1dc60c.pdf	Dr McIntyre	9D15
31/12/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: stress; Duration: 29/12/2014 - 26/01/2015)	FitNote_505f4e4b-b993-42a7-91fd-48f254c6cc4d.pdf	Dr McIntyre	9D15
03/11/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: stress; Duration: 03/11/2014 - 29/12/2014)	FitNote_d863cb31-23c0-478b-a7ad-f43531815d4d.pdf	Dr Poddar	9D15
31/10/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: stress; Duration: 31/10/2014 - 14/11/2014)	FitNote_3efbff67-d818-4415-bf37-176204760386.pdf	Dr McIntyre	9D15
01/10/2014	**eMED3 (2010) duplicate issued, not fit for work** FitNote.pdf, (Diagnosis: stress; Duration: 08/09/2014 - 03/11/2014)	FitNote_60c73342-4b8f-4a77-b8d7-45ae38b08bf7.pdf	Dr McIntyre	9D17
24/09/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: stress; Duration: 08/09/2014 - 03/11/2014)	FitNote_60c73342-4b8f-4a77-b8d7-45ae38b08bf7.pdf	Dr McIntyre	9D15

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Family History	Authorised By	Code
None		

Immunisations		Authorised By	Code
08/11/1993	**Booster polio vaccination** Polio Immunis..clm	Dr UnknownUser	6584
08/11/1993	**Booster tetanus vaccination** Tetanus Immunis..clm	Dr UnknownUser	6564

Health Status	
17/09/2014	**Blood pressure reading 110/70 mm Hg**
17/09/2014	**Blood pressure reading O/E - BP reading**

Other Observations		Authorised By	Code
20/01/2015	**Current smoker**	Mrs McLaughlan	137R
20/01/2015	**Smoking cessation advice**	Mrs McLaughlan	8CAL
09/10/2012	**Current smoker** Current Smoker		137R
09/11/2011	**Notes summary on computer** EMIS bug workaround	Mrs McLaughlan	9344
08/04/2009	**Admin reason for encounter** [ETK0]: Cert 2 wks alcohol abuse backdated to 5/4. MUST make appt next time priority=2	Dr McIntyre	9N57
11/03/2009	**Admin reason for encounter** [ETK0]: cert 4 wks alcohol abuse. backdated to 5/3. Starting back at work on 12/4 priority=2	Dr McIntyre	9N57
23/01/2009	**Admin reason for encounter** [ETK0]: Off drink . Has been offered old job back at Bookers. Cert 6 wks backdated to 2/1 . Can phone for signing off line priority=2	Dr McIntyre	9N57
21/01/2009	**Non-consultation data** [ETK9]: FTA Warning letter sent to patient. gy priority=2	Mrs Gemmell	9b0y
	Data processing operator [ETK1]: FTA appt at 4.30.called at 4.38 to		

15/01/2009	cancel.Looking for ins cert.Advised must be seen for this.Has appt for next week priority=2	Dr Gaffney	07D4
05/12/2008	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Dr McGuire	8CAL
05/12/2008	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Dr McGuire	137R
05/12/2008	**Admin reason for encounter** [ETK0]: dna detox. says last drank 2 days ago. not been to aa or aca. not sleeping well still. joined turning point. tried acupuncture etc. wants referred to "sleep clinic" med 3 alcohol abuse 4/52. priority=2	Dr McGuire	9N57
28/11/2008	**Admin reason for encounter** [ETK0]: MED 5 ALCOHOL ABUSE 4/52. CHECK WITH DETOX AS SAYS NOAPPT YET. WILL NEED TO MAKE APPT FOR ANY MORE LINES priority=2	Dr McGuire	9N57
28/11/2008	**Data processing operator** [ETK1]: Spoke to Home Detox team, Kyle failed to attend the appt they had arranged and therefore they discharged him from the service. DR FM has therefore refused the ins line request and patient should make appt. Unable to reach Kyle by telephone this evening.(lw) priority=2	laura	07D4
25/11/2008	**Data processing operator** [ETK1]: KM priority=2	Miss McKinnon	07D4
24/11/2008	**Data processing operator** [ETK1]: mssu sent to lab, fc priority=2	Ms Cuthbert	07D4
24/11/2008	**Urine exam. - general** priority=2	Miss McKinnon	461
21/11/2008	**Home visit** [ETK4]: late call: Vague hx of painful passing urine ?1/12 Sore down below. O/E: apyrexial, abdo normal, testes normal. To hand in MSU to make appt if not settling. (lw) priority=2	laura	9N1C-1
21/11/2008	**Telephone encounter** [ETK2]: 13.46 Late Call: groin swollen and very painful. Can't come to surgery. Passed to Kelly. TL priority=2	Tracy	9N31
03/11/2008	**Home visit** [ETK4]: Late call - drinking up to 20 cans per day sometimes whiskey no other drugs, Not sleeping- for years (says awaits sleep clinic) discussed ACA/AA/ wishes referred home detox contact no 07786483363, advised must get off alcohol first then address otherproblems. fc priority=2	Ms Cuthbert	9N1C-1
03/11/2008	**Data processing operator** [ETK1]: LOOKING for a line from 29/10/08. No was only seen today. med 3 4/52 alcohol abuse. referred to home detox by 'phone priority=2	Dr McGuire	07D4
03/11/2008	**Telephone encounter** [ETK2]: requesting hv for today - cant come to surgery- cant tell me whats wrong tel no 07810384856 passed to kelly to record in call book for today, fc priority=2	Ms Cuthbert	9N31
26/08/2008	**Admin reason for encounter** [ETK0]: requesting night sedation as feels does not sleep long chat re this having acupuncture and aromatherapy via turning point off alcohol advised no sedation continue vie turning point therapies will look nto sleep clinics priority=2	Ms Hogg	9N57
20/02/2007	**Smoking cessation advice** : priority=2	joanne	8CAL
20/02/2007	**Current smoker** : priority=2	joanne	137R
20/02/2007	**Data processing operator** [ETK1]: priority=2	joanne	07D4
26/07/2006	**Non-consultation data** [ETK9]: FTA MMR vaccine. JC priority=2	Jane	9b0y
06/07/2006	**Data processing operator** [ETK1]: MMR catch up letter sent. priority=2	Dr UnknownUser	07D4
17/05/2006	**Data processing operator** [ETK1]: MMR catch up campaign letter sent LB priority=2	Dr UnknownUser	07D4
08/07/2005	**Data processing operator** [ETK1]: Taking previously prescribed medication from Dr McI.Still not sleeping.Says not drinking.Has not had any word from home detox team.Advised to continue present medication priority=2	Dr Gaffney	07D4
04/07/2005	**Telephone encounter** [ETK2]: No drink since yesterday. Shakey. Rx Home Detox Referral. Insists on Hypnotic & not keen on Chlordiazepoxide. Wants antrabuse, priority=2	Miss McCarvel	9N31
04/07/2005	**Admin reason for encounter** [ETK0]: priority=2	Dr McIntyre	9N57
18/01/2005	**Admin reason for encounter** [ETK-1]: priority=2	anne	9N57
18/01/2005	**Data processing operator** [ETK1]: priority=2	anne	07D4
14/01/2005	**Admin reason for encounter** [ETK0]: 1) Depressed again but has not drank heavily since Oct. Poor sleeper. Stopped citalopram after 1 month as not working. Advised not long enough to build up in system. Plan script dothiepin 75mg, chase dual diag clinic referral (Oct). See 1/12. 2) Requesting weight loss advice. Diet leaflets issued - advised increase exercise. priority=2	anne	9N57
26/10/2004	**Data processing operator** [ETK1]: priority=2	carolyn	07D4
12/10/2004	**Neurotic depression reactive type** : priority=1	carolyn	E204
12/10/2004	**Non-consultation data** [ETK9]: Letter to dual diagnosis team - ab priority=2	anne	9b0y
08/10/2004	**Admin reason for encounter** [ETK0]: heavy drinking again until yesterday 1bottle + 4 cans. not shaky . does not wish home detox team again. does not wish librium. refuses aa or aca. mother staying with him.wants cipramil 20mg x 20 , temazepam 20mg x 7. pt. agrees to referral to clinic—? dual diagnosis team. [he is in denial.] priority=2	Dr UnknownUser	9N57
01/10/2004	**Non-consultation data** [ETK9]: Incapacity to work form CS priority=2	Dr UnknownUser	9b0y
16/06/2004	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Mrs Admin	8CAL
16/06/2004	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Mrs Admin	137R
16/06/2004	**Seen by locum doctor** Miller 3337677 priority=2	Mrs Admin	9N2D
16/06/2004	**Admin reason for encounter** [ETK0]: priority=2	Mrs Admin	9N57
21/05/2003	**Alcohol detoxification** : priority=1	carolyn	88A8
07/01/2003	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
26/11/2002	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
22/11/2002	**Back pain, unspecified** muscular priority=2	carolyn	N145
07/10/2002	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
18/01/2002	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
03/08/2001	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
16/08/2000	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57

22/06/2000	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
01/03/2000	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
05/01/2000	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
09/12/1999	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
20/10/1999	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
06/10/1999	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
24/09/1999	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
26/08/1999	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
04/08/1999	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
27/08/1998	**Admin reason for encounter** [ETK0]: priority=2	Dr UnknownUser	9N57
19/08/1998	**Data processing operator** [ETK1]: Migrated Data priority=2	anne	07D4
21/10/1992	**Referred - other care** child & family clinic priority=2	carolyn	8HH
24/03/1992	**Medication review**	Dr UnknownUser	8B314
24/03/1992	**Data processing operator** [ETK1]: Repeats Reviewed priority=2	Dr UnknownUser	07D4
24/03/1992	**Admin reason for encounter** [ETK0]: Acute Consultation priority=2	Dr UnknownUser	9N57
05/07/1979	**Patient signed reg. form** priority=2	anne	9122

Consultations

16/02/2015 — Miss Gemma McCall at Data Entry

Comment: pt removed from practice list due to breakdown in practice/patient relationship. we will be responsible for pt until 24/2/15.

16/02/2015 — Mrs Jane Campbell at Portland Medical Practice

Comment: PC from pt at 10.55am demanding home visit, call put on speaker phone by Sara, I listened. Pt had 2 fits last night due to alcohol withdrawal (as per pt), had alcohol today to stop him fitting. Pt told repeatedly to attend A&E, refused as in no fit state to attend. Home Visit booked in. Dr AP phoned myself, advised that pt to attend A&E or register elsewhere as GP not visiting. I telephoned pt back, he was extremely unhappy re/this, wanted me to go back and speak to GP which I refused to do, profanities used, call terminated by myself. Passed over to PM.

16/02/2015 — Dr L McIntyre at Portland Medical Practice

History: Dr Mcguire has been dealing with this I'm afraid

16/02/2015 — Miss Sara Greer at Admin

Comment: PC from patient he is asking if you could give him a call back please 01563 403574? Saw Anne on Friday no further forward with Alcohol Detox, states had fit at weekend, did not attend A&E as he states cannot leave the house also advised did not call ambulance as they wouldn't come out as it is an alcohol fit.

13/02/2015 — Dr F McGuire at Data Entry

History: I don't think so - I spoke to Anne F. It wasn't brought up by him.

13/02/2015 — Mrs Anne Faure at Portland Medical Practice

History: requesting help with drinking- wishes referral to detox team- has been referred to alcohol awareness= started drinking over the last 5/12- was in prison and has been drinking heavily since learning his wife was having an affair- taking 35 beers per day- has reduced this recently to 8 - with current partner today- he thought he was starting detox today with us- rambled conversation- seems to be adding info as consultation progressing- difficult to gain accurate hx

Comment: very difficult to communicate with - talking over my conversation all the time- I have made him aware we will refer him to detox today and that he should cut down on his drinking but not stop until he is seen- he is aware we cannot give him any medication today to stop him drinking- left my room unhappy as he wishes medication today- FM and JC aware of consultation

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12/02/2015 — Dr F McGuire at Portland Medical Practice

History: if he makes an appt fit note can be considered.

12/02/2015 — Dr F McGuire at Portland Medical Practice

History: noted

12/02/2015 — Miss Heather Arkison at Information Only

Comment: Tracy from Alcohol awareness team called back. She advised pt was infact referred to them via A&E. Pt contacted the team today stating he wished the Detox to be started today. Tracey explained to him that this wouldn't be the case however the nurse he would see would discuss the opinions available and take if from there. Pt declined to attend. Tracey then gave him the contact number for Primary Care addiction team for him to contact them and self refer.

-	---
12/02/2015	Dr F McGuire at Data Entry
History	thanks - noted
-	---
12/02/2015	Miss Joanna Peacock at Data Entry
Comment	PC from the patient to arrange an appt with ANP for tomorrow, I have done this and while on the phone the patient asked about getting a sick line. I advsed we need the proof of him attending A&E and he doesn't have this, I called A&E and spoke to staff nurse, she advised pt was triaged and left before being seen , noted on their file that pt was called but not in waiting area.
-	---
12/02/2015	Miss Heather Arkison at Information Only
Comment	Dr Mcguire asking for A&E to be contacted as pt claims A&E referred him to Alcohol service. We have no infromation regarding this.
-	---
12/02/2015	Miss Heather Arkison at Information Only
Comment	Spoke with Joyce (A&E Secretary) who was very helpful, pt has presented at A&E 8th, 9th and 10th February. (Pt left the department on 8th & 9th, didn't wait to be seen). A&E has referred him to Alcohol Liason Services which he has an appointment with them today 12.02.15. Joyce passed me through to Waiting Area 5 (as this is where the clinic is run from) however the person I needed to speak with was with a patient. I have left the number for them to call back.
-	---
12/02/2015	Dr F McGuire at Telephone Consultation
History	says a/e referred him for a detox. but not heard from them yet. wants detox today . says has letter from a/e re detox. says phoned alcohol services. says sore. worried re fits hasn't money for drink. no family. cant see out one eye after assault
Comment	advised surgery will not do detox - only through alcohol services. Pt wants hv for a detox today not appropriate for gp visit. advised can come to surgery re physical issues if required. staff to obtain info from a/e re referral + from alcohol services re input / contact with him.
-	---
12/02/2015	Mrs Jane Campbell at Portland Medical Practice
Comment	PC from pt at 12pm. Stomach cramps, sweating, feels very weak, cannot see out of one eye (due to assault as below). Has been detoxing himself, had x 1 can alcohol this morning, no slurring of words etc on phone. I offered to fit into cancellation with Dr LM at 3.15pm today, declined. Pt states too weak to leave house, no money for transport. I did advise GP would probably phone him prior to visiting and advised that he kept the phone close to him. Put up for late call.
-	---
06/02/2015	Dr P Gaffney at Telephone Consultation
History	Spoke to patient assaulted on Monday Has bruising around ear.Feels dizzy.not obviously KO'd at time of assault
Comment	Pt strongly advised he must attend A/E for assessment with possible xtay to exclude bony injury.Pt initially refused but advised him I could not issue any medication unless he was seen at A/E.He now agrees to go there for assessment
-	---
06/02/2015	Mrs Jane Campbell at Portland Medical Practice
Comment	PC from pt, cut off due to phone lines going down. Called back in on divert at 3.10pm requesting GP visit. Assaulted on Monday 2.2.15, did not seek medical attention. Face swelling up, feeling unwell and vision blurred. He was advised by Gemma in initial call to go to A&E, he was again strongly advised this by myself due to possibility of XRay requirements etc. Pt declined due to social circumstances. Child at home, unwilling to wait at A&E for hours etc. Not willing to listen to anything I was advising and pt getting agitated. Advised I would pass to GP to decide action. Put in for home visit. Number to reach pt on 403574. Clarified with pt he is at this address.
-	---
05/02/2015	Dr L McIntyre at Portland Medical Practice
History	soor would need appt with ANP to verify or hand in hosp letter/police report
-	---
05/02/2015	Miss Joanna Peacock at Data Entry
Comment	PC from patient asking if he can have a new sick line dated from 2.2.15 for 1 week , however he is looking for it for a different reason , he stsates he was in London on monday and was mugged down there, he says that his face is swollen and has bruising and sore heads and is also taking dizzy turns , I have advised that he may need to attend the surgery so the DR can review but patient states that he is not fit to attend the surgery as burising is very bad and is too embarrased to leave the house , I advised the the dr would not see this

	as a valid reason for a HV. pt asvised needs the sick line for his probation officer, ? action , thanks
-	---
28/01/2015	Dr L McIntyre at Portland Medical Practice
Additional	eMED3 (2010) duplicate issued, not fit for work FitNote.pdf, (Diagnosis: stress and gastroenteritis; Duration: 27/01/2015 - 29/01/2015)
-	---
28/01/2015	Dr L McIntyre at Portland Medical Practice
History	This is continuous from his last line
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: stress and gastroenteritis; Duration: 27/01/2015 - 29/01/2015)
-	---
07/01/2015	Dr L McIntyre at Portland Medical Practice
History	ok
-	---
06/01/2015	Mrs Claire Burns at Portland Medical Practice
Comment	Pc from pt mum to cancel review appt 8/1/15. Mum states Kyle wont need another line once the current once ends.
-	---
31/12/2014	Dr L McIntyre at Portland Medical Practice
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: stress; Duration: 29/12/2014 - 26/01/2015)
-	---
31/12/2014	Mrs Claire Burns at Portland Medical Practice
Comment	Pc from pt asking if his sickline can be extended from 29/12. He has made another appt to see yourself on 8/1/15, but advised needs a line in between this time so his payments don't stop.
-	---
27/11/2014	Dr P Gaffney at Data Entry
Comment	Special request - we do not provide references for patients
-	---
26/11/2014	Mrs Fiona Murray at Admin
Comment	please see Sharon's encounter re reference dated 26/11/14 - pt states you knbow him well - can you do this?
-	---
26/11/2014	Dr S Montgomery at Data Entry
History	See below, rx.
Medication	Fluconazole And Clotrimazole Capsule And Cream 150 mg + 2 % *1 pack TO BE USED AS DIRECTED*
-	---
26/11/2014	Miss Heather Arkison at Information Only
Comment	PC from pt to advise his partner has been told she has thrush, now on treatment. Pt now feels he has this. Pt states he has pain when urinating, and itch. Can you advise? thanks
-	---
26/11/2014	Dr S Montgomery at Data Entry
History	See below. I am unable to provide such a letter as he is not known to myself, sorry.
-	---
26/11/2014	Miss Sharon Ferguson at Data Entry
Comment	can you please do a letter for a reference for a private let for landlord (adv £15 fee), is this something you can do. I adv that can take up to 5 days.
-	---
24/11/2014	Miss Sharon Ferguson at Data Entry
Comment	Jobcentre letter received and passed to DrSM (registered)
-	---
10/11/2014	Dr P Gaffney at Data Entry
Comment	Special request - medication as requested
Medication	Mirtazapine Tablets 15 mg *30 tablet ONE TO BE TAKEN AT NIGHT FOR 1 WEEK THEN 2 AT NIGHT*
-	---
03/11/2014	Dr Amar Poddar at Data Entry
	Special request - as below. wants sick line extended. adv see GP at SURGERY

Problem	next time- usual gp please. mum will collect sick line
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: stress; Duration: 03/11/2014 - 29/12/2014)
History	I certainly will not be seeing this patient at a house visit as not housebound.
-	---
03/11/2014	Mrs Zoe Swift at Portland Medical Practice
Comment	Phoned 12.14pm to request House vist today. States suffering from panick attacks but the the main issue appears to be sick line. Speaking to Mum on the phone but could hear Kyle shouting in back ground re sick line 'this is not good enough'. I explained sick line has been done but PT seemed unhappy with this and could not accept that this had been done. Wishing someone to visit in relation to panic attacks. Muddled conversation as kept changing mind in relation to what was actually wrong. Appeared very concerned re sick line. PT then asked (via mum) for a telphone call back as needs to speak to someone - asked to cancell HV if GP can speak on the phone.
-	---
31/10/2014	Miss Heather Arkison at Information Only
Comment	Pt called @ 15.17, advised re insurance line, and advised must make appointment to be seen for next line - pt states cant leave house and Gp will need to go to him. Advised what GP has stated - pt will call back
-	---
31/10/2014	Dr L McIntyre at Portland Medical Practice
History	Can only issued from today Will need appt re next line
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: stress; Duration: 31/10/2014 - 14/11/2014)
-	---
22/10/2014	Miss Sara Greer at Admin
Comment	ATOS Form completed and posted
-	---
17/10/2014	Miss Sandra McCarvel at Portland Medical Practice
Comment	Form from Jobcentreplus put into Dr McIntyre's box sandra
-	---
02/10/2014	Dr P Gaffney at Data Entry
Comment	Special request - medication as requested
Medication	Mirtazapine Tablets 15 mg *30 tablet ONE TO BE TAKEN AT NIGHT FOR 1 WEEK THEN 2 AT NIGHT*
-	---
01/10/2014	Dr L McIntyre at Portland Medical Practice
Additional	eMED3 (2010) duplicate issued, not fit for work FitNote.pdf, (Diagnosis: stress; Duration: 08/09/2014 - 03/11/2014)
-	---
01/10/2014	Mrs Fiona Murray at Admin
Comment	pt has called asking if the sick line issued on 24th can be issued again (or duplicate) because he needs one for his probation officer. pt has sent original away to DSS.
-	---
01/10/2014	Miss Sara Greer at Admin
Comment	patient asking if you can call him please 559309 - Advised don't routinely do tel consultations but that I would leave a message, states he wants to speak to you because he is not well and has been experiencing numbness in arms and legs
-	---
24/09/2014	Dr L McIntyre at Portland Medical Practice
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: stress; Duration: 08/09/2014 - 03/11/2014)
-	---
23/09/2014	Mrs Claire Burns at Portland Medical Practice
Comment	Pc from pt needs a duplicate copy of sickline issued on 8/9 as Jobcentre has misplaced this.
-	---
17/09/2014	Dr P Gaffney at Home visit
Examination	Blood pressure reading 110/70 mm Hg
Comment	O/E - BP reading Mum present. Stressed, feels numb all over. Had some alcohol last night. O/E Alert. Orientated, no psychotic features. P72/m, , HS I+II, chest clear. Tone/power/reflexes normal all limbs. cranial nerves normal. No suicidal ideation. diagnosis Depression/stress. RX. Mirtazepine 15mg one at night for 1 week then 2/night (30). To make appt for review in 2 weeks (HA)
	Mirtazapine Tablets 15 mg *30 tablet ONE TO BE TAKEN AT NIGHT FOR 1*

Medication	*WEEK THEN 2 AT NIGHT*
-	---
17/09/2014	Miss Sharon Ferguson at Data Entry
Comment	Pt advised of AB issued. Pt happy with that
-	---
16/09/2014	Dr S Montgomery at Data Entry
History	See below. Rx diazepam cancelled. Rx trimethoprim.
Medication	Trimethoprim Tablets 200 mg *14 tablet ONE TO BE TAKEN TWICE A DAY*
-	---
16/09/2014	Miss Heather Arkison at Information Only
Comment	Spoke with Pt he is now claiming he did not request Diazepam it was his antibiotic that he was looking for. Pt states he only took two of these and lost the rest of the course. Can you issue antibiotic. thanks
-	---
16/09/2014	Dr S Montgomery at Data Entry
History	See below. Patient not known to myself. I shall issue 1 further script diazepam and advise he seeks review of this medication next week with Dr LM.
Medication	Diazepam Tablets 5 mg *21 tablet 1 TID*
-	---
16/09/2014	Mrs Zoe Swift at Portland Medical Practice
Comment	Phone PT re Diazepam. States he needs this and cannnot do without. Offered an appointment to discuss with GP but cannot come to the surgery. Asking if you could phone him back. Desperate to obtain a prescription, feels not enough supply was given last time ZS
-	---
15/09/2014	Dr S Montgomery at Data Entry
History	Requesting more diazepam. Dr LM has advised no further rx - see HV notes 08/09/14. Was given enough for 2 week supply on 8th Sept reducing.
-	---
15/09/2014	Miss Heather Arkison at Information Only
Comment	TWIMC letter at reception for collection
-	---
10/09/2014	Mrs Claire Burns at Portland Medical Practice
Comment	Once letter has been dictated pt has given permission for mum to collect.
-	---
10/09/2014	Dr L McIntyre at Portland Medical Practice
History	ok
-	---
09/09/2014	Miss Gemma McCall at Data Entry
Comment	asking for TWIMC letter to be done to support a move of house as ex-wife stays across the road from him,aware there may be a fee,
-	---
08/09/2014	Dr L McIntyre at Portland Medical Practice
History	Returned call to Will Tallon Criminal Justice but not available at time and left message with sec to say I had phoned
-	---
08/09/2014	Dr L McIntyre at Home visit
Comment	House Visit - 1)Recently out of prison. Whilst in, found out wife had left him for their sons 17 year old friend. Going 'mental'. Agitated c/o ED and very distressed by it. Not sleeping and does not want to go out. Staying at sisters house. Not suicidal. 2) Feels urine strong and foul. 3) ? prominent vein (R) calf - not thrombosed. 4) Wishes referred to ED clinic - issues since heard about wife but refuses bloods. For MSU if not helping. Warned will not get another Diazepam. Rx for a week. For 1 bd week 2 and 1 daily week. Rx T. Diazepam 5mg x 21 1 TID (mum will help). T Trimethoprim 200mg x 6 1 bd. Cert 4 weeks - stress - cant face probation. sf
Medication	Diazepam Tablets 5 mg *21 tablet 1 TID* Trimethoprim Tablets 200 mg *6 TABLET ONE TO BE TAKEN TWICE A DAY*
-	---
22/01/2014	Dr F McGuire at Data Entry
History	tried below x2 no answer
-	---
21/01/2014	Dr F McGuire at Portland Medical Practice
History	17.05 no answer at 826177 gary brown addictions. put across to wed. please

-		—
08/04/2009	History	Dr L McIntyre at The Doctors Partnership Admin reason for encounter [ETK0]: Cert 2 wks alcohol abuse backdated to 5/4. MUST make appt next time priority=2
-		---
11/03/2009	History	Dr L McIntyre at The Doctors Partnership Admin reason for encounter [ETK0]: cert 4 wks alcohol abuse. backdated to 5/3. Starting back at work on 12/4 priority=2
-		---
23/01/2009	History	Dr L McIntyre at The Doctors Partnership Admin reason for encounter [ETK0]: Off drink . Has been offered old job back at Bookers. Cert 6 wks backdated to 2/1 . Can phone for signing off line priority=2
-		—
21/01/2009	History	Mrs Admin Admin at The Doctors Partnership Non-consultation data [ETK9]: FTA Warning letter sent to patient. gy priority=2
-		---
15/01/2009	History	Dr P Gaffney at The Doctors Partnership Data processing operator [ETK1]: FTA appt at 4.30,called at 4.38 to cancel.Looking for ins cert,Advised must be seen for this.Has appt for next week priority=2
-		---
05/12/2008	History	Dr F McGuire at The Doctors Partnership Admin reason for encounter [ETK0]: dna detox. says last drank 2 days ago. not been to aa or aca. not sleeping well still. joined turning point. tried acupuncture etc. wants referred to "sleep clinic" med 3 alcohol abuse 4/52. priority=2 Current smoker Disease: SPICE Basic Health Values, priority=2 Smoking cessation advice Disease: SPICE Basic Health Values, priority=2 Systolic blood pressure Disease: SPICE Basic Health Values, Diastolic blood pressure Disease: SPICE Basic Health Values,
-		---
28/11/2008	History	Dr F McGuire at The Doctors Partnership Admin reason for encounter [ETK0]: MED 5 ALCOHOL ABUSE 4/52. CHECK WITH DETOX AS SAYS NOAPPT YET. WILL NEED TO MAKE APPT FOR ANY MORE LINES priority=2
-		---
28/11/2008	History	Mrs Admin Admin at The Doctors Partnership Data processing operator [ETK1]: Spoke to Home Detox team. Kyle failed to attend the appt they had arranged and therefore they discharged him from the service. DR FM has therefore refused the ins line request and patient should make appt. Unable to reach Kyle by telephone this evening.(lw) priority=2
-		—
26/11/2008	History	Mrs Admin Admin at The Doctors Partnership Data processing operator [ETK1]: KM priority=2 Urine exam. - general priority=2
-		---
24/11/2008	History	Mrs Admin Admin at The Doctors Partnership Data processing operator [ETK1]: mssu sent to lab. fc priority=2
-		—
21/11/2008	History	Dr P Gaffney at The Doctors Partnership Home visit [ETK4]: late call: Vague hx of painful passing urine 21/12 Sore down below. O/E: apyrexial, abdo normal, testes normal. To hand in MSU to make appt if not settling. (lw) priority=2
-		---
21/11/2008	History	Mrs Admin Admin at The Doctors Partnership Telephone encounter [ETK2]: 13.46 Late Call; groin swollen and very painful. Can't come to surgery. Passed to Kelly. TL priority=2
-		---
03/11/2008	History	Dr F McGuire at The Doctors Partnership Home visit [ETK4]: Late call - drinking up to 20 cans per day sometimes whiskey no other drugs. Not sleeping- for years (says awaits sleep clinic) discussed ACA/AAJ wishes referred home detox contact no 07786483363, advised must get off alcohol first then address otherproblems. fc priority=2
-		---
03/11/2008		Dr F McGuire at The Doctors Partnership

History	Data processing operator [ETK1]: LOOKING for a line from 29/10/08. No was only seen today. med 3 4/52 alcohol abuse. referred to home detox by 'phone priority=2
-	---
03/11/2008	Mrs Admin Admin at The Doctors Partnership
History	Telephone encounter [ETK2]: requesting hv for today - cant come to surgery- cant tell me whats wrong tel no 07810384856 passed to kelly to record in call book for today, fc priority=2
-	---
26/08/2008	Ms Jennifer Hogg at The Doctors Partnership
History	Admin reason for encounter [ETK0]: requesting night sedation as feels does not sleep long chat re this having acupuncture and aromatherapy via turning point off alcohol advised no sedation continue via turning point therapies will look nto sleep clinics priority=2
-	---
20/02/2007	joanne at The Doctors Partnership
History	Data processing operator [ETK1]: priority=2 Current smoker : priority=2 Smoking cessation advice : priority=2
-	---
26/07/2006	Mrs Admin Admin at The Doctors Partnership
History	Non-consultation data [ETK9]: FTA MMR vaccine. JC priority=2
-	---
06/07/2006	Mrs Admin Admin at The Doctors Partnership
History	Data processing operator [ETK1]: MMR catch up letter sent. priority=2
-	---
17/05/2006	Mrs Admin Admin at The Doctors Partnership
History	Data processing operator [ETK1]: MMR catch up campaign letter sent.LB priority=2
-	---
09/07/2005	Dr P Gaffney at The Doctors Partnership
History	Data processing operator [ETK1]: Taking previously prescribed medication from Dr McI.Still not sleeping.Says not drinking.Has not had any word from home detox team.Advised to continue present medication priority=2
-	---
04/07/2005	Dr L McIntyre at The Doctors Partnership
History	Telephone encounter [ETK2]: No drink since yesterday. Shakey. Rx Home Detox Referral, Insists on Hypnotic & not keen on Chlordiazepoxide. Wants antrabuse. priority=2
-	---
04/07/2005	Dr L McIntyre at The Doctors Partnership
History	Admin reason for encounter [ETK0]: priority=2
-	---
18/01/2005	anne at The Doctors Partnership
History	Admin reason for encounter [ETK-1]: priority=2
-	---
18/01/2005	anne at The Doctors Partnership
History	Data processing operator [ETK1]: priority=2
-	---
14/01/2005	Dr S Montgomery at The Doctors Partnership
History	Admin reason for encounter [ETK0]: 1) Depressed again but has not drank heavily since Oct. Poor sleeper. Stopped citalopram after 1 month as not working. Advised not long enough to build up in system. Plan script dothiepin 75mg, chase dual diag clinic referral (Oct). See 1/12. 2) Requesting weight loss advice. Diet leaflets issued - advised increase exercise. priority=2
-	---
26/10/2004	Mrs Carolyn MacFarlane at The Doctors Partnership
History	Data processing operator [ETK1]: priority=2
Problem	**Neurotic depression reactive type** :
Problem	**Dyspepsia** :
Problem	**Overactive child syndrome** poor sleeper
Problem	**Alcohol detoxification** REFERRED BUT FTA
History	Back pain, unspecified muscular priority=2
Problem	**Neurotic depression reactive type** : priority=1
Problem	**Alcohol detoxification** : priority=1

Problem	**Aggressive outburst** violent
History	Referred - other care child & family clinic priority=2
-	---
12/10/2004	Mrs Admin Admin at The Doctors Partnership
History	Non-consultation data [ETK9]: Letter to dual diagnosis team - ab priority=2 Referral for further care Refered To: Referral Type: Speciality Type: Referral Nature:
-	---
08/10/2004	Dr F McGuire at The Doctors Partnership
History	Admin reason for encounter [ETK0]: heavy drinking again until yesterday 1bottle + 4 cans. not shaky . does not wish home detox team again. does not wish librium. refuses aa or aca. mother staying with him.wants cipramil 20mg x 20 . temazepam 20mg x 7. pt. agrees to referral to clinic—? dual diagnosis team. [he is in denial.] priority=2
-	---
01/10/2004	Dr L McIntyre at The Doctors Partnership
History	Non-consultation data [ETK9]: Incapacity to work form CS priority=2
-	---
16/06/2004	Ms Locum at The Doctors Partnership
History	Admin reason for encounter [ETK0]: priority=2 Seen by locum doctor Miller 3337677 priority=2 Current smoker Disease: SPICE Basic Health Values. priority=2 Smoking cessation advice Disease: SPICE Basic Health Values. priority=2
-	---
07/01/2003	Ms Locum at The Doctors Partnership
History	Admin reason for encounter [ETK0]: priority=2
-	---
26/11/2002	Dr Dr C Dobbie at The Doctors Partnership
History	Admin reason for encounter [ETK0]: priority=2
-	---
07/10/2002	Dr F McGuire at The Doctors Partnership
History	Admin reason for encounter [ETK0]: priority=2
-	---
18/01/2002	Dr P Gaffney at The Doctors Partnership
History	Admin reason for encounter [ETK0]: priority=2
-	---
03/08/2001	Dr P Gaffney at The Doctors Partnership
History	Admin reason for encounter [ETK0]: priority=2
-	---
16/08/2000	Dr P Gaffney at The Doctors Partnership
History	Admin reason for encounter [ETK0]: priority=2
-	---
22/05/2000	Dr P Gaffney at The Doctors Partnership
History	Admin reason for encounter [ETK0]: priority=2
-	---
01/03/2000	Dr P Gaffney at The Doctors Partnership
History	Admin reason for encounter [ETK0]: priority=2
-	---
05/01/2000	Dr P Gaffney at The Doctors Partnership
History	Admin reason for encounter [ETK0]: priority=2
-	---
09/12/1999	Dr P Gaffney at The Doctors Partnership
History	Admin reason for encounter [ETK0]: priority=2
-	---
20/10/1999	Dr P Gaffney at The Doctors Partnership
History	Admin reason for encounter [ETK0]: priority=2
-	---
06/10/1999	Dr P Gaffney at The Doctors Partnership
History	Admin reason for encounter [ETK0]: priority=2
-	---

24/09/1999	Dr P Gaffney at The Doctors Partnership
History	Admin reason for encounter {ETK0}: priority=2
-	---
25/08/1999	Dr P Gaffney at The Doctors Partnership
History	Admin reason for encounter {ETK0}: priority=2
-	---
04/08/1999	Dr P Gaffney at The Doctors Partnership
History	Admin reason for encounter {ETK0}: priority=2
-	---
27/08/1998	Dr P Gaffney at The Doctors Partnership
History	Admin reason for encounter {ETK0}: priority=2
-	---
19/08/1998	anne at The Doctors Partnership
History	Data processing operator {ETK1}: Migrated Data priority=2 Patient signed reg. form priority=2 Booster tetanus vaccination Tetanus immunis..clm Booster polio vaccination Polio immunis..clm
-	---
24/03/1992	Dr Aaa UnknownUser at The Doctors Partnership
History	Data processing operator {ETK1}: Repeats Reviewed priority=2 Medication review
-	---
24/03/1992	Dr L McIntyre at The Doctors Partnership
History	Admin reason for encounter {ETK0}: Acute Consultation priority=2

