

**Health and Social Care Partnership**

Chief Officer: Kate Rocks



Our Ref: BH/LJ  
Job ID: 100704598  
Date Dictated:  
Date: 17/03/2025

**PRIVATE & CONFIDENTIAL**

Dr GC Sykes  
Cochrane Medical Practice  
Greenock Health & Care Centre  
Wellington Street  
Greenock  
PA15 4NH

Community Mental Health Team  
Crown House  
30 King Street  
Greenock  
Inverclyde  
PA15 1NL  
01475 558000 EXT: 05447  
[www.nhsggc.org.uk](http://www.nhsggc.org.uk)

Dear Dr Sykes,

**Re: Yvonne Jamieson                      DOB: 10/03/1982                      CHI: 1003820107**  
**Address: Flat 2/2 3 Roxburgh Way, Greenock, Inverclyde, PA15 4LN**

**Diagnosis:**                      Prolonged adjustment disorder.

**Medication:**                      Quetiapine 50 mgs at night.

**Follow up:**                      Discharged.

I saw Yvonne back for review at the psychiatric clinic in Crown House on 13<sup>th</sup> March 2025.

Yvonne continues to settle in her new life and her efforts to broaden her horizons met with the sort of good luck that they deserve. As such a dog of an expensively rare breed, albeit of admittedly astonishing ugliness (it appeared to have at least 4 times more skin than



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CHI: 1003820107

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**Health and Social Care Partnership**

Chief Officer: Kate Rocks



necessary) was abandoned at the salvation army and she has adopted it for want of an alternative. Her efforts to get back into paid work have been frustrated but the overall impression very much of her merely having to wait for an opportunity rather than passing these up.

Yvonne regrets that she is taking Quetiapine again but feels that it is a necessary evil for now.

Yvonne's sensibly proactive stance doesn't sit well with attending appointments just for the sake of it and she said that she's just as well be discharged for now as her circumstances are reasonably auspicious, but she knows just to phone in if it comes to it.

Yours sincerely

**Dr Brian Hart**  
**Locum Consultant Psychiatrist**

*Authorised on 26/03/2025 12:18:43 by Dr Brian Hart.*



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CHI: 1003820107

Page 2 of 2  
17/03/2025

**Health and Social Care Partnership**  
Chief Officer: Kate Rocks



Our Ref: BH/LJ  
Job ID: 100675115  
Date Dictated:  
Date: 28/01/2025

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Dr GC Sykes  
Cochrane Medical Practice  
Greenock Health & Care Centre  
Wellington Street  
Greenock  
PA15 4NH

Community Mental Health Team  
Crown House  
30 King Street  
Greenock  
Inverclyde  
PA15 1NL  
01475 558000 EXT: 05447  
www.nhsggc.org.uk

Dear Dr Sykes,

**Re: Yvonne Jamieson                      DOB: 10/03/1982                      CHI: 1003820107**  
**Address: Flat 2/2 3 Roxburgh Way, Greenock, Inverclyde, PA15 4LN**

**Diagnosis:**                      Reactive low mood.

**Medication:**                      Please px Quetiapine 25 to 50 mgs at night as required.

**Follow up:**                      OPD Crown House 6 weeks.

I saw Yvonne back for review at the psychiatric clinic in Crown House on 27<sup>th</sup> January 2025.

Unfortunately, Yvonne spent a particularly lonely and unpleasant Christmas and New Year sharing her celebratory meal with a fellow client of the Salvation Army whose BO was so acrid that she had to excuse herself to be sick.

All of this moved Yvonne to an impulsive overdose that she immediately regretted, but the hospital staff wouldn't let her go without being assessed unless she attended today's appointment as arranged on her behalf.



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Chief Officer: Kate Rocks



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As before Yvonne came across as winningly at sea in the world of interacting human beings, rather than personality disordered, and making efforts to continue an established trajectory of psychosocial recovery by applying for jobs.

On reflection, Yvonne thought that she might have been a bit hasty in forgoing the hypnotic effects of Quetiapine. She asked after any alternatives. I said that as far as something that she could take on a prn basis all sedative antihistamines had the same problems and she'd be better sticking to Quetiapine as the devil that she knew.

Yours sincerely

**Dr Brian Hart**  
**Locum Consultant Psychiatrist**

*Authorised on 29/01/2025 17:28:04 by Dr Brian Hart.*

NHS Greater Glasgow & Clyde  
Mental Health Services

**REQUEST TO PRESCRIBE MEDICATION**

**Health and Social Care Partnership**

Crown House  
30 King Street  
Greenock  
PA15 1NL



Tel: 01475 558000

Dear Dr Sykes

Date: 27/01/2025

<b>Patient: Yvonne Jamieson</b>	<b>CHI: 1003820107</b>
---------------------------------	------------------------

Your above named patient has been seen at the duty/outpatient clinic today.

Would you please prescribe:

<input type="checkbox"/> Urgent (within 48 hours) (*phone practice prior to emailing confirmation)	<input type="checkbox"/> Routine (Prescription available 48 hours following request)
<b>Please px Quetiapine 25 to 50 mgs at night as required.</b>	

This medication is in addition to/is an amendment to the patient's current regime.

This medication replaces:


Which the patient is currently taking and which should now be stopped.

A detailed letter will follow.

Yours sincerely

Dr Brian Hart

Consultant Psychiatrist

Approved By Prescribing Management Group (Mental Health) June 2018  
Review date December 2020

Health and Social Care Partnership  
Chief Officer: Kate Rocks



Our Ref: BH/LJ  
Job ID: 100655492  
Date Dictated:  
Date Typed: 20/12/2024

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Yvonne Jamieson  
Flat 2/2 3 Roxburgh Way  
Greenock  
Inverclyde  
PA15 4LN

Community Mental Health Team  
Crown House  
30 King Street  
Greenock  
Inverclyde  
PA15 1NL  
01475 558000 EXT: 05447  
[www.nhsggc.org.uk](http://www.nhsggc.org.uk)

Dear Yvonne Jamieson ,

<b>Diagnosis:</b>	Complex PTSD.
<b>Medication:</b>	<i>Please px 14 x Zopiclone tablets to take as required for poor sleep</i> Quetiapine to reduce and stop at Yvonne's discretion.
<b>Follow up:</b>	Discharged.

I'm just dropping you a line to go over the main points of our discussion at the psychiatric clinic in Crown House on 16th December 2024

Even as something of a last resort I was glad that your move to Greenock had allowed you to distance yourself from what you described a toxic relationship and your work with the Salvation Army therapeutic in its own terms and allowing you to establish a social identity in your new community.

Although technically an antipsychotic, this is only really the case for Quetiapine when prescribed at doses over 300 mgs. At a dose of 75 mgs a day it is no more than a sedative



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CHI: 1003820107

Page 20/12/  
1 of 3  
2024

**Health and Social Care Partnership**

Chief Officer: Kate Rocks



antihistamine of a kind that you would be able to buy over the counter. As you have experienced it has a very unpleasant withdrawal reaction that can render people unable to sleep for days and be associated with a persistent hinky feeling over the next week before settling. However, you sounded pretty clear that you've felt more energetic and focussed without it and I don't think there is any reason to say that you would lose by stopping it. Access to some sleeping tablets as above might make the process easier.

The mere fact of having been prescribed quetiapine or even taking it would not be a bar to your holding a provisional driving licence. The term 'EUPD' can raise concerns that you are an impulsive or reckless person but this sounded far from the case. As I said the striking thing about people who get labelled as having EUPD is that they never seem to have much in common and its far better seen as a loose set of feelings and behaviours that most people will manifest if you are bad enough to them. Again, it reflected a time and place in your life more than anything and I wouldn't see it as excluding your ability to hold a driving licence. If it helps, you could put my details on any future application and they'll write to me so that I can reassure them accordingly.

In terms of psychological therapies, their effectiveness correlates with their ability to engage clients in an emotionally meaningful way, present a rationale that people buy into, and that persuade you to make changes in between appointments. From your account I wouldn't have seen anything available elsewhere as likely to equal, let alone improve on, what you take part in at the Salvation Army.

I'm afraid I wouldn't be able to share your acquaintance's optimism about potentially appealing and securing an enhanced award from DWP. If anything I'd be concerned that it gets reduced. However, this is really a testament to your having successfully taken responsibility for your recovery more than anything.

I am not going to arrange any further appointments. Please accept my best wishes for the future; it was lovely to meet you.

Yours sincerely

**Dr Brian Hart**  
**Locum Consultant Psychiatrist**



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CHI: 1003820107

Page 20/12/  
2 of 2024  
3

**Health and Social Care Partnership**  
Chief Officer: Kate Rocks



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*Authorised on 30/12/2024 14:06:48 by Dr Brian Hart.*

**(D) Dr GC Sykes**  
**Cochrane Medical Practice**  
**Greenock Health & Care Centre**  
**Wellington Street**  
**Greenock**  
**PA15 4NH**



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Inverclyde

CHI: 1003820107

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Jamieson Yvonne

CHI: 1003820107

## Emergency Attendance Letter



Emergency Department  
Inverclyde Royal Hospital  
Larkfield Rd  
Greenock  
Renfrewshire  
PA16 0XN

Dept. Contact Details:  
Tel: 01475 504351  
Fax: 01475 504434  
Email: inverclyde@nhs.net

Date Completed: 02/01/2025

Consultant: Dr Raghavendra Nayak

GC Sykes  
Cochrane Medical Practice  
Greenock Health & Care Centre  
Wellington Street  
Greenock  
Greenock  
PA 15 4NH

Dear GC Sykes

Re: **Jamieson Yvonne**  
FLAT 2-2  
Greenock PA15 4LN

DOB: **10/03/1982**

CHI: **1003820107**

Attended on: **29/12/2024 at 18:23 hrs.**  
Discharge Type: **01a - Discharge with no follow up**  
Previous ED Attendance in last 12 months: **0**

Departed on: **29/12/2024 at 22:39 hrs.**  
Destination: **Private residence**

Presenting complaint  
**overdose BIBA**

Nursing Assessment:  
**Potential overdose of 750mg Quetiapine and 50mg zopiclone. Estimate based on missing tablets in house**

Investigations in ED:

- |                     |        |                          |
|---------------------|--------|--------------------------|
| 1. Bone Profile     | 2. CRP | 3. Glucose               |
| 4. HCG              | 5. LFT | 6. Urea and Electrolytes |
| 7. Full Blood Count |        |                          |

Jamieson Yvonne

CHI: 1003820107

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Diagnosis:

Diagnosis	Side	Site
Poisoning By Other Opioids		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

**BIBA , took OD of zopclone 50mg and quetiapline 750mg , felt suicidal. known to MH team previously, has taken OD in the past , don't to say the reason why she took this time, stated only speaks with selected people from MH team and they are on holidays, so don't want to speak with MH team. called the on call MH team for background check, first time in Inverclyde hospital.**

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Hassan Ali

Doctor

Copies to:

1. GC Sykes (GP)

School Address:

16/2

 Outlook

---

**Yvonne Jamieson 100 382 0107 px please**

---

From Brian Hart <brian.hart@nhs.scot>

Date Mon 16/12/2024 13:50

To GP86374CLINICAL (NHS GREATER GLASGOW & CLYDE) <ggc.gp86374clinical@nhs.scot>

Cc Jardine, Lauren <Lauren.Jardine@nhs.scot>

Diagnosis Complex PTSD

Medication, **Please px 14 x Zopiclone tablets to take as required for poor sleep**

Quetiapine to reduce and stop at Yvonne's discretion

Follow up Discharged

Dear Yvonne

I'm just dropping you a line to go over the main points of our discussion at the psychiatric clinic in Crown House on 16th December 2024

Even as something of a last resort I was glad that your move to Greenock had allowed you to distance yourself from what you described a toxic relationship and your work with the Salvation Army therapeutic in its own terms and allowing you to establish a social identity in your new community.

Although technically an antipsychotic, this is only really the case for Quetiapine when prescribed at doses over 300 mgs. At a dose of 75 mgs a day it is no more than a sedative antihistamine of a kind that you would be able to buy over the counter. As you have experienced it has a very unpleasant withdrawal reaction that can render people unable to sleep for days and be associated with a persistent hinky feeling over the next week before settling. However, you sounded pretty clear that you've felt more energetic and focussed without it and I don't think there is any reason to say that you would lose by stopping it. Access to some sleeping tablets as above might make the process easier.

The mere fact of having been prescribed quetiapine or even taking it would not be a bar to your holding a provisional. The term 'EUPD' can raise concerns that you are an impulsive or reckless person but this sounded far from the case. As I said the striking thing about people who get labelled as having EUPD is that they never seem to have much in common and its far better seen as a loose set of feelings and behaviours that most people will manifest if you are bad enough to them. Again, it was a time and place in your life more than anything and I wouldn't see it as excluding your ability to hold a driving licence. If it helps, you could put my details on any future application and they'll write to me as that I can reassure them accordingly.

In terms of psychological therapies, their effectiveness correlates with their ability to engage clients in an emotionally meaningful way, present a rationale that people buy into, and that persuade you to make changes in between appointments. From your account I wouldn't have seen anything available elsewhere as likely to equal, let alone improve on, what you take part in at the Salvation Army.

I'm afraid I wouldn't be able to share your acquaintance's optimism about potentially increasing award from ADP. If anything I'd be concerned that it gets reduced. However, this is really a testament to your having successfully taken responsibility for your recovery more than anything.

20/2

I am not going to arrange any further appointments. Please accept my best wishes for the future; it was lovely to meet you

**NHS Greater Glasgow and Clyde OOH Call Incident Report**

Call number:	<b>7474918</b>	Receive Date:	<b>18-Nov-2024 01:44</b>
Patient's Name:	<b>Yvonne Jamieson</b>		
Date of birth:	<b>10-Mar-1982 ( 42 years )</b>	Gender:	<b>F</b>
Address:	<b>Flat 2/2 3 Roxburgh Way Greenock PA15 4LN</b>	Current Address:	<b>Flat 2/2 3 Roxburgh Way Greenock PA15 4LN</b>
Return Contact No:			
Tel No:	<b>01475 336287</b>		<b>01475 336287</b>
Mobile No:			
Priority:	<b>within 4 hours</b>	Call Origin:	
Received:	<b>18-Nov-2024 01:44</b>	Calltype:	<b>Attend OOH Appointment</b>
Advised:	<b>05:27</b>	Arrived PCC:	<b>18-Nov-2024 04:57</b>
Cons start:		Cons End:	
Consulting Doctor:	<b>Chloe Brown</b>	Own doctor:	<b>Glen Sykes</b>

CHI Number:  
**1003820107**

Reported Condition:

**Symptoms: This case was generated from 7474791. Caller Name: Yvonne Caller Number: Initial Symptoms: History: 42 year old lady who had vomit tonight at about 9pm with blood streaks. No clots. Denies violent vomiting. No abdo pain. Not dizzy/light headed. No bowel upset. No bleeding/malaena. Suffers with acid reflux-had it over the weekend, no meds taken. No PPI on ECS. No alcohol/NSAID's. Lives alone Examination: Diagnosis: ?gastritis/acid reflux Treatment: PCEC within 4 hours with PTS for obs/exam ?home with PPI and GP follow up. Case Summary: --- VOMITING WITH BLOOD - TONIGHT --- Clinical summary created by: Kirsty Gordon (Call Taker Si) () [17/11/2024 22:20:13] Reason for call: VOMITING WITH BLOOD - TONIGHT 17:11:2024 21:56:33 GORDONK.. ACID REFLUX RECENTLY. VOMITED WITH BLOOD IN IT... 17:11:2024 22:18:11 GEORGEA.. C/O SUDDEN ONSET OF VOMITTING -DARK RED STREAKS OF BLOOD WITH VOMITUS,C/O ACID REFLUX X 2 DAYS- CALMS WITHOUT MEDS USUALLY , PU-OKAY , BO-NORMAL, NO FEVER , PMH-CYST OVER FALLOPIAN TUBE , NOT IN PAIN ... PT IS ASTHMATIC , HAS UNDERACTIVE THYROID,PT IS CONCERNED, STC 4HRS, WS-GIVEN.. Outcome: Speak to clinician within 4 Hrs ---**