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type

None

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
26/11/2014	**Fluconazole And Clotrimazole Capsule And Cream 150 mg + 2 %** TO BE USED AS DIRECTED 1 pack	26/11/2014P	Dr S Montgomery	ACUTE
02/10/2014	**Mirtazapine Tablets 15 mg** ONE TO BE TAKEN AT NIGHT FOR 1 WEEK THEN 2 AT NIGHT 30 tablet	10/11/2014P	Dr P Gaffney	ACUTE
17/09/2014	**Mirtazapine Tablets 15 mg** ONE TO BE TAKEN AT NIGHT FOR 1 WEEK THEN 2 AT NIGHT 30 tablet	17/09/2014H	Dr P Gaffney	ACUTE
16/09/2014	**Trimethoprim Tablets 200 mg** ONE TO BE TAKEN TWICE A DAY 14 tablet	16/09/2014P	Dr S Montgomery	ACUTE
08/09/2014	**Trimethoprim Tablets 200 mg** ONE TO BE TAKEN TWICE A DAY 6 TABLET	08/09/2014H	Dr L McIntyre	ACUTE
08/09/2014	**Diazepam Tablets 5 mg** 1 TID 21 tablet	08/09/2014H	Dr S Montgomery	ACUTE
04/07/2005	**Nitrazepam Tablets 5 mg** 1 Tab At night 7 TABS	04/07/2005P	Dr L McIntyre	ACUTE
04/07/2005	**Chlordiazepoxide Hydrochloride Capsules 10 mg** 2 Caps 3 times daily 42 CAPS	04/07/2005P	Dr L McIntyre	ACUTE
14/01/2005	**Dosulepin Tablets 75 mg** 1 Tab At night 28 tablet	14/01/2005Q	anne	ACUTE
08/10/2004	**Temazepam Tablets 20 mg** 1 nocte 7 TABS	08/10/2004P	anne	ACUTE
08/10/2004	**Citalopram Hydrobromide Tablets 20 mg** 1 mane 28 TABS	08/10/2004P	anne	ACUTE
16/06/2004	**Ketoconazole Shampoo 2 %** 1OP INVAL	16/06/2004P	Dr S Montgomery	ACUTE
16/06/2004	**Citalopram Hydrobromide Tablets 20 mg** 1 mane 28 TABS	16/06/2004P	Dr S Montgomery	ACUTE
16/06/2004	**Temazepam Tablets 20 mg** 1 nocte 7 TABS	16/06/2004P	Dr S Montgomery	ACUTE
07/01/2003	**Chlordiazepoxide Hydrochloride Capsules 10 mg** 2 Caps 4 times daily 16 CAPS	07/01/2003P	Dr S Montgomery	ACUTE
26/11/2002	**Diclofenac Sodium E/c tablets 50 mg** 1 Tab 3 times daily 21 TABS	26/11/2002P	Dr S Montgomery	ACUTE
07/10/2002	**Chlordiazepoxide Hydrochloride Tablets 10 mg** 1 Tab 4 times daily 6 TABS	07/10/2002P	Dr S Montgomery	ACUTE
18/01/2002	**Efexor Xl M/R capsules 75 mg** 1 Cap Daily 28 CAPS	18/01/2002P	Dr S Montgomery	ACUTE
18/01/2002	**Nizoral Shampoo 2 %** Apply Take as required 1 INVAL	18/01/2002P	Dr S Montgomery	ACUTE
03/08/2001	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap Daily	03/08/2001P	Dr S Montgomery	ACUTE

	30 CAPS			
18/08/2000	**Cimetidine Tablets 400 mg** 1 Tab Twice daily 56 Tabs	18/08/2000P	Dr S Montgomery	ACUTE
22/06/2000	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap Daily 30 CAPS	22/06/2000P	Dr S Montgomery	ACUTE
22/06/2000	**Gaviscon Advance Oral Suspension (Aniseed)** 5-10 ml After meals 500 ml	22/06/2000Q	Dr S Montgomery	ACUTE
05/01/2000	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap Daily 30 CAPS	05/01/2000P	Dr S Montgomery	ACUTE
09/12/1999	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap At night 30 CAPS	09/12/1999P	Dr S Montgomery	ACUTE
20/10/1999	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap Daily 30 CAPS	20/10/1999P	Dr S Montgomery	ACUTE
24/09/1999	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap Daily 30 CAPS	24/09/1999P	Dr S Montgomery	ACUTE
25/08/1999	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap Daily 30 CAPS	25/08/1999P	Dr S Montgomery	ACUTE
25/08/1999	**Zopiclone Tablets 7.5 mg** 1 Tab At night 10 TABS	25/08/1999P	Dr S Montgomery	ACUTE
04/08/1999	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap Daily 30 CAPS	04/08/1999P	Dr S Montgomery	ACUTE
27/08/1998	**Dosulepin Tablets 75 mg** 1 Tab At night 14 tablet	27/08/1998Q	Dr S Montgomery	ACUTE

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APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☑ Female* ☐ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth*	5-7-79	Address*	36C BAIRD PLACE KILMARNOCK KA3 7RL
Title*	MR		
Surname*	ANDERSON		
Forenames*	KYLE McCLYMONT	Postcode*	KA3 7RL
Previous Surname*		Telephone #	01563257582
email address #		Mobile #	

The following information can be found on your current medical card:

Community Health Index (CHI) Number*		NHS Number*	

The following information can be found on your birth certificate:

Town of Birth*	IRVINE CENTRAL	Country of Birth*	SCOTLAND
Registered district of birth (Scotland only)		Mother's maiden name	MULLEN

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*	Name and address of previous GP Practice in UK*
34 PORTLAND RD KILMARNOCK	DR GAFFNEY 34 PORTLAND RD KILMARNOCK
Postcode*	Postcode* 1

If you are from abroad:

Date you first came to live in the UK* ☐☐-☐☐-☐☐☐☐ If previously resident in the UK, date of leaving* ☐☐-☐☐-☐☐☐☐

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date* ☐☐-☐☐-☐☐☐☐ Service Number

Are you a Reservist?* ☐ Yes ☐ No If yes, please provide your address before enlisting*

Leaving date* ☐☐-☐☐-☐☐☐☐

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.
Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

Any of my organs and tissue ☐ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Patient signature _____ Date ☐☐-☐☐-☐☐☐☐

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4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature Kyle Andrew Date 6 3 15

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number 2439 GP name DR G T MULLIGAN

Practice code 80444 Mileage (No.) Road Water Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. Student ID Card Driving Licence Passport or HC2 Cert. Home Office App Reg Card Other/None - specify Receptionist initials

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

X Authorised Practice signature Date 12 03 15

7. OFFICIAL USE ONLY

Input by

Checked by

Date

Practice Stamp

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Mental Health Services
Addiction Services
East Ayrshire Primary Care Addiction Team
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK, KA2 0BE
Tel: 01563 826180
Fax: 01563 826184

CLINICAL IN CONFIDENCE

Date: Thursday, 26 March 2015
Our Ref: 195921/KA/JM

Dear Dr Mulligan
Name: Kyle Anderson
(D.O.B:) 05/07/1979 (CHI:) 0507793552

Following referral of the above named patient for alcohol detoxification and further to our assessment on 24th February your patient has been accepted and wishes to proceed with home detox intervention.

To assist in the clinical management of this person in line with NHS Ayrshire & Arran Addiction Services Home Detoxification Intervention Guidance for General Practitioners (see excerpt below) may we suggest that you consider prescribing the following medicines :

Chlordiazepoxide 10mg x 40 tabs
Thiamine 100mg x 3 x 28 days

Detox intervention is planned to commence on **Monday 30th March** and with your agreement your patient would require this medication by **Friday 27th March.** We will continue to monitor your patient throughout the detox process and will contact you if any issues arise that may indicate a referral back to you.

Could you please contact us on the above number once you have prescribed the relevant medication.

2,2

Section 6.7

	TIMES TO BE TAKEN			
	8:00am	**12noon**	**6:00pm**	**10:00pm**
*DAY 1	20mg	20mg	20mg	20mg
DAY 2	20mg	20mg	10mg	20mg
*DAY 3	20mg	10mg	10mg	20mg
DAY 4	10mg	10mg	10mg	20mg
DAY 5	10mg	10mg	10mg	10mg
DAY 6	10mg	10mg	[redacted]	10mg
DAY 7	10mg	[redacted]		10mg
DAY 8	[redacted]			10mg

*NOTE: patients may be advised to start on **either** day 1 **or** day 3 of the regimen.

Day 1 start: patients with moderate to severe alcohol dependence or withdrawal symptoms present or previous problematic withdrawal symptoms.
Day 3 start: patients with moderate alcohol dependency or other individuals where withdrawal symptoms are likely.

Start day	**Number 10mg caps/ tabs for reducing course**
Day 1	40 (36+4)
Day 3	25 (21+4)

The above table is a guide for the number of capsules/ tablets required to complete the reducing course; an allowance of 4 additional 10mg capsules/ tablets has been provided to alleviate any nocturnal anxiety that may be encountered during the first few difficult days of the intervention.

Thiamine Dosage

The use of oral Thiamine is recommended to re-establish the thiamine levels in the body after excess or chronic alcohol use. The locally recommended regimen is a dose of 300mg Thiamine in the morning, for a minimum of three weeks.

Yours sincerely

Jacqueline MacPhail

Charge Nurse
Community Addiction Team

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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 Y Moulds Dr L Black Dr C McRoberts Dr T Hopkins

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577757/8
Fax: 01563 572009

Dr. G MULLIGAN
THE SURGERY
OLD IRVINE ROAD SURGERY
4/6 OLD IRVINE ROAD
KILMARNOCK
KA1 2BD

Kyle Anderson
36C BAIRD PLACE
KILMARNOCK, KA3 7RL

DOB: 05/07/1979
A/E No: XH-15-066536
CHI No: 0507793552

Date and Time of Attendance: 19 Nov 2015 13:54
Total A&E Attendances = 4 , attendances in last year = 3

Diagnosis Alcohol harmful use
Alcohol intoxication

Treatment Advice

Drugs:

Investigations

Follow up: Discharge, Primary Care follow up

Usual place of residence

Additional Information: Claims to have consumed large quantity of alcohol today. Claims to have had recent alcohol related seizures. No seizure today, intoxicated, aggressive, demanding tablets today. Advised on how to seek help with reduction in alcohol intake, home with member of family

James Stevenson
ED Consultant

If you have any queries about this patient, please contact one of the staff at the above number.

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Faxed 16/11/15

Dr K. H. Irvine
Dr J. D. Curran
Dr F. J. Dunn
Dr E. M. McGregor
Dr G. T. Mulligan

4 Old Irvine Road
KILMARNOCK KA1 2BD

Tele: 01563 522413 Fax: 01563 573559
www.oldirvineroadsurgery.co.uk

Dear Dr / Nurse

16/11/15

RE: ANDERSON, Kyle McClymont
0507793552
36c Baird Place
Kilmarnock
KA3 7RL
Dr K H Irvine
4 Old Irvine Rd, Kilmarnock
DATE

Thanks for assessing this 36 y.o man with sociodomestic troubles who has had recent ↑ in seizure activity Short lived x 2 minutes 5 or 6 episodes in last 36 hours. He has no formal diagnosis as such, has intermittent heavy drinking, was referred by AADC last night but failed to go

CE Understood partner with him unable to give eye witness account

T = 37.2
Abdo Soft non tender
Susp hasn't P.U.'d. No palp bladder

Δ Seizures
↑'d frequency

Yours sincerely
(IRVINE)

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ESA113

jobcentreplus

Employment and Support Allowance

Our phone number is: 0141 249 3565

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

If you get in touch with us, tell us this reference number: JN505993B

Date: 17th December 2015

Dr Milligan
THE SURGERY
4-6
OLD IRVINE ROAD
KILMARNOCK
KA1 2BD

30800/3

About your patient

Full Name Mr Kyle Anderson

Address 36c, Baird Place, Kilmarnock, KA3 7RL

NINo JN505993B
Date of birth 5th July 1979

Dear Doctor,

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

Please note

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

COMPUTER PRINTOUTS

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

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

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

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

Miss Gillian Ross

Centre for Health and Disability Assessments on behalf of the DWP
RESTRICTED - MEDICAL
Version 03/15

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Pages:

NHS Confidential: Personal data about a patient

NHS24 CONTACT REPORT

PCM ID:	71208226		
CHI:	0507793552	**Caller :** Self	
Surname:	ANDERSON	**Date/Time Call Received:**	11.11.2015 11:17:00
Forename:	KYLE	**Date/Time Call Completed:**	11.11.2015 11:27:12
DOB:	05.07.1979		
Gender:	M		
Address:	36c Baird Place KILMARNOCK KA3 7RL	**Current Location:**	36c Baird Place KILMARNOCK KA3 7RL
Phone Number:	07495603279	**Special Directions:**	
Temporary Resident:	NO		

Call Classification:

CALL SUMMARY:

36 year old male presenting with problem(s) relating to:
Recommendation:
Selected final endpoint: Self Care
Positive Findings:
Traumatic injury to teeth or mouth
Pain affecting daily activities
Symptoms are preventing patient from going about their daily activities

PAST MEDICAL HISTORY:

NOTES:

11:11:2015 11:36:42 MCKEEA ## OPENED TO PASS TO HIA
11:11:2015 11:21:07 THOMPSONS2 ## WAS ASSAULTED A FEW MONTHS AGO.

Confidential Call ID: 20030015 11.11.2015
Page 1 of 1

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Pages:

NHS Confidential: Personal data about a patient

Patient : Kyle Anderson
(Gender: Male) (DOB: 05/07/1979) (Age: 36 years) (CHI: 0507793552)

Case No 87648 **Case Date** 16/11/2015 04:36
Own Dr Mulligan, Glenn

Current Address
36C Baird Place

Kilmarnock
KA3 7RL
Current Phone 01563 542015

Home Address (If Different)

Home Phone (If Different)

Case Type NHS24 Advice
Priority On Reception NHS24 Advised

NHS 24 Advice by (Nurse Advisor) (Ayrshire (& Arran)) **Triage Start** 04:40 **Triage End** 06:30

Clinical summary created by: (Nurse Advisor) (Ayrshire (& Arran)) [16/11/2015 06:30:23]
SEIZURES FOR UNCERTAIN AND STATES HE HAS HAD 4 SEIZURES THIS AM AWAITING DETOX AS GP THINKS SEIZURES ARE ALCOHOL RELATED AND PATIENT DOESNT AGREE WISHING TO SEE A SPECIALIST IN EPILEPSY ALSO CO PAINFUL MOUTH WHICH IS ONGOING ? GINGIVITIS ADVISED TO CONTACT OWN GP

RETURN CALLER. SENT AMBULANCE TO PT LAST NIGHT BUT PT STATES WAS TO DRUNK TO ATTEND HOSPITAL, WAS BEING SILLY, CHEEKY AND SHOUTING. HAD 4 SEIZURES LAST NIGHT. ({User} {Edinburgh})

DW TL I.MACDONALD. ADVISED CS3. ({User} {Edinburgh})

Case Questions

Pocked Aremote Consult by: **Consult Start**
Start Type **End Type** **Consult End**

Adastra Consult by **Consult Start**
Start Type **End Type** **Consult End**

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics: Report produced by Adastra Version 3 - 16/11/2015 09:03:55

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Filename: document_80.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Mental Health Services
NHS Addiction Services
East Ayrshire
Crosshouse Hospital
KILMARNOCK, KA2 0BE
Tel: 01563 826177
Fax: 01563 826184

NHS 145
Ayrshire & Arran

CLINICAL IN CONFIDENCE
Anne Faure
Advanced Nurse Practitioner
Old Irvine Road
Kilmarnock

Date: 09 April 2015
Dictated: 30/03/2015
Our Ref: JMac/KL

Dear Ms Faure

Kyle Anderson 36C Baird Place Kilmarnock KA3 7RL
CHI NO 0507793552

Please see attached discharge letter for the above named patient.

If you require any further information please do not hesitate to contact me on the above telephone number.

Yours sincerely

Jacqueline MacPhail
Charge Nurse
NHS Addiction Services - East Ayrshire

INVESTING IN VOLUNTEERS

www.nhsaaa.net

NAME:Kyle Anderson CHI NO:0507793552 2g5

Addiction Service Assessment V2	Confidential
Title	Mr.
Name:	*Kyle Anderson*
Address line 1:	*36c Baird Avenue*
Town:	*Kilmarnock*
Postcode:	*KA3 7RL*
CHI number	*0507793552*
Date of birth:	*05/07/1979*
Care co-ordinator:	*Jacqueline MacPhail*
Completed by:	*Jacqueline MacPhail*
Profession:	*Community Psychiatric Nurse*
Location:	*.Patient's Home*
Date:	*30/03/2015*
Reason for referral	
Reason for referral:	*Detoxification*
Patient's reason for attending	
Concerned and unhappy with current lifestyle and excessive alcohol use.	
Summary of strengths, goals and aspirations	
Recent period of abstinence indicates ability to address alcohol issues, insightful and motivated.	
Previous involvement with services:	*Addictions service*
Risks	
Risk to self:	*Low apparent risk*
Risk to others:	*Low apparent risk*
Gender based violence	
Why was gender based violence enquiry not possible?:	*Partner / others present*

3.5

NAME:Kyle Anderson CHI NO:0507793552

Substance career	
Teens	
Reports first drinking aged 15/16 with peers at weekends. Kyle reports drinking beer at this time escalating from 4 bottles as his tolerance increased. Aged 17/18 Kyle recalls drinking midweek when watching football and or boxing. Kyle admits he quickly began to drink most evenings.	
20's	
In his 20's Kyle reports drinking each evening and this escalated to drinking 15-20 cans of lager each evening. *reports being detoxed by NHS Addiction Services approx 8 years ago, aged 26 approx.*	
30's	
-Kyle reports drinking each evening and this escalated to drinking 20+ cans of lager.	
40's	
-	
50's	
-	
60's	
-	
History	
History of presenting complaint	
Housing:	*Mild problem*
Physical health	
Physical health	
Kyle reports that he has no current or pre-existing health conditions. *Breathalyser 0.04%mmgs.* *BP 148/72* *P 76*	
Seizure activities:	

4,5

NAME:Kyle Anderson CHI NO:0507793552

Current medication	
Kyle currently has no prescribed medication.	
Psychiatric history:	.
Current mental state:	.
Forensic history:	.
Assessment	
Current substance use	
Kyle states that he is currently consuming between 20 - 30 cans of lager. Kyle also reports that he also drinks whisky. Kyle has stated that he has taken diazepam intermittently. *6 panel oral drug screen, negative for all tested substances*	
Summary of Assessment	
Summary of Assessment	
Addictions staff I attended a home visit as arranged on the 30th March 2015 with Kyle at 08:45am for day 1 of Kyle's detox from alcohol. Kyle's partner Kerry answered the door and let us in. Kyle was lying on the settee in the living room asleep. Kyle woke and stated that he had been drinking until 03:00am. Kyle could not explain why he had continued to consume alcohol and not comply with the treatment plan as agreed, other than stating that he wanted to drink. Breathalyser reading was Brac 0.71mmgs. Addictions Staff reminded Kyle of the importance of not consuming alcohol after 10pm the evening before the start of his detox. Addictions Staff had also had a telephone conversation with Kyle on Friday 27/03/15 discussing again the preparation for his home detox. Addictions Staff I advised Kyle to return his prescribed medication to the pharmacy as we would be unable to continue to offer support at this time. Addictions Staff also advised Kyle that she would contact his GP and criminal justice worker Kevin Kelly and advise them of the current situation. Addictions staff will no longer be able to support home detox due to Kyle's behaviour and non-compliance with treatment plan, therefore he has been discharged from the Community Addiction Team. Kyle was advised to contact the service in the future should his circumstances change in the future.	
Action plan	
Kyle has been discharged from East Ayrshire Community Addiction Team for non compliance with treatment plan. Kyle was advised to contact the service in the future should his circumstances change in the future.	
In this report key item status is indicated as follows: + = Nominated, ++ = Prioritised, - = Resolved, * = Strength	
In this report alerted item status is indicated as follows: [!] = Alert Attached, [-!] = Alert Removed	
Printed by:	*Jacqueline MacPhail*

NHS Confidential: Personal data about a patient

5.5

NAME:Kyle Anderson CHI NO:0507793552

Signature:	
Date printed:	09/04/2015

5

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Filename: document_74.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel: 01563 827178
Fax: 01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr G Mulligan
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Our Ref:	GK/GMC
Clinic Date:	20/02/2016
Date Dictated:	20/02/2016
Date Typed:	23/02/2016
Enquiries to	Gillian McColl
Direct Line:	01563 827178
Ext. Number:	27178
Email:	Gillian.McColl@aapct.scot.nhs.uk

Dear Dr Mulligan,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
36C BAIRD PLACE, KILMARNOCK, AYRSHIRE, KA3 7RL

Thank you very much for referring the gentleman named above to our Neurology clinic today. His and his family history he says is negative. He has bad smoking habits and admits to drinking twelve beers per day. He is unemployed and does not drive. He is not aware of febrile seizures. He mentions he had a head injury approximately a year ago; his head was hit hard but he is not able to remember any details. A CT head was performed and was reported as non-significant. The patient is on no medication.

The patient's seizures started approximately a year ago. The frequency varies between one or two per week and one per month. According to the patient's description the episodes usually start with a weird feeling in his both legs then he loses consciousness. He was told by eye-witness, unfortunately not present, that his limbs are shaking for a minute or two. He usually does not bite his tongue but wets himself. He is usually confused after the seizure for ten minutes. These episodes usually occur during the night and the last one was a few weeks ago. He has not noticed any pattern.

Neurological examination: Normal cranial nerves, normal muscle power and tone, normal reflexes, no Babinski sign, co-ordination is normal, no sensory deficit, sphincters are normal.

The patient's neurological condition is normal. Based on the patient's description my impression is he has got epileptic seizures of grand-mal type. Unfortunately I have not had the chance to discuss details with an eye-witness. I am booking the patient for an EEG. I suggested blood tests but the patient refused. I suppose his full blood count, liver function, kidney function, thyroid function should be checked. I advised the patient to reduce his alcohol consumption significantly as it may have an important role in the seizure generation. As therapy I suppose he should start Keppra; he can take 250mg once daily in the evening and increase the dose by 250mg steps every third or fourth day and the target dose is 750mg twice daily. I advised the patient to stop driving and avoid possibly dangerous situations due to his seizures without warning signs. I am going to review the patient in three months time.

Yours sincerely

Authorised on 24/02/2016 17:30:22 by Gabor Kiss.

Dr Gabor Kiss
Locum Consultant Neurologist
GMC Number 7421239

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Pages:

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 827178
01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr G Mulligan
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Our Ref:	GK/SS
Clinic Date:	25/11/2016
Date Dictated:	25/11/2016
Date Typed:	25/11/2016
Enquiries to	Stacy Smith
Direct Line:	01563 827178
Ext. Number:	27178
Email:	Stacy.Smith@aapct.scot.nhs.uk

Dear Dr Mulligan,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
36C BAIRD PLACE, KILMARNOCK, AYRSHIRE, KA3 7RL

This patient did not attend an appointment at the Neurology clinic today and to my knowledge did not contact us to change this. Due to the pressure on clinic space no further appointment will be sent, but please do not hesitate to re-refer if you wish the patient to be seen.

Yours sincerely

Authorised on 27/11/2016 11:05:12 by Gabor Kiss.

Dr Gabor Kiss
Locum Consultant Neurologist
GMC Number 7421239

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Pages:

NHS Confidential: Personal data about a patient

Dr K. H. Irvine
Dr J. D. Curran
Dr F. J. Dunn
Dr E. M.McGregor
Dr G. T. Mulligan

4 Old Irvine Road
KILMARNOCK KA1 2BD

Tele: 01563 522413 Fax: 01563 573559

Date as postmarked

Kyle McClymont Anderson

29 Creighton Court

Kilmarnock

KA3 2ED

Dear Mr Anderson

Re: Prescription Request

We have tried on several occasions to contact you without success.

- [x] Make a surgery appointment – Dr Mulligan
- [ ] Make a telephone consultation appointment
- [ ] Be started on a new prescription which is now available for you to collect at the surgery/ Chemist

Thank You.

Yours sincerely,

Frances

Receptionist

You can now order your repeat prescriptions online
www.oldirvineroadsurgery.co.uk

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Filename: document_60.pdf
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Pages:

Patient : Kyle Anderson
(Gender: Male) (DOB: 05/07/1979) (Age: 37 years) (CHI: 0507793552)

Case No 19548 **Case Date** 06/11/2016 11:48
Own Dr Mulligan, Glenn

Emergency Care Summary viewed on case

Current Address
29 Creighton Court

Kilmarnock
KA3 2ED
Current Phone 01563 624339

Home Address (If Different)

Home Phone (If Different) 01563 259465

Case Type Doctor Advice
Priority On Reception Within 1 Hour

NHS 24 Advice by (Nurse Advisor) (Cardonald)
Triage Start 11:50
Triage End 12:20

Clinical summary created by: (Nurse Advisor) (Cardonald) [06/11/2016 12:19:40]
SUICIDAL IDEATION FOR TODAY AND DIFFICULT TO ASSESS - PATIENT VERY AGITATED/ANGRY INITIALLY - STATING THOUGHTS OF HARMING HIMSELF OR OTHERS (NOT FAMILY WHO ARE AT HOME WITH HIM CURRENTLY). DID CALM DOWN DURING CALL. SUCIDAL THOUGHTS ONGOING FOR A WHILE - WORSENING TODAY. LOW MOOD - NOT SLEEPING/EATING. ADVISED GP/CPN TO CALL 1 HOUR.

PT HAS BECOME AGGITATED AND SUCIDAL TODAY -WANTING TO HARM HIMSELF AND OTHERS. NOT AGGRESSIVE TOWARDS CALLER. PMH OF DEPRESSION-DETERIORATING SYMPTOMS ONGOING. ((User) (Cardonald))

Case Questions

Pocked Aremote Consult by:
Start Type **End Type**
Consult Start
Consult End

Adastra Consult by Khan, Mohammad W (Supplementary)
Start Type Doctor Advice **End Type** PCTC (Doctor)
Consult Start 13:03
Consult End 13:12

History
feeling agitated and angry, was buying valium to keep himself relax, also drinking alcohol to get relax, currently living with mother,
feels like need to hurt some body or himself. Seen by GP , feels under stress and worry about every thing, feels some thing not right inside him. Says GP also prescribed Valium before.
Able to attend to PCTC Crosshouse

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics: Report produced by Adastra Version 3 - 07/11/2016 04:02:41

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Pages:

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Practitioner Services

Medical
Meridian Court
5 Cadogan Street
Glasgow, G2 6QE
Tel 0141 300 1300
Text Relay: 18001 0141 300 1300
Fax 0141 300 1347
www.psd.scot.nhs.uk

NHS National Services Scotland

Dr J D Curran
Old Irvine Road Surgery
4/6 Old Irvine Road
KILMARNOCK
KA1 2BD

Date : 10 January 2017
Your Ref :
Our Ref : GMSRGL003/Del/(0507793552)

Extension : 1365
Direct Line: 0141 300 1365
E-mail : anne.mcbride2@nhs.net

Dear Dr Curran

I acknowledge receipt of your communication intimating that you wish the name of the undernoted patient removed from the practice.

The patient has been notified accordingly and their name will be removed from the practice list in accordance with the provisions of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004 from 18 January 2017 unless they register with another practice before this date.

A formal request will then be made for the return of their medical records which should be retained until this time.

Yours sincerely

Mrs Anne McBride
Registration Manager

Patients(s) referred to: -

Kyle Anderson, CHI 0507793552
29 Creighton Court, Kilmarnock, KA3 2ED,

Headquarters
Gyle Square, 1 South Gyle Crescent, EDINBURGH EH12 9EB
Telephone 0131 275 6000
Chair Professor Elizabeth Ireland
Chief Executive Colin Sinclair
NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service

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jobcentreplus

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

Your reference is JN505993B
Please tell us this number
if you get in touch with us

02536
Dr Dr
THE SURGERY
4-6 OLD IRVINE ROAD
KILMARNOCK
AYRSHIRE
KA1 2BD

ESA Greenock
Mail Handling Site A
Wolverhampton
WV98 2AP

Phone 0345 6088545
TEXTPHONE for the deaf/hard of hearing ONLY 0845 6088551

Date 13 December 2016

Dear Doctor Dr

Work Capability Assessment Outcome Notification

Patients Name	Mr K M Anderson
Patients Address	29 Creighton Ct Kilmaurs Kilmarnock Ayrshire KA3 2ED

Patients D.O.B : 5 July 1979

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

WCA Effective Date 30 November 2016

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

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

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

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

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

5126/0295 90886002950020021 2 Page 01 of 01

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Dr K. H. Irvine
Dr J. D. Curran
Dr F. J. Dunn
Dr E. M.McGregor
Dr G. T. Mulligan

4 Old Irvine Road
KILMARNOCK
KA1 2BD
Tele: 01563 522413
Fax: 01563 573559

Date as Postmarked

Kyle McClymont Anderson

36c Baird Place
Kilmarnock
KILMARNOCK

KA3 7RL

Dear Mr Mcclymont

A Blood result has been received and the doctor recommends that you

- ☐ Commence a new prescription which is available for you to collect at the Surgery/ chemist
- ☐ Make a surgery appointment
- ☑ Make a telephone consultation appointment Dr Mulligan
- ☐ Have the test repeated

Yours sincerely

Frances

Receptionist

[redacted]

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Filename: document_62.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Ayrshire Doctors On Call

adastra

1 Patient Contacts for Old Irvine Road Surgery

Patient : Kyle Anderson
(Gender: Male) (DOB: 05/07/1979) (Age: 37 years) (CHI: 0507793552)

Case No 87052 **Case Date** 25/08/2016 04:36
Own Dr Mulligan, Glenn

Emergency Care Summary viewed on case

Current Address
36C Baird Place

Kilmarnock
KA3 7RL
Current Phone 01563 259465

Home Address (If Different)

Home Phone (If Different)

Case Type Doctor Advice
Priority On Reception Within 4 Hours

NHS 24 Advice by (Nurse Advisor) (Glasgow)
Clinical summary created by: (Nurse Advisor) (Glasgow) [25/08/2016 04:59:27]
RIGHT HAND NUMBNESS FOR 1/52 AND S/B OWN GP ON MONDAY - NIL FURTHER TX AT THAT TIME - STATES THAT HAS WORSENING NUMBNESS/ TWISTING TO HAND - UNABLE TO MOVE RING FINGER AND PINKIE. HAND FEELS COLD BUT HAS ALL WINDOWS OPEN. STATES THAT CAN FEEL TOUCH - CAN STRAIGHTEN HAND BUT IT WILL NOT RETAIN THAT POSITION - CAN HOLD OBJECTS. ADVISED TO CONTACT OWN PRACTICE THIS AM - PATIENT VERY UNHAPPY WITH THIS.
SPEAK TO DR 4HRS PLEASE DISPUTED OUTCOME
WORSENING STATEMENT GIVEN

HAND HAS GONE NUMB, FINGERS ARE CURLING UP, HAND IS NOT MOVING, WRIST STARTING TO FEEL NUMB. ((User) (Glasgow))

Triage Start 04:39
Triage End 05:00

Case Questions

Pocked Aremote Consult by:
Start Type **End Type**

Consult Start
Consult End

Adastra Consult by Lisa Hunter (ANP)
Start Type Doctor Advice **End Type** Doctor Advice

Consult Start 05:44
Consult End 05:45

History
S~ Asked to phone Kyle regarding advice for his numb hand. Have called twice but no response.

Examination

Diagnosis

Treatment
No action taken as unable to contact patient.

Clinical Code(s)
ZV6.. [V]Other reasons for encounter

Prescriptions

Report Statistics: Report produced by Adastra Version 3 - 25/08/2016 09:01:22

No Follow-up reqd

NHS Confidential: Personal data about a patient

Dr K. H. Irvine
Dr J. D. Curran
Dr F. J. Dunn
Dr E. M.McGregor
Dr G. T. Mulligan

4 Old Irvine Road
KILMARNOCK
KA1 2BD

Tele: 01563 522413 Fax: 01563 573559

Date as Postmarked

Kyle McClymont Anderson

36c Baird Place
Kilmarnock
KILMARNOCK

KA3 7RL

Dear Mr Anderson

A letter has been received by your doctor from the hospital requesting that you

- ☑ Make a surgery appointment - Dr Mulligan w/c 29.2 if possible
- ☐ Make a telephone consultation appointment
- ☐ Be started on a new prescription which is now available for you to collect at the surgery/ Chemist

Yours sincerely

Frances

Receptionist

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Filename: document_64.pdf
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Pages:

NHS Confidential: Personal data about a patient

NHS Ayrshire & Arran General Hospital Division Area Laboratory Clinical Biochemistry

ANDERSON,KYLE
36C BAIRD PLACE

KILMARNOCK
KA3 7RL

CHI No. 0507793552
Unit No.
DOB 05/07/1979
Sex M

Clinician: Dr Glenn Mulligan
Request Location: GP, Kilmarnock: Old Irvine Road

This report to : Dr Glenn Mulligan , GP, Kilmarnock: Old Irvine Road

		Result	Units	Normal Range
Free T4		13.9	pmol/L	9.0 - 24
TSH	H	5.91	mU/L	0.3 - 5.0

Lab No 16B382912
Printed 24/08/16 13:31

Date Collected 23/08/16 14:50
Sample Type Blood

Authorised By John Williamson
Page 1 of 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

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Pages:

NHS Confidential: Personal data about a patient

Safer Communities
Depute Chief Executive: Chris McAleavey

Head of Housing and Communities: Katie Kelly
Housing Register Team
Civic Centre North
19 John Dickie Street
Kilmarnock
KA1 1HW
Direct Dial: (01563) 554821
Fax: (01563) 554847

If telephoning or calling
Please ask for: Lorraine Biggar

SEARCH
Single East Ayrshire Register for Community Housing

Dr Milligan
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

30th March 2016

Dear Dr Milligan

RE Mr Kyle Anderson, 36C Baird Place, Kilmarnock DOB 05.07.1979

I am currently working with the above gentleman in relation to his re-housing application on health and disability grounds. Mr Anderson has advised me that he can no longer reside at the above property due to his health conditions.

Mr Anderson has informed that he has recently been diagnosed with epoliepsy which is not well controlled and he experiences a high number of regular seizures, and that he is concerned about living on his own due to this. Mr Anderson has further advised me that he is in the process of being tested for Parkinson's disease, however was unable to provide any futher information relating to this.

In order for me to fully assess his health and disability application, I am looking for confirmation in relation to his diagnosis of Parkinson's disease. I would be grateful if you could provide any information that would enable me to complete the Health and Disability Assessment. If you require any further information please do not hesitate to contact me at the above address.

I have enclosed a copy of a signed declaration from Mr Anderson consenting to me contacting you for further information.

Yours Sincerely

pp **Lorraine Biggar**
Housing Occupational Therapist

No letter of consent Requested 4/4 MM

The SEARCH Landlords are: Irvine Housing (Scottish Charity Number SC042731) · ATRIUM HOMES The Landlord of Choice (Scottish Charity Number SC029535) · Shire Housing (Scottish Charity Number SC035854) · CUNNINGHAME Housing Association More than just a landlord (Scottish Charity Number SC003572) · East Ayrshire Council Comhairle Siorrachd Inbhir Air an Ear

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Pages:

NHS Confidential: Personal data about a patient

1/3

ESA113

Jobcentreplus

Employment and Support Allowance

Dr Milligan
THE SURGERY
4-6
OLD IRVINE ROAD
KILMARNOCK
KA1 2BD

308003 0540

Our phone number is: 0141 249 3565

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

If you get in touch with us, tell us this reference number: JN505993B

Date: 17th December 2015

About your patient

Full Name: Mr Kyle Anderson

Address: 36c, Baird Place, Kilmarnock, KA3 7RL

NINo: JN505993B
Date of birth: 5th July 1979

Dear Doctor,

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

Please note

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

COMPUTER PRINTOUTS

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

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

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

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

Miss Gillian Ross

Centre for Health and Disability Assessments on behalf of the DWP
RESTRICTED - MEDICAL

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23

Client Name:
Mr Kyle Anderson

Client NINo: JN505993B

Client Date of Birth: 05.07.1979

Freepost RTGB-KGKS-AEEZ
Centre for Health and Disability Assessments
Glasgow ASC
Mail Handling Site A
Wolverhampton
WV98 1SN

Your reply

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

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

1 When did your patient last see a GP?

16 / 11 / 15

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

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

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

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

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
1. Alcohol dependence	: been a particular family stress. Been referred to Addiction Service for support	problem for 1 year following
2. Seizures	: cause unclear. Probably due to alcohol + benzodiazepine use	
3. Benzodiazepine dependence	: intermittent problem.	May be related to seizures.

Centre for Health and Disability Assessments on behalf of the DWP
RESTRICTED - MEDICAL

Version 02/15

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3 2

About your patient - continued

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

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

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

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

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

7 Additional information
Please continue on a separate sheet if necessary

But can be very demanding in consultations but no violence or threats to staff.