---

Triage details:

History - **HX as per telephone consultation:**  
**Symptoms: This case was generated from 7474791. Caller Name: Yvonne**  
**Caller Number: Initial Symptoms: History: 42 year old lady who had vomit tonight at about 9pm with blood streaks. No clots. Denies violent vomiting. No abdo pain. Not dizzy/light headed. No bowel upset. No bleeding/malaena. Suffers with acid reflux-had it over the weekend, no meds taken. No PPI on ECS. No alcohol/NSAID's. Lives alone**  
**Examination: Diagnosis: ?gastritis/acid reflux**

**@PCEC:**

**Nil pain required.**  
**Managing usual oral intake.**  
**Passing urine as normal.**  
**PMH - asthma, hypothyroid.**  
**Meds as per ECS.**  
**Allergies as per ECS.**

Examination - **Appears alert and orientated.**  
**Talking in sentences, no increased WOB.**

**abdominal examination - abdo soft and non-tender. Nil masses or organomegaly. Nil rebound tenderness. Nil pain on balloting of kidneys. BS present.**

Diagnosis - **dyspepsia**

Treatment - **Given short supply of PPI x2 30mg lansoprazole from stock, and remaining as per prescription (only PPI available on site).**  
**Also given some peptac as per prescription.**  
**Advised to follow up with own GP.**  
**Self-care - avoid triggers - spicy food, alcohol, stress etc, rest, push fluids.**  
**WSG - vomiting (coffee ground, large blood volume), becoming unwell, fever, abdo pain to attend a&e, any new/worrying/worsening symptoms to be reassessed.**

**Patient happy with above.**

Examination Details - **HCA SCOTLAND FEMALE**  
**Systolic BP (Initial Reading) mmHg 112**  
**Diastolic BP (Initial Reading) mmHg 76**  
**Oxygen saturation % 99.0**  
**Heart Rate 77**  
**Temperature C 36.0**

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Prescriptions:

**Peptac liquid aniseed (Teva UK Ltd) 10 to 20ml - FOUR times a DAY - after meals and at bedtime - oral 500.00 Lansoprazole 30mg gastro-resistant capsules 1 capsule - every MORNING - half to one hour before food - oral 7.00**

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Followups:

**GP Follow Up**

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Clinical Codes:

**J16y4 Dyspepsia**

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Health & Social Care Partnership  
Interim Chief Officer: Kate Rocks



Our Ref:  
LMacf/LJG/1003820107

Inverclyde Community Mental Health Team  
Crown House  
30 King Street  
GREENOCK  
PA15 1NL  
Tel: 01475 558000  
Fax: 01475 558137

Date: 8<sup>th</sup> November 2024

**Private and Confidential**

Miss Yvonne Jamieson  
Flat 2/2  
3 Roxburgh Way  
GREENOCK  
PA15 4LN

Dear Yvonne

Following your referral and the subsequent assessment by staff from the Community Mental Health Team, your case has now been discussed at our multi-disciplinary team meeting.

It was agreed that you will be offered a psychiatry out-patient appointment. Please note you will receive appointment in due course.

Yours sincerely

A handwritten signature in black ink, appearing to be "L Macf", written over a horizontal line.

Screening and Allocation Team

cc: Dr G. Sykes, Cochrane Medical Practice

Patient's Name: \_\_\_\_\_

Today's Date: 24/10/24

# Asthma Control Test™ (ACT) is:

CHI: 1003820107 10/03/1982 F  
 JAMESON Yvonne  
 Flat 2-2,3 Roxburgh Way, PA15 4LN  
 Dr G Sykes, 3076479  
 Cochrane Medical Pra, PA15 4LN 063774  
 24/10/2024 11:29 Practice: 063774

- ▷ A quick test that provides a numerical score to assess asthma control.
- ▷ Recognized by the National Institutes of Health (NIH) in its 2007 asthma guideline
- ▷ Clinically validated against spirometry and specialist assessment.<sup>2</sup>

**PATIENTS:** 1. Answer each question and write the answer number in the box to the right of each question.  
 2. Add your answers and write your total score in the TOTAL box shown below.  
 3. Discuss your results with your doctor.

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?	SCORE										
<table border="1"> <tr> <td>All of the time</td> <td>①</td> <td>Most of the time</td> <td>②</td> <td>Some of the time</td> <td>③</td> <td>A little of the time</td> <td>④</td> <td>None of the time</td> <td>⑤</td> </tr> </table>	All of the time	①	Most of the time	②	Some of the time	③	A little of the time	④	None of the time	⑤	3
All of the time	①	Most of the time	②	Some of the time	③	A little of the time	④	None of the time	⑤		
2. During the past 4 weeks, how often have you had shortness of breath?											
<table border="1"> <tr> <td>More than once a day</td> <td>①</td> <td>Once a day</td> <td>②</td> <td>3 to 6 times a week</td> <td>③</td> <td>Once or twice a week</td> <td>④</td> <td>Not at all</td> <td>⑤</td> </tr> </table>	More than once a day	①	Once a day	②	3 to 6 times a week	③	Once or twice a week	④	Not at all	⑤	1
More than once a day	①	Once a day	②	3 to 6 times a week	③	Once or twice a week	④	Not at all	⑤		
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?											
<table border="1"> <tr> <td>4 or more nights a week</td> <td>①</td> <td>2 or 3 nights a week</td> <td>②</td> <td>Once a week</td> <td>③</td> <td>Once or twice</td> <td>④</td> <td>Not at all</td> <td>⑤</td> </tr> </table>	4 or more nights a week	①	2 or 3 nights a week	②	Once a week	③	Once or twice	④	Not at all	⑤	5
4 or more nights a week	①	2 or 3 nights a week	②	Once a week	③	Once or twice	④	Not at all	⑤		
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?											
<table border="1"> <tr> <td>3 or more times per day</td> <td>①</td> <td>1 or 2 times per day</td> <td>②</td> <td>2 or 3 times per week</td> <td>③</td> <td>Once a week or less</td> <td>④</td> <td>Not at all</td> <td>⑤</td> </tr> </table>	3 or more times per day	①	1 or 2 times per day	②	2 or 3 times per week	③	Once a week or less	④	Not at all	⑤	1
3 or more times per day	①	1 or 2 times per day	②	2 or 3 times per week	③	Once a week or less	④	Not at all	⑤		
5. How would you rate your asthma control during the past 4 weeks?											
<table border="1"> <tr> <td>Not controlled at all</td> <td>①</td> <td>Poorly controlled</td> <td>②</td> <td>Somewhat controlled</td> <td>③</td> <td>Well controlled</td> <td>④</td> <td>Completely controlled</td> <td>⑤</td> </tr> </table>	Not controlled at all	①	Poorly controlled	②	Somewhat controlled	③	Well controlled	④	Completely controlled	⑤	3
Not controlled at all	①	Poorly controlled	②	Somewhat controlled	③	Well controlled	④	Completely controlled	⑤		

TOTAL  
13

**If your score is 19 or less, your asthma may not be under control.**

Copyright 2002, by QualityMetric Incorporated.  
 Asthma Control Test is a trademark of QualityMetric Incorporated.  
 The Asthma Control Test is for people with asthma 12 years and older.

### HEALTHCARE PROVIDER:

▷ Include the ACT score in your patient's chart to track asthma control.

References: 1. US Department of Health and Human Services, National Institutes of Health, National Heart, Lung and Blood Institute. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (EPR-3 2007). NIH Item No. 06-4051. <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>. Accessed September 10, 2007. 2. Nathan RA et al. J Allergy Clin Immunol. 2004;113:59-65.

Health & Social Care Partnership  
Chief Officer: Kate Rocks



Our Ref: ICMHT/AR

Inverclyde Community Mental Health Team  
Crown House  
30 King Street  
GREENOCK  
PA15 1NL  
Tel: 01475 558000  
Fax: 01475 558137

Date: 22<sup>nd</sup> October 2024

**Private and Confidential**  
Miss Yvonne Jamieson  
Flat 1/1  
27 Mearns Street  
GREENOCK  
PA15 4QA

Dear Miss Jamieson

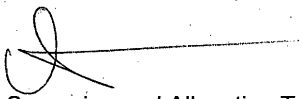
Following your recent referral to the Community Mental Health Team we would wish to offer you an initial mental health assessment at your home by two members of our staff. We would wish to carry out this assessment at your home on **Tuesday 29<sup>th</sup> October 2024 at 10.30am.**

Following your assessment, your case will be discussed within the Multi-Disciplinary Team and, if it is felt that we are the most appropriate service to be helping, you will be offered further input from the service.

In the meantime, should your condition deteriorate, you *should* contact your General Practitioner.

If the above date or time is unsuitable please contact the above number to reschedule.

Yours sincerely

  
P.P. Screening and Allocation Team

✓ Cc; Dr G Sykes, Cochrane Medical Practice

**Jackie Kerr**  
**Interim Chief Officer**

Our Ref: JH  
Job ID: 695412  
Date Dictated: 26/07/2024  
Date: 01/08/2024

**PRIVATE & CONFIDENTIAL**

Dr R Khan  
Westmuir Medical Centre  
The Westmuir Medical Practice  
109 Craill Street  
Glasgow  
G31 5RA

Mental Health  
Brand Street Resource Centre  
Festival Business Park  
150 Brand Street  
Glasgow  
G51 1DH  
0141 303 8900 EXT:  
[www.nhsggc.org.uk](http://www.nhsggc.org.uk)

Dear Dr Khan,

**Re: Yvonne Jamieson                      DOB: 10/03/1982                      CHI: 1003820107**  
**Address: Flat 1/1 27 Mearns Street, Greenock, Inverclyde, PA15 4QA**

I have been unable to review Yvonne in my outpatient clinic since March 2024 as she had moved outwith our area and stated she was unable to travel. She has now been referred to her locality CMHT and has not had any further contact with Brand St and so I am discharging her. In the meantime she is aware of the appropriate contact details should she require any input.

Yours sincerely

**Dr Claire McGhee**  
**Consultant Psychiatrist**

*Authorised on 21/08/2024 10:37:03 by Clare McGhee.*

*dupes*

**Health and Social Care Partnership**  
Chief Officer: Kate Rocks



Inverclyde Community Mental Health Team  
Crown House  
30 King Street  
GREENOCK  
PA15 1NL

Our Ref : ICMHT/KW  
1003820107

Date: 2<sup>nd</sup> August 2024

Tel: 01475 558000

**Private and Confidential**

Miss Yvonne Jamieson  
Flat 1/1  
27 Mearns Street  
GREENOCK  
PA15 4QA

Dear Miss Jamieson

**Update about the Adult Community Mental Health Team**

Following your referral to the Community Mental Health Team, I am writing to let you know that the service is experiencing an extremely high level of operational pressure at present.

As a result, routine assessment appointments will be delayed. We understand that this may cause some disappointment or feelings of distress but I would like to reassure you that your appointment will be scheduled as soon as possible after the current pressures improve.

In the meantime, while you are waiting, there are several local services whose support you might find beneficial. Information can be found online at the Inverclyde Life website [www.inverclydelife.com](http://www.inverclydelife.com) and you can customise your search criteria to look specifically for mental health and wellbeing support.

Additionally, Your Voice offers a Community Connector Service that supports people to access a variety of community resources you may also find supportive at this time. Details can be found at [www.yourvoice.org.uk](http://www.yourvoice.org.uk) or by calling 01475 728628 Monday – Friday 9.00am to 4.30pm to discuss what is available and could be of further help to you.

There are self-help guides that can also help whilst you are waiting for your appointment. This will give you information on common mental health problems and ways to cope.

You will find information on the websites listed below. Type the web address into the internet, or scan the QR codes with the camera on a smart phone to access the websites.

-2-

**My App: My mental health**

Web address: <https://rightdecisions.scot.nhs.uk/myapp-my-mental-health/>



**NHS inform**

Web address: <https://www.nhsinform.scot/symptoms-and-self-help/self-help-guides>



**Glasgow Wellbeing**

Web Address: <https://www.wellbeing-glasgow.org.uk/self-help>



If, while you are waiting for an appointment, your mental health deteriorates or you require urgent help with your mental health. Please contact your GP or telephone the NHS 24 Mental Health Hub on 111.

If you are feeling overwhelmed by your thoughts and feelings then Samaritans and Breathing Space are two services who can provide support at that time.

Samaritans: telephone – 116 123 any time

Breathing Space – Telephone - 0800 838587

**Weekdays:** Monday – Thursday 6.00pm – 2.00 am

**Weekends:** Friday 6.00pm – Monday 6.00am

Thank you for your understanding about the pressures the Adult Community Mental Health Team is facing and please accept our apologies for any inconvenience.

Yours sincerely

**Inverclyde Community Mental Health Team**

Cc; Dr Sykes, General Practitioner, Cochrane Medical Practice

*duples*

**Inverclyde Primary Care Mental Health Team  
Triage Questions**



<b>Name of patient</b>	JAMIESON, Yvonne (Miss)	<b>CHI</b>	100 382 0107	
<b>GP Name &amp; Practice</b>	COCHRANE MEDICAL PRACTICE GREENOCK HEALTH & CARE CENTRE			
<b>Triage Outcome</b>	Appropriate / Inappropriate	<b>Date of Triage</b>		
<b>Screening history – Known to Brand Street CMHT in 2024. Note: - Patient has diagnosis of EUPD and note on records stating 'other bipolar affective disorders' therefore would not meet criteria for PCMHT. Also known to NHS Tayside in the past and attended Mental Health Assessment Unit in 2023.</b>				
<b>Call back record</b>				
<b>Call</b>	<b>Date</b>	<b>Time</b>	<b>Clinician</b>	<b>Message Left</b>
1 <sup>st</sup> call	20/06/2024	11:30am	Louise McNeillage	No. See Emis.
2 <sup>nd</sup> call				
<b>Can you give brief description of your current difficulties and how long you have had them?</b>				
I called Yvonne for triage this morning. She confirmed that she has a diagnosis of EUPD and CPTSD. Prior to moving to Inverclyde she was seen and supported by the CMHT in Brand Street, Govan; her support level there was a CPN Keyworker, Psychologist and OPC with Consultant Psychiatrist who made diagnosis of EUPD. I explained the function of the Primary Care Mental Health Team (PCMHT) which will not meet her needs level and I have suggested that she speak to her GP for referral to tier 2 mental health services.				
<b>Current Psychotropic Medication</b>				
Not discussed				
<b>Could you tell me something about your use of alcohol or drugs in the past and now?</b>				
not discussed				
<b>Self-Harm/Suicidal Ideation past or present?</b>				
No concerns regarding self-harm or suicide currently.				
<b>Any previous convictions or pending charges?</b>				
Not discussed				
<b>Is there any other relevant information you want to share?</b>				
No				
<b>Decision and rationale discussed with patient:</b>				
Patient confirmed that she has a diagnosis of EUPD and CPTSD. I explained the function of the Primary Care Mental Health Team (PCMHT) which will not meet her needs level and I have suggested that she speak to her GP for a referral to tier 2 mental health services. Yvonne happy with advice given. I have made entry in GP notes re same.				