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

Your Signature

Signature [signature]

Name IN CAPITALS Dr MULLIGAN

Date 23 / 12 / 15

Practice stamp

Centre for Health and Disability Assessments on behalf of the DWP
RESTRICTED - MEDICAL
Version 02/15

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NHS Ayrshire & Arran General Hospital Division Area Laboratory Clinical Biochemistry

ANDERSON,KYLE
36C BAIRD PLACE

KILMARNOCK
KA3 7RL

CHI No. 0507793552
Unit No.
DOB 05/07/1979
Sex M

Clinician: Dr Glenn Mulligan
Request Location: GP, Kilmarnock: Old Irvine Road

This report to : Dr Glenn Mulligan , GP, Kilmarnock: Old Irvine Road

	Result	Units	Normal Range
Urea	4.0	mmol/L	2.5 - 7.8
Creatinine	82	µmol/L	50 - 120
Sodium	141	mmol/L	133 - 145
Potassium	3.7	mmol/L	3.5 - 5.3
Chloride	97	mmol/L	95 - 108
eGFR result/1.73m2	>60	mL/min	>60
Total Bilirubin	7	µmol/L	3.0 - 21
ALP	76	U/L	46 - 157
AST	31	U/L	10.0 - 45
ALT	39	U/L	5.0- 55
Total Protein	73	g/L	60 - 80
Albumin	44	g/L	35- 50
Globulin	29	g/L	21 - 35

Lab No 16B382912 Date Collected 23/08/16 14:50 Authorised By BHI W7AUQPRO Service Account
Printed 24/08/16 07:25 Sample Type Blood Page 1 of 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

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NHS Confidential: Personal data about a patient

NHS Ayrshire & Arran — Area Laboratory — Haematology

ANDERSON,KYLE
36C BAIRD PLACE

KILMARNOCK
KA3 7RL

CHI No. 0507793552
Unit No.
DOB 05/07/1979
Sex M

Clinician: Dr Glenn Mulligan
Request Location: GP, Kilmarnock: Old Irvine Road

This report to : Dr Glenn Mulligan , GP, Kilmarnock: Old Irvine Road

	Result	Units	Normal Range
Haemoglobin	157	g/L	133 - 176
White Cell Count	8.4	10*9/L	3.7 - 9.5
Platelets	324	10*9/L	150 - 400
RBC	5.10	10*12/L	4.32 - 5.68
Haematocrit	0.46	%	0.39 - 0.50
MCV	91	fl	82 - 98
MCH	30.8	pg	27.3 - 32.6
MCHC	339	g/L	315 - 349
Neutrophils	4.8	10*9/L	1.5 - 6.5
Lymphocytes	2.5	10*9/L	1.1 - 5.0
Monocytes	0.8	10*9/L	0.2 - 0.9
Eosinophils	0.3	10*9/L	0.1 - 0.7
Basophils	0.1	10*9/L	0.0 - 0.1

J5-53095

Lab No 16B382912 — Date Collected 23/08/16 14:50 — Authorised By BHI W7AUQPRO Service Account
Printed 24/08/16 07:24 — Sample Type Blood — Page 1 of 1

If you have received this report in error, please return to the Haematology Laboratory

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Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel: 01563 827178
Fax: 01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr G Mulligan
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Our Ref:	GK/GMC
Clinic Date:	03/06/2016
Date Dictated:	07/06/2016
Date Typed:	07/06/2016
Enquiries to	Gillian McColl
Direct Line:	01563 827178
Ext. Number:	27178
Email:	Gillian.McColl@aapct.scot.nhs.uk

Dear Dr Mulligan,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
36C BAIRD PLACE, KILMARNOCK, AYRSHIRE, KA3 7RL

This patient did not attend an appointment at the Neurology clinic today and to my knowledge did not contact us to change this. One further appointment will be sent.

Yours sincerely

Authorised on 07/06/2016 13:30:03 by Gabor Kiss.

Dr Gabor Kiss
Locum Consultant Neurologist
GMC Number 7421239

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Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel: 01563 827178
Fax: 01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr G Mulligan
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Our Ref: GK/GMC/
Ref Date: 22/04/2016
Date Dictated: 22/04/2016
Date Typed: 22/04/2016
Enquiries to Gillian McColl
Direct Line: 01563 827178
Ext. Number: 27178
Email: Gillian.McColl@aapct.scot.nhs.uk

Dear Dr Mulligan,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
36C BAIRD PLACE, KILMARNOCK, AYRSHIRE, KA3 7RL

The above patient attended the Neurology clinic on 20.02.16 and was booked for an EEG. Unfortunately the patient has not attended for an EEG and he has therefore been removed from the waiting list.

Yours sincerely

Authorised on 27/04/2016 14:39:24 by Typist Gillian McColl, on behalf of Gabor Kiss.

Dr Gabor Kiss
Locum Consultant Neurologist
GMC Number 7421239

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NHS Confidential: Personal data about a patient

Safer Communities
Depute Chief Executive: Chris McAleavey

Head of Housing and Communities: Katie Kelly
Housing Register Team
Civic Centre North
John Dickie Street
Kilmarnock
KA1 1HW
Direct Dial: (01563) 554821

If telephoning or calling
Please ask for: Lorraine Biggar Tel: 01563 554564

SEARCH
Single East Ayrshire Register for Community Housing

Dr Milligan
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

06 April 2016

Dear Dr Milligan

RE Mr Kyle Anderson, 36C Baird Place, Kilmarnock DOB: 05.07.1979

I am currently working with the above gentleman in relation to his re-housing application on health and disability grounds. Mr Anderson has advised me that he can no longer reside at the above property due to his health conditions.

Mr Anderson has informed that he has recently been diagnosed with epilepsy which is not well controlled and he experiences a high number of regular seizures, and that he is concerned about living on his own due to this. Mr Anderson has further advised me that he is in the process of being tested for Parkinson's disease, however was unable to provide any further information relating to this.

In order for me to fully assess his health and disability application, I am looking for confirmation in relation to his diagnosis of epilepsy as well as the possible diagnosis of Parkinson's disease. I would be grateful if you could any information relevant information that would enable me to complete the Health and Disability Assessment. If you require any further information please do not hesitate to contact me at the above address.

I have enclosed a copy of a signed declaration from Mr Anderson consenting to me contacting you for further information.

Yours Sincerely

Lorraine Biggar
Housing Occupational Therapist

The SEARCH Landlords are: Irvine Housing, ATRIUM HOMES, Shire Housing, CUNNINGHAME, East Ayrshire Council

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SEARCH
Single East Ayrshire Register for Community Housing

2q

Declaration		
Please read this declaration carefully • I confirm that the details I have given on this application form are true and accurate. • I understand that if my circumstances change, I must tell the housing provider I returned this application to. • I understand that if I give any false or misleading information, or do not provide relevant information, that any points awarded to my application can be withdrawn. • If I get a tenancy based on false or misleading information, I understand that the landlord may take court action to evict me. • I agree that the SEARCH partners can ask for additional information from other agencies and health and social services professionals in connection with my application. • I authorise these agencies and health and social services professionals to disclose any information needed in connection with my housing application. • I understand that the information on the outcome of this application is going to be put on the register and you will share this information with any or all landlords using the register.		
Applicant's signature	x [signature]	**Date** 10/3/16
Joint Applicant's signature		**Date**
If the person detailed in this application is not the applicant or joint applicant and is aged 16 years or over then they also need to sign this declaration.		
Household member with health issue or disability:		
Signature [signature]		**Date**

11 Health and Disability Application

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DWP Department for Work and Pensions

FAX

Date	*01/04/16*
Number of pages including cover sheet	*1*

To: Dr Mulligan
Old Irvine Road Surgery
4 Old Irvine Road
Kilmarnock
KA1 2BD

Phone: 01563 522413
Fax : 01563 573559

From: Springburn DRT

FAO Lynne Monkhouse

Phone: 0141 241 7173
Fax : 0141 241 7023

Message: ☐ Urgent ☐ For your review ☒ Reply ASAP ☐ Please Comment

Re Mr Kyle Anderson, 36c Baird Place, Kilmarnock, KA3 7RL. DOB 05/07/79

Mr Anderson has been awarded sufficient points at a recent assessment to be placed in the Work Related Activity Group. He is unhappy with this decision and has requested we look at this again as he feels he should be in the Support Group. To allow us to deal with this request could you please give advice on the following?
Mr Anderson states on his reconsideration request that he has recently been diagnosed with epilepsy. Could you confirm if this is the case and how often Mr Anderson has seizures.
He has also stated that he is showing signs of Parkinson's disease and is awaiting the results of tests, again could you confirm if this is correct and if he has any restrictions as a result of this.
On the ESA113 completed on 23/12/15 it was stated that Mr Anderson can be very demanding in consultations but he was not violent and had not made threats to staff. Mr Anderson reported at the assessment that there was an incident with his Gp just before Christmas at a house visit. Do you any information on your records regarding this or anything else in relation to Mr Anderson's behaviour that you feel we should be aware of. Mr Anderson states that he has been told that he needs to move to ground floor accommodation, is this something that has been recommended on medical grounds.
Your help in this matter is very much appreciated.

Thank you,
Lynne Monkhouse .
Springburn DRT

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APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☑ Female* ☐ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth* 5-7-1979
Title* MR
Surname* ANDERSON
Forenames* KYLE
Previous Surname*
email address #
Address* 29 CREIGHTON COURT, KILMARNOCK, KA3 2ED
Postcode* KA3 2ED
Telephone # 01563624339
Mobile # 07391613221

The following information can be found on your current medical card:

Community Health Index (CHI) Number*
NHS Number*

The following information can be found on your birth certificate:

Town of Birth* IRVINE
Country of Birth* SCOTLAND
Registered district of birth (Scotland only) KILMARNOCK
Mother's maiden name MULLEN

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*
4 OLD IRVINE ROAD, 36C Baird Place, Kilmarnock, KA1 2BD
Postcode* ~~KA1 2BB~~ KA3 7RL

Name and address of previous GP Practice in UK*
DR G T MULLIGAN, 4 OLD IRVINE RD, KILK
Postcode* KA1 2BD

If you are from abroad:

Date you first came to live in the UK*
If previously resident in the UK, date of leaving*
Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date*
Are you a Reservist?* ☐ Yes ☐ No
Leaving date*
Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No
Service Number
If yes, please provide your address before enlisting*
Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.
Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

Any of my organs and tissue ☐ Or my
Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Patient signature _____ Date

GMSGPR001 v1 (08-2016)

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Dr R Pugh
Dr I Richards
Dr J Courtney
Dr D Simpson
Dr W Frew
Dr S Sardar
Dr G Haveron

The Surgery
Dr Pugh & Partners

31 Portland Road
Kilmarnock
KA1 2DJ
Tel: 01563 522118
Fax: 01563 573562

NEW PATIENT QUESTIONNAIRE

Date 12.1.2017

It can take considerable time for your medical records to be sent to a new practice. This questionnaire will give the doctors basic information about your medical history. Please complete one for each family member joining the practice.

NAME Kyle Anderson				**DOB** 5.7.79		
ADDRESS 29 Creighton Court Kilmarnock						
TEL NO 01563626339 Mob 07391613221				**OCCUPATION or CURRENT SCHOOL**		
SOCIAL STATUS	Married/Civil partnership	Single	Separated ✓	Divorced	Widowed	Co-habiting

MEDICAL HISTORY	YES	NO	Further Comment
Allergies		✓	
Epilepsy or Blackouts	✓		
High Blood Pressure			
Heart trouble			
Chest trouble e.g. Asthma			Date of diagnosis
Kidney or Bladder trouble			
Depression or Mental Breakdown	✓		
Diabetes			
Surgical Operations			
Other Hospital Admissions			

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MEDICAL HISTORY	YES	NO	Further Comment
Do you smoke	✓		*If yes, do you wish smoking cessation advice* *Yes* ☐ *No* ✓ *If yes please ask the receptionist for a leaflet* Office use only Leaflet given ☐
Have you ever smoked			Date stopped smoking
Alcohol Consumption			Weekly Consumption
FAMILY HISTORY *(first degree relative eg parent or sibling)*	**YES**	**NO**	**Not known/Not applicable**
Stroke		✓	
Diabetes		✓	
High blood pressure		✓	
Heart attack before age 60		✓	
Heart attack after age 60		✓	
MEDICATION	**YES**	**NO**	**Comment**
Are you regularly taking any medication **If using an inhaler, date of last prescription**	✓ Keppra 250mg		If yes, please attach a copy of your Re-order list
HOUSBOUND STATUS	**YES**	**NO**	**REASON**
Are you housebound		✓	
WOMEN	**YES**	**NO**	**TYPE OF ADVICE REQUIRED**
Do you wish contraceptive advice			
	YES	**NO**	**YEAR**
Have you ever had a cervical smear			

Version 5 – July 2016
Z:\New patient information and registration\New Patients 2016 onwards\NP New Patient Questionnaire and Ethnicity.doc

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COMMUNICATION WITH THE NHS

If English is not your first language, do you need an interpreter?

☐ Yes ☑ No

If you do need an interpreter what language do you speak?

Please state .....

If hearing impaired, do you require a sign language interpreter?

☐ Yes ☑ No

Are you registered Blind? ☐ Yes ☑ No

Are you visually impaired? ☐ Yes ☑ No

If you have a visual impairment, would you prefer information by:

Letter with Large Font ☐ Yes ☐ No

Email ☐ Yes ☐ No

Phone ☐ Yes ☐ No

Fax ☐ Yes ☐ No

Are you a Carer with responsibility for a family member / friend / neighbour? YES/NO
Do you have a Carer (YES)/NO

If yes please speak with the receptionist – you will be asked if you wish to be referred to our member of staff from the Princess Trust Support for Carers.

Have you ever been registered with this Practice before? YES/(NO)

Have you been registered with another practice within Kilmarnock in the last 6 months? YES/NO

If yes which practice? .....

Version 5 – July 2016
Z:\New patient information and registration\New Patients 2016 onwards\NP New Patient Questionnaire and Ethnicity.doc

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NEXT OF KIN DETAILS	
Name	MARY ANDERSON
Address	29 CREIGHTON COURT KILMARNOCK KA3 2ED
Contact Tel No	07756941874 HOME 01563624339
Relationship	MOTHER

Reading language:

NHS Confidential: Personal data about a patient

ETHNICITY

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care.
Please ask a member of staff if you need more explanation.
We should be grateful if you could complete one for each family member within/joining the practice.

Name Kyle Anderson **DOB** 5.7.1979

Do you need an interpreter or sign language support? ☐Yes ☐No

If you do need an interpreter what language do you speak?

Please state Scotland

What is your ethnic group?
Choose **ONE** section from A to E then tick **ONE** box which **best describes** your ethnic group or background

A White
- ☑ Scottish
- ☐ English
- ☐ Welsh
- ☐ Northern Irish
- ☐ British
- ☐ Irish
- ☐ Gypsy/Traveller
- ☐ Polish
- ☐ Any other white ethnic group, please write in……

B Mixed or multiple ethnic groups
- ☐ Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British
- ☐ Pakistani, Pakistani Scottish or Pakistani British
- ☐ Indian, Indian Scottish or Indian British
- ☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- ☐ Chinese, Chinese Scottish or Chinese British
- ☐ Other, please write in……

D African, Caribbean or Black
- ☐ African, African Scottish or African British
- ☐ Caribbean, Caribbean Scottish or Caribbean British
- ☐ Black, Black Scottish or Black British
- ☐ Other, please write in……

E Other ethnic group
- ☐ Arab
- ☐ Other, please write in……

If you do not wish to give this information, please tick here ☐

Version 5 – July 2016
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Dr R Pugh
Dr I Richards
Dr S Sardar
Dr J Courtney
Dr W Frew
Dr G Haveron

Associate GP:
Dr D Simpson

The Surgery
Dr Pugh & Partners

31 Portland Road
Kilmarnock
KA1 2DJ
Tel: 01563 522118
Fax: 01563 573562

CONSENT TO CONTACT
Access to Medical Records

Name KYLE ANDERSON	DOB 5.7.79
Address 29 CREIGHTON COURT KILMARNOCK KA3 2ED	
Telephone Number 01563624339 / mob 07391613221	NHS Number

* I _____ give consent for staff at Dr Pugh & Partners to contact my registered GP to access my health records.

Patient

Print Name KYLE ANDERSON	Date 12.1.2017
Signed	

Staff Member

Print Name	Date
Signed	

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26/10/20 4.20

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

~~APP 28/10/20 1.30~~

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☑ Female* ☐ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth*	5 7 1979	Address*	29 CREIGHTON COURT KILMARNOCK KA3 2ED
Title*	Mr		
Surname*	ANDERSON		
Forenames*	KYLE	Postcode*	KA3 2ED
Previous Surname*		Telephone #	01563 624339
email address #		Mobile #	07391613221

The following information can be found on your current medical card:

Community Health Index (CHI) Number*		NHS Number*	

The following information can be found on your birth certificate:

Town of Birth*	IRVINE	Country of Birth*	SCOTLAND
Registered district of birth (Scotland only)	Kilmarnock	Mother's maiden name	MULLEN

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*	Name and address of previous GP Practice in UK*
4 OLD IRVINE Road 36C Boird Place Kilmarnock KA1 2BD	DR GT MULLIGAN 4 OLD IRVINE RD KA1K
Postcode* ~~KA1~~ ~~2BD~~ KA3 7RG	Postcode* KA1 2BD

If you are from abroad:

Date you first came to live in the UK* DD / MM / YYYY If previously resident in the UK, date of leaving* DD / MM / YYYY

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date* DD / MM / YYYY If yes, please provide your address before enlisting*

Are you a Reservist?* ☐ Yes ☐ No

Leaving date* DD / MM / YYYY

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

Any of my organs and tissue ☐ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Patient signature _____ Date DD / MM / YYYY

GMSGPR001 v1 (08-2016)

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4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the NHS Inform website at www.nhsinform.co.uk/rights/ or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature _____ Date 12-1-17

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number A2413-9 GP name DR SARDAR

Practice code A80378-7 Mileage (No.) Road Water Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. ☐ Student ID Card ☐ Driving Licence ☐ Passport or HC2 Cert. ☑ Home Office App Reg Card ☐ Other/None - specify Receptionist initials

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature _____ Date 17-01-2017

7. OFFICIAL USE ONLY

Input by

Checked by

Date DD-MM-YYYY

Practice Stamp

DR PUGH & PARTNERS
THE SURGERY
31 PORTLAND ROAD
KILMARNOCK
KA1 2DJ
01563 522118

GMSGPR001 v1 (08-2016)

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NHS Confidential: Personal data about a patient

ESA113

jobcentreplus

Employment and Support Allowance

Our phone number is: 0141 249 3565

Dr Courtney
DR PUGH & PARTNERS
31 PORTLAND ROAD
KILMARNOCK
KA1 2DJ

30800/3

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

If you get in touch with us, tell us this reference number: JN505993B

Date: 19th October 2017

About your patient

Address 29, Creighton Court, Kilmarnock, KA3 2ED

Full Name Mr Kyle Anderson

NINo JN505993B

Date of birth 5th July 1979

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners**
- **A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement**

COMPUTER PRINTOUTS

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

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

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

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

Mrs Rebecca Griffin

Centre for Health and Disability Assessments on behalf of the DWP
RESTRICTED - MEDICAL

Version 08/17

NHS Confidential: Personal data about a patient

ESA113

Client Name:
Mr Kyle Anderson

Client NINo: JN505993B
Client Date of Birth: 05.07.1979

Freepost RTGB-KGKS-AEEZ
Centre for Health and Disability Assessments
Glasgow ASC
Mail Handling Site A
Wolverhampton
WV98 1SN

P5532B7/0003/12/2

Your reply

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

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

1 When did your patient last see a GP?

12/6/17

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

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

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

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

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
alcohol abuse - since 1999	Attended for detoxification in 2015 and 2003.	
seizures - under investigation. Started 2015	Tonic/clonic in type. Started	
anticonvulsant therapy Feb 2016 but did not attend for EEG. CT was normal.		
Discharged from neurology clinic as DNA. Stopped anticonvulsants.		
Restarted them in June 17 + referred again	to neuro clinic	
At present taking Levetiracetam 500mg BD and waiting for clinic appt.		

Centre for Health and Disability Assessments on behalf of the DWP
RESTRICTED - MEDICAL
Version 08/17

NHS Confidential: Personal data about a patient

ESA113

About your patient - continued

Nino: JN505993B

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

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

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

5 Does the patient have a history of threatening or violent behaviour? No ☐ Yes ☐

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi? No ☐ Yes ☑

Please tell us why at **Part 7**

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

I cannot answer Q 5. as the patient has only been seen once by a doctor in our practice.

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

Your Signature

Signature Jayne Courtney

Name IN CAPITALS Dr JAYNE COURTNEY

Date 25 / 10 / 17

Practice stamp

Dr Jayne Courtney
31 Portland Rd, Kilmarnock
Srgy Cipher No. 80397
Cipher No. 24988
Tel: 01563 522118

Centre for Health and Disability Assessments on behalf of the DWP
RESTRICTED - MEDICAL

Version 08/17

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NHS Confidential; Personal data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133
01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr JM Courtney
Dr Pugh And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref: AT/EC/
Ref Date: 23/03/2018
Date Dictated: 23/03/2018
Date Typed: 23/03/2018
Enquiries to Neurology Secretary
Direct Line: 01563 827178
Ext. Number: 27178
Email: Stacy.Smith@aapct.scot.nhs.uk

Dear Dr Courtney,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

Mr Anderson's EEG was quite normal.

Yours sincerely

Authorised on 23/03/2018 13:55:24 by Alok Tyagi.

Dr A Tyagi
Consultant Neurologist

Kyle Anderson
6 Dunoon Avenue
Kilmarnock
Ayrshire
KA3 1SY

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel 01563 521133
Fax 01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr SJ Montgomery
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Our Ref: AT/SS/
Ref Date: 11/01/2019
Date Dictated: 11/01/2019
Date Typed: 11/01/2019
Enquiries to Neurology Secretary
Direct Line: 01563 827178
Ext. Number: 27178
Email: Stacy.Smith@aapct.scot.nhs.uk

Dear Dr Montgomery ,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

Mr Anderson's ambulatory EEG was normal with no events captured. He remains under clinic review.

Yours sincerely

Authorised on 16/01/2019 10:24:43 by Alok Tyagi.

Dr A Tyagi
Consultant Neurologist

Kyle Anderson
6 Dunoon Avenue
Kilmarnock
Ayrshire
KA3 1SY

Filename: document_53.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

UC 113

Universal Credit

Universal Credit

Our phone number is: 0141 249 3565

Dr Courtney
DR PUGH & PARTNERS
31 PORTLAND ROAD
KILMARNOCK
KA1 2DJ

30800/3

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

If you get in touch with us, tell us this reference number: JN505993B

Date: 21st December 2017

About your patient

Address 6, Dunoon Avenue, Kilmarnock, KA3 1SY

Full Name Mr Kyle Anderson

NINo JN505993B

Date of birth 5th July 1979

Dear Doctor,

Your patient is being assessed for Universal Credit and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **https://www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners**
- **A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.**

COMPUTER PRINTOUTS

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

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

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

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

Thank you for your help.

Yours sincerely,

Mrs Jacqueline Butcher

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

RESTRICTED - MEDICAL

Version 10/17

NHS Confidential: Personal data about a patient

UC113

Client Name:
Mr Kyle Anderson

Client NINo: JN505993B

Client Date of Birth: 05.07.1979

Freepost RTGB-KGKS-AEEZ
Centre for Health and Disability Assessments
Glasgow ASC
Mail Handling Site A
Wolverhampton
WV98 1SN

P558721/0004812/2

Your reply

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

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

1 When did your patient last see a GP?

7/12/17

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

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

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

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

Condition and date of diagnosis	Symptoms and signs	Investigations & management, inc. medication
Seizures - started approx 2014. Thought to have grand mal type seizures. Referred for EEG and CT scan was normal. He failed to attend for EEG so was discharged from clinic. He was also drinking heavily at that time. Stopped drinking now so he referred to neurology clinic on 19/6/17 but did not attend appt. I believe he is now waiting for another appointment. He takes Keppra 750mg BD but says he is still having frequent seizures. he also takes Mirtazapine 30mg for low mood and anxiety.		Seen Feb 16 and started on Keppra and CT scan was normal.

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 10/17

NHS Confidential: Personal data about a patient

UC113

About your patient - continued

NINo: JN505993B

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

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

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

wtj anxiety at present

5 Does the patient have a history of threatening or violent behaviour? No ☐ Yes ☐

see below

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi? No ☐ Yes ☑

Please tell us why at **Part 7**

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

I have no information to answer re Q4.
I have a note in his record that he was noted to have aggressive behaviour when under the influence of alcohol in A+E in 2015. He was also seen noted to have anger issues in 1995. Have noted recently

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

Your Signature

Signature

Name IN CAPITALS: Dr JAYNE COURTNEY

Date: 29/12/17

Practice stamp

Dr Jayne Courtney
31 Portland Rd, Kilmarnock
Srky Cipher No. 80397
Cipher No. 24588
Tel: 01563 522118

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 10/17

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NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel 01563 521133
Fax 01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr JM Courtney
Dr Pugh And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref:	AT/SS
Clinic Date:	12/10/2018
Date Dictated:	12/10/2018
Date Typed:	15/10/2018
Enquiries to	Neurology Secretary
Direct Line:	01563 827178
Ext. Number:	27178
Email:	Stacy.Smith@aapct.scot.nhs.uk

Dear Dr Courtney,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I reviewed Mr Anderson at the clinic today. He continues to get one or two seizures every week and although I would suggest an increase of Levetiracetam up to 1g bd and then onto 1.5g bd, but I am also arranging a further ambulatory EEG to be done.

Yours sincerely

Authorised on 18/10/2018 13:19:37 by Alok Tyagi.

Dr A Tyagi
Consultant Neurologist

Kyle Anderson
6 Dunoon Avenue
Kilmarnock
Ayrshire
KA3 1SY

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel: 01563 521133
Fax:01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr JM Courtney
Dr Pugh And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref: AT/SS
Clinic Date: 26/01/2018
Date Dictated: 26/01/2018
Date Typed: 26/01/2018
Enquiries to Neurology Secretary
Direct Line: 01563 827178
Ext. Number: 27178
Email: Stacy.Smith@aapct.acot.nhs.uk

Dear Dr Courtney,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I reviewed Mr Anderson at the clinic today. He had previously been seen by Dr Kiss in 2016 with seizures and was prescribed Levetiracetam which he did not take on a regular basis, but has restarted the drug a few months ago and currently is on 750mg twice a day of the same. He says he continues to get one or two seizures a week and his son, who accompanying him to the clinic, described episodes where he would lose consciousness and start to shake with his arms and legs lasting for about 1½ - 2 minutes with incontinence followed by unresponsiveness and some confusion.

He has a long history of excess alcohol intake, but tells me that he has not been drinking since Christmas. He lives with his son, doesn't drive and is not currently working.

His history is very much in keeping with epilepsy and I not he has had a CT brain scan in 2016 which was normal. He has not had an EEG and I will arrange for the same to be done, but I would recommend her continue with the Levetiracetam as is. He is also on Mirtazapine which should continue and I will see him back in 3 months time. I have asked him to keep a record of his episodes in the meantime.

Yours sincerely

Authorised on 26/01/2018 12:29:58 by Alok Tyagi.

Dr A Tyagi
Consultant Neurologist

Kyle Anderson
6 Dunoon Avenue
Kilmarnock
Ayrshire
KA3 1SY

www.nhsaaa.net

INVESTING IN VOLUNTEERS

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UC 113

Universal Credit

26168 000358 0003 E 30800 R4

Dr Sutherland
DR PUGH & PARTNERS
31 PORTLAND ROAD
KILMARNOCK
KA1 2DJ

30800/3 40540

No paper notes.

Our phone number is: 0141 314 5496

If you have a textphone, you can call on: 18001 0141 314 5496

If you get in touch with us, tell us this reference number: JN505993B

Date: 30th October 2019

About your patient

Address
6, Dunoon Avenue, Kilmarnock, KA3 1SY

Full Name Mr Kyle Anderson

NINo JN505993B

Date of birth 5th July 1979

Dear Doctor,

Your patient is being assessed for Universal Credit and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **https://www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners**
- **A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.**

COMPUTER PRINTOUTS

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

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

Thank you for your help.

Yours sincerely,

Mrs Lynne Foster

P3054232/000358/1/2

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

RESTRICTED - MEDICAL

Version 10/17

NHS Confidential. Personal data once it is entered

UC113

Client Name:
Mr Kyle Anderson

Client NINo: JN505993B
Client Date of Birth: 05.07.1979

Freepost RTZY-JCHS-LZET
Centre for Health and Disability Assessments
Glasgow BSC
Mail Handling Site A
Wolverhampton
WV98 2EQ

Your reply

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

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

1 When did your patient last see a GP?
2/3/19

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

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

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

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

Condition and date of diagnosis	Symptoms and signs	Investigations & management, inc. medication
ALCOHOL PROBLEM DRINKING L 1999.		
ALCOHOL DEPENDANCE SYNDROME L 2017.		
"SEIZURES" SINCE 2015	— ASSESSED BY NEUROLOGY → UNCONSCIOUS EPISODES NOT THOUGHT TO BE EPILEPSY	ON MEDICATION FOR THIS LEVETIRACOM + LACOSAMIDE (MEDICATION FOR FITS)
DEPRESSION INTERMITTENT SINCE 1999		MIRTAZEPINE (antidepressant)

P3004*233/006359/2/2

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL
Version 10/17

N45 Confidential. Personal data about a patient

UC113

About your patient - continued

NINo: JN505993B

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

UNKNOWN

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

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

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

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

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

5) — I HAVE NO DETAILS BUT CODED AGGRESSIVE WHEN INTOXICATED.

7) Came to GP surgery by own means

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

Your Signature

Signature

Name IN CAPITALS Dr C SUTHERLAND

Date 15/11/19

Practice stamp

Dr Sardar & Partners
The Surgery
31 Portland Road
KILMARNOCK
KA1 2DJ
Tel: 01563 522118

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 10/17

NHS Confidential; Personal data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel 01563 521133
Fax 01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr JM Courtney
Dr Pugh And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref:	AT/SS
Clinic Date:	19/07/2019
Date Dictated:	19/07/2019
Date Typed:	19/07/2019
Enquiries to	Neurology Secretary
Direct Line:	01563 827178
Ext. Number:	27178
Email:	Stacy.Smith@aapct.scot.nhs.uk

Dear Dr Courtney,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I reviewed Mr Anderson at the clinic today. He tells me that his episodes of seizures have reduced since he has increased the Keppra to 1.5g bd. Unfortunately, his ambulatory EEG did not capture any episode.

It may be worth adding him onto Lacosamide 50mg bd, increasing after 2 weeks to 100mg bd. I have said to him that should this not resolve his seizures completely then one may need to consider doing a video telemetry.

Yours sincerely

Authorised on 22/07/2019 16:08:30 by Alok Tyagi.

Dr A Tyagi
Consultant Neurologist

Kyle Anderson
6 Dunoon Avenue
Kilmarnock
Ayrshire
KA3 1SY

Mr Gareth Davison
Epilepsy Nurse Specialist
Room 70 Admin Building
Ayrshire Central Hospital
Irvine
KA12 8SS

www.nhsaaa.net

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Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel 01563 521133
Fax 01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr CM Sutherland
Dr Sardar And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref:	AT/SS
Clinic Date:	17/04/2020
Date Dictated:	17/04/2020
Date Typed:	17/04/2020
Enquiries to	Neurology Secretary
Direct Line:	01563 827178
Ext. Number:	27178
Email:	Stacy.Smith@aapct.scot.nhs.uk

Dear Dr Sutherland ,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I had a telephone consultation with Mr Anderson today.

His epilepsy remains reasonably well controlled with Keppra 1.5g bd and Lacosamide 100mg bd. His moods remain low even with Mirtazapine 45mg od and I note he has been referred to Psychiatry for further management.

I would not suggest any changes and he remains under clinic review.

Yours sincerely

Authorised on 17/04/2020 14:34:52 by Alok Tyagi.

Dr A Tyagi
Consultant Neurologist

Kyle Anderson
6 Dunoon Avenue
Kilmarnock
Ayrshire
KA3 1SY

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Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 826996
01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr JM Courtney
Dr Pugh And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref:	GD/EC
Clinic Date:	10/02/2020
Date Dictated:	10/02/2020
Date Typed:	18/02/2020
Enquiries to	Neurology Secretary
Direct Line:	01563 826996
Ext. Number:	26996
Email:	Eileen.Currie@aapct.scot.nhs.uk

Dear Dr Courtney,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I reviewed Kyle for the first time, accompanied by his sister. He is known to Dr Tyagi, Consultant Neurologist. Kyle continues on Keppra 1.5g bd, Mirtazapine 45mg nocte and Lacosamide 100mg bd.

Kyle stopped taking Lacosamide for a period due to nausea and dizziness but has now reintroduced and titrated to the dose above. He is tolerating well and feels there has been some improvement since restarting. His last witnessed seizure was about 3 weeks ago and occurred whilst awake. Kyle also reports that possibly once per week, he may have blood on his pillow and will feel extremely fatigued.

I note your recent letter detailing problems with anxiety. He reports that he is isolating himself at home. His mood is low and Mirtazapine was recently increased to the above dose. He feels constantly worried about epilepsy and is scared of having a seizure outside so tends to isolate himself. I encouraged him to continue on his current medication unchanged to see if there is further improvement before review with Dr Tyagi in April and, if there has been an improvement, to consider whether this has had a positive effect on his anxiety, or if further support may be required.

He also reports increased anxiety due an upcoming PIP review so I have provided him with a letter highlighting the impact of his epilepsy. He lives in a two story property and I have also detailed his housing needs which he will forward to the local authority. I passed on the contact details for Epilepsy Connections and informed him their field-worker can provide support with PIP assessments.

I provided Kyle with my contact details and advised I could review again following his next appointment with Dr Tyagi if required.

Yours sincerely

Authorised on 04/03/2020 10:56:42 by Gareth Davison.

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Gareth Davison
Epilepsy Nurse Specialist

Dr Alok Tyagi
Consultant Neurologist
Neurology Department
University Hospital Crosshouse
Kilmarnock
KA2 0BE

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NHS Ayrshire & Arran — Area Laboratory — Microbiology

ANDERSON,KYLE
6 DUNOON AVENUE

KILMARNOCK
KA3 1SY

CHI No. 0507793552
Unit No.
DOB 05/07/1979
Sex M

Clinician: Dr Dawn Simpson
Request Location: GP, Kilmarnock: 31 Portland Road

This report to **Dr Dawn Simpson** **GP, Kilmarnock: 31 Portland Road**

Chlamydia trachomatis	NOT Detected by PCR
N. gonorrhoeae	NOT Detected by PCR

LabNo 21M900401
Printed 15/01/21 16:13

Date coll 11/01/21 14:30
Sample: Urine.

Authorised by Martin Nimmo-Rayne
Page 1 of 1
Telephone 01563 827420
Internal Extension 27420

If you have received this report in error, please return to the Microbiology Laboratory

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Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Switchboard:
01563 521133
www.nhsaaa.net

NHS Ayrshire & Arran

Dr CM Sutherland
Dr Sardar And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref:	GD/SS
Clinic Date:	11/06/2021
Date Dictated:	11/06/2021
Date Typed:	15/06/2021
Enquiries to	Gareth Davison
Direct Line:	01294 323362
Ext. Number:	23362

Dear Dr Sutherland ,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I reviewed Kyle via telephone today. He is known to Dr Tyagi Consultant Neurologist. He continues on Keppra 1500 mg bd, Lacosamide 100 mg bd and Mirtazapine 45 mg nocte.

Kyle reports his epilepsy remains stable with no seizures in months. Unfortunately, his mood remains low, to the point that he has not left his home in a year. He recently tried to attend appointment for COVID vaccination but couldn't breathe when he left home so cancelled the appointment. When he leaves his home, he gets panicky thoughts, hyperventilates, and feels like he can't breathe and will die. He feels the increase to Mirtazapine last year has not helped at all.

I have encouraged Kyle to discuss this with you and wondered if you could organise a telephone review and consider referral to the community mental health team. He feels things have got so bad that he has considered drinking alcohol again. We discussed the risks of this in terms of his overall health, relationships and epilepsy.

I have offered Kyle a further review in the epilepsy nurse clinic and he has the contact details.

Yours sincerely

Authorised on 16/06/2021 10:50:53 by Gareth Davison.