### Inverclyde Primary Care Mental Health Team Triage Questions



<b>Appropriate for Everyday CBT Group</b>	<b>Yes</b>	<b>No</b>	<b>Rational if not</b>
<b>Appropriate for Attend Anywhere</b>	<b>Yes</b>	<b>No</b>	<b>Rationale if not</b>
<b>Triage form completed by: James Graham, Primary Care Mental Health Nurse</b>			





**Jackie Kerr**  
**Interim Chief Officer**

Our Ref: LB/AF  
Job ID: 100537373  
Date: 17/06/2024

**PRIVATE & CONFIDENTIAL**

Dr GC Sykes  
Cochrane Medical Practice  
Greenock Health & Care Centre  
Wellington Street  
Greenock  
PA15 4NH

Department of General Adult Psychiatry  
Brand Street Resource Centre  
Units G7, G8 & G4  
150 Brand Street  
Glasgow  
G51 1DH  
01413038900 EXT:  
www.nhsggc.org.uk

Dear Dr Sykes

**Re: Yvonne Jamieson                      DOB: 10/03/1982                      CHI: 1003820107**  
**Address: Flat 1/1 27 Mearns Street, Greenock, Inverclyde, PA15 4QA**

I am writing to let you know that I will now be discharging the above person from my CPN case load.

Yvonne failed to attend on two occasions for an initial assessment with myself, I note that she has moved to the Greenock area, I will therefore be discharging her from my CPN case load.

Please do not hesitate to contact me if you have any questions.

Yours sincerely

**Linda Broadfoot**  
**Community Psychiatric Nurse**  
**Authorised on 18/06/2024 15:03:54 by Linda Broadfoot.**



cl v pleo

**Health and Social Care Partnership**  
Chief Officer: Kate Rocks



**Primary Care Mental Health Team**  
Crown House  
30 King Street  
GREENOCK  
PA15 1NL

Telephone: 01475-558000

Our Ref: PCMHT/TW/ 100 382 0107

Date typed: 3<sup>rd</sup> June 2024

**PRIVATE AND CONFIDENTIAL**

Miss Y Jamieson  
Flat 1/1  
27 Mearns Street  
Greenock  
PA15 4QA

Dear Miss Jamieson

You have self-referred to the Primary Care Mental Health Team (PCMHT).

Primary Care Mental Health Team is a non-urgent service for people who may be experiencing symptoms of depression, anxiety or adjustment issues.

A member of the PCMHT staff will endeavor to contact you by telephone within 14 days of your referral to conduct a triage call, this is a brief call and will involve the PCMHT staff member asking for some details about your current difficulties. If you have a voice mail facility and are unable to answer your phone a voice mail will be left advising of the attempt to contact you and further contact details. **If you do not give consent to a voicemail being left you must contact us on 01475 558000 and advise us of this within five days of receipt of this letter. If we do not hear from you within this time span we will assume you have no objection to a voicemail being left.**

We will make two attempts to contact you by phone but if there is no response to messages left within the week of the second call we will assume you no longer wish to continue with your referral and take no further action at this stage.

We have attached a list of self-help resources that you can access from home and may assist you with your difficulties in the meantime. If you feel your mental health is deteriorating and require support please contact services on the numbers provided.

**PLEASE NOTE: WHILE WE AIM TO CALL YOU WITHIN 14 DAYS THERE ARE TIMES THIS MAY TAKE LONGER DUE TO INCREASED REFERRAL RATES AND STAFF AVAILABILITY.**

Yours sincerely

**Inverclyde Primary Care Mental Health Team**

**c.c. GP: SYKES, G (Dr), Cochrane Medical Practice**



**Susanne Millar**  
**Chief Officer**

Our Ref: JH  
Job ID: 100490563  
Date: 05/04/2024

**PRIVATE & CONFIDENTIAL**

Dr R Khan  
Westmuir Medical Centre  
The Westmuir Medical Practice  
109 Crail Street  
Glasgow  
G31 5RA

Mental Health  
Brand Street Resource Centre  
Units G7, G8 & G4  
150 Brand Street  
Glasgow  
G51 1DH  
0141 303 8900  
[www.nhsggc.org.uk](http://www.nhsggc.org.uk)

Dear Dr Khan

**Re: Yvonne Jamieson                      DOB: 10/03/1982                      CHI: 1003820107**  
**Address: Flat 0/2 7 Taransay St, Glasgow, G51 3EF**

I was due to review Yvonne in my outpatient clinic on the 20th March 2024. She telephoned to cancel this as she is currently residing in a Womens Aid outwith the city. I will therefore reappoint her in due course and she is aware of our contact details should she require any earlier input.

Yours sincerely

**Dr Claire McGhee**  
**Consultant Psychiatrist**

*Authorised on 06/04/2024 17:22:12 by Clare McGhee.*

1003820107

Page 1 of 1



05/04/2024

Our Ref: MHAU  
Job ID: 100428028  
Date: 14/12/2023

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Dr R Khan  
Westmuir Medical Centre  
The Westmuir Medical Practice  
109 Craill Street  
Glasgow  
G31 5RA

Mental Health  
McLeod Centre  
Leverndale Hospital  
510 Crookston Road  
Glasgow  
G53 7TU  
0141 211 6627 EXT: 46627  
www.nhsggc.org.uk  
<mailto:adultautismteam@ggc.scot.nhs.uk>

Dear Dr Khan

**Re: Yvonne Jamieson                      DOB: 10/03/1982                      CHI: 1003820107**  
**Address: Flat 0/2 7 Taransay St, Glasgow, G51 3EF**

The above named person was referred to the Mental Health Assessment Unit (MHAU), Leverndale by NHS24 Mental Health Hub, and was assessed by telephone on 18/11/2023.

**Situation**

NHS24 referral suicidal thoughts, falling out with partner superficial scratches to wrists.

**Assessment**

Yvonne engaged well over the phone. Stated still had thoughts of ending her life. Stated that she had smashed her tablet and her phone out of frustration. States her partner of 4 years has started drinking and consuming illicit substances (previous issues with alcohol and street valium) and stated that she wants to "take things slow" and Yvonne felt like she could not "get a straight answer" from her partner as to the reasoning behind this. Reports she has run out of medication as had been taking extra in an attempt to sleep and has contacted the GP for a further supply as a special request as the GP stated she was not due any more as was given an adequate supply but as stated has been taking extra.

Discussed past issues and abuse she has experienced stated she only has her partner for support in Glasgow as had to leave Perth due to being "ran out of where she was living" due to her son being convicted of a sexual offence. Thinks will be able to reconcile with partner. Awaiting CPN allocation and ECS group. Hopeful this will help but some trepidation as when has engaged in work before felt this triggered flashbacks of previous abuse. Reports superficial scratches to arm were an attempt at gaining some relief from how she was feeling and does not think she will harm herself this evening. No plan or intent

to harm self but states ongoing thoughts. Forward planning of attending GP/engaging with CMHT.

**Recommendation**

1. Contact NHS24 again if she feels requires support overnight.
2. Advised can access CMHT duty worker and also Crisis though calling CMHT number.
3. Writer will own task team to highlight contact.
4. Discharge from MHAU Caseload.

**Risk**

Denies any plan or intent to harm self further this evening. Reported overdose one year ago.