Gareth Davison
Epilepsy Nurse Specialist

Dr Alok Tyagi
Consultant Neurologist
Neurology Department
University Hospital Crosshouse
Kilmarnock
KA2 0BE

www.nhsaaa.net

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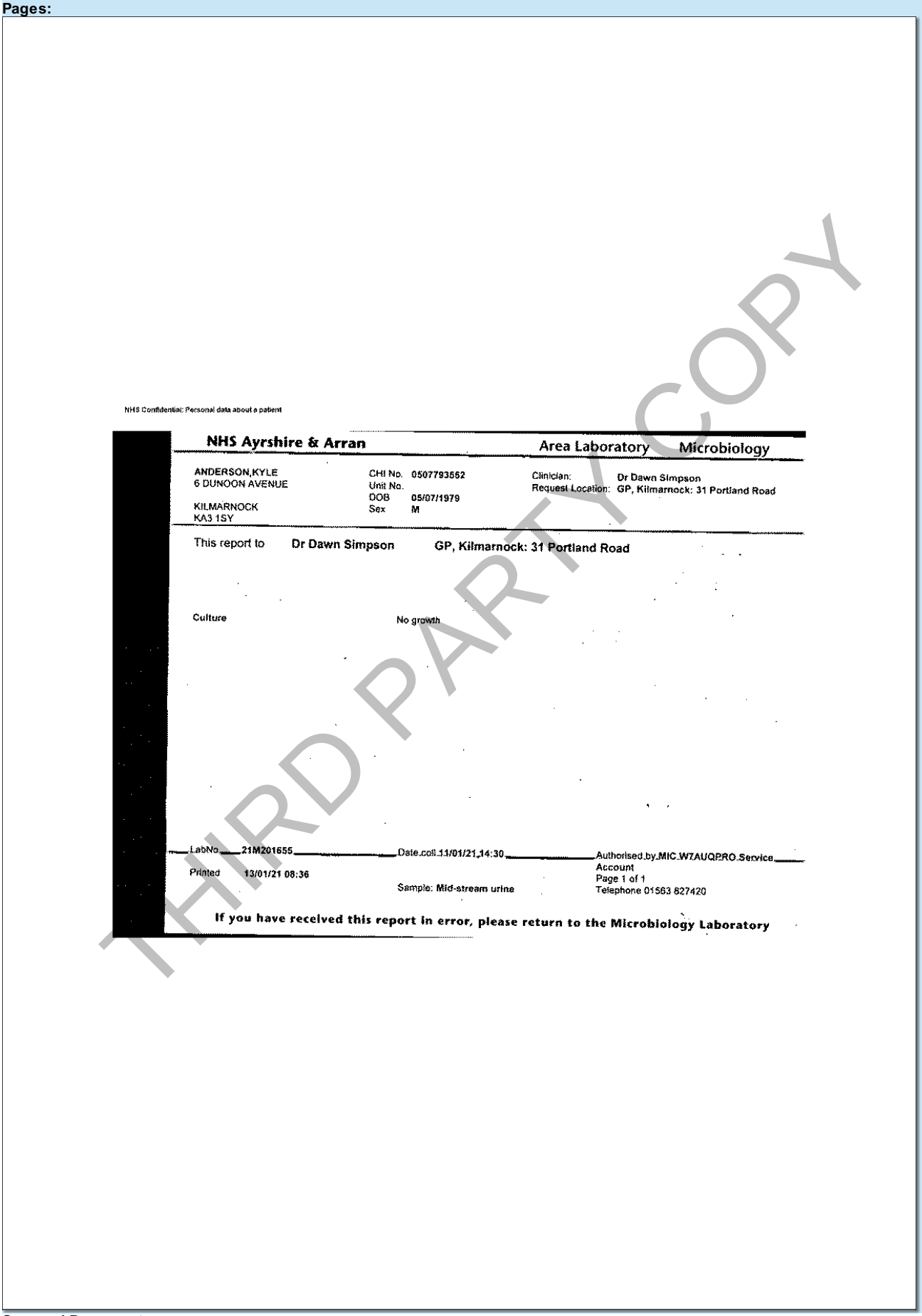

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NHS Ayrshire & Arran — Area Laboratory — Microbiology

[redacted]
ANDERSON,KYLE
6 DUNOON AVENUE
KILMARNOCK
KA3 1SY

CHI No. 0507793552
Unit No.
DOB 05/07/1979
Sex M

Clinician: Dr Dawn Simpson
Request Location: GP, Kilmarnock: 31 Portland Road

This report to Dr Dawn Simpson GP, Kilmarnock: 31 Portland Road

Culture — No growth

LabNo 21M201655 Date.coll 11/01/21,14:30 Authorised.by.MIC.W7AUQPRO.Service Account
Printed 13/01/21 08:36 Sample: Mid-stream urine Page 1 of 1
Telephone 01563 827420

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UC 113

Universal Credit

75441 000796 0002 E 06900 H2

Dr Sutherland
DR PUGH & PARTNERS
31 PORTLAND ROAD
KILMARNOCK
KA1 2DJ

06900/2 49540

Our phone number is: 0141 314 5496

If you have a textphone, you can call on: 18001 0141 314 5496

If you get in touch with us, tell us this reference number: JN505993B

Date: 6th July 2020

About your patient

Full Name Mr Kyle Anderson

Address 6, Dunoon Avenue, Kilmarnock, KA3 1SY

NINo JN505993B

Date of birth 5th July 1979

Dear Doctor,

Your patient is being assessed for Universal Credit and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **https://www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners**
- **A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.**

COMPUTER PRINTOUTS

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

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

P2011477/000796/1/2

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

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

Thank you for your help.

Yours sincerely,

Mrs Karen Swan

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

RESTRICTED - MEDICAL

Version 10/17

NHS Confidential: Personal data about a patient

UC113

About your patient - continued

NINo: JN505993B

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

NOT KNOWN

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

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

NOT KNOWN

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

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

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

5) WHILE INTOXICATED WITH ALCOHOL.

6) IN A TAXI.

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

Your Signature

Signature

Name IN CAPITALS Dr C SUTHERLAND

Date 10 / 7 / 20

Practice stamp

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 10/17

NHS Confidential; Personal data about a patient

UC113

Client Name:
Mr Kyle Anderson

Client NINo: JN505993B
Client Date of Birth: 05.07.1979

Freepost RTZY-JCHS-LZET
Centre for Health and Disability Assessments
Glasgow BSC
Mail Handling Site A
Wolverhampton
WV98 2EQ

Your reply

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

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

1 When did your patient last see a GP?
4/2/20

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

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

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

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

Condition and date of diagnosis	Symptoms and signs	Investigations & management, inc. medication
Seizures 2015	unconcious episodes with abnormal movements	CT scan brain, EEG (several) anti-epileptic medication.
Alcohol dependance syndrome	intoxication + withdrawal	-

B301:5433/0007962/2/3

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL
Version 10/17

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Staff Copy Printed 01/09/21 by Mrs. Laura Connelly

Anderson, Kyle (Mr.)

Date of Birth 05-Jul-1979 (42y) **CHI Number** 0507793552

Gender Male

Primary Care Mental Health Assessment V3

Centre of Care Primary Care MH - East	**Status** Closed
Date of Activity 27 August 2021 10:32 by Mrs. Laura Connelly	

Form Items

Presentation

New referral to service

Yes
Note: Previous involvement with Addictions service from 2014-2016

Source of current referral

GP

Assessment type

Full PCMHT assessment

Clinical Role

PCP/PMHN

Reason for referral

CMHT Dear Team I would be grateful for your review of this 41 year old gentleman. He is suffering from low mood and anxiety. He states that he has not left his house in a year and has not seen his friends or family in this time. He does live with his 24 year old son. For the last 4 years he has been taking Mirtazapine but he does not feel this has made any difference so I have reduced this and started him on Venlafaxine. He has a history of alcohol misuse but he has not been taking any alcohol for years. I am grateful for your help. Yours sincerely Dr D Simpson

Current medication

Kyle reports he is prescribed and concordant with Venlafaxine 75mg

Anderson, Kyle (Mr.)
Date of Birth 05-Jul-1979 (42y) **CHI Number** 0507793552

Gender Based Violence Assessment

Was gender based violence routine enquiry carried out during this assessment?

Yes - (Outcome: No disclosure)

Gender Based Violence Disclosure Assessment

What type of GBV is involved

Not applicable

Is abuse current or past or both?

Not applicable

Describe the relationship between the service user and the perpetrator

Not applicable

What is the sex of perpetrator(s)?

Not applicable

Response to disclosure

Referred to other specialist service

Not applicable

Information given on local services

Not applicable

Shared information with other health professional

Not applicable

Shared information with external agency (e.g. police, social work etc)

Not applicable

Safety planning discussed

Not applicable

Child protection procedures initiated

Not applicable

Adult protection procedures initiated

Not applicable

No further action required

Not applicable

Documented plan in case record

Not applicable

Revisit enquiry at a later date

Not applicable

Has consent been given to share this information with GP?

Not applicable

Anderson, Kyle (Mr.)
Date of Birth 05-Jul-1979 (42y) CHI Number 0507793552

Presenting problem(s)
Anxiety - Generalised
Yes
Anxiety - OCD
No
Anxiety - Panic
No
Anxiety - Phobia
No
Anxiety - Social
No
Depression/Low mood
Yes
Self esteem
No
Stress
No
Perinatal
No
Trauma related
Yes
Eating Disorder
No
Other
No

Anderson, Kyle (Mr.)
Date of Birth 05-Jul-1979 (42y) CHI Number 0507793552

Contributing factors
Work
No
Financial
No
Relationship
No
Abuse
No
Carer responsibilities
No
Education
No
Physical health
No
Breavement/loss
No
Trauma
Yes
Social isolation/loneliness
No
Substance misuse
No
Housing
No
Social crisis
No
Other
No

Anderson, Kyle (Mr.)
Date of Birth 05-Jul-1979 (42y) **CHI Number** 0507793552

Risk assessment

Risk from substance misuse

Substance misuse

Green
Note: Kyle denies utilising any alcohol or illicit substances. Kyle discussed previously being alcohol dependent but he has been abstinent for a year. Kyle discussed engaging with Addiction services and he stopped drinking alcohol due to becoming unwell when under the influence. Kyle spoke of experiencing seizures when he has been drinking Kyle spoke of feeling very low in mood which has made him consider consuming alcohol. Kyle is aware of the detriments this would have on both his mental and physical health.

Child protection/well-being concerns

Child protection concerns

Green
Note: Kyle has no children under the age of 16. Currently resides with his son Tony who is 24

Child well-being concerns

Green

Any other risk factors identified

Any other risk factors identified

Kyle denied any suicidal ideation, plan or intent or DSH behaviours, citing his son and Mum as his protective factors.
Kyle reports previously having being charged with assaults however states this was 'years ago and when I was drinking.' Denies any active police involvement or plans to harm others

Anderson, Kyle (Mr.)
Date of Birth 05-Jul-1979 (42y) **CHI Number** 0507793552

Summary

Summary of Assessment

Kyle accepted and engaged in telephone assessment with writer as planned. Explanation provided of the role of the Primary Care Mental Health Team and of the purpose of today's appointment. Further provided guidance of NHS Ayrshire & Arran's Code of Practice on Protecting Patient Confidentiality including the legal duty of disclosure without consent in specific circumstances.

Kyle reports having difficulties with his mood and levels of anxiety which he feels are 'getting worse.' Kyle discussed feeling unable to leave his home for the last two years, while he previously would have been able to leave his home once every 6 weeks. Kyle reports he feels he is unable to mix with other people due to his anxiety levels and his home is his 'safe place.' Kyle also discussed he can feel anxious when having to answer his door and he can become frustrated feeling 'this way.'

Kyle reports he has seriously assaulted a few years ago and states he had been stabbed in his hands, his face 'smashed' off the ground and kicked repeatedly in the head. Kyle reports he did not know the perpetrators of this attack but they were attempting to rob him. Kyle states she ended up in hospital and did report this to the police however the perpetrators were never known. Kyle voiced he now experiences seizures, which he believes is linked to this attack. Kyle does recognise this having an impact on his anxiety levels, particularly when trying to leave his home. Kyle reports he can have flashbacks of this attack, stating he they feel real, very vivid and feeling he is watching it happen again. Kyle states he can also have nightmares of his attack. Kyle reports he had kept the corners of the money that he had managed to hold onto during the attacks however he has recently thrown these out due to the bad memories attached to them. Kyle was unsure why he had kept these for so many years.

Kyle discussed previously being alcohol dependent but he has been abstinent for a year. Kyle discussed engaging with Addiction services and he stopped drinking alcohol due to becoming unwell when under the influence. Kyle spoke of experiencing seizures when he has been drinking. Kyle spoke of feeling very low in mood which has made him consider consuming alcohol. Kyle is aware of the detriments this would have on both his mental and physical health. Writer explored with Kyle what are his motivating factors to not drink alcohol, with his stating his physical health and his son. Kyle was offered further support from services to maintain his sobriety, however Kyle declined these stating he didn't want his son to know he was thinking of drinking again.

Kyle spoke of currently residing with his son Tony who is 24. Kyle reports Tony is a good support for him however discussed Tony being physically unwell and currently undergoing Neurological assessments. Kyle discussed having daily contact with his mum on the phone and his Dad sadly having passed away 3 years ago. Kyle reports having no contact with his siblings.

GAD was completed and scored 21/21 which indicates difficulties with anxiety
PHQ was completed and scored 23/27 which indicates difficulties with mood
Kyle reports worrying excessively about something bad happening and voiced throughout assessment he 'doesn't want to see anyone.' Kyle discussed he can feel either sad or angry and he feels bad 'about the way I've turned out.' Kyle spoke of previously enjoying driving however he is unable to drive until he is a year free from seizures, with him currently being around 6 months. Kyle discussed having difficulties with his sleep, explaining he feels unable to sleep and one day a week he can sleep for 15 hours. Kyle denied any suicidal ideation, plan or intent or DSH behaviours, citing his son and Mum as his protective factors.

Kyle engaged well during telephone assessment appointment, he did however appear flat with a blunted affect. His speech was monotone though normal in pace and content. There was no evidence of psychotic symptoms or thought disorder. No evidence of judgement impairing mental illness. He was able to describe features consistent with a moderate level of low mood with features of anxiety linked to a traumatic event.

It was felt due to Kyle's presentation and impact on the attack on his mental health, he would be best suited to a nursing intervention at this time, with current wait times discussed. Writer offered Kyle support from a Community Connector to get support in leaving his home, however he feels unready for this at this time. Writer offered to send Kyle materials which he could use in the interim however he disclosed he has difficulties with reading and writing, with him stating he is illiterate. Writer spent remainder of session explaining mindful breathing to Kyle and allowing him to practice this on the phone. Writer also introduced a distraction technique of him touching each finger on one hand with his thumb to allow him to focus on this opposed to this negative thoughts. Kyle has also been encouraged to introduce some routine and structure into his day, starting with his sleep routine and morning routine. Writer furnished Kyle with CMHT Duty and NHS OOH numbers, explaining when he can phone each of the numbers.

Anderson, Kyle (Mr.)
Date of Birth 05-Jul-1979 (42y) CHI Number 0507793552

Treatment plan

Treatment goal(s)

Kyle states his treatment goals are 'to get back to normal' with him stating he would know he had achieved this when he is able to 'get out the house, stop having nightmares and my mood lifts.'

Treatment plan

-Place Kyle on PCMHN 1:1 treatment list, with current wait times discussed
-Writer has discussed mindful breathing, importance of routine/structure and distraction technique with Kyle as he is unable to read therefore materials would not be suitable
-Kyle has been furnished with CMHT Duty and NHS OOH numbers and advised to contact these if his mental health deteriorates or he is unable to keep himself safe
-Community Connector support to be revisited during treatment
-Kyle to remain concordant with prescribed medications
-Kyle aware of supports available if he feels his sobriety may be compromised and is able to self refer to these with support from his son
-Alert to be placed on carepartner to highlight Kyle's difficulty with reading and writing
-A copy of assessment to be sent to GP for their information

Treatment plan discussed and agreed with the client?

Yes

Copy of treatment plan offered to client?

No

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Telephone Consultation

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Switchboard:
01563 521133
www.nhsaaa.net

NHS Ayrshire & Arran

Dr SA Sardar
Dr Sardar And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref: GD/SS
Clinic Date: 12/01/2022
Date Dictated: 12/01/2022
Date Typed: 13/01/2022
Enquiries to Gareth Davison
Direct Line: 01294 323362
Ext. Number: 23362

Dear Dr Sardar,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I reviewed Kyle via telephone recently. He is known to Dr Tyagi, Consultant Neurologist. He continues on Keppra 1500 mg bd and Lacosamide 100 mg bd for epilepsy. He also takes Venlafaxine.

Kyle lives with his son and reports four witnessed seizures in the last year. He also notes blood on his pillow at times but is unsure of the frequency. He continues to isolate himself. Family members are now very aware of his self-isolation and are concerned re. his welfare. He informs of review with CMHT this week. He doesn't believe the switch from Mirtazapine to Venlafaxine has benefitted his mood.

He reports a poor sleep pattern and poor adherence as a result, although at times he lacks motivation to take his medication regardless of sleep cycle. He may miss doses on a regular basis and has missed days at a time. We discussed the importance of good adherence and its role in preventing, managing seizures and their associated risks. We discussed risks associated with epilepsy and in particular, nocturnal generalised seizures. We discussed sleep hygiene which he is trying to manage and avoids coffee, alcohol and television before bed.

I encouraged Kyle to engage with the mental health team and will forward a seizure record, information on sleep and contact details for Epilepsy Connections. We agreed he will purchase an alarm to prompt him to take medication as he doesn't use a mobile phone.

I will contact him again in 3 months. I have encouraged him to be in touch at any time in the meantime if he feels he needs more support.

Yours sincerely

Authorised on 14/01/2022 12:34:20 by Gareth Davison.

Gareth Davison
Epilepsy Nurse Specialist

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University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
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NHS Ayrshire & Arran

www.nhsaaa.net

Dr SA Sardar
Dr Sardar And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref:	GD/EC
Clinic Date:	28/03/2022
Date Dictated:	28/03/2022
Date Typed:	04/04/2022
Enquiries to	Neurology Secretary
Direct Line:	01563 826996
Ext. Number:	26996
Email:	aa-uhb.clinicalneurology-xh@aapct.scot.nhs.uk

Dear Dr Sardar,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I reviewed Mr Anderson via telephone today. He continues to take Levetiracetam 1500mg bd and Lacosamide 100mg bd for epilepsy. He reports no recent seizures since last review in January. He attributes this to improved adherence.

He is not leaving his home however, he is engaging with CPN via telephone, with a plan to increase contact as he feels comfortable. His family members provide support. We agreed to a further telephone review in 8 months and he has the contact details to be in touch in the interim if required.

Yours sincerely

Authorised on 12/04/2022 20:36:04 by Gareth Davison.

Gareth Davison
Epilepsy Nurse Specialist

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Staff Copy Printed 13/04/22 by Mrs Laura Connelly

Anderson, Kyle (Mr)

Date of Birth 05-Jul-1979 (42y) **CHI Number** 0507793552

Gender Male

Primary Care MH Team Contact Record v2

Centre of Care Primary Care MH - East	Status Closed

Date of Activity 13 April 2022 17:56 by Mrs Laura Connelly

Form Items

Contact details

Nature of contact
Return/review contact via telephone

Patient/client contact details

Contact mode
Direct patient/client contact

Urgency of contact/referral
Routine

If discharged from hospital followed up within 7 calendar days?
Not applicable

Patient/client contact type
Individual

Joint contact (assisted visit)
No

Duration of patient/client contact:
30 mins

Attendance status
Contact occurred

Duration of patient/client related activity

Duration of patient/client related activity
45 mins

NHS Confidential: Personal data about a patient

Anderson, Kyle (Mr)
Date of Birth 05-Jul-1979 (42y) CHI Number 0507793552

Summary of contact/details

Summary of contact/details

SESSION 4

Writer contacted Kyle to continue treatment as planned. Kyle reports his treatment goals continue to be 'to get back to normal' with him stating he would know he had achieved this when he is able to 'get out the house, stop having nightmares and my mood lifts.'

Kyle reports he continues to be 'much the same' since last speaking with writer although he does continue to utilise the strategies covered in previous sessions.

Writer discussed conversation with OT colleague and it had been agreed he would meet the criteria for OT support. Kyle keen to access 'any support that will help me' Writer explained OT would be able to offer him home visits and help teach him strategies to manage his anxiety levels alongside building a plan to support him in leaving his home. Kyle voiced being happy with this plan and gave consent for referral to be completed.

It was agreed Kyle would be discharged from PCMHT and care transferred to OT. Kyle aware of current wait times and advised he will be offered an appointment when he reaches top of the treatment list. Kyle continues to have support numbers and is aware he can utilise these if he feels his mental health deteriorates. Kyle continues to deny any risk to self or others.

PLAN
-Kyle to be discharged from PCMHT and care transferred to OT via intra-team referral
-No risk identified to self or others
-Kyle to remain concordant with prescribed medications
-Kyle aware of CMHT Duty and NHS OOH contact numbers and is aware he can contact these services if his mental health deteriorates or he is unable to keep himself safe
-A copy of note to be sent to GP for their information

Interventions

Outcome of Contact

Patient opinion

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T/pt

NHS
Ayrshire & Arran

Mental Health Services

East Ayrshire Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Clinical in Confidence

Date: 29/08/2023
Tel No: 01563 578592

Kyle Anderson
Chi no: 0507793552

Dear Dr - Portland Road Surgery (31)

I discusssed the above patient with his OT and

I would be grateful if you could make the following medication changes:

- Zolpidem 10 mg at night sleeping tablet for 2 weeks.

.....

Additional Information

.....

Thank you.

Yours sincerely

Dr Anna Ulanova
Specialty Doctor in Psychiatry

www.nhsaaa.net

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Ayrshire Doctors On Call

adastra

1 Patient Contacts for Holmhead Medical Practice

Page 1 of 1

Patient : Kyle Anderson
(Gender: Male) (DOB: 05/07/1979) (Age: 44 years) (CHI: 0507793552)

Case No 45073 **Case Date** 14/05/2024 02:34
Own Dr Sardar, Sohail

Current Address
43 Langlands Court Kilmarnock

KA1 2BF
Current Phone 07391 613221

Home Address (If Different)

Home Phone (If Different)

Case Type MIU Appointment
Priority On Reception within 4 hours

NHS 24 Advice by

Triage Start
Triage End

Case Questions

Pocked Aremote Consult by:
Start Type **End Type**

Consult Start
Consult End

Adastra Consult by
Start Type **End Type**

Consult Start
Consult End

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics: Report produced by Adastra Version 3 - 14/05/2024 02:51:57

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NHS Confidential: Personal data about a patient

To: SA.SARDAR

University Hospital Crosshouse Emergency Department
Kilmarnock
Crosshouse Hospital
KA2 0BE
Tel: 01563 827751/827762

DUTY CONSULTANT: DR MORTEN DRAEGEBO

PATIENT DETAILS

Patient Name	Kyle Anderson
CHI Number	0507793552
DOB	05/07/1979
Address	43 LANGLANDS COURT,KILMARNOCK,,, KA1 2BF
Previous Attendances	No Attendances in Last 12 months: 1Total Number of Attendances:6

ATTENDANCE DETAILS

Arrival Date & Time	14/05/2024 11:20
Presenting Complaint	neck pain
Diagnosis	Minor soft tissue injury Shoulder Right
Treatment	Advice
Investigations	X-Ray,Chest X-Ray,Clavicle Right
Additional Information	Involved in RTC on Saturday. Complaining of right shoulder pain. No airbags deployed. Self extricated. Got hit from behind. Passenger seat with seat belt on. No head impact. Patients car was 'almost stationary'. CXR and right shoulder showed no acute bony injury. Examined normally. Advised analgesia, neck strain leaflet.

DISCHARGE DETAILS

Discharge Date & Time	14/05/2024 21:41
Left Department Date & Time	14/05/2024 13:55
	Discharge, no follow up Usual place of residence
Child Protection	None

NHS Confidential: Personal data about a patient

Adult Protection /Concern Referral?	No
Clinician Seen	Mohammed Adil Islam,Adil Islam

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New PCS + TEXT

Sign up for an easier life

Complete your details below, or if you'd like to use online ordering just register at b

Boots 015t 3 541203 Disp Chkd
Kilmarnock Grange Street

Your details:

Mr Kyle Anderson
43 Langlands Court, KILMARNOCK, KA1 2BF
07391613221 TEXT

Name

Address

2000279000042097 12/03/2024
Keep out of reach and sight of children

Email address

Mobile Telephone

Doctor's name DR SARDAR

Surgery name 31 PORTLAND.

Surgery address

Postcode KA1 2DJ.

Date of birth 05 07 1979. Gender Male

What services would you like to sign up for?

Repeat Prescription Service

Text reminders

Signed K HAGGARTY Date 12 03 2024

5 045092 261613 5 045095 209407
Contact only FRPS sign up

Store number GRANGE
For store use only 538 6. ST.

Nominating a representative for text reminders (to be completed by the representative)

Representative's name Mobile

Representative's signature Date

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Nb

NHS
Ayrshire & Arran

Mental Health Services

East Ayrshire Community Mental Health Team
Netherthird Clinic
22 Blackfaulds Road
CUMNOCK
KA18 3DZ

Clinical in Confidence

Date
26.06.23
Tel No: 01290 425947

Re.: Kyle Anderson
CHI 0507793552

To 31 Portland rd Medical Practice

Dear Doctor

I have reviewed the above named patient on 21.06.2023 by telephone.
grateful if you could please make the following **medication changes**:

1. Zolpidem 10 mg nocte for 1 week only
2. Prazosin 0.5 mg nocte, 1 mg the next night, by 1 mg/3 day up to 6 mg nocte (Once completed zolpidem course)

Yours sincerely

Dr Anna Ulanova
Locum Consultant Psychiatrist

www.nhsaaa.net

NHS Scotland data: Personal data about a patient

(7)

Kirsty Clark (AA Holmhead Medical Practice)

From: Tracy McAlindin (NHS Ayrshire & Arran)
Sent: 09 August 2023 14:55
To: aa.Clinical_Practice_Kilmarnock31PortlandRoad Surgery_80397
Subject: Fw: Kyle Anderson Chi: 0507793552

Hi

Please see email below from Dr Ulanova regarding medication for Kyle Anderson. I will advise Kyle to collect from GP practice tomorrow.

Kind regards

Tracy McAlindin
Occupational Therapist

From: Anna Ulianova (AA Adult Psychiatry - East) <Anna.Ulanova@aapct.scot.nhs.uk>
Sent: 09 August 2023 14:09
To: Tracy McAlindin (NHS Ayrshire & Arran) <tracy.mcalindin2@aapct.scot.nhs.uk>
Cc: Taylor, Jenny <Jenny.Taylor@aapct.scot.nhs.uk>
Subject: RE: Kyle Anderson Chi: 0507793552

Hi Tracy,

We have discussed Zopiclone 7.5 mg at night as required for 1 week.
Thanks a lot
KR
Anna

From: Tracy McAlindin (NHS Ayrshire & Arran)
Sent: 09 August 2023 13:57
To: Anna Ulianova (AA Adult Psychiatry - East) <Anna.Ulanova@aapct.scot.nhs.uk>
Subject: Kyle Anderson Chi: 0507793552

Hi Anna

As discussed at meeting can you email the details of the medication and dose you are prescribing Kyle for week only. I will email the surgery or if easier for you to email them direct and cc me in and I will contact to Kyle to advise.

Kind regards

Tracy

1

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Isobel Turner (AA Holmhead Medical Practice)

From:	Sohail Sardar (AA Holmhead Medical Practice)
Sent:	28 November 2023 15:07
To:	Isobel Turner (AA Holmhead Medical Practice)
Subject:	FW: PATIENT SENSITVE

From: Tracy McAlindin (AA Occupational Therapy)
Sent: 28 November 2023 14:52
To: AA.Staff at Portland Road Surgery <AA.StaffatPortlandRdSurgery@aapct.scot.nhs.uk>
Cc: Anna Ulanova (AA Adult Psychiatry - East) <Anna.Ulanova@aapct.scot.nhs.uk>
Subject: PATIENT SENSITVE

Hi

Kyle Anderson
43 Langlands Court
KILMARNOCK
KA1 2BF
CHI - 0507793552

Following discussion with Dr Ulanova today. It has been agreed that Kyle's medication will be increased again. Dr Ulanova has agreed to prescribe **Zolpidem 10 mg at night sleeping tablet for 2 weeks.** Can you please arrange this prescription, and I will advise Kyle to collect from the surgery.

Kind Regards
Tracy McAlindin

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

www.nhsaaa.net

Dr SA Sardar
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref:	GD/EC
Hospital No:	
Clinic Date:	14/08/2023
Date Dictated:	14/08/2023
Date Typed:	22/08/2023
Enquiries to	Neurology Secretary
Direct Line:	01563 826996
Ext. Number:	26996
Email:	aa-uhb.clinicalneurology-xh@aapct.scot.nhs.uk

Dear Dr Sardar,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
43 LANGLANDS COURT, KILMARNOCK, AYRSHIRE, KA1 2BF

I reviewed Mr Anderson in the epilepsy nurse clinic. He was previously known to Dr Tyagi, Consultant Neurologist.

He continues to take Lacosamide 100mg bd and Levetiracetam 1500mg bd for epilepsy.

He reports no seizures since 14.01.23, as a result of improved adherence. He has a previous driving ban and has been off the road for the last 6 years. We discussed DVLA regulation and I provided him with written information.

He has moved in with his mother following our last review. This is single level accommodation and there is a shower in the property. He reports occasional nausea which he believes is linked to medication and is manageable. He reports ongoing fear of epilepsy but this is diminishing with lengthening seizure freedom. We had a discussion about risk from epilepsy, including SUDEP and I reassured this risk is rare, particularly remaining several months seizure free, with good adherence and a healthy lifestyle i.e. no alcohol. He understands potential triggers for seizures.

He has ongoing support from Psychiatry and Occupational therapy and we agreed to review again in one year. He has the contact details if required.

Yours sincerely

Authorised on 23/08/2023 17:00:57 by Gareth Davison.

Gareth Davison
Epilepsy Nurse Specialist

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(T) + (PT)

NHS
Ayrshire & Arran

N b

Mental Health Services

East Ayrshire Community Mental Health Team
Netherthird Clinic
22 Blackfaulds Road
CUMNOCK
KA18 3DZ

Clinical in Confidence

Date
26.06.23
Tel No: 01290 425947

Re.: Kyle Anderson
CHI 0507793552

To 31 Portland rd Medical Practice

Dear Doctor

I have reviewed the above named patient on 21.06.2023 by telephone.
grateful if you could please make the following **medication changes**:

1. Zolpidem 10 mg nocte for 1 week only
2. Prazosin 0.5 mg nocte, 1 mg the next night, by 1 mg/3 day up to 6 mg nocte (Once completed zolpidem course)

Yours sincerely

Dr Anna Ulanova
Locum Consultant Psychiatrist

www.nhsaaa.net

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NHS Scotland data: Personal data about a patient

PT

Lucy Telford (AA Holmhead Medical Practice)

From: Tracy McAlindin (AA Occupational Therapy)
Sent: 28 November 2023 14:52
To: AA.Staff at Portland Road Surgery
Cc: Anna Ulanova (AA Adult Psychiatry - East)
Subject: PATIENT SENSITVE

Hi

Kyle Anderson
43 Langlands Court
KILMARNOCK
KA1 2BF
CHI - 0507793552

Following discussion with Dr Ulanova today. It has been agreed that Kyle's medication will be increased again. Dr Ulanova has agreed to prescribe **Zolpidem 10 mg at night sleeping tablet for 2 weeks.** Can you please arrange this prescription, and I will advise Kyle to collect from the surgery.

Kind Regards
Tracy McAlindin

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Mental Health Services

Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr SA Sardar
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

Clinic Date: 21/06/2023
Date Dictated: 26/06/2023
Date Typed: 04/07/2023
Our Ref: AU/JMcC
Enquiries to Ms J Taylor
Tel No: 01563578593
Fax No:

Dear Dr Sardar

KYLE ANDERSON **43 LANGLANDS COURT, KILMARNOCK, AYRSHIRE, KA1 2BF**

CHI No: 0507793552

Diagnosis: **Complex PTSD F43.1**
Former diagnosis of alcohol dependence – currently abstinent

Psychiatric Medication: **Zolpidem 10mgs nocte for one week prn for sleep**
Once that completed, Prazosin 0.5mgs nocte, increasing to 1mg next day and thereafter by 1mg every three days, up until 6 mgs nocte

Recommendations/Plan: **Out-Patient review in 4 months**

I assessed this patient in the out-patient clinic on 21st June 2023 at the North West Kilmarnock Area Centre. This patient has been referred by the Occupational Therapist for medication review and diagnosis.

Mr Anderson was looking well-kempt, was polite and pleasant during the assessment. He also presented as anxious and unable to relax. He told me his main difficulty is ongoing flashbacks to traumatic experiences that happened in the past, nightmares and associated difficulties with sleep. He told me that when he was aged 16 or 17 and worked away and stayed in a shared dormitory somebody put a knife to his throat when he was asleep, trying to rob him. Other people woke up, scared the robber and Mr Anderson escaped and ran away that night. He describes flashbacks to his episode including physical sensations of something touching his throat and him being suffocated. He tells me he started to drink to try and help himself to cope with being outside because he was very anxious and didn't feel safe in public after this assault. He tells me that when he was drinking alcohol, which was daily from the age of 18 throughout his adulthood, he could function. He told me he stopped drinking in 2020. This was really because he was very physically unwell and didn't have a choice in order to stay alive. He has had detoxes in the past. He was married for many years and had to hide alcohol habbit from his wife at the time.

Psychiatric History
He has not seen a psychiatrist before this assessment and has ongoing OT input.

Medical History
He has epilepsy from the traumatic brain injury secondary dating to 2015 when he was attacked by somebody and injured. He was drunk at the time. He also had an accident in 2016 when he was run over by a bike and was unable to walk for six months after that.

Forensic History
He told me that he was charged many times but served only one sentence in prison for four months, for domestic abuse (of his ex-partner and his mother and other relatives at the time as he was still drinking.)

He tried to kill himself in 2019 as he felt there was no way out as he felt unable to stop drinking. He also complains of memory loss and difficulties with concentration.

Personal and Family History
He tells me that there is a history of alcohol dependence in the family in his uncle and "a few other relatives".
He told me that his dad wasn't around, his mum had three children and he was the middle one. He cried when he mentioned his dad and said that when he was around he was not interested in him. He told me that he was interested in other siblings and he felt let down by his dad a lot. Before his parents separated when the patient was quite small they had repeated arguments with shouting. He remembers that his dad would take it out on him saying that he was dirty and that was why he couldn't take him anywhere. He described his mum as a "great person" and his sisters as nice. He thinks his mother suffered from anxiety and depression. One of his sisters suffers from severe anxiety. His half-sister also suffers from anxiety. He thinks he was late to walk and was late with his development as well. He was always hyperactive, always running around but also described himself as quiet. He was getting into trouble in school a lot, shouting and throwing things and had to be moved schools. Starting from primary school he had moved six schools. He ended up being put into "behavioural school" at the age of 13. He described that school as a "horrible place" with a lot of violence from both teachers and other children. He said that an adult male teacher touched him inappropriately in this school and for many years he used to think he had done something for this person to approach him in this way and felt guilty. He however now realises that this was an abusive behaviour from an adult. He was tearful when he spoke about that. He told me he couldn't learn at school because "they were forcing it on you". He never wanted to go to school and really used to trash the place to be able to get out of it. He struggled to read and write. As a teenager he started being a hooligan and was smashing windows and fighting a lot. He started smoking cannabis at the age of 12 and smoked every day until 16 or 17 when he stopped. His son was born when he was 16. He left home when he was 15 years old. He was working as a labourer on a tunnel which was being built in Dover from the age of 16. That is where he was assaulted.
He stayed with the same partner since the age of 17 for 28 years. He was always drunk, wasn't mixing with people and "wasn't a good husband" and there were a lot of arguments. However he was also managing to work. He has inherited money and was able to stop working in his 30th. He made some more money on property and didn't need to work for a while. He started drinking a lot more and was often out for "nights out" to mask his drinking. He said that his wife ran away with his son's friend who was 16 at the time, in 2013. His son then stayed with him as he couldn't really stay with his mother and his friend who became his mother's partner.

Mr Anderson started a new relationship. Unfortunately his new girlfriend has committed suicide. He also lost all his friends with whom he used to drink alcohol, "one after another". He said that the years after 2016 were more difficult, where he was also more abusive towards other family members and that he ran out of money than. Things got a bit better once he stopped drinking. His mother is currently quite sick and he spends a lot of time looking after her at her own place.

I explained to Mr Anderson that I believe he suffers from symptoms of Post-Traumatic Stress Disorder and explained the treatment to him. Because he has significant problems with sleep and he believes that lack of sleep can trigger him being symptomatic with his epilepsy (at the moment he doesn't have seizures) he agreed to try Zolpidem. He tells me he has not responded to Zopiclone. After that we have agreed to try him on Prazosin to help with nightmares and consequently sleep. I aim to review him in a few months' time and we will look into perhaps trying an antidepressant. I would also be able to provide advice on prescribing before the review at the request of his Occupational Therapist.

Yours sincerely

Authorised on 19/07/2023 16:06:25 by Anna Ulanova.

Dr Anna Ulanova
Locum Consultant Psychiatrist

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NHS Ayrshire & Arran — Area Laboratory — Clinical Biochemistry

ANDERSON,KYLE
43 LANGLANDS COURT
KILMARNOCK
KA1 2BF

CHI No. 0507793552
Unit No.
DOB 05/07/1979
Sex M

Clinician: Dr W Frew
Request Location: GP, Kilmarnock: Holmhead Medical I

This report to : Dr W Frew , GP, Kilmarnock: Holmhead Medical Practice

	Result	Units	Normal Range
Prolactin	149	mU/L	0 - 350

Lab No 23B537918 Date Collected 31/10/23 11:59 Authorised By BHI W7AUQPRO Service Account

Printed 01/11/23 04:43 Sample Type Blood Page 1 of 1

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NHS Ayrshire & Arran — **Area Laboratory Clinical Biochemistry**

ANDERSON,KYLE
43 LANGLANDS COURT
KILMARNOCK
KA1 2BF

CHI No. 0507793552
Unit No.
DOB 05/07/1979
Sex M

Clinician: Dr W Frew
Request Location: GP, Kilmarnock: Holmhead Medical I

This report to : Dr W Frew , GP, Kilmarnock: Holmhead Medical Practice

		Result	Units	Normal Range
Prolactin	H	566	mU/L	0 - 350
Testosterone		12.8	nmol/L	8.6 - 29.0

Lab No 23B522698
Printed 23/10/23 17:32

Date Collected 23/10/23 09:30
Sample Type Blood

Authorised By Suzanne MacKenzie
Page 1 of 1

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NHS Confidential. Personal data about a patient

NHS Ayrshire & Arran — **Area Laboratory** — **Clinical Biochemistry**

ANDERSON,KYLE
43 LANGLANDS COURT

KILMARNOCK
KA1 2BF

CHI No. 0507793552
Unit No.
DOB 05/07/1979
Sex M

Clinician: Dr W Frew
Request Location: GP, Kilmarnock: Holmhead Medical F

This report to ; Dr W Frew , GP, Kilmarnock: Holmhead Medical Practice

	Result	Units	Normal Range
Haemoglobin A1c	5.5	%	4.0 - 5.9
Haemoglobin A1c (IFCC)	36	mmol/mol	20 - 41

Lab No 23B522698 — Date Collected 23/10/23 09:30 — Authorised By BHI W7AUQPRO Service Account

Printed 24/10/23 14:28 — Sample Type Blood — Page 1 of 1

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NHS Ayrshire & Arran — Area Laboratory — Clinical Biochemistry

ANDERSON,KYLE
43 LANGLANDS COURT

KILMARNOCK
KA1 2BF

CHI No. 0507793552
Unit No.
DOB 05/07/1979
Sex M

Clinician: Dr W Frew
Request Location: GP, Kilmarnock: Holmhead Medical F

This report to : Dr W Frew , GP, Kilmarnock: Holmhead Medical Practice

	Result	Units	Normal Range
Urea	6.9	mmol/L	2.5 - 7.8
Creatinine	87	µmol/L	50 - 120
Sodium	139	mmol/L	133 - 146
Potassium	4.2	mmol/L	3.5 - 5.3
Chloride	102	mmol/L	95 - 108
eGFR result/1.73m2	>60	mL/min	>60
Bilirubin	5	µmol/L	<22
ALP	63	U/L	30 - 130
AST	17	U/L	10 - 45
ALT	12	U/L	5 - 55
Total Protein	75	g/L	60 - 80
Albumin	46	g/L	35 - 50
Globulin	29	g/L	21 - 35
Glucose	5.0	mmol/L	3.3 - 6.0

Lab No 23B522698 Date Collected 23/10/23 09:30 Authorised By BHI W7AUQPRO Service Account

Printed 23/10/23 17:32 Sample Type Blood Page 1 of 1

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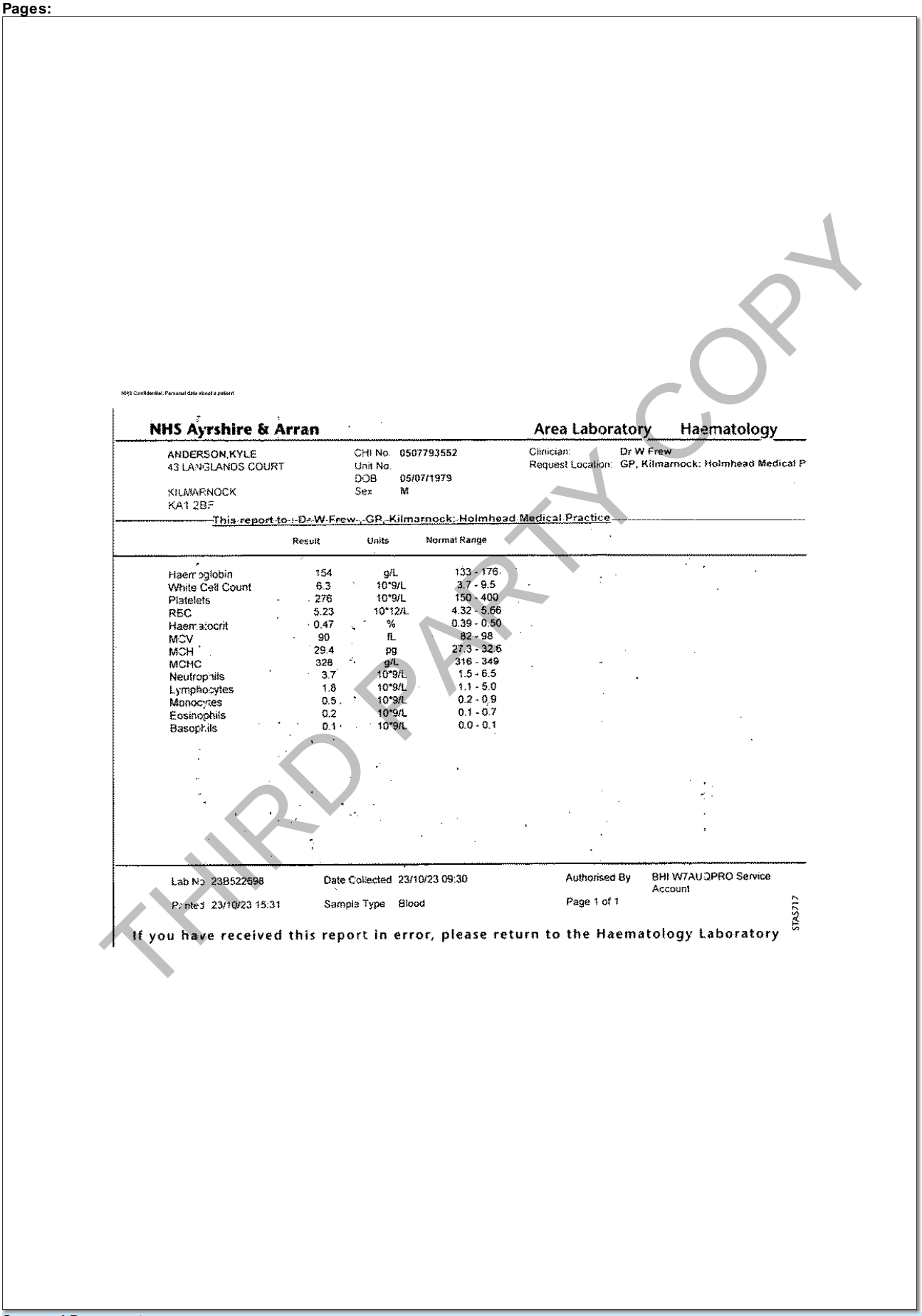

NHS Confidential. Personal data about a patient

NHS Ayrshire & Arran — Area Laboratory — Haematology

ANDERSON,KYLE
43 LANGLANDS COURT

KILMARNOCK
KA1 2BF

CHI No. 0507793552
Unit No.
DOB 05/07/1979
Sex M

Clinician: Dr W Frew
Request Location: GP, Kilmarnock: Holmhead Medical P

This report to : Dr W Frew , GP, Kilmarnock: Holmhead Medical Practice

	Result	Units	Normal Range
Haemoglobin	154	g/L	133 - 176
White Cell Count	6.3	10*9/L	3.7 - 9.5
Platelets	276	10*9/L	150 - 400
RBC	5.23	10*12/L	4.32 - 5.66
Haematocrit	0.47	%	0.39 - 0.50
MCV	90	fL	82 - 98
MCH	29.4	pg	27.3 - 32.6
MCHC	328	g/L	316 - 349
Neutrophils	3.7	10*9/L	1.5 - 6.5
Lymphocytes	1.8	10*9/L	1.1 - 5.0
Monocytes	0.5	10*9/L	0.2 - 0.9
Eosinophils	0.2	10*9/L	0.1 - 0.7
Basophils	0.1	10*9/L	0.0 - 0.1

Lab No 23B522698
Printed 23/10/23 15:31
Date Collected 23/10/23 09:30
Sample Type Blood
Authorised By BHI W7AUDPRO Service Account
Page 1 of 1

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NHS Confidential: Personal data about a patient

UC 113

Universal Credit

Universal Credit

07525 000192 0003 E 30800 H2

Dr Unknown
DR PUGH & PARTNERS
31 PORTLAND ROAD
KILMARNOCK
KA1 2DJ

30800/3 4549

Our phone number is: 03000 927670

If you have a textphone, you can call on: 18001 03000 927670

If you get in touch with us, tell us this reference number: JN505993B

Date: 31st July 2023

About your patient

Address 43, Langlands Court, Kilmarnock, KA1 2BF

Full Name Mr Kyle Anderson

NINo JN505993B

Date of birth 5th July 1979

Dear Doctor,

If you or someone in your directly employed team has issued a fit note for the above patient, please arrange for that person to complete this form.

Your patient is being assessed for Universal Credit and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a work capability assessment and if so support that assessment.

Please note

- General Practices have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- Your patient has given consent to allow us to approach you for this information in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners
- **A fully completed form may help inform the work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.**

COMPUTER PRINTOUTS

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

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

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

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

Mr William Wilson

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 11/22

NHS Confidential: Personal data about a patient

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UC113

Patient Name:
Mr Kyle Anderson

Patient NINo: JN505993B

Patient Date of Birth: 05.07.1979

Freepost RTZY-JCHS-LZET
Centre for Health and Disability Assessments
Glasgow BSC
Mail Handling Site A
Wolverhampton
WV98 2EQ

Your reply

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

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

1 When did your patient last see a GP?

16 / 8 /23

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

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

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

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

Condition and date of diagnosis	Symptoms and signs	Investigations & management, inc. medication
Anxiety + depression (1999)	Anxiety, poor concentration, insomnia, poor memory	Attends psychiatry
Complex PTSD (2023)	flashbacks to attempted assault on his teens	on diazepam 2mg TID · Venlafaxine 75mg daily
	Alcohol dependency for many years but stopped drinking in 2020.	
Seizures (2015)	Had seizure 6wk ago, nil since January this year	· Attends neurology · on lacosamide 100mg BD levetiracetam 750mg BD

2 2005993B/1/0001/2/2

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 11/22

NHS Confidential: Personal data about a patient

UC113

About your patient - continued

NINo: JN505993B

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

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

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

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

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

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

multiple charges for domestic abuse (under the influence of alcohol)
e was imprisoned once for 4 months.

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

Your Signature

UC113

Signature [signature]

Name IN CAPITALS: DR ICAH MENG TIHAM

Profession IN CAPITALS: GP

Date: 28 / 9 / 2023

Practice stamp

Holmhead Medical Practice LLP
31 Portland Road
KILMARNOCK
KA1 2DJ
Tel: 01563 522118
www.portlandroadsurgery.co.uk

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 11/22

Scanned Document
23-Jun-2026 LT
Additional: Scanned Document

Filename: document_17.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

NHS Ayrshire & Arran — **Area Laboratory** — **Clinical Biochemistry**

ANDERSON,KYLE
43 LANGLANDS COURT

KILMARNOCK
KA1 2BF

CHI No. 0507793552
Unit No.
DOB 05/07/1979
Sex M

Clinician: Dr S A Sardar
Request Location: GP, Kilmarnock: Holmhead Medical Pract

This report to.:-Dr S A Sardar., GP, Kilmarnock: Holmhead Medical Practice

	Result	Units	Normal Range
Free T4	13.9	pmol/L	10.0 - 22.0
TSH	2.98	mU/L	0.27 - 4.20

Lab No 24B373162 Date Collected 16/07/24 16:35 Authorised By BHI W7AUQPRO Service Account

Printed 17/07/24 04:51 Sample Type Blood Report Status

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

Scanned Document
23-Jun-2026 LT
Additional: Scanned Document

Filename: document_16.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Switchboard:
01563 521133
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

Telephone Consultation

Dr SA Sardar
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref:	GD/SS
Clinic Date:	12/08/2024
Date Dictated:	12/08/2024
Date Typed:	14/08/2024
Enquiries to	Gareth Davison
Direct Line:	01294 323362
Ext. Number:	23362
Email:	Gareth.Davison@aapct.scot.nhs.uk

Dear Dr Sardar,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
43 LANGLANDS COURT, KILMARNOCK, AYRSHIRE, KA1 2BF

I reviewed Mr Anderson via telephone today as he was unable to get transport for his appointment.

He continues on Levetiracetam 1500 mg bd and Lacosamide 100 mg bd for epilepsy.

He has remained seizure-free since January 2023. He has been in touch with DVLA about the return of his driving licence. He is aware of the long-term nature of treatment for epilepsy and DVLA regulation re. reducing / stopping medication or if he were to have a further seizure. He reports nausea at times but will persevere with current doses of his anti-seizure medications. He is happy with his control.

We agreed to discharge from the Epilepsy Nurse Clinic and he has the contact details.

Yours sincerely

Authorised on 21/08/2024 15:53:17 by Gareth Davison.

Gareth Davison
Epilepsy Nurse Specialist

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23-Jun-2026 LT
Additional: Scanned Document

Filename: document_18.pdf
Extension:.tif
Pages:

N b

NHS
Ayrshire & Arran

Mental Health Services
East Ayrshire Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Clinical in Confidence

Date 4.07.24
Tel No: 01563 578592

Re.: Kyle Anderson
CHI 0507793552

To Holmhead Medical Practice

Dear Doctor

I have discussed the above named patient with their OT on 4.07.2024
I would be grateful if you could please make the following **medication changes**:

1. Zolpidem 5 mg nocte for 2 weeks prn for sleep.
   Thank you

Yours sincerely

Dr Anna Ulanova
Locum Consultant Psychiatrist

www.nhsaaa.net

Scanned Document
23-Jun-2026 LT
Additional: Scanned Document

Filename: document_19.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

(F)

Driver & Vehicle Licensing Agency

Dr Frew
Portland Road Surgery
31 Portland Road
KILMARNOCK
KA1 2DJ

30838

Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
www.gov.uk/ dvla/fitnesstodrive

Our Reference: M47881858/HropotI

Date: 11 April 2024

Dear Dr Frew

RE: Mr Kyle McClymont Anderson DOB: 05-Jul-1979
ADDRESS: 43 Langlands Court, KILMARNOCK, KA1 2BF

Important – we are making enquiries into your patient's fitness to drive. It is important that you read all the guidance notes to avoid any delays in payment

We are investigating your patients fitness to hold a Group 1, car and/or motorcycle driving licence.

We have been notified that your patient is experiencing/ has experienced epilepsy.

We urgently need to assess whether they can meet the medical standards of fitness to drive.

Current medical standards for driving are available to view online at **www.gov.uk/dvla/fitnesstodrive**

It is important that the medical questionnaire/s are completed and returned to the DVLA without unreasonable delay as per GMC guidance which can be found at www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality---patients-fitness-to-drive-and-reporting-concerns-to-the-dvla-or-dva

What you need to do

Step 1 - Complete the enclosed medical questionnaire from patient's records. You may pass this medical questionnaire to another healthcare professional to complete.

Step 2 - Complete your invoice using the guidance given overleaf. Please note that incomplete invoices will not be processed and will be returned to you.

Step 3 - Send the completed medical questionnaire and invoice to DVLA by 02 May 2024 using the envelope provided.

Delays in DVLA receiving additional medical information could pose a risk to road safety and inconvenience your patient.

Yours sincerely,

Dr N H Jenkins B.Sc, M.B, B.C h, FRCS, FCEM, MCh
Senior DVLA Doctor
Drivers Medical Group, DVLA

[redacted]

CUSTOMER SERVICE EXCELLENCE CSE

INVESTORS IN PEOPLE

POSITIVE ABOUT DISABLED PEOPLE

FEP2

NHS Confidential: Personal data about a patient

Guidance Notes

Your patient's authorisation

Your patient has given their authorisation for the disclosure of their medical information to DVLA.

This information is being collected so that the DVLA may carry out its statutory function on behalf of the Secretary of State for Transport and assess your patient's fitness to drive.

In line with GMC guidance on confidentiality doctors can accept assurance from an officer of a government agency, that the patient has provided their authorisation to disclose information to the DVLA, without having sight of that authorisation.

As an officer of a government agency, I can confirm that the patient has provided their authorisation for a medical practitioner or registered healthcare professional to disclose this information to the DVLA. A copy of this authorisation is available on request by **emailing your patient's full name, date of birth and medical reference number to DM.AuthorisationRequests@dvla.gov.uk**

All parties acknowledge that they must meet their own obligations under relevant data protection legislation, including the UK General Data Protection Regulation, and all applicable laws about the processing of personal data and privacy.

Who can complete this report

Any healthcare professional who is registered with one of the following bodies may complete it. General Medical Council, General Optical Council, General Osteopathic Council, Nursing and Midwifery Council, Health and Care Professions Council

Release of the report to your patient

The patient may be entitled to see your report unless you indicate in your response that to release the report may cause serious harm to the physical or mental health of this patient (S.I. 2000 No 413 Data Protection (Subject Access Modification) Health) Order 2000 (as preserved by the Data Protection Act 2018).

Payment - Please ensure all persons requesting payment are aware of these changes

We will pay £40.00 to a GP or registered healthcare professional when we receive the completed questionnaire and invoice. Payment can only be made in the name of the GMC registered doctor or registered healthcare professional who has completed the medical questionnaire or the GP practice or hospital that employs the doctor or registered healthcare professional. If you are VAT registered, we will pay the fee plus VAT at the standard rate when we receive a VAT invoice.

You must provide the following details - the M reference number quoted on our letter, invoice number and date of invoice, the net, gross and VAT amounts, the name of the bank account to whom the cheque must be paid, specific address the payment is to be sent to.

If this information is not provided or is not legible, your invoice will not be processed and will be returned.

You must not request any payment or part payment from the patient.

Advance payments

We cannot pay costs in advance of a report being completed and submitted. The BMA's guidance on fees for non-NHS work is that fees are payable on completion and submission of a report. Please be assured that when we receive correctly completed documentation, prompt payment will be made.

Payment enquiries

All payment queries must be addressed to **customer.paymentenquiries@dvla.gov.uk**. Please do not use any other email address for your enquiry as it will not be answered.

Rev Feb 23

Encs:
FEP2 OG

[redacted]

Driver & Vehicle Licensing Agency

M47881858

Page 2 of 2

NHS Confidential: Personal data about a patient

Driver & Vehicle Licensing Agency

MEDICAL IN CONFIDENCE

47881858 FEP2

FEP2
Rev Jan 24
47881858

Questionnaire to assess your patient's medical fitness to drive.
If you require further assistance in completing this form please visit www.gov.uk/dvla/fitnesstodrive

Question 1: Please indicate diagnosis (tick relevant box):

a) First ever unprovoked seizure – **Go to question 2**

b) Provoked seizure – **Go to question 3**
(A seizure occurring at the time [or within 7 days] of a documented brain insult or in the presence of severe metabolic derangements [documented within 24 hrs by specific biochemical or haematologic abnormalities].)

c) More than one unprovoked seizure ever or epilepsy – **Go to question 4** ✓

d) Dissociative or functional seizures – **Go to question 5**

e) Blackout(s)/altered level of consciousness – **Go to question 7**

Question 2 First Ever Unprovoked Seizure

a) Date of seizure

b) Are there clinical factors or investigation results suggestive of an underlying causative factor that may increase future risk of seizures? Yes No

If Yes, please give details

Please go to question 6

Question 3 Provoked Seizure

a) Date of seizure

b) Please provide details of the circumstances and of the provoking factor. If the seizure was caused by an electrolyte imbalance, please provide the blood levels.

Please go to question 6

Question 4 More than one unprovoked seizure ever or epilepsy

a) Has your patient ever had two or more seizures in a 5 year period? Yes ✓ No

Please provide the following dates

	Awake		Sleep
b) First awake seizure	2014 + 2015 ?	d) First sleep seizure	
c) Last two awake seizures	14 1 23	e) Last two asleep seizures	

according to neurology letter dated 14/8/23

– please see enclosed neurology letters

FEP2 **47881858**

Question 4 cont:

f) If your patient has suffered both sleep and awake attacks, please give the date of the first sleep attack after the last awake attack — Day Month Year

g) Have the seizures ever affected your patient's level of consciousness/awareness? Yes ☑ No ☐

h) Would any of the seizures ever have affected your patient's ability to act or cause any functional impairment? Yes ☑ No ☐

i) Was the last seizure a result of documented physician directed withdrawal or change of anti-epilepsy medication? **If NO to Q4i please go to Q6** Yes ☐ No ☑

(i) If Yes to Q4i, please give the date of the documented physician directed withdrawal or change of medication — Day Month Year

(ii) Has previously effective medication been reinstated? **If no to Q4ii please go to 6** Yes ☐ No ☐

(iii) If Yes, please give the date the medication was reinstated — DD MM YY

(iv) Please give the date of the last seizure prior to the medication withdrawal seizure. — DD MM YY

Question 5: Dissociative or functional seizures

a) Please give date of last event — Day Month Year

b) Have any events happended whilst driving or as a passenger in a vehicle? Yes ☐ No ☐

If Yes, please give details

Question 6

a) Has your patient had a seizure as a result of alcohol misuse? Yes ☐ No ☐

Please see enclosed referral letters from 2004 & 2015 - 2021

If Yes, please give date(s) and details — Day Month Year

b) Has your patient had a seizure as a result of illicit drug misuse? Yes ☐ No ☐

If Yes, please give date(s) and details — Day Month Year

Please see enclosed Addictions clinic / psychiatry letters from 2015 - 29/8/23

Driver & Vehicle Licensing Agency

M47881858 Page 4 of 2

FEP2 **47881858**

Question 7: Blackout(s)/altered level of consciousness

Has there been:

a) an unwitnessed (presumed) episode(s) of altered consciousness with seizure markers? Yes ✓ No — Date of first event
see enclosed letters
Date of last two events

b) reflex vasovagal syncope? Yes — No ✓ Date of event

c) an episode of altered consciousness likely to be unexplained but with a high probability of reflex vasovagal syncope. Yes — No ✓ Date of event

d) an episode of altered consciousness likely to be cardiovascular in origin and no cause identified? Yes — No ✓ Date of event

e) an episode of altered consciousness likely to be cardiovascular in origin and cause identified and treated? Yes — No ✓ Date of event

f) a pacemaker fitted? Yes — No ✓ Date fitted

If Yes, to question f) have the attacks been successfully treated? Yes — No

g) an ICD defibrillator fitted as a result of an incapacitating event? Yes — No ✓ Date fitted

h) an episode(s) of loss of consciousness with no clinical pointers? Yes — No — Date of event

i) two or more episodes of loss of consciousness/loss of or altered awareness without reliable prodromal symptoms? Yes — No — Date of first event
Date of last two events

j) a blackout(s) due to any other cause? (i.e. other associated pathology, reflex anoxic seizure, cough syncope) Yes — No ✓ Date of first event
Date of most recent event

If Yes, please specify the cause and provide relevant details:

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FEP2 **47881858**

Questions 8, 9 and 10 must be completed in all instances

Question 8

Are you aware of any other medical condition that may affect your patient's ability to drive? Yes ☐ No ☐

If Yes, please give details: anxiety, PTSD listed as diagnosis

Question 9

Does your patient currently experience side effects from their medication which is likely to affect safe driving? ? Yes ☐ No ☐

Question 10

patient joined our surgery 26/1/2017 I have never seen patient face to face telephone consultation on 9/10/23 & 14/12/23 - minor physical ailments

Please give the date you last saw your patient: Day Month Year

Please give the date when you are due to see your patient next: Day Month Year

can see GP. Mr Boyd, 9/1/24 - sleep infection & medication to aid sleep

Question 11

Please supply the name(s)/address of any other relevant doctor(s) /specialist(s) involved in your patient's treatment.

see enclosed letter

(Please note that I have redacted some entries in the letter, irrelevant to this report)

The medical professional completing this form, please provide full details below

Full Name: WILLIAM ALAN FREW

Job Title: GP

Surgery/Dept Name: Holmhead Medical Practice (A)

Full Work Address with Postcode: 31 Portland Rd Kilmarnock KA1 2DS

Tel No: 01563522119 Email:

Signature: [signature] Date: 31/5/24

Regulatory Body: GMC Body Number: 4034803

Payment **will not** be made, unless a **fully completed** invoice is enclosed.

Release of the report to your patient

If you don't want us to share this report with your patient because it may cause serious harm to their physical or mental state, or a third party, as preserved by Schedule 3 of the Data Protection Act 2018, please tick the box. ☐

Registration Details - Patient No: 24286

Personal details...		Address details...	
Date of birth	05/07/1979	Post Code	KA1 2BF
Sex	M	House Name Flat No	
Surname	Anderson	No and Street	43 Langlands Court
Previous Surname		Village	
Forenames	Kyle	Town	KILMARNOCK
Calling Name	Kyle	County	
Title	Mr		
Birth Surname			
Marital Status			
Ethnic Origin	(White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Home Tel No	
Registered GP	Dr S Sardar	Work Tel No	
Usual GP	Dr S Sardar	Mobile Tel No	07391613221
CHI Number	0507793552	Key Safe	
Residential Inst		E Mail Address	
Branch Surgery	The Surgery		
NHS Number			

Practice Information...		Distances	
Dispensing	N	RPP Road Miles	
Hospital Number		Blocked Special	
Records At	no paper records	Water Miles	
Footpath Miles			

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	14/12/2023		

AMS\MCR Details		Key Safe	
AMS Consent		Yes	
Pharmacy Details			
Item Collected Check		No	
MCR Suitability Status		-1	
MCR Registration Status		1	

Medical Record

Problems

Active Problems		Authorised By	Code
09/10/2023	[redacted]	Dr Frew	E2273-1
21/07/2023	(X)Post - traumatic stress disorder complex	Ms Corrie	Eu431
10/02/2020	Anxiety states	Mrs Francis	E200
05/01/2017	Alcohol dependence syndrome	Mrs Francis	E23
19/12/2015	Aggressive behaviour while under the influence of alcohol at A&E	Mrs Francis	1P5
23/06/2000	Dyspepsia	Mrs Francis	J16y4
06/08/1999	Neurotic depression reactive type	Mrs Francis	E204
01/06/1999	Alcohol problem drinking	Mrs Francis	E23-2

Past Problems		Authorised By	Code
19/07/2019	**EEG normal** (ambulatory)	Mrs Francis	31130
11/01/2019	**EEG normal**	Mrs Francis	31130
23/03/2018	**EEG normal**	Mrs Bicker	31130
14/03/2017	**Poor attender** to appointments	Mrs Francis	9N4B
16/11/2015	**[D]Seizure NOS** DNA follow-up appointments or EEG	Mrs Francis	R003z-1
10/02/2015	**CT scan brain - normal**	Mrs Francis	5C00
21/01/2003	**Alcohol detoxification** home	Mrs Francis	8BA6
14/09/1995	**[D]irritability and anger**	Mrs Francis	R00z8
08/08/1993	**[V]Behavioural problems**	Mrs Francis	ZV40-1
21/10/1992	**Poor sleep pattern** seen by child psychologist	Mrs Francis	1B1Q

Health Admin Problems	Authorised By	Code

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
30/05/2024	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 56 capsule	30/05/2024P	Dr Danny Tham	ACUTE
16/05/2024	**Naproxen Tablets 250 mg** 1-2 TAB BD WITH FOOD 56 TABLET	16/05/2024P	Dr S Sardar	ACUTE
16/05/2024	**Co-Codamol 30/500 Tablets** 1-2 TAB QDS-MAX 8/DAY 60 tablet	16/05/2024P	Dr S Sardar	ACUTE
28/03/2024	**Capasal Shampoo** TO BE USED EACH DAY WHEN REQUIRED 250 ML	26/04/2024P	Dr S Sardar	ACUTE
11/03/2024	**Promethazine Hydrochloride Tablets 25 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	07/05/2024P	Dr Danny Tham	ACUTE
09/10/2023	**Sildenafil Citrate Tablets 100 mg** TAKE AS DIRECTED 8 tablet	16/05/2024P	Dr Danny Tham	ACUTE
15/09/2023	**Diazepam Tablets 2 mg** ONE TO BE TAKEN AS REQUIRED MAXIMUM THREE TIMES DAILY 14 TABLET	30/05/2024P	Dr Danny Tham	ACUTE
18/10/2023	**Prazosin Hydrochloride Tablets 2 mg** TAKE 3 TABLETS AT NIGHT 84 tablet	24/05/2024P	Dr S Sardar	REPEAT
09/02/2022	**Venlafaxine M/R tablets 75 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	24/05/2024P	Dr S Sardar	REPEAT
26/09/2019	**Peptac Liquid (peppermint)** 10-20MLS AFTER MEALS AND AT BEDTIME 1000 ML	24/05/2024P	Dr S Sardar	REPEAT
26/09/2019	**Lacosamide Tablets 100 mg** ONE TO BE TAKEN TWICE A DAY 112 tablet	24/05/2024P	Dr S Sardar	REPEAT
23/10/2018	**Chlorhexidine Gluconate Mouth wash 0.2 %** 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY 300 ML	09/10/2023P	Dr S Sardar	REPEAT
27/09/2016	**Ketoconazole Shampoo 2 %** TO BE APPLIED AS DIRECTED 120 ML	28/05/2024P	Dr S Sardar	REPEAT
07/06/2017	**Levetiracetam Tablets 250 mg** 3 TABS BD 224 TABLET	24/05/2024P	Dr S Sardar	REPEAT

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010237303935

REFERRAL LETTER CHI:0507793552

MEDICAL IN CONFIDENCE

REFERRAL TO

Community Mental Health Services - East G1AF
AA Adult Mental Health

Community Mental Health Services - Adult
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	29-Jun-2021
Date submitted	29-Jun-2021

PATIENT DETAILS

Surname	Anderson
Forename(s)	Kyle
Title	-
Sex	Male
Date of birth	05-Jul-1979
CHI no.	0507793552

Patient's address

6 Dunoon Avenue
KILMARNOCK
KA3 1SY

Contact number(s): -

REGISTERED GP DETAILS

Name	Dr S Sardar		
GMC code	3341458	GP code	24139
Practice name	Portland Road (13453)		
Practice code	80397		

Practice address

The Surgery
31 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522118
Facsimile: 01563 573562

REFERRING PRACTITIONER DETAILS

Name	Dr. Dawn Simpson		
GMC code	4613167	GP code	23175
Practice name	Dr Sardar and Partners (80397)		
Practice code	80397		

Practice address

The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Contact number(s)

Voice: 01563522118

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: APPROVED 29/6/21 DS/KC

Comment: Kyle Anderson – CMHT

Dear Team

I would be grateful for your review of this 41 year old gentleman. He is suffering from low mood and anxiety. He states that he has not left his house in a year and has not seen his friends or family in this time. He does live with his 24 year old son.

For the last 4 years he has been taking Mirtazapine but he does not feel this has made any difference so I have reduced this and started him on Venlafaxine.

He has a history of alcohol misuse but he has not been taking any alcohol for years.

I am grateful for your help.

Yours sincerely
Dr D Simpson

Examinations and Investigations

If referral is urgent, has this been discussed with duty clinician:	No	-
1. Are there current active thoughts of self harm, is there a plan?:	Unknown	-
Is there a History of suicidal or self harm injurious behaviours?:	Unknown	-
Any history or current threat of violence or aggression, considerations to staff safety?:	Unknown	-
Any social circumstances or previous psychiatric history impacting on current presentation?:	Unknown	-
Considerations of vulnerability /Child Protection Issues/ First presentation Psychosis/ Peri-Natal:	Unknown	-
Height:	162	-
Weight(kg):	83	-
BMI:	31.63	-
Current smoker:		26-Jan-2017 00:00
Current smoker:		13-Jan-2017 00:00
Alcohol consumption, 35 units/week:		26-Jan-2017 00:00
Alcohol units per week, 35 U/week:		26-Jan-2017 00:00
Alcohol units consumed on heaviest drinking day, 10 /day:		26-Jan-2017 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
Anxiety states	-	-	-	10-Feb-2020	10-Feb-2020
Alcohol dependence syndrome	-	-	-	06-Jan-2017	06-Jan-2017
Aggressive behaviour	-	-	while under the influence of alcohol at A&E	19-Dec-2015	19-Dec-2015
[D]Seizure NOS	-	-	DNA follow-up appointments or EEG	16-Nov-2015	16-Nov-2015

Dyspepsia	-	-	-		23-Jun-2000	23-Jun-2000
Neurotic depression reactive type	-	-	-		06-Aug-1999	06-Aug-1999
Alcohol problem drinking	-	-	-		01-Jun-1999	01-Jun-1999
[D]Irritability and anger	-	-	-		14-Sep-1995	14-Sep-1995
[V]Behavioural problems	-	-	-		08-Jun-1993	08-Jun-1993
Poor sleep pattern	-	-	seen by child psychologist		21-Oct-1992	21-Oct-1992

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
EEG normal	-	-	(ambulatory)	19-Jul-2019	19-Jul-2019
EEG normal	-	-	-	11-Jan-2019	11-Jan-2019
EEG normal	-	-	-	23-Mar-2018	23-Mar-2018
CT scan brain - normal	-	-	-	10-Feb-2015	10-Feb-2015
Alcohol detoxification	-	-	home	21-Jan-2003	21-Jan-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
Peptac Liquid (peppermint)	-	1000 ML	10-20MLS AFTER MEALS AND AT BEDTIME	-	26-Sep-2019	-	29-Jun-2021
Lacosamide Tablets 100 mg	-	112 tablet	ONE TO BE TAKEN TWICE A DAY	-	26-Sep-2019	-	08-Jun-2021
Chlorhexidine Gluconate Mouth wash 0.2 %	1203040E0AAABAB	300 ML	10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY	-	23-Oct-2018	-	24-Jun-2021
Ketoconazole Shampoo 2 %	1309000I0AAAAAA	120 ML	TO BE APPLIED AS DIRECTED	-	27-Sep-2018	-	01-Oct-2020
Levetiracetam Tablets 250 mg	-	224 TABLET	3 TABS BD	-	07-Aug-2017	-	08-Jun-2021

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Venlafaxine M/R tablets 75 mg	-	28 TABLET	ONE TO BE TAKEN EACH DAY	-	29-Jun-2021	28 Days	29-Jun-2021
Hydrocortisone Cream 1 %	1304000V0AAADAD	15 gram	APPLY DAILY	-	18-Jun-2021	42 Days	18-Jun-2021
Doublebase Gel	-	100 gram	TO BE USED WHEN REQUIRED FOR DRY SKIN	-	12-Apr-2021	42 Days	12-Apr-2021
Hydrocortisone Cream 1 %	1304000V0AAADAD	15 gram	APPLY DAILY	-	12-Apr-2021	42 Days	12-Apr-2021
Mirtazapine Tablets 30 mg	0403010AAAAAAAA	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	09-Oct-2019	-	09-Jun-2021

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

Social circumstances

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

NHS Confidential: Personal data about a patient

PATIENT REFERRAL SHEET - (IN-HOUSE)

Kyle Anderson
Pt No 24286

Date of Referral	10th April 2019
Referred By	Dr C Sutherland

Please indicate most preferred number for initial contact ✓

Contact Telephone Numbers	**Home**	**Work**	**Mobile**
			07391613221

Referral to

Counsellor	☐	District Nurse	☐
Practice Nurse	☐	Health Visitor	☐
24 Hour BP	☐	Integrated Team	☐
Other (Please specify)	✓		

__Community Connector_____

Reasons for Referral

Dear Community Connector

I would be grateful if you could meet this 40 year old man who has multiple problems. His past history involves that of drug and alcohol dependence however now his main issue is that of epilepsy (he informs me this is following a head injury/assault). He also suffers from some cognitive problems following this. He told me in surgery that he rarely goes out of the house and in fact that his son who is only in his early 20's and stays with him is the only person around who really looks out for him. His life really sounds very limited now, this is both socially and I do not believe he has the ability to access fully what may be around to support him. I would therefore be grateful for your input to see what is possibly around to help Mr Anderson. He is aware of this referral and is keen for any help.