Yours sincerely

**Nick McIntyre**  
**Senior Unscheduled Care Nurse**

*Authorised on 14/12/2023 10:48:03 by Typist Donna Farmer, not verified by Nick McIntyre.*



Susanne Millar  
Chief Officer

Our Ref: JH  
Job ID: 100413152  
Date: 17/11/2023

**PRIVATE & CONFIDENTIAL**

Dr R Khan  
Westmuir Medical Centre  
The Westmuir Medical Practice  
109 Craill Street  
Glasgow  
G31 5RA

Mental Health  
Brand Street Resource Centre  
Units G7, G8 & G4  
150 Brand Street  
Glasgow  
G51 1DH  
0141 303 8900  
www.nhsggc.org.uk

Dear Dr Khan

**Re: Yvonne Jamieson      DOB: 10/03/1982      CHI: 1003820107**  
**Address: Flat 0/2 7 Taransay St, Glasgow, G51 3EF**

Diagnosis	Emotional Unstable Personality Disorder
Current Medication	Thyroxine 100mcg daily Quetiapine 75mg at night
Follow up	Outpatient clinic 4 months time Awaiting allocations to female CPN for emotional coping skills work

I reviewed Yvonne in my outpatient clinic on the 15th November 2023. Yvonne reported that things have been very difficult over recent months. She has had an on-off relationship with her partner, although they are now back together. She was living in supported accommodation for a few weeks although has now returned to her tenancy in Govan. Yvonne reports she has been slightly more emotionally dysregulated over this time and has been having some heightened visions in the evening relating to previous sexual abuse. She has at times taken Quetiapine over her prescribed dose although has now returned to the recommended amount. Yvonne is keen to engage in emotional coping skills work and today presented as well kempt and insightful in to her mental health. She denied any thoughts of self-harm or suicide today and appears future focused. I have provided her with



**Susanne Millar**  
**Chief Officer**

some further handouts on BPD and PTSD and we agreed today to make no changes to her medication. I advised her that if she is finding Quetiapine over sedating she could reduce this herself to 50mg daily. Yvonne was happy with this as a plan and we will keep her under review in the outpatient clinic. In the meantime she is aware of our contact details should she require any earlier input.

Yours sincerely

**Dr Claire McGhee**  
**Consultant Psychiatrist**

*Authorised on 17/11/2023 16:21:31 by Clare McGhee.*



Susanne Millar  
Chief Officer

Our Ref: NM  
Job ID: 100360053  
Date: 14/08/2023

**PRIVATE & CONFIDENTIAL**

Allocations  
Brand Street CMHT  
Festival Business Centre  
150 Brand Street  
Glasgow  
G51 1DH

Mental Health  
Brand Street Resource Centre  
Units G7, G8 & G4  
150 Brand Street  
Glasgow  
G51 1DH  
0141 303 8900 EXT:  
[www.nhsggc.org.uk](http://www.nhsggc.org.uk)

Dear Allocations

**Re: Yvonne Jamieson      DOB: 10/03/1982      CHI: 1003820107**  
**Address: Flat 0/2 7 Taransay Street, Glasgow, G51 3EF**

Diagnosis:	EUPD
Mental Health Act Status:	Informal
Current Medication:	Quetiapine 25mg in the morning, 50mg at night

As discussed in the MDT, I would be the most grateful if Yvonne could be allocated to a CPN to do emotional coping skills work. Yvonne is a very pleasant 41-year-old lady who was given a diagnosis of Bi-Polar Affective Disorder whilst living in Blairgowrie. Since she has moved to Glasgow I have revised this diagnosis to EUPD and have provided Yvonne with information on this. She remains at fairly high risk of impulsive overdoses and is keen





**Susanne Millar**  
**Chief Officer**

to engage with services to improve her emotional coping skills. She is very pleasant and there are no concerns regarding her ability to engage.

I would be more than happy to discuss this further if you require any additional information.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Cl McGhee', is positioned below the 'Yours sincerely' text.

**DR CLAIRE MCGHEE**  
**Consultant Psychiatrist**

**If phoning please ask for Dr McGhee's secretary.**  
**Telephone 0141 303 8900 Fax 0141 303 8909**

*Authorised on 24/08/2023 09:43:59 by Clare McGhee.*

(D) Dr CD Martin  
Dr Mair & Partners  
1600-1604 Paisley Road West  
Ibrox  
Glasgow  
G52 3QN



Susanne Millar  
Chief Officer

Our Ref: NM  
Job ID: 100360756  
Date: 15/08/2023

**PRIVATE & CONFIDENTIAL**

Dr CD Martin  
Dr Mair & Partners  
1600-1604 Paisley Road West  
Ibrox  
Glasgow  
G52 3QN

Mental Health  
Brand Street Resource Centre  
Units G7, G8 & G4  
150 Brand Street  
Glasgow  
G51 1DH  
0141 303 8900 EXT:  
www.nhsggc.org.uk

Dear Dr Martin

**Re: Yvonne Jamieson                      DOB: 10/03/1982                      CHI: 1003820107**  
**Address: Flat 0/2 7 Taransay Street, Glasgow, G51 3EF**

Diagnosis:	EUPD Previous diagnosis of Bi-Polar Affective Disorder
Mental Health Act Status:	Informal
Current Medication:	Levothyroxine 100mcg, Quetiapine 25mg in the morning, 50 mg at night
Follow-Up:	Referral to CPN for Emotional Coping skills work

I reviewed Yvonne in my outpatient clinic on the 02nd August 2023. She was accompanied by her partner Charlene. She reported that things have been fairly stable over recent months. She had found the reduction in Quetiapine quite difficult, describing her mood to be more variable and in general feeling more agitated. We therefore agreed to increase this back to 25mg in the morning and 50 mg at night. Yvonne was keen to spend the majority of the appointment discussing her diagnosis. I had provided her with some information on





**Susanne Millar**  
Chief Officer

EUPD at her last appointment, and so we spent time discussing this today. I was clear with Yvonne that while she has a previous diagnosis of Bi-Polar affective disorder I feel her difficulties are much more in keeping with that of Emotional Unstable Personality Disorder and would suggest that Psychological based treatment would be most beneficial for Yvonne. She was in agreement with this and was keen to pursue this. We therefore agreed that I would discuss her for allocation at our MDT for emotional coping skills work.

On examination, Yvonne presented as looking very well. She was well kempt and casually and appropriately dressed. She was very pleasant and easily developed a rapport. There was no evidence of any significant mood disturbance or any psychotic features and Yvonne continues to have good insight into her difficulties. She continues to be at high risk of impulsive overdoses and self harm and I would advise continuing with weekly dispense currently. She is good at contacting the department when she feels more overwhelmed and has thoughts of suicide. I therefore agreed to keep her under review and I will see her again in the outpatient clinic in 4 months time.

Yours sincerely

A handwritten signature in cursive script, appearing to read "C. McGhee".

**DR CLAIRE McGHEE**  
**Consultant Psychiatrist**

**If phoning please ask for Dr McGhee's secretary.**  
**Telephone 0141 303 8900 Fax 0141 303 8909**

*Authorised on 24/08/2023 09:33:10 by Clare McGhee.*



Susanne Millar  
Chief Officer

Our Ref: NM  
Job ID: 511356  
Date: 30/03/2023

**PRIVATE & CONFIDENTIAL**

Dr CD Martin  
Dr Mair & Partners  
1600-1604 Paisley Road West  
Ibrox  
Glasgow  
G52 3QN

Mental Health  
Brand Street Resource Centre  
Units G7, G8 & G4  
150 Brand Street  
Glasgow  
G51 1DH  
0141 303 8900 EXT:  
www.nhsggc.org.uk

Dear Dr Martin

**Re: Yvonne Jamieson                      DOB: 10/03/1982                      CHI: 1003820107**  
**Address: Flat 0/2 7 Taransay Street, Glasgow, G51 3EF**

Diagnosis:	EUPD, Previous diagnosis of Bi-Polar type 2
Mental Health Act Status:	Informal
Current Medication:	Quetiapine 100mg at night, Levothyroxine 100mcg
Follow-Up:	Telephone call to Yvonne following medication review Yvonne will consider whether she wishes Psychology based input for treatment of EUPD Outpatient clinic follow-up 3 months time

I reviewed Yvonne in my outpatient clinic on the 29th March 2023. This was my first time meeting Yvonne, although I have had a chance to review her notes since moving from Blairgowrie. Yvonne herself reported a history of a diagnosis of Bi-Polar Type 2 however she has been querying for a number of years whether this is a correct description of her difficulties. We therefore spent the majority of the appointment discussing diagnostic criteria



CHI: 1003820107

Page 1 of 3

30/03/2023



**Susanne Millar**  
Chief Officer

for both that and EUPD. It was clear that Yvonne has a long history of trauma, attachment difficulties and meets the diagnosis of EUPD rather than Bi-Polar Affective Disorder.

I therefore provided Yvonne with some written information from the MIND website regarding this and spent some time discussing treatment options. Yvonne was also keen to discuss medication as she feels Quetiapine has not been helpful with her mood and is leading to over sedation. I will therefore undertake a medication review prior to suggesting any alternative medications as I believe she is quite prone to side effects.

Objectively, Yvonne presented today as a well kempt, casually dressed woman who was very pleasant and appropriate. She described her mood as very variable and objectively appeared euthymic with normal reactivity. There was no evidence of a psychotic illness and Yvonne really appears to have excellent insight into her difficulties. The main risk for Yvonne is that of impulsive overdoses at times when interpersonal difficulties arise, and she reported her ex-partner in particular goading her to take an overdose and this being a trigger for her. At the time of the appointment she was future focussed with positive plans for improving her life and is keen to continue to engage with ourselves. We therefore agreed that I will complete a medication review and telephone her with further suggestions and Yvonne will consider whether she wants a referral to our emotional coping skills group.

Yvonne was happy with this as a plan, and we will keep you updated of her progress.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Cl McGhee'.

**DR CLAIRE MCGHEE**  
**Consultant Psychiatrist**

If phoning please ask for Dr McGhee's secretary.  
Telephone 0141 303 8900 Fax 0141 303 8909

***Authorised on 31/03/2023 15:34:18 by Clare McGhee.***

NHS Confidential: Personal data about a patient



**Susanne Millar**  
**Chief Officer**

CHI: 1003820107

Page 3 of 3



30/03/2023

**Susanne Millar**  
**Chief Officer**

Our Ref: CMG  
Job ID: 100353998  
Date: 02/08/2023

**Private & Confidential**

Dr CD Martin  
Dr Mair & Partners  
1600-1604 Paisley Road West  
Ibrox  
Glasgow  
G52 3QN

Department of General Adult Psychiatry  
Brand Street Resource Centre  
Festival Business Park  
150 Brand Street  
Glasgow  
G51 1DH  
3038900 EXT: 3038900  
www.nhsggc.org.uk

Dear Dr Martin

**Re: Yvonne Jamieson                      DOB: 10/03/1982                      CHI: 1003820107**  
**Address: Flat 0/2 7 Taransay Street, Glasgow, G51 3EF**

**Change of Medication Request**

Your above named patient was reviewed by telephone/video/face to face assessment.

Urgent (Within 24 hrs) <input type="checkbox"/> (should be followed by a telephone call)	Routine (available 48 hrs following request) <input checked="" type="checkbox"/>
<b>Action required by GP:</b>	
Please increase Quetiapine to 25mg mane, 50mg nocte.	
For ongoing weekly dispense thank you.	

Please do not hesitate to get in touch on the number above if you need further information.

Yours sincerely

*Authorised on 02/08/2023 12:56:03 by Clare McGhee.*

**Susanne Millar**  
**Chief Officer**

**Susanne Millar**  
**Chief Officer**

Our Ref: CR  
Job ID: 100295046  
Date: 31/03/2023

**Private & Confidential**

Dr CD Martin  
Dr Mair & Partners  
1600-1604 Paisley Road West  
Ibroy  
Glasgow  
G52 3QN

Community Mental Health Team  
Brand Street Resource Centre  
Festival Business Park  
150 Brand Street  
Glasgow  
G51 1DH  
sPrefPhoneNo EXT: sPrefExtension  
www.nhsggc.org.uk

Dear Dr Martin

**Re: Yvonne Jamieson                      DOB: 10/03/1982                      CHI: 1003820107**  
**Address: Flat 0/2 7 Taransay Street, Glasgow, G51 3EF**

**Change of Medication Request**

Your above named patient was reviewed by telephone/video/face to face assessment.

Urgent (Within 24 hrs) <input type="checkbox"/> (should be followed by a telephone call)	Routine (available 48 hrs following request) <input checked="" type="checkbox"/>
<b>Action required by GP:</b>	
Please reduce Quetiapine to 50mg nocte.	

Please do not hesitate to get in touch on the number above if you need further information.

Yours sincerely

Claire McGhee

*Authorised on 31/03/2023 13:43:21 by Clare McGhee.*



PRIVATE AND CONFIDENTIAL

Scottish Ambulance Service  
National Headquarters  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB  
Tel - 0131 314 0000



Date : 26 Feb 2023  
CHI Number : 1003820107

Dear Doctor, (Practice Code - 52241)

Yvonne Jamieson, 10/03/82 , 0/2 0/2 7 TARANSAY STREET GOVAN GLASGOW

Yvonne Jamieson, was attended by ambulance crew on 26 Feb 2023 but was not conveyed to hospital.

The full electronic patient record is also attached for your information. If you require further information please contact [sas.gpepr2@nhs.scot](mailto:sas.gpepr2@nhs.scot) , stating the Incident number CR009582873.

Yours sincerely,

Scottish Ambulance Service

TerraPACE REPORT														
Time	01:32					Date	26/02/2023							
PATIENT AND INCIDENT DETAILS														
Incident number	CR009582873													
Name	Yvonne Jamieson													
CHI Number	1003820107													
Date of Birth	1982-03-10													
Additional Comments and Observations	999 call to 40yo f c/o overdose of quetiapine and levothyroxine. Pt states ingested 4x 100mg quetiapine and 6x 100mcg levothyroxine at 2000hrs. Went to bed at 2100hrs. Pt known to support services, currently awaiting appointment for mh assessment for alternative diagnosis. o/a pt alert and orientated. o/e obs as noted, 4 lead nsr. Pt denies any pain, nausea, dizziness or vomiting. States took tablets as rash decision, feels in a clearer state of mind, declined conveyance. Advised to call gp monday morning to arrange prescription of medication and to discuss further support. Wsg.													
Additional Comments: Presenting Complaint	OVERDOSE													
PATIENT ASSESSMENT														
AVPU	Alert													
Circulation														
Pulse Rate	85					BP	99/69							
Cap Refill	<=2 Secs					ECG Rhythm	Sinus Rhythm							
Rhythm	Reg					Arm	Right							
Central/Peripheral	Peripheral					ECG	3 Lead							
IV(L)						IV(R)								
IO(L)						IO(R)								
Observations														
Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF
01:00	85	17	99/69	97	<=2 Secs	15	Alert		36	9.1	Sinus Rhythm			
01:10	82	18	102/70	97	<=2s	15	Alert							
HISTORY														
AMPLE														
Allergies	None													
Medication	AS ECS													
Past Medical History	HYPOTHYROIDISM, BIPOLAR													
Last Eaten	Within Past Hour													
Events Prior	OVERDOSE OF PRESCRIPTION TABLETS SEVERAL HOURS AGO													

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The process to match patient to GP practice is based on the patient details entered and can, on occasion, be subject to error. If, for any reason, you believe that this patient does not belong to your practice or anything else is incorrect on this report please report this to [esg.mfegor@snhs.scot](mailto:esg.mfegor@snhs.scot). Please quote the SAS incident number, date of the incident and CHI of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.

NHS Confidential: Personal data about a patient

<b>Social History</b>	
<b>Lives alone</b>	
<b>MEDICAL</b>	
<b>TRAUMA</b>	
<b>OBSTETRICS/GYNAE</b>	
<b>OTHER</b>	

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The process to match patient to GP practice is based on the patient details entered and can, on occasion, be subject to error. If, for any reason, you believe that this patient does not belong to your practice or anything else is incorrect on this report please report this to [esg.mfegow@nhs.uk](mailto:esg.mfegow@nhs.uk). Please quote the IAS incident number, date of the incident and OPH of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.