Kind regards,

Yours sincerely
Dr C Sutherland

For Office Use Only

Appointment Made			
Telephone Call / Letter Sent			
Staff Member			

P:\PCT\DOCMAN7\DATA_S1\DOCUMENT\DMEDOC01\00027800\01297475.DOCX

NHS Confidential: Personal data about a patient

Faxed 16/11/15

Dr K. H. Irvine
Dr J. D. Curran
Dr F. J. Dunn
Dr E. M. McGregor
Dr G. T. Mulligan

4 Old Irvine Road
KILMARNOCK KA1 2BD

Tele: 01563 522413 Fax: 01563 573559
www.oldirvineroadsurgery.co.uk

16/11/15

Dear Dr / Nurse

RE: ANDERSON, Kyle McClymont
0587793552
36c Baird Place
Kilmarnock
KA3 7RL Dr K H Irvine
4 Old Irvine Rd, Kilmarnock
DATE

Thanks for assessing this 36 y.o man with sociodomestic troubles who has had recent ↑ in seizure activity Short lived x 2 minutes 5 or 6 episodes in last 36 hours. He has no formal diagnosis as such, has intermittent heavy drinking, was referred by ADAC last night but failed to go
Understood partner with him unable to give eye witness account

T = 37.2
Abdo SCA non tender
Susp hasn't P.U.'d. No palp bladder

Δ Seizures
↑'d frequency

Yours sincerely
(IRVINE)

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010138826089

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0507793552

REFERRAL TO

NeurologyAH
AA Gen Ref - PMH Med & High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	19-Jun-2017
Date submitted	19-Jun-2017

PATIENT DETAILS

Surname	Anderson
Forename(s)	Kyle
Title	-
Sex	Male
Date of birth	05-Jul-1979
CHI no.	0507793552

Patient's address

29 Creighton Court
KILMARNOCK
KA3 2ED

Contact number(s)

Voice: 624339

REGISTERED GP DETAILS

Name	Dr S Sardar		
GMC code	3341458	GP code	24139
Practice name	Portland Road (13453)		
Practice code	80397		

Practice address

The Surgery
31 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522118
Facsimile: 01563 573562

REFERRING PRACTITIONER DETAILS

Name	Dr. Jayne Courtney		
GMC code	2547992	GP code	24988
Practice name	Dr Pugh and Partners (80397)		
Practice code	80397		

Practice address

The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Contact number(s)

Voice: 01563522118

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Approved by Dr Courtney 190617

Comment: Kyle Anderson – Neurology – Dr Kiss

Dear Dr Kiss

This 37 year old man attended your clinic in February 2016 because of seizures which had started over the previous year. He was started on Keppra and referred for EEG however he failed to attend this appointment and then did not attended for follow up. He took Keppra for a very short time only. He was drinking heavily at this time. He has [redacted] has stopped drinking. I have restarted his Keppra gradually increasingly the dose as suggested in your letter. He continues to have frequent possibly grand mal seizures.

Thank you for seeing him again.

Yours sincerely
Dr J Courtney

Examinations and Investigations

Height:	162	-	
Weight(kg):	83	-	
BMI:	31.63	-	
Current smoker:			26-Jan-2017 00:00
Current smoker:			13-Jan-2017 00:00
Alcohol consumption, 35 units/week:			26-Jan-2017 00:00
Alcohol units per week, 35 U/week:			26-Jan-2017 00:00
Alcohol units consumed on heaviest drinking day, 10 /day:			26-Jan-2017 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
Alcohol dependence syndrome	-	-	-	06-Jan-2017	06-Jan-2017
Aggressive behaviour	-	-	while under the influence of alcohol at A&E	19-Dec-2015	19-Dec-2015
[D]Seizure NOS	-	-	DNA follow-up appointments or EEG	16-Nov-2015	16-Nov-2015
Dyspepsia	-	-	-	23-Jun-2000	23-Jun-2000
Neurotic depression reactive type	-	-	-	06-Aug-1999	06-Aug-1999
Alcohol problem drinking	-	-	-	01-Jun-1999	01-Jun-1999
[D]Irritability and anger	-	-	-	14-Sep-1995	14-Sep-1995
[V]Behavioural problems	-	-	-	08-Jun-1993	08-Jun-1993
Poor sleep pattern	-	-	seen by child psychologist	21-Oct-1992	21-Oct-1992

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
CT scan brain - normal	-	-	-	10-Feb-2015	10-Feb-2015
Alcohol detoxification	-	-	home	21-Jan-2003	21-Jan-2003

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Levetiracetam Tablets 250 mg	-	100 tablet	1 TAB IN EVENING FOR 5 DAYS THEN 1 TAB BD FOR 5 DAYS THEN 2 TABS IN MORNING AND 1 TAB IN EVENING FOR 5 DAYS THEN 2 TAB BD	-	12-Jun-2017	42 Days	12-Jun-2017
Chlorhexidine Gluconate Mouth wash 0.2 %	1203040E0AAABAB	300 ML	10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY	-	12-Jun-2017	42 Days	12-Jun-2017
Ketoconazole Shampoo 2 %	1309000I0AAAAAA	120 ML	TO BE APPLIED AS DIRECTED	-	12-Jun-2017	42 Days	12-Jun-2017

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101010294382R

REFERRAL LETTER CHI:0507793552

MEDICAL IN CONFIDENCE

REFERRAL TO

NeurologyAH
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	10-Nov-2015
Date submitted	10-Nov-2015

PATIENT DETAILS

Surname	Anderson
Forename(s)	Kyle
Title	-
Sex	Male
Date of birth	05-Jul-1979
CHI no.	0507793552

Patient's address

36c Baird Place
Kilmarnock
KILMARNOCK
KA3 7RL

Contact number(s)

Voice: 542015

REGISTERED GP DETAILS

Name	Dr Glenn Mulligan		
GMC code	4328768	GP code	24392
Practice name	Old Irvine Road Surgery (16992)		
Practice code	80414		

Practice address

4/6
Old Irvine Road
Kilmarnock

Contact number(s)

Voice: 01563 522413
Facsimile: 01563 573559

REFERRING PRACTITIONER DETAILS

Name	Dr. Glenn Mulligan		
GMC code	4328768	GP code	24392
Practice name	The Surgery (80414)		
Practice code	80414		

Practice address

Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Contact number(s)

Voice: 01563522413

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: recurrent seizures

Comment: I would be grateful if you could assess this 36 year old who has been having seizures for about a year. It is very hard to say any pattern and even the date of onset is not clear. He attributes them to a significant head injury he sustained during an assault about 8 or 9 months ago. I think there is undoubtedly also an influence from an intermittent heavy alcohol use coupled with intermittent use of street valium.

Kyle has had a lot of stress in his life over the last year or two due to very difficult domestic circumstances and these are factors that seem to lie behind his use of alcohol and benzodiazepines.

Under normal circumstances I may have persisted with seeing if we could help him to get off the alcohol and benzodiazepines and see if any of the seizures resolve but he is extremely anxious about the seizures which I can understand and in fairness to him he is very keen to attend your clinic and I would be grateful if you could see him.

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
Alcohol problem drinking	-	-	-	14-Jan-2014	14-Jan-2014
Dyspepsia	-	-	-	23-Jun-2000	23-Jun-2000
Neurotic depression reactive type	-	-	-	06-Aug-1999	06-Aug-1999
Aggressive outburst	-	-	-	14-Sep-1995	14-Sep-1995
Overactive child syndrome	-	-	-	13-Sep-1988	13-Sep-1988

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Alcohol detoxification	-	-	-	22-Oct-2002	22-Oct-2002

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Chlordiazepoxide Hydrochloride Tablets 10 mg	-	40 tablet	2 TABLETS FOUR TIMES DAILY THEN AS PER CHART	-	27-Oct-2015	42 Days	27-Oct-2015
Thiamine Hydrochloride Tablets 100 mg	0906026M0AAAGAG	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	27-Oct-2015	42 Days	27-Oct-2015

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

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

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010102969972

REFERRAL LETTER CHI:0507793552

MEDICAL IN CONFIDENCE

REFERRAL TO

Addictions - East Ayrshire CATG1A9
AA Mental Health Service

Addiction Service
NHS Ayrshire & Arran

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	10-Nov-2015
Date submitted	10-Nov-2015

PATIENT DETAILS

Surname	Anderson
Forename(s)	Kyle
Title	-
Sex	Male
Date of birth	05-Jul-1979
CHI no.	0507793552

Patient's address

36c Baird Place
Kilmarnock
KILMARNOCK
KA3 7RL

Contact number(s)

Voice: 542015

REGISTERED GP DETAILS

Name	Dr Glenn Mulligan		
GMC code	4328768	GP code	24392
Practice name	Old Irvine Road Surgery (16992)		
Practice code	80414		

Practice address

4/6
Old Irvine Road
Kilmarnock

Contact number(s)

Voice: 01563 522413
Facsimile: 01563 573559

REFERRING PRACTITIONER DETAILS

Name	Dr. Glenn Mulligan		
GMC code	4328768	GP code	24392
Practice name	The Surgery (80414)		
Practice code	80414		

Practice address

Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Contact number(s)

Voice: 01563522413

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: alcohol misuse - known to addiction

Comment: I wonder could your team make contact with Kyle again mainly due to his persistent heavy alcohol use intermittently. Of note he has also been having seizures for quite a number of months which may be related to his alcohol use although also may be related to a previous head injury earlier in the year. He is also using Diazepam intermittently from the street although has managed to reduce this thankfully.

There are huge levels of stress and anxiety here due to very difficult domestic circumstances which has involved him and unfortunately his son and Kyle has for many years struggled to control some of his anxiety and agitation.

Anyhow I would be grateful if your team could engage with him to see whether we can at least help him with his alcohol use. Of note I have also referred him to the seizure clinic.

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
Alcohol problem drinking	-	-	-	14-Jan-2014	14-Jan-2014
Dyspepsia	-	-	-	23-Jun-2000	23-Jun-2000
Neurotic depression reactive type	-	-	-	06-Aug-1999	06-Aug-1999
Aggressive outburst	-	-	-	14-Sep-1995	14-Sep-1995
Overactive child syndrome	-	-	-	13-Sep-1988	13-Sep-1988

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Alcohol detoxification	-	-	-	22-Oct-2002	22-Oct-2002

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Chlordiazepoxide Hydrochloride Tablets 10 mg	-	40 tablet	2 TABLETS FOUR TIMES DAILY THEN AS PER CHART	-	27-Oct-2015	42 Days	27-Oct-2015
Thiamine Hydrochloride Tablets 100 mg	0906026M0AAAGAG	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	27-Oct-2015	42 Days	27-Oct-2015

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**

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101008719154L

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0507793552

REFERRAL TO

Addictions - East Ayrshire PCATG1A8
AA Mental Health Service

Addiction Service
NHS Ayrshire & Arran

Ethnic Origin	-
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**
Date of referral	16-Feb-2015
Date submitted	16-Feb-2015

PATIENT DETAILS

Surname	Anderson
Forename(s)	Kyle
Title	-
Sex	Male
Date of birth	05-Jul-1979
CHI no.	0507793552

Patient's address

36c Baird Place
KILMARNOCK
KA3 7RL

Contact number(s)

Voice: 01563 403574

REGISTERED GP DETAILS

Name	Anne Faure		
GMC code	77G001W	GP code	AALDZ
Practice name	Portland Medical Practice (16673)		
Practice code	80908		

Practice address

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

REFERRING PRACTITIONER DETAILS

Name	Anne Faure		
GMC code	77G001W	GP code	AALDZ
Practice name	Portland Medical Practice (80908)		
Practice code	80908		

Practice address

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: AS NOTED BELOW - Urgent

Comment: Dear Team

I would be grateful for your help with Mr Anderson.

He is currently drinking in excess of 10 units of alcohol per day. He has had problems with excess alcohol intake over the last 6/12. [redacted] He states he was drinking 35 bottles of beer per day.

He has recently cut this to his current level and he is asking for help with Detox, possibly at home.

Today he attended the practice with the impression this was starting today. He was anxious and slightly agitated as this was not the case.

In view of this, I would value your urgent assessment and help with his alcohol management.

Yours sincerely

Anne Faure
Advanced Nurse Practitioner

Examinations and Investigations

Current smoker:		20-Jan-2015 00:00
Current smoker:	Current Smoker	09-Oct-2012 00:00
Cigarette smoker, 10 Cigarettes/day:		24-Feb-2011 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2	05-Dec-2008 00:00
Current smoker:	: priority=2	20-Feb-2007 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2	16-Jun-2004 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
Alcohol problem drinking	-	-	alcohol dependance	14-Jan-2014	14-Jan-2014
Dyspepsia	-	-	:	23-Jun-2000	23-Jun-2000
Neurotic depression reactive type	-	-	:	06-Aug-1999	06-Aug-1999
Aggressive outburst	-	-	violent	14-Sep-1995	14-Sep-1995
Overactive child syndrome	-	-	poor sleeper	13-Sep-1988	13-Sep-1988

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Alcohol detoxification	-	-	REFERRED BUT FTA	22-Oct-2002	22-Oct-2002

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Fluconazole And Clotrimazole Capsule And Cream 150 mg + 2 %	-	1 pack	TO BE USED AS DIRECTED	-	26-Nov-2014	42 Days	26-Nov-2014

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

Social circumstances

Employment: Data processing operator

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

NHS Confidential: Personal data about a patient

Drs. McIntyre, Gaffney, McGuire & Montgomery
Portland Medical Practice
34 Portland Road
Kilmarnock KA1 2DL
Telephone: 01563 522411
Fax: 01563 545499

PRACTICE ACCREDITATION
RCGP Scotland
2007-2012

Our Ref: FM/AB

12th October 2004

Dual Diagnosis Team
Whitletts Clinic
Glenmuir Place
Ayr KA8 9RW

Dear Colleague,

RE: MR KYLE ANDERSON, 22 TODHILL AVENUE, KILMARNOCK KA3 2EG
DOB – 5.7.1979 – TEL: 01563 522381

This man reports heavy drinking (1 bottle vodka and 4 cans daily) until Thursday: he did not wish treatment with Chlordiazepoxide or referred to the Home Detox Team.

He has been seen by the latter on 3 occasions. He has not attended AA or ACA. He normally lives alone but his mother has moved in with him.

He states he feels depressed and that is why he drinks – he denies he is an alcoholic. I agreed to give him Citalopram 20mg daily and Temazepam 20mg one nocte x 7.

I would be grateful if he could be seen and assessed soon.

Thank you.

Yours sincerely,

Dr Frank McGuire MB ChB.

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

NHS
Ayrshire
& Arran

Mental Health Services

East Ayrshire Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

Clinical in Confidence

Date: 29/08/2023
Tel No: 01563 578592

Kyle Anderson
Chi no: 0507793552

Dear Dr - Portland Road Surgery (31)

I discusssed the above patient with his OT and

I would be grateful if you could make the following medication changes:

- Zolpidem 10 mg at night sleeping tablet for 2 weeks.

.....

Additional Information

.....

Thank you.

Yours sincerely

Dr Anna Ulanova
Specialty Doctor in Psychiatry

www.nhsaaa.net

NHS Confidential: Personal data about a patient

NHS
Ayrshire & Arran

Nb

Mental Health Services

East Ayrshire Community Mental Health Team
Netherthird Clinic
22 Blackfaulds Road
CUMNOCK
KA18 3DZ

Clinical in Confidence

Date
25.06.23
Tel No: 01290 426947

Re.: Kyle Anderson
CHI 0507793552

To 31 Portland rd Medical Practice

Dear Doctor

I have reviewed the above named patient on 21.06.2023 by telephone. grateful if you could please make the following **medication changes**:

1. Zolpidem 10 mg nocte for 1 week only
2. Prazosin 0.5 mg nocte, 1 mg the next night, by 1 mg/3 day up to 6 mg nocte (Once completed zolpidem course)

Yours sincerely

Dr Anna Ulanova
Locum Consultant Psychiatrist

www.nhsaaa.net

NHS Confidential: Personal data about a patient

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NHS
Ayrshire
& Arran

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Mental Health Services

East Ayrshire Community Mental Health Team
Netherthird Clinic
22 Blackfaulds Road
CUMNOCK
KA18 3DZ

Clinical in Confidence

Date
26.06.23
Tel No: 01290 425947

Re.: Kyle Anderson
CHI 0507793552

To 31 Portland rd Medical Practice

Dear Doctor

I have reviewed the above named patient on 21.06.2023 by telephone.
grateful if you could please make the following **medication changes**:

1. Zolpidem 10 mg nocte for 1 week only
2. Prazosin 0.5 mg nocte, 1 mg the next night, by 1 mg/3 day up to 6 mg nocte (Once completed zolpidem course)

Yours sincerely

Dr Anna Ulanova
Locum Consultant Psychiatrist

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Mental Health Services

Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr SA Sardar
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

Clinic Date: 21/06/2023
Date Dictated: 26/06/2023
Date Typed: 04/07/2023
Our Ref: AU/JMcC
Enquiries to Ms J Taylor
Tel No: 01563578593
Fax No:

Dear Dr Sardar

KYLE ANDERSON **43 LANGLANDS COURT, KILMARNOCK, AYRSHIRE, KA1 2BF**

CHI No: 0507793552

Diagnosis: **Complex PTSD F43.1**
Former diagnosis of alcohol dependence – currently abstinent

Psychiatric Medication: **Zolpidem 10mgs nocte for one week prn for sleep**
Once that completed, Prazosin 0.5mgs nocte, increasing to 1mg next day and thereafter by 1mg every three days, up until 6 mgs nocte

Recommendations/Plan: **Out-Patient review in 4 months**

I assessed this patient in the out-patient clinic on 21st June 2023 at the North West Kilmarnock Area Centre. This patient has been referred by the Occupational Therapist for medication review and diagnosis.

Mr Anderson was looking well-kempt, was polite and pleasant during the assessment. He also presented as anxious and unable to relax. He told me his main difficulty is ongoing flashbacks to traumatic experiences that happened in the past, nightmares and associated difficulties with sleep. He told me that when he was aged 16 or 17 and worked away and stayed in a shared dormitory somebody put a knife to his throat when he was asleep, trying to rob him. Other people woke up, scared the robber and Mr Anderson escaped and ran away that night. He describes flashbacks to his episode including physical sensations of something touching his throat and him being suffocated. He tells me he started to drink to try and help himself to cope with being outside because he was very anxious and didn't feel safe in public after this assault. He tells me that when he was drinking alcohol, which was daily from the age of 18 throughout his adulthood, he could function. He told me he stopped drinking in 2020. This was really because he was very physically unwell and didn't have a choice in order to stay alive. He has had detoxes in the past. He was married for many years and had to hide alcohol habbit from his wife at the time.

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Psychiatric History
He has not seen a psychiatrist before this assessment and has ongoing OT input.

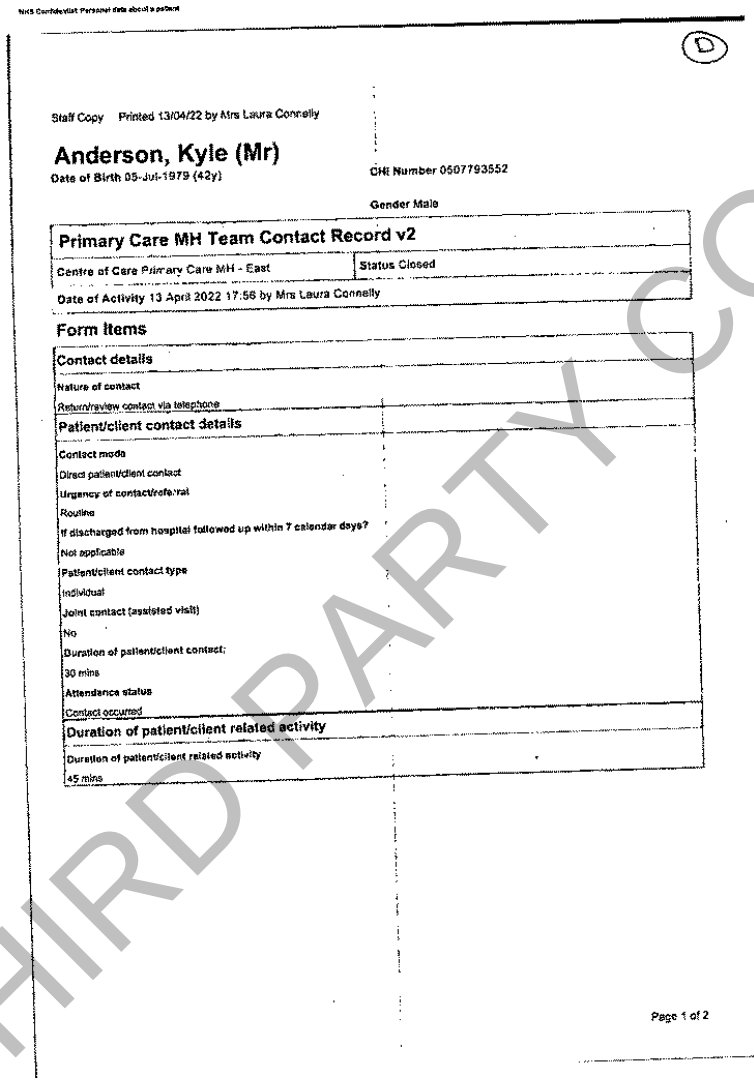
Medical History
He has epilepsy from the traumatic brain injury secondary dating to 2015 when he was attacked by somebody and injured. He was drunk at the time. He also had an accident in 2016 when he was run over by a bike and was unable to walk for six months after that.

I explained to Mr Anderson that I believe he suffers from symptoms of Post-Traumatic Stress Disorder and explained the treatment to him. Because he has significant problems with sleep and he believes that lack of sleep can trigger him being symptomatic with his epilepsy (at the moment he doesn't have seizures) he agreed to try Zolpidem. He tells me he has not responded to Zopiclone. After that we have agreed to try him on Prazosin to help with nightmares and consequently sleep. I aim to review him in a few months' time and we will look into perhaps trying an antidepressant. I would also be able to provide advice on prescribing before the review at the request of his Occupational Therapist.

Yours sincerely

Authorised on 19/07/2023 16:06:25 by Anna Ulanova.

Dr Anna Ulanova
Locum Consultant Psychiatrist



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Staff Copy Printed 13/04/22 by Mrs Laura Connelly

Anderson, Kyle (Mr)
Date of Birth 05-Jul-1979 (42y)

CHI Number 0507793552

Gender Male

Primary Care MH Team Contact Record v2

Centre of Care Primary Care MH - East | Status Closed

Date of Activity 13 April 2022 17:56 by Mrs Laura Connelly

Form Items

Contact details

Nature of contact
Return/review contact via telephone

Patient/client contact details

Contact mode
Direct patient/client contact
Urgency of contact/referral
Routine
If discharged from hospital followed up within 7 calendar days?
Not applicable
Patient/client contact type
Individual
Joint contact (assisted visit)
No
Duration of patient/client contact:
30 mins
Attendance status
Contact occurred

Duration of patient/client related activity

Duration of patient/client related activity
45 mins

Page 1 of 2

NHS Confidential: Personal data about a patient

Anderson, Kyle (Mr)
Date of Birth 05-Jul-1978 (42y)
CHI Number 0567783552

Summary of contact/details

Summary of contact/details

SESSION 4

Writer contacted Kyle to continue treatment as planned. Kyle reports his treatment goals continue to be 'to get back to normal' with him stating he would know he had achieved this when he is able to 'get out the house, stop having nightmares and my mood lifts.'

Kyle reports he continues to be 'much the same' since last speaking with writer although he does continue to utilise the strategies covered in previous sessions.

Writer discussed conversation with OT colleague and it had been agreed he would meet the criteria for OT support. Kyle keen to access any support that will help me' Writer explained OT would be able to offer him home visits and help teach him strategies to manage his anxiety levels alongside building a plan to support him in leaving his home. Kyle voiced being happy with this plan and gave consent for referral to be completed.

It was agreed Kyle would be discharged from PCMHT and care transferred to OT. Kyle aware of current wait times and advised he will be offered an appointment when he reaches top of the treatment list. Kyle continues to have support numbers and is aware he can utilise these if he feels his mental health deteriorates. Kyle continues to deny any risk to self or others.

PLAN
-Kyle to be discharged from PCMHT and care transferred to OT via intra-team referral
-No risk identified to self or others
-Kyle to remain concordant with prescribed medications
-Kyle aware of CMHT Duty and NHS OOH contact numbers and is aware he can contact these services if his mental health deteriorates or he is unable to keep himself safe
-A copy of note to be sent to GP for their information

Interventions

Outcome of Contact

Patient opinion

Staff Copy Printed 01/09/21 by Mrs. Laura Connelly

Anderson, Kyle (Mr.)

Date of Birth 05-Jul-1979 (42y)

CHI Number 0507793552

Gender Male

Primary Care Mental Health Assessment V3

Centre of Care Primary Care MH - East	Status Closed
Date of Activity 27 August 2021 10:32 by Mrs. Laura Connelly	

Form Items

New referral to service

Yes
Note: Previous involvement with Addictions service from 2014-2016

Source of current referral

GP

Assessment type

Full PCMHT assessment

Clinical Role

PCP/PMHN

Reason for referral

CMHT Dear Team I would be grateful for your review of this 41 year old gentleman. He is suffering from low mood and anxiety. He states that he has not left his house in a year and has not seen his friends or family in this time. He does live with his 24 year old son. For the last 4 years he has been taking Mirtazapine but he does not feel this has made any difference so I have reduced this and started him on Venlafaxine. He has a history of alcohol misuse but he has not been taking any alcohol for years. I am grateful for your help. Yours sincerely Dr D Simpson

Current medication

Kyle reports he is prescribed and concordant with Venlafaxine 75mg

Page 1 of 7

Anderson, Kyle (Mr.)
Date of Birth 05-Jul-1978 (42y)
CHI Number 0507793553

Gender based violence routine enquiry

Was gender based violence routine enquiry carried out during this assessment?

Yes - (Outcome: No disclosure)

Gender Based Violence Disclosure Assessment

What type of GBV is involved

Not applicable

Is abuse current or past or both?

Not applicable

Describe the relationship between the service user and the perpetrator

Not applicable

What is the sex of perpetrator(s)?

Not applicable

Response to disclosure

Referred to other specialist service

Not applicable

Information given on local services

Not applicable

Shared information with other health professional

Not applicable

Shared information with external agency (e.g. police, social work etc)

Not applicable

Safety planning discussed

Not applicable

Child protection procedures initiated

Not applicable

Adult protection procedures initiated

Not applicable

No further action required

Not applicable

Documented plan in case record

Not applicable

Revisit enquiry at a later date

Not applicable

Has consent been given to share this information with GP?

Not applicable

Anderson, Kyle (Mr.)
Date of Birth 05-Jul-1979 (42y)
CHI Number 0507793552

Presenting problem(s)
Anxiety - Generalised
Yes
Anxiety - OCD
No
Anxiety - Panic
No
Anxiety - Phobia
No
Anxiety - Social
No
Depression/Low mood
Yes
Self esteem
No
Stress
No
Perinatal
No
Trauma related
Yes
Eating Disorder
No
Other
No

Anderson, Kyle (Mr.)
Date of Birth 05-Jul-1979 (42y)
CHI Number 0507793552

Contributing factors
Work
No
Financial
No
Relationship
No
Abuse
No
Carer responsibilities
No
Education
No
Physical health
No
Bereavement/loss
No
Trauma
Yes
Social isolation/loneliness
No
Substance misuse
No
Housing
No
Social crisis
No
Other
No

Anderson, Kyle (Mr.)
Date of Birth 05-Jul-1979 (42y)
CHI Number 0307789562

[redacted]

Substance misuse

Green
Note: Kyle denies utilising any alcohol or illicit substances. Kyle discussed previously being alcohol dependent but he has been abstinent for a year. Kyle discussed engaging with Addiction services and he stopped drinking alcohol due to becoming unwell when under the influence. Kyle spoke of experiencing seizures when he has been drinking Kyle spoke of feeling very low in mood which has made him consider consuming alcohol. Kyle is aware of the detriments this would have on both his mental and physical health.

Child protection/well-being concerns

Child protection concerns

Green
Note: Kyle has no children under the age of 16. Currently resides with his son Tony who is 24

Child well-being concerns

Green

Any other risk factors identified

Any other risk factors identified

Kyle denied any suicidal ideation, plan or intent or DSH behaviours, citing his son and Mum as his protective factors.
Kyle reports previously [redacted] however states this was 'years ago and when I was drinking.' [redacted]

Anderson, Kyle (Mr.)
Date of Birth 05-Jul-1979 (42y)
CHI Number 0507793552

Treatment plan

Treatment goal(s)

Kyle states his treatment goals are 'to get back to normal' with him stating he would know he had achieved this when he is able to 'get out the house, stop having nightmares and my mood lifts.'

Treatment plan

-Place Kyle on PCMHN 1:1 treatment list, with current wait times discussed
-Writer has discussed mindful breathing, importance of routine/structure and distraction technique with Kyle as he is unable to read therefore materials would not be suitable
-Kyle has been furnished with CMHT Duty and NHS OOH numbers and advised to contact these if his mental health deteriorates or he is unable to keep himself safe
-Community Connector support to be revisited during treatment
-Kyle to remain concordant with prescribed medications
-Kyle aware of supports available if he feels his sobriety may be compromised and is able to self refer to these with support from his son
-Alert to be placed on carepartner to highlight Kyle's difficulty with reading and writing
-A copy of assessment to be sent to GP for their information

Treatment plan discussed and agreed with the client?

Yes

Copy of treatment plan offered to client?

No

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Mental Health Services
NHS Addiction Services
East Ayrshire
Crosshouse Hospital
KILMARNOCK, KA2 0BE
Tel: 01563 826177
Fax: 01563 826184

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE
Anne Faure
Advanced Nurse Practitioner
Old Irvine Road
Kilmarnock

Date: 09 April 2015
Dictated: 30/03/2015
Our Ref: JMac/KL

Dear Ms Faure

Kyle Anderson 36C Baird Place Kilmarnock KA3 7RL
CHI NO 0507793552

Please see attached discharge letter for the above named patient.

If you require any further information please do not hesitate to contact me on the above telephone number.

Yours sincerely

Jacqueline MacPhail
Charge Nurse
NHS Addiction Services - East Ayrshire

www.nhsaaa.net

NHS Confidential: Personal data about a patient

NAME:Kyle Anderson CHI NO:0507793552 2.5

Addiction Service Assessment V2	Confidential
Title	Mr.
Name:	*Kyle Anderson*
Address line 1:	*36c Baird Avenue*
Town:	*Kilmarnock*
Postcode:	*KA3 7RL*
CHI number	*0507793552*
Date of birth:	*05/07/1979*
Care co-ordinator:	*Jacqueline MacPhail*
Completed by:	*Jacqueline MacPhail*
Profession:	*Community Psychiatric Nurse*
Location:	*.Patient's Home*
Date:	*30/03/2015*
Reason for referral	
Reason for referral:	*Detoxification*
Patient's reason for attending	
Concerned and unhappy with current lifestyle and excessive alcohol use.	
Summary of strengths, goals and aspirations	
Recent period of abstinence indicates ability to address alcohol issues, insightful and motivated.	
Previous involvement with services:	*Addictions service*
Risks	
Risk to self:	*Low apparent risk*
Risk to others:	*Low apparent risk*
Gender based violence	
Why was gender based violence enquiry not possible?:	*Partner / others present*

2

NHS Confidential: Personal data about a patient

NAME:Kyle Anderson CHI NO:0507793552 3.5

Substance career
Teens
Reports first drinking aged 15/16 with peers at weekends. Kyle reports drinking beer at this time escalating from 4 bottles as his tolerance increased. Aged 17/18 Kyle recalls drinking midweek when watching football and or boxing. Kyle admits he quickly began to drink most evenings.
20's
In his 20's Kyle reports drinking each evening and this escalated to drinking 15-20 cans of lager each evening. *reports being detoxed by NHS Addiction Services approx 8 years ago, aged 26 approx.*
30's
-Kyle reports drinking each evening and this escalated to drinking 20+ cans of lager.
40's
-
50's
-
60's
-
History
History of presenting complaint
Housing: *Mild problem*
Physical health
Physical health
Kyle reports that he has no current or pre-existing health conditions. *Breathalyser 0.04%mmgs.* *BP 148/72* *P 76*
Seizure activities:

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4,5

NAME:Kyle Anderson CHI NO:0507793552

Current medication	
Kyle currently has no prescribed medication.	
Psychiatric history:	.
Current mental state:	.
Forensic history:	.
Assessment	
Current substance use	
Kyle states that he is currently consuming between 20 - 30 cans of lager. Kyle also reports that he also drinks whisky. Kyle has stated that he has taken diazepam intermittently. *6 panel oral drug screen, negative for all tested substances*	
Summary of Assessment	
Summary of Assessment	
Addictions staff I attended a home visit as arranged on the 30th March 2015 with Kyle at 08:45am for day 1 of Kyle's detox from alcohol. Kyle's partner Kerry answered the door and let us in. Kyle was lying on the settee in the living room asleep. Kyle woke and stated that he had been drinking until 03:00am. Kyle could not explain why he had continued to consume alcohol and not comply with the treatment plan as agreed, other than stating that he wanted to drink. Breathalyser reading was Brac 0.71mmgs. Addictions Staff reminded Kyle of the importance of not consuming alcohol after 10pm the evening before the start of his detox. Addictions Staff had also had a telephone conversation with Kyle on Friday 27/03/15 discussing again the preparation for his home detox. Addictions Staff I advised Kyle to return his prescribed medication to the pharmacy as we would be unable to continue to offer support at this time. Addictions Staff also advised Kyle that she would contact his GP and [redacted] Kevin Kelly and advise them of the current situation. Addictions staff will no longer be able to support home detox due to Kyle's behaviour and non-compliance with treatment plan, therefore he has been discharged from the Community Addiction Team. Kyle was advised to contact the service in the future should his circumstances change in the future.	
Action plan	
Kyle has been discharged from East Ayrshire Community Addiction Team for non compliance with treatment plan. Kyle was advised to contact the service in the future should his circumstances change in the future.	
*In this report key item status is indicated as follows: + = Nominated, ++ = Prioritised, - = Resolved, * = Strength*	
In this report alerted item status is indicated as follows: [!] = Alert Attached, [-!] = Alert Removed	
Printed by:	*Jacqueline MacPhail*

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5.5

NAME:Kyle Anderson CHI NO:0507793552

Signature:	
Date printed:	*09/04/2015*

5

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NHS Confidential: Personal data about a patient

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Mental Health Services
Addiction Services
East Ayrshire Primary Care Addiction Team
35-41 Lister Street
Crosshouse Hospital
KILMARNOCK, KA2 0BE
Tel: 01563 826180
Fax: 01563 826184

CLINICAL IN CONFIDENCE

Date: Thursday, 26 March 2015
Our Ref: 195821/KA/JM

Dear Dr Mulligan
Name: Kyle Anderson
(D.O.B:) 05/07/1979 (CHI:) 0507793552

Following referral of the above named patient for alcohol detoxification and further to our assessment on 24th February your patient has been accepted and wishes to proceed with home detox intervention.

To assist in the clinical management of this person in line with NHS Ayrshire & Arran Addiction Services Home Detoxification Intervention Guidance for General Practitioners (see excerpt below) may we suggest that you consider prescribing the following medicines :

Chlordiazepoxide	10mg x 40 tabs
Thiamine	100mg x 3 x 28 days

Detox intervention is planned to commence on **Monday 30th March** and with your agreement your patient would require this medication by **Friday 27th March.** We will continue to monitor your patient throughout the detox process and will contact you if any issues arise that may indicate a referral back to you.

Could you please contact us on the above number once you have prescribed the relevant medication.

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2.2

Section 6.7

	TIMES TO BE TAKEN			
	8:00am	12noon	6:00pm	10:00pm
*DAY 1	20mg	20mg	20mg	20mg
DAY 2	20mg	20mg	10mg	20mg
*DAY 3	20mg	10mg	10mg	20mg
DAY 4	10mg	10mg	10mg	20mg
DAY 5	10mg	10mg	10mg	10mg
DAY 6	10mg	10mg	[redacted]	10mg
DAY 7	10mg	[redacted]		10mg
DAY 8	[redacted]			10mg

*NOTE: patients may be advised to start on **either** day 1 **or** day 3 of the regimen.

Day 1 start: patients with moderate to severe alcohol dependence or withdrawal symptoms present or previous problematic withdrawal symptoms.
Day 3 start: patients with moderate alcohol dependency or other individuals where withdrawal symptoms are likely.

Start day	Number 10mg caps/ tabs for reducing course
Day 1	40 (36+4)
Day 3	25 (21+4)

The above table is a guide for the number of capsules/ tablets required to complete the reducing course; an allowance of 4 additional 10mg capsules/ tablets has been provided to alleviate any nocturnal anxiety that may be encountered during the first few difficult days of the intervention.

Thiamine Dosage

The use of oral Thiamine is recommended to re-establish the thiamine levels in the body after excess or chronic alcohol use. The locally recommended regimen is a dose of 300mg Thiamine in the morning, for a minimum of three weeks.

Yours sincerely

Jacqueline MacPhail

Charge Nurse
Community Addiction Team

NHS Confidential: Personal data about a patient

Mental Health Services
NHS Addiction Services
East Ayrshire
Crosshouse Hospital
KILMARNOCK, KA2 0BE
Tel: 01563 826177
Fax: 01563 826184

NHS Ayrshire & Arran

1 of 5

CLINICAL IN CONFIDENCE
Dr Irvine
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock

Date: 01 April 2015
Dictated: 24/02/2015
Our Ref: JMc/KL

Dear Dr Irvine

KYLE ANDERSON 36c BAIRD AVENUE KILMARNOCK KA3 7RL
CHI 0507793552

Please see attached discharge letter for the above named patient.

If you require any further information please do not hesitate to contact me on the above telephone number.

Yours sincerely

Jacqueline McPhail
Charge Nurse
NHS Addiction Services - East Ayrshire

www.nhsaaa.net

NHS Confidential: Personal data about a patient

NAME Kyle Anderson CHI NO 0507793552 2/5

Addiction Service Assessment V2	Confidential
Title	Mr.
Name:	Kyle Anderson
Address line 1:	36c Baird Avenue
Town:	Kilmarnock
Postcode:	KA3 7RL
CHI number	0507793552
Date of birth:	05/07/1979
Care co-ordinator:	Jacqueline MacPhail
Completed by:	Karen Renucci
Profession:	Student Nurse
Location:	.Patient's Home
Date:	24/02/2015
Reason for referral	
Reason for referral:	Detoxification
Patient's reason for attending	
Concerned and unhappy with current lifestyle and excessive alcohol use.	
Summary of strengths, goals and aspirations	
Recent period of abstinence indicates ability to address alcohol issues, insightful and motivated.	
Previous involvement with services:	Addictions service
Risks	
Risk to self:	Low apparent risk
Kyle is aware of the risk to his health associated with excessive alcohol consumption.	
Risk to others:	Low apparent risk
No risk or threat of violence raised or voiced at the time of assessment. [redacted]	

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NHS Confidential: Personal data about a patient

NAME Kyle Anderson CHI NO 0507793552 3.5

Gender based violence	
Why was gender based violence enquiry not possible?:	*Partner / others present*
Substance career	
Teens	
Reports first drinking aged 15/16 with peers at weekends. Kyle reports drinking beer at this time escalating from 4 bottles as his tolerance increased. Aged 17/18 Kyle recalls drinking midweek when watching football and or boxing. Kyle admits he quickly began to drink most evenings.	
20's	
In his 20's Kyle reports drinking each evening and this escalated to drinking 15-20 cans of lager each evening. *reports being detoxed by NHS Addiction Services approx 8 years ago, aged 26 approx.*	
30's	
-Kyle reports drinking each evening and this escalated to drinking 20+ cans of lager.	
40's	
-	
50's	
-	
60's	
-	
History	
History of presenting complaint	
Housing:	*Mild problem*
Kyle currently rents a two bedroom private let. No new issues or concerns raised at the time of assessment.	
Physical health	
Physical health	
Kyle reports that he has no current or pre-existing health conditions.	

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NHS Confidential: Personal data about a patient

NAME Kyle Anderson CHI NO 0507793552 4 of 5

Breathalyser 0.04%mmgs. *BP 148/72* *P 76*
Seizure activities:
No seizures witnessed at the time of assessment, however Kyle reported that he has experienced two seizures over the last month.
Current medication
Kyle currently has no prescribed medication.
Psychiatric history:
No concerns or issues raised at the time of assessment.
Current mental state:
Kyle reports that his mood is variable dependant on his alcohol consumption. There were no symptoms of acute mental illness or significant mood disorder. Kyle was orientated and cognition appeared intact with no symptoms of mental illness that may impair his decision making or judgement.
Forensic history:
Kyle disclosed that he has recently [redacted]
Assessment
Current substance use
Kyle states that he is currently consuming between 20 - 30 cans of lager. Kyle also reports that he also drinks whisky. Kyle has stated that he has taken diazepam intermittently. *6 panel oral drug screen, negative for all tested substances*
Summary of Assessment
Summary of Assessment
Kyle reports that his mood is variable dependant on his alcohol consumption. There were no symptoms of acute mental illness or significant mood disorder. *Was orientated and cognition appeared intact with no symptoms of mental illness that may impair his decision making or judgement. Kyle states that he is currently consuming between 20 - 30 cans of lager. Kyle also reports that he also drinks whisky. Kyle has stated that he has taken diazepam intermittently.*

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NHS Confidential: Personal data about a patient

NAME Kyle Anderson CHI NO 0507793552 5.5

Action plan
Plan agreed and discussed with Kyle is as follows; *Kyle has had his initial assessment with C/N MacPhail.* *Kyle has agreed to record his daily alcohol intake in his diary.* *Kyle has agreed to stabilise and safely reduce his alcohol intake.* *Next home visit arranged for the 6th March 2015.*
In this report key item status is indicated as follows: + = Nominated, +r = Prioritised, - = Resolved, * = Strength
In this report alerted item status is indicated as follows: [!] = Alert Attached, [-!] = Alert Removed

Printed by:	*Jacqueline MacPhail*
Signature:	
Date printed:	*01/04/2015*

5

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

www.nhsaaa.net

Dr SA Sardar
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref:	GD/EC
Hospital No:	
Clinic Date:	14/08/2023
Date Dictated:	14/08/2023
Date Typed:	22/08/2023
Enquiries to	Neurology Secretary
Direct Line:	01563 826996
Ext. Number:	26996
Email:	aa-uhb.clinicalneurology-xh@aapct.scot.nhs.uk

Dear Dr Sardar,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
43 LANGLANDS COURT, KILMARNOCK, AYRSHIRE, KA1 2BF

I reviewed Mr Anderson in the epilepsy nurse clinic. He was previously known to Dr Tyagi, Consultant Neurologist.

He continues to take Lacosamide 100mg bd and Levetiracetam 1500mg bd for epilepsy.

He reports no seizures since 14.01.23, as a result of improved adherence. He has a previous driving ban and has been off the road for the last 6 years. We discussed DVLA regulation and I provided him with written information.

He has moved in with his mother following our last review. This is single level accommodation and there is a shower in the property. He reports occasional nausea which he believes is linked to medication and is manageable. He reports ongoing fear of epilepsy but this is diminishing with lengthening seizure freedom. We had a discussion about risk from epilepsy, including SUDEP and I reassured this risk is rare, particularly remaining several months seizure free, with good adherence and a healthy lifestyle i.e. no alcohol. He understands potential triggers for seizures.

He has ongoing support from Psychiatry and Occupational therapy and we agreed to review again in one year. He has the contact details if required.

Yours sincerely

Authorised on 23/08/2023 17:00:57 by Gareth Davison.

Gareth Davison
Epilepsy Nurse Specialist

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

NHS
Ayrshire
& Arran

www.nhsaaa.net

Dr SA Sardar
Dr Sardar And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref:	GD/EC
Clinic Date:	28/03/2022
Date Dictated:	28/03/2022
Date Typed:	04/04/2022
Enquiries to	Neurology Secretary
Direct Line:	01563 826996
Ext. Number:	26996
Email:	aa-uhb.clinicalneurology-xh@aapct.scot.nhs.uk

Dear Dr Sardar,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I reviewed Mr Anderson via telephone today. He continues to take Levetiracetam 1500mg bd and Lacosamide 100mg bd for epilepsy. He reports no recent seizures since last review in January. He attributes this to improved adherence.

He is not leaving his home however, he is engaging with CPN via telephone, with a plan to increase contact as he feels comfortable. His family members provide support. We agreed to a further telephone review in 8 months and he has the contact details to be in touch in the interim if required.

Yours sincerely

Authorised on 12/04/2022 20:36:04 by Gareth Davison.

Gareth Davison
Epilepsy Nurse Specialist

NHS Confidential: Personal data about a patient

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Switchboard:
01563 521133
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

Telephone Consultation

Dr SA Sardar
Dr Sardar And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref: GD/SS
Clinic Date: 12/01/2022
Date Dictated: 12/01/2022
Date Typed: 13/01/2022
Enquiries to Gareth Davison
Direct Line: 01294 323362
Ext. Number: 23362

Dear Dr Sardar,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I reviewed Kyle via telephone recently. He is known to Dr Tyagi, Consultant Neurologist. He continues on Keppra 1500 mg bd and Lacosamide 100 mg bd for epilepsy. He also takes Venlafaxine.

Kyle lives with his son and reports four witnessed seizures in the last year. He also notes blood on his pillow at times but is unsure of the frequency. He continues to isolate himself. Family members are now very aware of his self-isolation and are concerned re. his welfare. He informs of review with CMHT this week. He doesn't believe the switch from Mirtazapine to Venlafaxine has benefitted his mood.

He reports a poor sleep pattern and poor adherence as a result, although at times he lacks motivation to take his medication regardless of sleep cycle. He may miss doses on a regular basis and has missed days at a time. We discussed the importance of good adherence and its role in preventing, managing seizures and their associated risks. We discussed risks associated with epilepsy and in particular, nocturnal generalised seizures. We discussed sleep hygiene which he is trying to manage and avoids coffee, alcohol and television before bed.

I encouraged Kyle to engage with the mental health team and will forward a seizure record, information on sleep and contact details for Epilepsy Connections. We agreed he will purchase an alarm to prompt him to take medication as he doesn't use a mobile phone.

I will contact him again in 3 months. I have encouraged him to be in touch at any time in the meantime if he feels he needs more support.

Yours sincerely

Authorised on 14/01/2022 12:34:20 by Gareth Davison.

Gareth Davison
Epilepsy Nurse Specialist

www.nhsaaa.net

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Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Switchboard:
01563 521133
www.nhsaaa.net

NHS Ayrshire & Arran

Dr CM Sutherland
Dr Sardar And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref: GD/SS
Clinic Date: 11/06/2021
Date Dictated: 11/06/2021
Date Typed: 15/06/2021
Enquiries to Gareth Davison
Direct Line: 01294 323362
Ext. Number: 23362

Dear Dr Sutherland,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I reviewed Kyle via telephone today. He is known to Dr Tyagi Consultant Neurologist. He continues on Keppra 1500 mg bd, Lacosamide 100 mg bd and Mirtazapine 45 mg nocte.

Kyle reports his epilepsy remains stable with no seizures in months. Unfortunately, his mood remains low, to the point that he has not left his home in a year. He recently tried to attend appointment for COVID vaccination but couldn't breathe when he left home so cancelled the appointment. When he leaves his home, he gets panicky thoughts, hyperventilates, and feels like he can't breathe and will die. He feels the increase to Mirtazapine last year has not helped at all.

I have encouraged Kyle to discuss this with you and wondered if you could organise a telephone review and consider referral to the community mental health team. He feels things have got so bad that he has considered drinking alcohol again. We discussed the risks of this in terms of his overall health, relationships and epilepsy.

I have offered Kyle a further review in the epilepsy nurse clinic and he has the contact details.

Yours sincerely

Authorised on 16/06/2021 10:50:53 by Gareth Davison.

Gareth Davison
Epilepsy Nurse Specialist

Dr Alok Tyagi
Consultant Neurologist
Neurology Department
University Hospital Crosshouse
Kilmarnock
KA2 0BE

www.nhsaaa.net

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Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel 01563 521133
Fax 01563 825171
www.nhsaaa.net

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Dr CM Sutherland
Dr Sardar And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref: AT/SS
Clinic Date: 17/04/2020
Date Dictated: 17/04/2020
Date Typed: 17/04/2020
Enquiries to Neurology Secretary
Direct Line: 01563 827178
Ext. Number: 27178
Email: Stacy.Smith@aapct.scot.nhs.uk

Dear Dr Sutherland ,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I had a telephone consultation with Mr Anderson today.

His epilepsy remains reasonably well controlled with Keppra 1.5g bd and Lacosamide 100mg bd. His moods remain low even with Mirtazapine 45mg od and I note he has been referred to Psychiatry for further management.

I would not suggest any changes and he remains under clinic review.

Yours sincerely

Authorised on 17/04/2020 14:34:52 by Atok Tyagi.

Dr A Tyagi
Consultant Neurologist

Kyle Anderson
6 Dunoon Avenue
Kilmarnock
Ayrshire
KA3 1SY

NHS Confidential: Personal data about a patient

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 826996
01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

Dr JM Courtney
Dr Pugh And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref:	GD/EC
Clinic Date:	10/02/2020
Date Dictated:	10/02/2020
Date Typed:	18/02/2020
Enquiries to	Neurology Secretary
Direct Line:	01563 826996
Ext. Number:	26996
Email:	Eileen.Currie@aapct.scot.nhs.uk

Dear Dr Courtney,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I reviewed Kyle for the first time, accompanied by his sister. He is known to Dr Tyagi, Consultant Neurologist. Kyle continues on Keppra 1.5g bd, Mirtazapine 45mg nocte and Lacosamide 100mg bd.

Kyle stopped taking Lacosamide for a period due to nausea and dizziness but has now reintroduced and titrated to the dose above. He is tolerating well and feels there has been some improvement since restarting. His last witnessed seizure was about 3 weeks ago and occurred whilst awake. Kyle also reports that possibly once per week, he may have blood on his pillow and will feel extremely fatigued.

I note your recent letter detailing problems with anxiety. He reports that he is isolating himself at home. His mood is low and Mirtazapine was recently increased to the above dose. He feels constantly worried about epilepsy and is scared of having a seizure outside so tends to isolate himself. I encouraged him to continue on his current medication unchanged to see if there is further improvement before review with Dr Tyagi in April and, if there has been an improvement, to consider whether this has had a positive effect on his anxiety, or if further support may be required.

He also reports increased anxiety due an upcoming PIP review so I have provided him with a letter highlighting the impact of his epilepsy. He lives in a two story property and I have also detailed his housing needs which he will forward to the local authority. I passed on the contact details for Epilepsy Connections and informed him their field-worker can provide support with PIP assessments.

I provided Kyle with my contact details and advised I could review again following his next appointment with Dr Tyagi if required.

Yours sincerely

Authorised on 04/03/2020 10:56:42 by Gareth Davison.

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Gareth Davison
Epilepsy Nurse Specialist

Dr Alok Tyagi
Consultant Neurologist
Neurology Department
University Hospital Crosshouse
Kilmarnock
KA2 0BE

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Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel 01563 521133
Fax 01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr JM Courtney
Dr Pugh And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref: AT/SS
Clinic Date: 19/07/2019
Date Dictated: 19/07/2019
Date Typed: 19/07/2019
Enquiries to Neurology Secretary
Direct Line: 01563 827178
Ext. Number: 27178
Email: Stacy.Smith@aapct.scot.nhs.uk

Dear Dr Courtney,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I reviewed Mr Anderson at the clinic today. He tells me that his episodes of seizures have reduced since he has increased the Keppra to 1.5g bd. Unfortunately, his ambulatory EEG did not capture any episode.

It may be worth adding him onto Lacosamide 50mg bd, increasing after 2 weeks to 100mg bd. I have said to him that should this not resolve his seizures completely then one may need to consider doing a video telemetry.

Yours sincerely

Authorised on 22/07/2019 16:08:30 by Alok Tyagi.

Dr A Tyagi
Consultant Neurologist

Kyle Anderson
6 Dunoon Avenue
Kilmarnock
Ayrshire
KA3 1SY

Mr Gareth Davison
Epilepsy Nurse Specialist
Room 70 Admin Building
Ayrshire Central Hospital
Irvine
KA12 8SS

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Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel 01563 521133
Fax 01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr SJ Montgomery
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Our Ref:	AT/SS/
Ref Date:	11/01/2019
Date Dictated:	11/01/2019
Date Typed:	11/01/2019
Enquiries to	Neurology Secretary
Direct Line:	01563 827178
Ext. Number:	27178
Email:	Stacy.Smith@aapct.scot.nhs.uk

Dear Dr Montgomery ,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

Mr Anderson's ambulatory EEG was normal with no events captured. He remains under clinic review.

Yours sincerely

Authorised on 16/01/2019 10:24:43 by Alok Tyagi.

Dr A Tyagi
Consultant Neurologist

Kyle Anderson
6 Dunoon Avenue
Kilmarnock
Ayrshire
KA3 1SY

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Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel 01563 521133
Fax 01563 826171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr JM Courtney
Dr Pugh And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref: AT/SS
Clinic Date: 12/10/2018
Date Dictated: 12/10/2018
Date Typed: 15/10/2018
Enquiries to Neurology Secretary
Direct Line: 01563 827178
Ext. Number: 27178
Email: Stacy.Smith@aapct.scot.nhs.uk

Dear Dr Courtney,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I reviewed Mr Anderson at the clinic today. He continues to get one or two seizures every week and although I would suggest an increase of Levetiracetam up to 1g bd and then onto 1.5g bd, but I am also arranging a further ambulatory EEG to be done.

Yours sincerely

Authorised on 18/10/2018 13:19:37 by Alok Tyagi.

Dr A Tyagi
Consultant Neurologist

Kyle Anderson
6 Dunoon Avenue
Kilmarnock
Ayrshire
KA3 1SY

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133
01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr JM Courtney
Dr Pugh And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref: AT/EC/
Ref Date: 23/03/2018
Date Dictated: 23/03/2018
Date Typed: 23/03/2018
Enquiries to Neurology Secretary
Direct Line: 01563 827178
Ext. Number: 27178
Email: Stacy.Smith@aapct.scot.nhs.uk

Dear Dr Courtney,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

Mr Anderson's EEG was quite normal.

Yours sincerely

Authorised on 23/03/2018 13:55:24 by Alok Tyagi.

Dr A Tyagi
Consultant Neurologist

Kyle Anderson
6 Dunoon Avenue
Kilmarnock
Ayrshire
KA3 1SY

NHS Confidential: Personal data about a patient

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel: 01563 521133
Fax:01563 825171
www.nhsaaa.net

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Dr JM Courtney
Dr Pugh And Partners
The Surgery
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref:	AT/SS
Clinic Date:	26/01/2018
Date Dictated:	26/01/2018
Date Typed:	26/01/2018
Enquiries to	Neurology Secretary
Direct Line:	01563 827178
Ext. Number:	27178
Email:	Stacy.Smith@aapct.scot.nhs.uk

Dear Dr Courtney,

KYLE ANDERSON **DOB: 05/07/1979 CHI No: 0507793552**
6 DUNOON AVENUE, KILMARNOCK, AYRSHIRE, KA3 1SY

I reviewed Mr Anderson at the clinic today. He had previously been seen by Dr Kiss in 2016 with seizures and was prescribed Levetiracetam which he did not take on a regular basis, but has restarted the drug a few months ago and currently is on 750mg twice a day of the same. He says he continues to get one or two seizures a week and his son, who accompanying him to the clinic, described episodes where he would lose consciousness and start to shake with his arms and legs lasting for about 1½ - 2 minutes with incontinence followed by unresponsiveness and some confusion.

He has a long history of excess alcohol intake, but tells me that he has not been drinking since Christmas. He lives with his son, doesn't drive and is not currently working.

His history is very much in keeping with epilepsy and I not he has had a CT brain scan in 2016 which was normal. He has not had an EEG and I will arrange for the same to be done, but I would recommend her continue with the Levetiracetam as is. He is also on Mirtazapine which should continue and I will see him back in 3 months time. I have asked him to keep a record of his episodes in the meantime.

Yours sincerely

Authorised on 26/01/2018 12:29:58 by Alok Tyagi.

Dr A Tyagi
Consultant Neurologist

Kyle Anderson
6 Dunoon Avenue
Kilmarnock
Ayrshire
KA3 1SY

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Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 827178
01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr G Mulligan
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Our Ref:	GK/SS
Clinic Date:	25/11/2016
Date Dictated:	25/11/2016
Date Typed:	25/11/2016
Enquiries to	Stacy Smith
Direct Line:	01563 827178
Ext. Number:	27178
Email:	Stacy.Smith@aapct.scot.nhs.uk

Dear Dr Mulligan,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
36C BAIRD PLACE, KILMARNOCK, AYRSHIRE, KA3 7RL

This patient did not attend an appointment at the Neurology clinic today and to my knowledge did not contact us to change this. Due to the pressure on clinic space no further appointment will be sent, but please do not hesitate to re refer if you wish the patient to be seen.

Yours sincerely

Authorised on 27/11/2016 11:05:12 by Gabor Kiss.

Dr Gabor Kiss
Locum Consultant Neurologist
GMC Number 7421239

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel: 01563 827178
Fax: 01563 825171
www.nhsaaa.net

NHS
Ayrshire
& Arran

Dr G Mulligan
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Our Ref:	GK/GMC
Clinic Date:	03/06/2016
Date Dictated:	07/06/2016
Date Typed:	07/06/2016
Enquiries to	Gillian McColl
Direct Line:	01563 827178
Ext. Number:	27178
Email:	Gillian.McColl@aapct.scot.nhs.uk

Dear Dr Mulligan ,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
36C BAIRD PLACE, KILMARNOCK, AYRSHIRE, KA3 7RL

This patient did not attend an appointment at the Neurology clinic today and to my knowledge did not contact us to change this. One further appointment will be sent.

Yours sincerely

Authorised on 07/06/2016 13:30:03 by Gabor Kiss.

Dr Gabor Kiss
Locum Consultant Neurologist
GMC Number 7421239

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel: 01563 827178
Fax: 01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr G Mulligan
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Our Ref: GK/GMC/
Ref Date: 22/04/2016
Date Dictated: 22/04/2016
Date Typed: 22/04/2016
Enquiries to Gillian McColl
Direct Line: 01563 827178
Ext. Number: 27178
Email: Gillian.McColl@aapct.scot.nhs.uk

Dear Dr Mulligan,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
35C BAIRD PLACE, KILMARNOCK, AYRSHIRE, KA3 7RL

The above patient attended the Neurology clinic on 20.02.16 and was booked for an EEG. Unfortunately the patient has not attended for an EEG and he has therefore been removed from the waiting list.

Yours sincerely

Authorised on 27/04/2016 14:39:24 by Typist Gillian McColl, on behalf of Gabor Kiss.

Dr Gabor Kiss
Locum Consultant Neurologist
GMC Number 7421239

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel: 01563 827178
Fax: 01563 825171
www.nhsaaa.net

NHS Ayrshire & Arran

Dr G Mulligan
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Our Ref: GK/GMC
Clinic Date: 20/02/2016
Date Dictated: 20/02/2016
Date Typed: 23/02/2016
Enquiries to Gillian McColl
Direct Line: 01563 827178
Ext. Number: 27178
Email: Gillian.McColl@aapct.scot.nhs.uk

Dear Dr Mulligan,

KYLE ANDERSON **DOB: 05/07/1979** **CHI No: 0507793552**
36C BAIRD PLACE, KILMARNOCK, AYRSHIRE, KA3 7RL

Thank you very much for referring the gentleman named above to our Neurology clinic today. His and his family history he says is negative. He has bad smoking habits and admits to drinking twelve beers per day. He is unemployed and does not drive. He is not aware of febrile seizures. He mentions he had a head injury approximately a year ago; his head was hit hard but he is not able to remember any details. A CT head was performed and was reported as non-significant. The patient is on no medication.

The patient's seizures started approximately a year ago. The frequency varies between one or two per week and one per month. According to the patient's description the episodes usually start with a weird feeling in his both legs then he loses consciousness. He was told by eye-witness, unfortunately not present, that his limbs are shaking for a minute or two. He usually does not bite his tongue but wets himself. He is usually confused after the seizure for ten minutes. These episodes usually occur during the night and the last one was a few weeks ago. He has not noticed any pattern.

Neurological examination: Normal cranial nerves, normal muscle power and tone, normal reflexes, no Babinski sign, co-ordination is normal, no sensory deficit, sphincters are normal.

The patient's neurological condition is normal. Based on the patient's description my impression is he has got epileptic seizures of grand-mal type. Unfortunately I have not had the chance to discuss details with an eye-witness. I am booking the patient for an EEG. I suggested blood tests but the patient refused. I suppose his full blood count, liver function, kidney function, thyroid function should be checked. I advised the patient to reduce his alcohol consumption significantly as it may have an important role in the seizure generation. As therapy I suppose he should start Keppra; he can take 250mg once daily in the evening and increase the dose by 250mg steps every third or fourth day and the target dose is 750mg twice daily. I advised the patient to stop driving and avoid possibly dangerous situations due to his seizures without warning signs. I am going to review the patient in three months time.

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Yours sincerely

Authorised on 24/02/2016 17:30:22 by Gabor Kiss

Dr Gabor Kiss
Locum Consultant Neurologist
GMC Number 7421239

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pt to

NHS
Ayrshire & Arran

Mental Health Services
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

East Ayrshire Community Mental Health Team

Clinical in Confidence

Date: 14/02/2025
Tel No: 01563 578592

KYLE ANDERSON
0507793552

Dear Dr Carey/pharmacist

Kyle attended with OT Graham today.He has been engaging well.

Kyle is still struggling with poor sleep and significant trauma related symptoms.

Please could **PRAZOSIN be increased by 0.5mg every 5 days, to 8mg. if this is not effective then it could be switched to doxazosin.**

Please can **short term ZOLPIDEM 10mg (half to one tablet) for 1 week only be prescribed**

Following this, diazepam 2mg could be increased up to 20 tabs a month

Kyle will make a nurse appointment for BP check in next 2-3 weeks to assess how tolerating prazosin.

We are considering increasing venlafaxine. Please can past info on antidepressants be sent if possible as we have limited info on past antidep use.

Further ltter to hopefully follow

Yours sincerely

DR YASMIN NALCI
LOCUM CONSULTANT PSYCHIATRIST

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pt to

NHS
Ayrshire & Arran

Mental Health Services
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

East Ayrshire Community Mental Health Team

Clinical in Confidence

Date: 14/02/2025
Tel No: 01563 578592

KYLE ANDERSON
0507793552

Dear Dr Carey/pharmacist

Kyle attended with OT Graham today.He has been engaging well.

Kyle is still struggling with poor sleep and significant trauma related symptoms.

Please could **PRAZOSIN be increased by 0.5mg every 5 days, to 8mg. if this is not effective then it could be switched to doxazosin.**

Please can **short term ZOLPIDEM 10mg (half to one tablet) for 1 week only be prescribed**

Following this, diazepam 2mg could be increased up to 20 tabs a month

Kyle will make a nurse appointment for BP check in next 2-3 weeks to assess how tolerating prazosin.

We are considering increasing venlafaxine. Please can past info on antidepressants be sent if possible as we have limited info on past antidep use.

Further ltter to hopefully follow

Yours sincerely

DR YASMIN NALCI
LOCUM CONSULTANT PSYCHIATRIST

www.nhsaaa.net

INVESTING IN VOLUNTEERS

NHS Confidential: Personal data about a patient

Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr NE Carey
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

Date Dictated: 22/01/2025
Date Typed: 22/01/2025
Our Ref: YN/JT/
Enquiries to Ms J Taylor
Tel No: 01563 578593

Dear Dr Carey

KYLE ANDERSON **43 LANGLANDS COURT, KILMARNOCK, AYRSHIRE, KA1 2BF**

CHI No: 0507793552

Thank you for the recent letter. Kyle has been seeing OT quite regularly.

Kyle is on diazepam 2mg TDS (max 14 tabs a month) We note also on venlafaxine and levetiracetam. He does not seem to be drinking alcohol.

OT staff report diazepam has been helping his functioning greatly.

We would recommend continuing diazepam for now. Additional 2 tabs a month can be considered

We are reviewing Kyle for the first time in March and will further update you

Yours sincerely

Authorised on 22/01/2025 17:19:45 by Typist J Taylor, on behalf of Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

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NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
01563 578593

www.nhsaaa.net

NHS Ayrshire & Arran

Dr SA Sardar
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref: YN/JT//
Date Dictated: 14/03/2025
Date Typed: 14/03/2025
Enquiries to Ms J Taylor
Direct Line: 01563 578593

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
43 LANGLANDS COURT, KILMARNOCK, AYRSHIRE, KA1 2BF

Dear Dr Carey/pharmacist

Kyle attended with OT Graham today. He has been engaging well.

Kyle is still struggling with poor sleep and significant trauma related symptoms.

Please could PRAZOSIN be increased by 0.5mg every 5 days, to 8mg. if this is not effective then it could be switched to doxazosin.

Please can short term ZOLPIDEM 10mg (half to one tablet) for 1 week only be prescribed

Following this, diazepam 2mg could be increased up to 20 tabs a month

Kyle will make a nurse appointment for BP check in next 2-3 weeks to assess how tolerating prazosin.

We are considering increasing venlafaxine. Please can past info on antidepressants be sent if possible as we have limited info on past antidep use.

Further letter to hopefully follow

Yours sincerely

Authorised on 14/03/2025 17:11:31 by Typist J Taylor, on behalf of Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

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Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Kyle Anderson
43 Langlands Court
Kilmarnock
Ayrshire
KA1 2BF

Clinic Date: 18/12/2024
Date Dictated: 19/12/2024
Date Typed: 19/12/2024
Our Ref: YN/JT
Enquiries to Ms J Taylor
Tel No: 01563 578593

Dear Kyle

KYLE ANDERSON **43 LANGLANDS COURT, KILMARNOCK, AYRSHIRE, KA1 2BF**

CHI No: 0507793552

Sorry you missed your appointment today. We spoke briefly on the phone and you were apologetic for missing the review, and you were keen to attend clinic with your OT Graham.

I hope you are doing well.

The clinic will send you out a further routine appointment and hopefully Graham will also be available. If you would like to reschedule this appointment, or if you would like to request a sooner appointment, or more support, please contact clinic.

This letter has also been sent to your GP.

Yours sincerely

Authorised on 19/12/2024 10:11:07 by Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

Dr SA Sardar
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

Graham Dever
OT Assistant

www.nhsaaa.net

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Driver & Vehicle Licensing Agency

Dr A

Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
Website: www.gov.uk/dvla/fitnesstodrive

Dr Frew
Portland Road Surgery
31 Portland Road
KILMARNOCK
KA1 2DJ

30838

Our Reference: M47881858/Dna

Date: 18 July 2024

Dear Dr Frew

RE: Mr Kyle McClymont Anderson DOB: 05-Jul-1979
ADDRESS: 43 Langlands Court, KILMARNOCK, KA1 2BF
TEL: 07391 613221

We are investigating your patient's fitness to drive, an examination is required. Clinicians may consider that the required information may be obtained by methods other than by face-to-face examination (e.g. telephone consultation or video conferencing). Information obtained by such means would be acceptable to DVLA who will consider the clinician's signature to be verification that the clinician believes the information to be both accurate and correct. It is important that you read all the guidance notes to avoid any delays in payment

Please clinically examine the patient to determine the medical history with dates of events and fill in the enclosed questionnaire.

Making an appointment

I have written to Mr Kyle McClymont Anderson telling them that an appointment must be made for the examination. If possible, please allocate an appointment within 6 weeks of the date of this letter.

Your fee

We will pay £85.00 when we receive the completed questionnaire and invoice. If you are VAT registered we will pay the fee plus VAT at the standard rate when we receive a VAT invoice.

Payment can only be made in the name of the GMC registered doctor who has completed or countersigned the report, the surgery employing the doctor or hospital providing facilities for the doctor.

If the above fee is likely to be exceeded you must seek written approval in advance from DVLA before carrying out any medical work.

You must not request any payment or part payment from the patient.

Advance payments

We cannot pay costs in advance of a report being completed and submitted. The BMA's guidance on fees for non-NHS work is that fees are payable on completion and submission of a report. Please be assured that when we receive correctly completed documentation, prompt payment will be made.

Your patients' authorisation

Your patient has given authorisation for your disclosure of their medical information.

The GMC and BMA have given agreement that the DVLA no longer needs to provide the patient's written authorisation. This is in-line with GMC guidance on confidentiality (para 115 (b)), which states that doctors can accept assurance from an officer of a government agency that the patient has given authorisation. Therefore, as an officer of the Government I offer my assurance that your patient has provided the department with their authorisation to disclose this information, sight of which is available on request.

The parties acknowledge that they must meet their own obligations under relevant data protection legislation, including the UK General Data Protection Regulation, and all applicable laws about the processing of personal data and privacy.

You must provide the following details

- the M reference number quoted on our letter
- your invoice number and date of invoice
- the net, gross and VAT amounts
- the name of the bank account to whom the cheque must be paid
- specific address the payment is to be sent to

If you do not provide this information or it is not legible, your invoice will be rejected.

If we need to telephone you

There may be occasions where we will have to make telephone enquiries regarding your patient's fitness to drive, please can you advise your staff that we have authorisation from your patient, which allows us to do this.

Your patient may be entitled to drive while we are awaiting your reply and this may have an impact on road safety, therefore an early response would be appreciated. It would also be helpful if you could keep a copy of this medical questionnaire for a period of 3 months.

Release of the report to your patient

I should draw to your attention that this patient may be entitled to see your report unless you indicate in your response that to release the report may cause serious harm to the physical or mental health of this patient S.I. 2000 No 413 Data Protection (Subject Access Modification)Health) Order 2000 (as preserved by the Data Protection Act 2018).

Rev Jun 20

Yours sincerely,

Drivers Medical Group

Encs:
CG2EXAM DD2MQDG

MEDICAL IN CONFIDENCE

Driver & Vehicle Licensing Agency

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CG2EXAM
Rev Feb 17
47881858

Questionnaire to assess your patient's medical fitness to drive

Name: Mr Kyle McClymont Anderson D.O.B: 05-Jul-1979

Address 43 Langlands Court, KILMARNOCK, KA1 2BF

1. Please indicate diagnosis - tick the relevant box:

a) Cognitive impairment: stable impairment e.g. post head injury, post CVA [ ]

b) Dementia: for example Alzheimer's disease, vascular dementia [ ]

c) Other: please give diagnosis [✓]

Long history of Psychological Problems - Alcohol Dependence Syndrome - first noted 2017. Anxiety States, Agoraphobia, Depression and PTSD. 21/7/2023 dx: Post Traumatic Stress disorder

[illegible]

2. Please give the date of onset of your patient's symptoms Date 06 | 08 | 99

3. Please give the date of today's examination. Date 22 | 07 | 2024

4. Please give the name date and dosages of current medication:

Diazepam 2mg - occasional use

Name of medication	Dosage	Indication
Lacosamide	100mg b.d.	
Keppra	750mg b.d.	
[illegible]	6mg at night	
Venlafaxine	75mg OD	
Zolpidem	5mg occasional use	Insomnia
Promethazine	25mg nocte	Insomnia.

5. Does your patient currently experience side-effects from their medication which are likely to impair safe driving? N/A [ ] Yes [ ] No [✓]

6. Is the mental state and/or behaviour so unstable and/or so severe as to make driving dangerous? Yes [ ] No [✓]

7. Does your patient lack insight and/or judgement to a degree that would make driving dangerous? Yes [ ] No [✓]

8. Is your patient experiencing continuing hallucinations/delusions likely to distract attention from driving? Yes [ ] No [✓]

9. Does your patient's condition cause significant impairment in their ability to perform the activities of daily living? Yes [ ] No [✓]

If Yes, please give details.

Driver & Vehicle Licensing Agency

M47881858 Page 3 of 14

1193 / 1064324003 / 00073 **Page 5 of 16**

CG2EXAM 47881858

10. In the last 12 months, has your patient demonstrated persistent misuse of either drugs or alcohol (including recurrent binge drinking)? Yes ☐ No ☑

If Yes, please supply details (including drugs, blood test/urine results (if available)

11. Please give dates of any detoxification treatment for either drugs or alcohol in the last 3 years:
Nil

12. Are you aware of any other medical condition that may affect safe driving? Yes ☑ No ☐

If Yes, please specify Epilepsy

13. Do you have any information regarding your patient's driving? Yes ☐ No ☑

If Yes, please supply the details

14. Please supply the name(s)/address of any other doctor(s)/specialist(s) involved in your patient's treatment.
1) Dr. Ulanova, Consultant Psychiatrist, Northwest Centre [illegible], Western Rd, KA3 1WQ
2) Dr. Tyagi, Consultant Neurologist, Crosshouse Hospital

Signature Dr SOHAIL SARDAR		**Countersignature**	
Name:*	[signature]	Name:	
Signature:		Signature:	
Job Title:	General Practitioner	Job Title:	
Date:	24/02/2024	Date:	
GMC No:	3541958	GMC No:	
Date of Renewal:	August 2025	Date of Renewal:	

***If you are <u>NOT</u> medically GMC registered this report <u>must</u> be countersigned by a doctor who is**

Please ensure a **fully completed** invoice is enclosed. We will not make a payment without a **complete** invoice

DD2 47881858

Important – Please read before completing this questionnaire

Alcohol misuse - Guide to definition of misuse

There is no single definition to embrace all the variables within alcohol misuse – but the DVLA offers the following:

"A state that causes, because of consumption of alcohol, disturbance of behaviour, related disease or other consequences likely to cause the patient, their family or society present or future harm and that may or may not be associated with dependence."

The World Health Organization's classification (ICD-10) code F10.1 is relevant.

	Group 1 car and motorcycle	Group 2 bus and lorry
Persistent alcohol misuse confirmed by medical enquiry and/or evidence of otherwise unexplained abnormal blood markers	Must not drive and must notify the DVLA Licence will be refused or revoked until after: • a minimum of 6 months of controlled drinking or abstinence, and • normalisation of blood parameters.	Must not drive and must notify the DVLA Licence will be refused or revoked until after: • a minimum of 1 year of controlled drinking or abstinence, and • normalisation of blood parameters.

In this situation controlled drinking means drinking within recommended low risk limits.

Alcohol dependence - Guide to definition of dependence

There is no single definition to embrace all the variables within alcohol dependence – but the DVLA offers the following:

"A cluster of behavioural, cognitive and physiological phenomena that develop after repeated alcohol use, including:

- *a strong desire to take alcohol*
- *difficulties in controlling its use*
- *persistent use in spite of harmful consequences*
- *and with evidence of increased tolerance and sometimes a physical withdrawal state."*

Indicators may include any history of withdrawal symptoms, tolerance, detoxification or alcohol-related seizures.

The World Health Organization's classification (ICD-10) code F10.2 is relevant.

DD2 47881858

Dependence confirmed by medical enquiry	**Group 1 car and motorcycle** Must not drive and must notify the DVLA. Licence will be refused or revoked until after a minimum of 1 year free of alcohol problems. Abstinence is required, with normalised blood parameters if relevant.	**Group 2 bus and lorry** Must not drive and must notify the DVLA. Licence will be refused or revoked in all cases of any history of alcohol dependence within the past 3 years. Abstinence is required, with normalised blood parameters if relevant.
	For both driving groups: • licensing will require satisfactory medical reports from a doctor • the DVLA may need to arrange independent medical examination and blood tests • referral to and the support of a consultant specialist may be necessary.	

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Driver & Vehicle Licensing Agency

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DD2
Rev Jan 24
47881858

What you need to do:

Step 1	Step 2	Step 3
Please complete the relevant sections. Sections 3 and 4 must be completed in all instances.	Read the important information relating to invoicing in Section 4	Return the completed questionnaire, along with your invoice, to DVLA using the enclosed return envelope.

Important information

- If you require assistance completing this form, please visit www.gov.uk/dvla/fitnesstodrive
- Before completing the following questions, please read the attached definitions
- If this questionnaire does not bring out relevant clinical details with respect to driving, please give details on a separate sheet. For medico-legal reasons please quote the patient's full name, address and date of birth on the sheet.

Questionnaire to assess your patient's medical fitness to drive

Section 1: Alcohol

1. In the past 6 years has your patient suffered from alcohol dependence? Yes ☐ No ☑

   a) If Yes, are they now free from dependence? Yes ☐ No ☐

   b) If Yes, how long has it been under control? Years ☐ Months ☐

2. Has there been persistent alcohol misuse in the last 3 years? Yes ☐ No ☑

   a) If Yes, is it now under control? Yes ☐ No ☐
   (Controlled means drinking within Government health guidelines)

   b) If Yes, how long has it been under control? Years ☐ Months ☐

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3. If known, please provide details of consumption over the last 6 years including amounts and dates?
Last recorded 26/1/2017 - 10units/week.

a) Please give the date last seen **Date** 22 07 2014

4. As a result of alcohol misuse/dependence has your patient required medical detoxification treatment? Yes [✓] No [ ]

Please give the date of most recent treatment **Date** 06 01 2017

5. As a result of alcohol dependence, has your patient had any seizure(s) as a direct effect of withdrawing from alcohol? Yes [ ] No [✓]

Please give the date of most recent seizure **Date** [ ]

6. To your knowledge has your patient been advised to modify his/her drinking behaviour or abstain from alcohol in the last 6 years? Yes [ ] No [✓]

Please give dates if known

7. In the last 6 years has your patient required treatment or help for problems relating to alcohol use? Yes [ ] No [✓]

If Yes, was this from:

a) Yourself? [ ] c) Hospital OP/IP? [ ]

b) Support group (e.g. AA)? [ ] d) Other? [ ]

Please give details

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8. Does your patient have any form of non-alcohol related liver disease e.g. infective hepatitis (A/B/C) or other? Yes ☐ No ☑

Please give details _____

9. In the last 6 years has your patient had blood taken for CDT and/or Gamma GT, AST, ALT and MCV? Yes ☑ No ☐

If Yes, please provide the results with dates or lab reports if available.
FBC, U/Es, LFTs, HST, ALT – all Normal
Oct 2023 (Taken for other medical reasons)

a) Are any of these abnormal? Yes ☐ No ☑

Section 2: Drugs

1. In the past 3 years, has your patient demonstrated persistent drug misuse or dependence? Yes ☐ No ☑
Persistent is defined as repeated and/or continually recurring drug use despite the likely risk of harm to the individual or others, and with regard to the standard for physical and mental fitness for driving.

a) If Yes, is it controlled? Yes ☐ No ☐

b) If Yes, how long has it been controlled? **Years** ☐ **Months** ☐

c) Give full details and confirm the type of drug(s)

i) Name of drug(s) _____ _____ _____

ii) Frequency used _____ _____ _____

iii) Date last used ☐☐☐ ☐☐☐ ☐☐☐

DD2

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2. In the past 3 years has your patient been on a drug treatment programme e.g. buprenorphine, methadone, naltrexone, for previous opioid drug dependence? Yes ☐ No ☑
If No, please go to question 3.

If Yes, please give the date treatment started and ended. (if applicable)

	Start date Month	Start date Year	End date Month	End date Year

Date last seen:

Month	Year

a) Are you the doctor responsible for overseeing this treatment? Yes ☐ No ☐

If Yes, please read the information below and sign/date the declaration on the next page.
If No, please go to question 3.

Drivers who are being treated for a previous history of opiate misuse can be licensed on a yearly review basis but must meet the following conditions:

- Stable on programme for a minimum of 1 year.
- The treatment programme is supervised by a consultant or specialist GP.
- The treatment is for management of opiate dependency.
- Oral treatment only (not parenteral) but naltrexone implants and long acting subcutaneous buprenorphine depot preparations may be considered.
- There has been compliance with the programme. (Adherence to prescription and appointments, and toxicology testing with sustained stability.)
- No non prescribed psychoactive drug use during the programme or extra use of prescribed drugs such as methadone, buprenorphine, benzodiazepines.
- There is no toxicological evidence of drug misuse.
- There is no adverse effect from treatment likely to affect safe driving.
- There is no alcohol misuse or dependence.
- There are no other relevant medical conditions e.g. mental health issues.
- There should be no other disqualifying conditions. This includes seizures and cardiac problems.

DD2 47881858

Declaration

Is your patient able to meet all the criteria? Yes [✓] No [ ]

If No, please explain why.

Signature [signature] Date 24/07/2024

3. If your patient has required treatment for drug or other substance misuse in the last 3 years and you are not the provider, please give details and dates including the name and address we should contact for further information.

Name:

Address:

DD2 47881858

Section 3: General

1. Has your patient ever been diagnosed with any of the following problems associated with alcohol misuse or other substance misuse? Yes ☐ No ☐

   If Yes, please indicate which and provide dates and details:

		Details
a)	Memory problems/cognitive impairment? ☐	
b)	Mental health problems? ☐	
c)	Liver/other GI damage or pancreatitis? ☐	
d)	Neurological damage? ☐	
e)	Cardiac? ☐	
f)	Fits, seizures or blackouts? ☑ **(Please give the date of the most recent event)**	Epilepsy - Grand Mal Type diagnosed Feb 2016

2. Please list all medication currently taken by your patient. Please continue on a separate sheet if necessary.

Medication	Dosage	Reason for taking
Lacosamide	100mg bd	Epilepsy
Keppra	750mg bd	Epilepsy
Prazosin	6mg nightly	PTSD
Venlafaxine	75mg daily	Depression / Anxiety
Zolpidem	5mg nightly	Insomnia - occasional
Promethazine	25mg nightly	Insomnia

3. Does your patient suffer any side effects from their medication likely to affect safe driving? Yes ☐ No ☑

DD2 47881858

4. Does your patient have any other medical condition likely to affect safe driving? Yes [ ] No [✓]

If Yes, please give details

____

____

____

Section 4: To be completed by a GMC registered doctor

The medical professional completing this form, please provide full details below

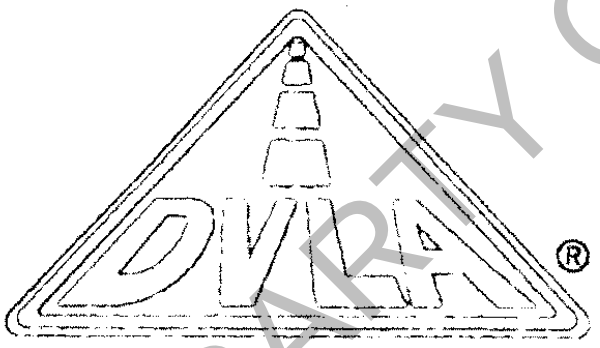
Full Name: Dr. SOHAIL SARDAR
Job Title: General Practitioner
Surgery/Dept Name: Portland Medical Practice
Full Work Address with Postcode: 31 Portland Rd, Kilmarnock KA1 2DJ

Tel No: 01563 522118 Email: sohail.sardar@aapct.scot.nhs.uk
Signature: [signature] Date: 04/07/2024
Regulatory Body: 3341458 Body Number: 3341458

Payment **will not** be made, unless a **fully completed** invoice is enclosed.

Release of the report to your patient

If you don't want us to share this report with your patient because it may cause serious harm to their physical or mental state, or a third party, as preserved by Schedule 3 of the Data Protection Act 2018, please tick the box. [ ]



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Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr SA Sardar
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

Clinic Date: 14/03/2025
Date Dictated: 17/04/2025
Date Typed: 23/04/2025
Our Ref: YN//JT
Enquiries to Ms J Taylor
Tel No: 01563 578593

Dear Dr Sardar

KYLE ANDERSON **43 LANGLANDS COURT, KILMARNOCK, AYRSHIRE, KA1 2BF**

CHI No: 0507793552

Diagnosis:

PTSD
Past Alcohol Dependence
Epilepsy

Psychiatric Medication:

Prazosin 8 mg at night
Venlafaxine 75 mg MR daily
Levetiracetam 250 mg three tabs BD
Sildenafil 100 mg prn
Omeprazole 20 mg
Diazepam 2 mg prn tds up to 20 tabs a month
Zolpidem 5 mg nocte prn one week short course as required.

Recommendations/Plan:

Thank you for increasing the Prazosin as per the clinical email last month and rechecking Kyle's blood pressure. If he is tolerating Prazosin this could be increased further to 10 mg by increasing 0.5 mg every 5 days.

Ongoing regular occupational therapy support with gradual exposure therapy and socialisation.

Crisis supports encouraged.

Next clinic review approximately 6 months.

Kyle attended recently for an initial appointment with myself having seen Dr Ulanova in June 2023. Kyle attended with his long term OT assistant Graham at Kyle's request.

Kyle is a 44 year old man who lives alone. He has a 27 year old son Tony who he says has been unwell with significant mental health issues recently. Kyle has a girlfriend that he sees regularly and he reports little other family contact and his mother died last year of cancer.

Records show that Kyle has only attended this clinic in recent years with no previous admissions. He previously had engagement with the drug and alcohol services and he said that he was dependant on alcohol from age 18 to 40 and also cannabis use as an adolescent. He had a past suicide attempt in around 2019. He was also imprisoned due to his alcohol use.

He tells me that his difficulties started in adolescence with significant learning difficulties at school and he said that he was diagnosed with dyslexia and he is mostly illiterate. He then was a victim of a knife attack aged 16 when he was working in England. It is also relevant that Kyle has epilepsy, secondary to an injury several years ago. He says that he has had no seizures for the last 2 years and remains on medication. Full details are on letter of 2023.

On this review Kyle was able to explain that his main issue was his sleep with ongoing significant flashbacks and nightmares. He awakes feeling like he is being strangled and seems to shout out in his sleep and then the next day he is very fatigued. He feels like his energy is lower and he feels he has little life and limited interests. He no longer drinks alcohol or uses any cannabis. He is very hypervigilant especially at night-time and is scared of unknown people and fears further attacks. He does try relaxation and regular exercise however he still struggles with anxiety on a daily basis.

He has worked with occupational therapists for the last 3 years and he seems to engage well with them, and Graham the OT assistant confirmed that prior to their engagement Kyle was barely leaving his house and he now has assistance with some shopping and exposure therapy and picking up medications fortnightly.

Kyle was keen for additional help sleeping on this review, he spoke of past medications such as SSRIs which seemed to cause headaches. He denied any dizziness or physical symptoms on current medication. He was fearful of being too sedated on medication and then sleeping in and missing picking up his medication.

On mental state Kyle presented as a man with cropped hair looking quite anxious throughout the review and benefitted from having his OT present. Kyle was able to engage appropriately and reflect on his symptoms over the years. He was not distressed during review and he was logical. There was no worthlessness, or suicidal or self harm thoughts, however he was slightly pessimistic about the future at times and he was keen for ongoing help in order to overcome his past challenges and allow him to be more independent.

His OT will continue to update me if there are any significant changes in his mood or functioning, and I plan to see him in a further 6 months. Thank you for your ongoing physical care of Kyle who will make a blood pressure appointment at your clinic also.

Yours sincerely

Authorised on 25/04/2025 12:03:36 by Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

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Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr SA Sardar
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

Clinic Date: 26/09/2025
Date Dictated: 06/11/2025
Date Typed: 18/11/2025
Our Ref: YN/JT/
Enquiries to Secretary
Tel No: 01563 578592

Dear Dr Sardar

MEDICATION REQUEST

KYLE ANDERSON **43 LANGLANDS COURT, KILMARNOCK, AYRSHIRE, KA1 2BF**

CHI No: 0507793552

Diagnosis:
PTSD
Epilepsy
Past alcohol dependence

Medication List:
Omeprazole 20 mg
Diazepam 2 mg tds prn (20 month) to change
Lacosomide 100 mg bd
Venlafaxine 75 mg daily
Zopiclone 7.5 mg at night

Recommendations/Plan:
Thank you for the recent medication changes as per the clinical email
He has since seen OT who supports slight increase in diazepam prn– could diazepam 5mg x 12 tabs a month be prescribed? Kyle and his OT are monitoring its use and he is engaging well in therapy.
Medication to be encouraged packed weekly, however Kyle prefers a friend to help with this.

We support ongoing Zopiclone use as this is providing much benefit.
Ongoing OT support approximately fortnightly for graded exposure.
Crisis supports encouraged.
Next clinic review in approximately 6 months.

Kyle attended for a follow up review with myself after our last review in March. He attended with his long term OT Tracy. Kyle as you know is a 46 year old man who continues to live alone. He is having great difficulty with his son Tony who appears to be unwell currently and the whole family seem to be under stress and have apparently been receiving threats from other people. Kyle is keen to support his son as best as he can.

Kyle has been engaging appropriately with OT, however he still requires Diazepam in order to go out. Kyle engaged quite well in this review and he said that he is still suffering from nightmares and has very little sleep unless he is using Zopiclone which he is appreciative of. He denies having seizures and his physical health seems Ok. He said that he has been feeling quite on edge and not eating as much and feeling quite anxious.

He is very hopeful for a move to Glasgow where he can hopefully get away from his complex situation. He said that overall he has been feeling on the lower side and he has been trying to do more to improve this. He denied any self-harm thoughts. He said that he has an older friend who helps pack his medications weekly and we reinforced the importance of continuing his epilepsy and other medication. He was keen to stop the Prazosin as that had not been helpful and did have some side effects and we limited the Promethazine as that also was not helping. No substance use reported or observed by the team.

On this review Kyle presented as a reasonably well kempt man who was quite anxious but engaged well with myself and OT. He was not overly distressed. There were no persistent depressive symptoms, however there was clearly some psychosocial stress ongoing. He was slightly more optimistic about the future and he was keen for ongoing help to overcome his difficulties and to allow him to be more independent and hopefully move house.

His OT will continue to see him and update me, and we appreciate your ongoing review also. If you have any urgent concerns please do contact clinic.

Yours sincerely

Authorised on 18/11/2025 15:55:57 by Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

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Any GP + MT

NHS
Ayrshire
& Arran

Mental Health Services
North West Kilmarnock Area Centre
Western Road
KILMARNOCK
KA3 1NQ

East Ayrshire Community Mental Health Team

Clinical in Confidence

Date: 26/9/2025
Tel No: 01563 578592

UPDATE TO MEDICATION

KYLE ANDERSON
0507793552

Dear Dr

Kyle attended with OT Tracey today. Slow progress.

He has a good response to zopiclone, and no nightmares when taking, he is aware of risks and keen to continue

Could medication be **PACKED WEEKLY** (aid compliance esp with epilepsy) and issued monthly.
ZOPICLONE to be continued 7.5mg nocte for 3 month trial and longer if ongoing benefit.
PRAZOSIN to be slowly ceased, he will reduce 0.5mg now and will continue to reduce with your guidance over next 2-3 months
(An option would be to switch to doxazosin which may be more effective, but he has decided to stop for now as prazosin not beneficial at all)
STOP PROMETHAZINE

No seizures and no acute risks.

Kyle was issued meds today and if advised he could return current meds so packs can be made up.

Please let us know if any urgent issues, or issues with the above

Yours sincerely

www.nhsaaa.net

1/2

NHS Confidential: Personal data about a patient

DR YASMIN NALCI
LOCUM CONSULTANT PSYCHIATRIST

www.nhsaaa.net

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01563 578593

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NHS Ayrshire & Arran

Confidential - Clinical Information

Dr SA Sardar
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref: YN/JT//
Date Dictated: 29/09/2025
Date Typed: 29/09/2025
Enquiries to Ms J Taylor
Direct Line: 01563 578593

Dear Dr Sardar,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
43 LANGLANDS COURT, KILMARNOCK, AYRSHIRE, KA1 2BF

Kyle attended with OT Tracey today. Slow progress.

He has a good response to zopiclone, and no nightmares when taking, he is aware of risks and keen to continue

Could medication be **PACKED WEEKLY** (aid compliance esp with epilepsy) and issued monthly.

ZOPICLONE to be continued 7.5mg nocte for 3 month trial and longer if ongoing benefit.

PRAZOSIN to be slowly ceased, he will reduce 0.5mg now and will continue to reduce with your guidance over next 2-3 months

(An option would be to switch to doxazosin which may be more effective, but he has decided to stop for now as prazosin not beneficial at all)
STOP PROMETHAZINE

No seizures and no acute risks.

Kyle was issued meds today and if advised he could return current meds so packs can be made up.

Please let us know if any urgent issues, or issues with the above

Yours sincerely

Dr Yasmin Nalci
Locum Consultant Psychiatrist

www.nhsaaa.net

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NHS Confidential: Personal data about a patient

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
01563 578593

www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

Dr SA Sardar
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

Our Ref: YN/JT//
Date Dictated: 01/10/2025
Date Typed: 01/10/2025
Enquiries to Ms J Taylor
Direct Line: 01563 578593

Dear Dr Sardar,

KYLE ANDERSON DOB: 05/07/1979 CHI No: 0507793552
43 LANGLANDS COURT, KILMARNOCK, AYRSHIRE, KA1 2BF

Kyle attended with OT Tracey today. Slow progress.

He has a good response to zopiclone, and no nightmares when taking, he is aware of risks and keen to continue

Could medication be **PACKED WEEKLY** (aid compliance esp with epilepsy) and issued monthly.
ZOPICLONE to be continued 7.5mg nocte for 3 month trial and longer if ongoing benefit.
PRAZOSIN to be slowly ceased, he will reduce 0.5mg now and will continue to reduce with your guidance over next 2-3 months
(An option would be to switch to doxazosin which may be more effective, but he has decided to stop for now as prazosin not beneficial at all)
STOP PROMETHAZINE

No seizures and no acute risks.

Kyle was issued meds today and if advised he could return current meds so packs can be made up.

Please let us know if any urgent issues, or issues with the above

Yours sincerely

Authorised on 01/10/2025 14:00:23 by Typist J Taylor, on behalf of Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

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NHS Confidential: Personal data about a patient

MSK
Musculoskeletal Service

MSK Centre
Biggart Hospital
Biggart Road
Prestwick
KA9 2HQ
01292 665005

NHS
Ayrshire
& Arran

Kyle Anderson
43 Langlands Court
Kilmarnock
Ayrshire
KA1 2BF

Our Ref: DYRTR/NM
Hospital No:
Clinic Date: 29/12/2025
Date Dictated: 12/01/2026
Date Typed: 12/01/2026
Enquiries to MSK Centre
Direct Line: 01292 665005

Dear Kyle Anderson

Kyle Anderson **DOB: 05/07/1979** **CHI NO: 0507793552**

43 Langlands Court, Kilmarnock, Ayrshire, KA1 2BF

Musculoskeletal (MSK) Services – NHS Ayrshire & Arran

We sent you a letter a few weeks ago advising that you have been on the **MSK Physiotherapy** outpatient waiting list for some time.

We asked that you contact us to book your initial appointment.

According to our records we have not received any response. Please note that you will now be removed from the waiting list.

If you have any queries in relation to this letter please contact the MSK Centre on 01292 665005.

Further advice on musculoskeletal problems and management can be found at:

https://www.nhsaaa.net/musculoskeletal-service-msk/

Yours sincerely
MSK SERVICES

Copy to Referrer:
Dr SA Sardar
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

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NHS Confidential: Personal data about a patient

Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr SA Sardar
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

Clinic Date: 31/03/2026
Date Dictated: 31/03/2026
Date Typed: 31/03/2026
Our Ref: YN/MN
Enquiries to Medical Secretaries
Tel No: 01563 578592
Fax No:

Dear Dr Sardar

KYLE ANDERSON **43 LANGLANDS COURT, KILMARNOCK, AYRSHIRE, KA1 2BF**

CHI No: 0507793552

Kyle attended with OT Graham today. No seizures and no acute risks, remains very anxious

Please can diazepam 5mg be increased to 20 tabs a month?

Please can venlafaxine be increased by 37.5mg?

Further letter to follow

Please let us know if any issues

Yours sincerely

Authorised on 31/03/2026 14:07:45 by Typist Margaret Neilson, on behalf of Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

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NHS Confidential: Personal data about a patient

Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

MEDICAL IN CONFIDENCE

To Whom It May Concern:

Date Dictated:	24 March 2026
Date Typed:	31 March 2026
Our Ref:	YN/IS
Enquiries to	Jenny Taylor
Tel No:	01563 578593
	01290 425947

Dear Sir/Madam

KYLE ANDERSON **43 LANGLANDS COURT, KILMARNOCK KA1 2BF**
Date of Birth: 05.07.79

RE: HOUSING SUPPORT

Kyle is a long-term patient of this mental health clinic and I have been his Community Psychiatrist since 2024. He attends regular reviews and has also seen by Occupational Therapy over the past three years; he engages well. He has Post-Traumatic Stress Disorder (PTSD) and receives daily medication.

He lives in Kilmarnock, where he no longer has any social connections. As repairs are being carried out, he is now in temporary accommodation, which is unsuitable (as detailed by his OT letter) and needs to move as soon as possible as his mental state is being negatively impacted.

Kyle would benefit from suitable accommodation in Glasgow, where his close friend and only support lives and we hope he can be prioritised.

Please do not hesitate to contact the clinic should you require any further information.

Yours sincerely

Authorised on 31/03/2026 11:21:58 by Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

JDC/RW

9 January 2017

The Registration Manager
Ayrshire and Arran Health Board
Practitioner Services
Meridian Court
5 Cadogan St
Glasgow G2 6QE

Dear Sir/Madam

I shall be glad if you will remove the undernoted patient from my list under the terms of the National Health Service Scotland regulations due to a breakdown in the doctor/patient relationship.

Yours faithfully

Dr J D Curran

NAME	ADDRESS	DATE OF BIRTH/CHI
Kyle Anderson	29 Creighton Court Kilmarnock KA3 2ED	0507793552

Dr S Sardar
Dr W Frew
Dr D Simpson
Dr L Welsh
Dr I Richards
Dr D Tham
Dr S Reid
Dr C Sutherland

The Surgery
Dr Sardar & Partners

31 Portland Road
Kilmarnock
KA1 2DJ
Tel: 01563 522118
Fax: 01563 573562

01/08/2019

Mr Kyle Anderson
6 Dunoon Avenue
KILMARNOCK
KA3 1SY

Dear Mr Anderson

We have been trying to contact you with regards to a recent hospital letter. Please be advised Dr Sutherland has issued a prescription for you as per advice from Neurology, which is now available for collection.

Should you have any queries regarding this please do not hesitate to contact the surgery.

Yours sincerely

Medical Administrator
On behalf of Dr Sardar & Partners

KHI/RW

5 April 2016

Ms Lynne Monkhouse
Springburn DRT
Glasgow

Dear Ms Monkhouse

KYLE ANDERSON, 36C BAIRD PL, KILMARNOCK DOB 5.7.79

In response to your letter to Dr Mulligan who is on annual leave I reply on his behalf.

A recent letter to Dr Mulligan from Dr Gabor Kiss, a locum neurologist at Crosshouse Hospital suggested that indeed Mr Anderson has seizure activity of the order of between one or two per week and one per month. Dr Kiss formed an opinion that Kyle was suffering from grand mal seizures although had been unable to get an eye witness account to this. Kyle has been booked for an EEG or brainwave test.

No mention is made in that assessment at Crosshouse Hospital with regard to Parkinson's disease and I am unable to confirm that.

I am unable from our records to ascertain what the alleged incident was with the GP – Mr Anderso had two home visits in autumn 2015.

I have no information suggesting that a ground floor accommodation as such is recommended.

Yours sincerely

Dr K H Irvine

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Dr S Sardar
Dr W Frew
Dr D Simpson
Dr L Welsh
Dr I Richards
Dr D Tham
Dr S Reid

The Surgery
Dr Sardar & Partners
www.portlandroadsurgery.co.uk

Dr Sardar & Partners
31 Portland Road
Kilmarnock
KA1 2DJ
Tel: 01563 522118
Fax: 01563 573562

11/06/2021

Mr Kyle Anderson
6 Dunoon Avenue
KILMARNOCK
KA3 1SY

Dear Mr Anderson

We have been trying to contact you following your recent prescription request for Mirtazapine. Please can you contact the surgery to arrange a medication review and to update your contact details

Yours sincerely

Medical Administrator
On behalf of Dr Sardar & Partners

PATIENT REFERRAL SHEET - (IN-HOUSE)

Kyle Anderson
Pt No 24286

Date of Referral	10th April 2019
Referred By	Dr C Sutherland

Please indicate most preferred number for initial contact ✓

Contact Telephone Numbers	Home	Work	Mobile
			07391613221

Referral to

Counsellor	☐	District Nurse	☐
Practice Nurse	☐	Health Visitor	☐
24 Hour BP	☐	Integrated Team	☐
Other (Please specify)	✓		

__Community Connector____

Reasons for Referral

Dear Community Connector

I would be grateful if you could meet this 40 year old man who has multiple problems. His past history involves that of drug and alcohol dependence however now his main issue is that of epilepsy (he informs me this is following a head injury/assault). He also suffers from some cognitive problems following this. He told me in surgery that he rarely goes out of the house and in fact that his son who is only in his early 20's and stays with him is the only person around who really looks out for him. His life really sounds very limited now, this is both socially and I do not believe he has the ability to access fully what may be around to support him. I would therefore be grateful for your input to see what is possibly around to help Mr Anderson. He is aware of this referral and is keen for any help.

Kind regards,

Yours sincerely
Dr C Sutherland

For Office Use Only

Appointment Made			
Telephone Call / Letter Sent			
Staff Member			

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NHS Confidential: Personal data about a patient

Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr SA Sardar
Holmhead Medical Practice
31 Portland Road
Kilmarnock
KA1 2DJ

Clinic Date: 31/03/2026
Date Dictated: 31/03/2026
Date Typed: 20/04/2026
Our Ref: YN/JT
Enquiries to Secretary
Tel No: 01563 578592

Dear Dr Sardar

KYLE ANDERSON **43 LANGLANDS COURT, KILMARNOCK, AYRSHIRE, KA1 2BF**

CHI No: 0507793552

Diagnosis:
PTSD
Epilepsy
Past alcohol dependence

Psychiatric Medication:
Venlafaxine 75 mg to increase
Zopiclone 7.5 mg at night
Diazepam 5 mg 12 a month to increase

Other Medication:
Levetiracetam 750 mg bd
Lacosamide 100 mg bd

Recommendations/Plan:
As per the recent clinical emails thank you for increasing the diazepam to 20 tablets/month, which his OT team will monitor.
Thank you for increasing the Venlafaxine by 37.5 mg and this could be increased by a further 37.5 mg *after one month only if Kyle requests and if epilepsy management is stable*

If there is worsening sexual side effects he will return to the previous antidep dose or contact clinic if an alternative antidepressant needed.
Ongoing fortnightly OT support for graded exposure
Crisis supports discussed
Housing support letter given today
Next clinic review in around 9 months time.

Kyle attended for a follow up review after his last review in September. Kyle again attended with his long-term OT assistant Graham.

Kyle is 46 and lives alone but is currently in temporary council accommodation as his accommodation has significant issues and is being repaired. Kyle hopes to move back to his usual place in around 4 weeks time and is still hoping to move to Glasgow area to be near his close friend / partner. A further support letter was given by OT and myself today.

Kyle's OT updated that Kyle is doing reasonably well and has managed the stress of moving at short notice and losing many of his items. Graham said that his mental state is not significantly worse and he is able to engage with OT, however he supports having a few more diazepam tablets in a month which may reduce his suffering and slight increase in antip to help Kyle's long term significant anxiety. There are no upcoming plans to discharge Kyle from OT support. OT notes that they are aware that his son is causing significant stress and that Kyle can appear very anxious when out in public. No medication compliance concerns.

On this review Kyle was very appreciative of his OT support. He said that he has been reliant on this for practical support. He said that he has been feeling more anxious and having more panic attacks. He fears bumping into people in shared areas in his accommodation. He said that he needs diazepam to get out and since he has been engaging with the OT well and being monitored I did consider a slight increase as this will hopefully benefit his mental health.

Kyle reports that he had been feeling "stressed to the max" due to his current accommodation and also due to his son and also his PTSD symptoms. He said that his son is not getting any mental health supports and is getting angry and impulsive and causes Kyle much distress. He said that with his current accommodation he said that he can hear his neighbours and he is very fearful of the shared areas. Kyle said that his PTSD symptoms are slightly worse, however his nightmares have slightly reduced due to the regular Zopiclone. He seems to be eating more regularly and is working on his routine. He is also not smoking or using any alcohol and he denies any known seizures.

On this review Kyle presented as a reasonably kempt man who was quite anxious and looked fearful but was able to engage well with myself and OT. His face was slightly flushed. He was wearing dark clothes. He was talkative but appropriate. He was appreciative of any support. There did not seem to be a significant change in his mood. However there was much current stress and he and OT were hopeful for a slight increase of Diazepam, however this would be reviewed on an ongoing basis. Kyle was keen to be able to function more independently and he seemed reasonably positive about the future and had no thoughts to harm himself. He seems to rely on his partner who lives in Glasgow and provides much emotional support. Kyle was keen for ongoing help with anxiety and was happy with above plan. OT will again continue to update me.

If you have any urgent concerns please do contact clinic.

Yours sincerely

Authorised on 21/04/2026 10:45:28 by Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

Dr I Richards
Dr S Sardar
Dr W Frew
Dr D Tham
Dr D Simpson
Dr S Reid
Dr C Sutherland
Dr L Welsh

The Surgery
Dr Sardar & Partners

31 Portland Road
Kilmarnock
KA1 2DJ
Tel: 01563 522118
Fax: 01563 573562

CS/KC

6th February 2020

Dr A Tyagi
Consultant Neurologist
University Hospital Crosshouse
KILMARNOCK
KA2 0NB

Dear Dr Tyagi

Kyle Anderson, 6 Dunoon Avenue, Kilmarnock, KA3 ASY **CHI 0507793552**

I saw Kyle Anderson today in my afternoon surgery. He has been struggling to attend appointments over the past months because of anxiety mainly surrounding fear of having further seizures in the street.

I saw him with his mother but she did not have very much to add to be honest. He claims to still be having frequent seizures although was not able to put a number to these. He was also not keen on the idea of possibly having a hospital stay in order to monitor and assess the seizures. We had some discussion about what might be helpful as he says that the antidepressants do not do anything however he is not involving himself in anything socially and with regards to sleep he is not having any fresh air or exercise or having any particular routine which we also discussed. I do question how much insight he has into this and whether or not some time with your psychologist might be helpful or whether he is not able to think of these difficulties in a problem solving based type of way/cognitively.

I will continue to see Mr Anderson at the surgery but any input from yourselves, especially surrounding psychological support, would be greatly appreciated.

Kind regards.

Yours sincerely

Approved Electronically

Dr C Sutherland

Dr S Sardar
Dr W Frew
Dr D Tham
Dr S Reid
Dr L Welsh
Dr H Boyd
Dr M Murtaza

HOLMHEAD MEDICAL PRACTICE LLP
www.portlandroadsurgery.co.uk

31 Portland Road
Kilmarnock
KA1 2DJ
Tel: 01563 522118
Fax: 01563 573562

08/07/2024

Mr Kyle Anderson
43 Langlands Court
KILMARNOCK
KA1 2BF

Dear Mr Anderson

Please contact the practice as there is a message waiting for you.

Thank you

Yours sincerely

Medical Administrator
On behalf of Holmhead Medical Practice

Holmhead Medical Practice LLP.
A limited liability partnership registered in Scotland (registered number SO307183).
Registered Office: 31 Portland Road, Kilmarnock, KA1 2DJ.

Dr S Sardar
Dr W Frew
Dr D Tham
Dr S Reid
Dr L Welsh
Dr H Boyd
Dr M Murtaza

HOLMHEAD MEDICAL PRACTICE

www.portlandroadsurgery.co.uk

31 Portland Road
Kilmarnock
KA1 2DJ
Tel: 01563 522118
Fax: 01563 573562

02/02/2026

Mr Kyle Anderson
43 Langlands Court
KILMARNOCK
KA1 2BF

Dear Mr Anderson

Patients who fail to attend for their appointments and do not inform the practice incur significant cost to the practice and to other patients in terms of lost appointments.

I have noticed from our records that you failed to attend 2 or more appointments at the practice.

This may have been an oversight on your part but I need to bring to your attention that the practice has a policy regarding missed appointments.*

If you have specific problems that you wish to discuss that are preventing you from informing us when you cannot attend for an appointment then please contact the practice and we will try to help where we can.

We now have a text messaging service. If you provide the practice with your mobile telephone number, our text service will send you appointment reminders 24 - 48 hours before your appointment. This service also allows you to cancel appointments by texting back Cancel. If you would like to set this up please contact the practice and the receptionist can add your mobile number onto your record.

Thank you for your co-operation in this matter.

Yours sincerely

Isobel Turner (Electronically Approved)

Isobel Turner
Practice Manager

Dr S Sardar
Dr W Frew
Dr D Tham
Dr S Reid
Dr L Welsh
Dr H Boyd
Dr M Murtaza
Dr N Carey

HOLMHEAD MEDICAL PRACTICE LLP
www.portlandroadsurgery.co.uk

31 Portland Road
Kilmarnock
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Tel: 01563 522118
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NC/LT

7TH January 2024

Dr Ulanova
Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ

Dear Dr Ulanova

RE: Kyle Anderson 43 Langlands Court, Kilmarnock, KA1 2BF
DOB: 05/07/1979 CHI: 0507793552

This 45 year old gentleman is known to your clinic. Unfortunately he missed his last appointment but I understand there is another one in place. As per you letter from June 2023, he suffers from PTSD and previously alcohol dependant. Currently, he lives alone as his mother died last year. He has weekly contact from his OT and this very helpful. The reason for making contact is to highlight his ongoing use of diazepam which I can see has been mentioned in previous psychiatry notes. He gets 14 tablets on a monthly basis. He continues on Phenergan 25mg in addition to his venlafaxine. He is quite clear that he needs this diazepam in order to feel confident enough to leave the house. I have further issued this diazepam and he is aware of the risk of dependence/tolerance.

I wonder if you might advise if this prescription ought to be continued or at least discussed at his next appointment.

Yours sincerely

Approved electronically

Dr Carey

eMED3 (2010) new statement issued, not fit for work
08-Jan-2018 Dr Jayne Courtney (COURTNEY_13453)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: anxiety; Duration: 08/01/2018 - 19/02/2018)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Kyle Anderson

I assessed your case on: 08 / 01 / 2018

and, because of the following condition(s): anxiety

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for: 6 Week(s)

or from / / to / /

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature:

Date of statement: 08 / 01 / 2018

Doctor's address:
The Surgery
31 Portland Road, Kilmarnock
, KA1 2DJ
Telephone: 01563 522118

Unique ID: Med 3 04/10- 7B4FC77E-A9A4-48DE-83E8-53A39C19DA20

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ ANDERSON
Other names: KYLE
Address: 6 DUNOON AVENUE
KILMARNOCK Postcode KA3 1SY
Date of birth: 05 / 07 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:
Date: / /

If you have signed this form for someone else, please tick here: [ ]