Susanne Millar  
Chief Officer

Our Ref: PO  
Job ID: 100271844  
Date: 13/02/2023

**PRIVATE & CONFIDENTIAL**

Dr CD Martin  
Dr Mair & Partners  
1600-1604 Paisley Road West  
Ibrox  
Glasgow  
G52 3QN

Mental Health  
Brand Street Resource Centre  
Units G7, G8 & G4  
150 Brand Street  
Glasgow  
G51 1DH  
0141 303 8900 EXT:  
www.nhsggc.org.uk

Dear Dr Martin

**Re: Yvonne Jamieson      DOB: 10/03/1982      CHI: 1003820107**  
**Address: Flat 0/2 7 Taransay Street, Glasgow, G51 3EF**

Ms Jamieson called to cancel her appointment at my out patient clinic on 1st February 2023 due to her being unwell through the night.

A further appointment with be organised in due course.

Yours sincerely

A handwritten signature in black ink, appearing to read 'CMcGhee', is positioned below the text 'Yours sincerely'.

**DR CLAIRE MCGHEE**  
**Consultant Psychiatrist**

If phoning please ask for Dr McGhee's secretary.

1003820107

Page 1 of 2



13/02/2023

NHS Confidential: Personal data about a patient



**Susanne Millar**  
**Chief Officer**

**Telephone** 0141 303 8900 **Fax** 0141 303 8909

*Authorised on 13/02/2023 11:02:28 by Typist Paula Ottaway, not verified by Clare McGhee.*

1003820107

Page 2 of 2



13/02/2023

NHS Greater Glasgow and Clyde OOH Call Incident Report

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Call number:	<b>6846108</b>	Receive Date:	<b>31-Dec-2022 00:17</b>
Patient's Name:	<b>Yvonne Jamieson</b>		
Date of birth:	<b>10-Mar-1982 ( 40 years )</b>	Gender:	<b>F</b>
Address:	<b>0/2</b>	Current Address:	<b>0/2</b>
	<b>7 Taransay Street</b>		<b>7 Taransay Street</b>
	<b>Glasgow</b>		<b>Glasgow</b>
	<b>G51 3EF</b>		<b>G51 3EF</b>
Return Contact No:			
Tel No:	<b>0141 286 6623</b>		<b>0141 286 6623</b>
Mobile No:			
Priority:	<b>Urgent</b>	Call Origin:	
Received:	<b>31-Dec-2022 00:17</b>	Calltype:	<b>Direct Referral ED</b>
Advised:	<b>00:40</b>	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	<b>Chris Martin</b>

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CHI Number:  
**1003820107**

---

NHSD details:

---

Receptionist:  
**PARTNER HAS TAKEN 5 QUETIAPINE TONIGHT, 100MG.**  
**AEP Patient advised to go to A&E**  
**Clinical summary created by: Bethany Griffith (Pwp Call Taker) () [31/12/2022 00:40:27] Reason for call: PARTNER HAS TAKEN 5 QUETIAPINE TONIGHT, 100MG.<b>Confirmed Symptom(s):</b> Endpoint Management Selected (CT)**  
**<b>History and Mental state:</b> Main problem: PARTNER CALLED WITH PT IN THE ROOM: PT HAS TAKEN 5 QUETIAPINE TONIGHT OF 100MG WITH INTENT TO END HER LIFE. THIS WAS TAKEN AT APPROXIMATELY 00:00. PT ALSO TOLD PARTNER TO PLUNGE A KNIFE INTO HER CHEST AS SHE WANTS TO END HER LIFE. PARTNER STATED PT HAS HX OF SUICIDE ATTEMPT AROUND THIS TIME LAST YEAR. Engagement with services: NOT ASSESSED. Medication: PT HAS TAKEN 5 QUETIAPINE TONIGHT OF 100MG WITH INTENT TO END HER LIFE. NOT FURTHER ASSESSED. RAG History and mental state: Red <b>Public protection considerations:</b> Harm to others risk: PARTNER STATES: NIL Adult protection: PARTNER STATES, PT SUICIDAL, HAS ATTEMPTED OVERDOSE. Child protection: NIL RAG Child protection: Green RAG Adult protection: Red RAG Harm to others: Green**

**<b>Suicide or self-harm:</b> Self-harm risk: PT STATES: NO SELF HARM, ATTEMPTED OVERDOSE TO END LIFE USING 5 QUETIAPINE. Suicide risk: PARTNER SPEAKING WITH PT IN ROOM: PT HAS TAKEN 5 QUETIAPINE TONIGHT, 100MG. PT TOOK THESE WITH INTENT TO END LIFE. LAST ATTEMPT WAS THIS TIME LAST YEAR. SUICIDAL THOUGHTS. TOLD PARTNER TO STICK A KNIFE THROUGH HER. RAG Suicide: RAG Red RAG Self-harm: Red <b>Social and personal risks:</b> Support network: PT LIVES WITH PARTNER. PARTNER STATES SHE HAS HAD TO LEAVE HER FAMILY (ALSO SCOTLAND BASED) AND MOVE AWAY SO SHE MAY BE MISSING THEM TONIGHT. PT ALSO WAS IN AN ARGUEMENT WITH HER PARTNER (CONTENT NOT DISCUSSED) Physical health: NOT ASSESSED Occupation/activity: NOT ASSESSED Housing and finances: NOT ASSESSED RAG Social and personal risks: Not known <b>Risk from substance misuse:</b> Substance abuse risk: NIL RAG Risk from substance misuse: Green <b>Any other issues:</b> Other issues: PT LIVES CLOSE TO THE QUEEN ELIZABETH UNIVERSITY HOSPITAL. PARTNER STATES THAT SHE CAN TAKE HER THERE TONIGHT FOR ASSESSMENT. RAG Any other issues: Green <b>Overall impression:</b> Overall impression: PARTNER CALLED WITH PT IN THE ROOM: PT HAS TAKEN 5 QUETIAPINE TONIGHT OF 100MG WITH INTENT TO END HER LIFE. THIS WAS TAKEN AT APPROXIMATELY 00:00. PT ALSO TOLD PARTNER TO PLUNGE A KNIFE INTO HER CHEST AS SHE WANTS TO END HER LIFE. PARTNER STATED PT HAS HX OF SUICIDE ATTEMPT AROUND THIS TIME LAST YEAR. MHNPA ASHLEY MCKEITCH PROVIDED CLINICAL SUPERVISION: DOSE UNLIKELY TO BE TOXIC BASED ON PT'S SIZE - ROUGHLY 5"2 OR 5"3, SIZE 16-18. PT DOES NOT KNOW THEIR WEIGHT. PT LIVES CLOSE TO THE QUEEN ELIZABETH UNIVERSITY HOSPITAL. PARTNER STATES THAT SHE CAN TAKE HER THERE TONIGHT FOR ASSESSMENT. RAG Overall impression: Red RAG Summary: Red:5 Amber:0 Green:4 Not known:1 <b>Call Detail(s):</b> Clinical supervisor: MHNPA ASHLEY MCKEITCH Call reason: Suicidal acts 31:12:2022 00:41:12 GRIFFITHB.. PARTNER CALLED WITH PT IN THE ROOM: PT HAS TAKEN 5 QUETIAPINE TONIGHT OF 100MG WITH INTENT TO END HER LIFE. THIS WAS TAKEN AT APPROXIMATELY 00:00... PT ALSO TOLD PARTNER TO PLUNGE A KNIFE INTO HER CHEST AS SHE WANTS TO END HER LIFE. PARTNER STATED PT HAS HX OF SUICIDE ATTEMPT AROUND THIS TIME LAST YEAR... MHNPA ASHLEY MCKEITCH PROVIDED CLINICAL SUPERVISION: DOSE UNLIKELY TO BE TOXIC BASED ON PT'S SIZE - ROUGHLY 5"2 OR 5"3, SIZE 16-18. PT DOES NOT KNOW THEIR WEIGHT... PT LIVES CLOSE TO THE QUEEN ELIZABETH UNIVERSITY HOSPITAL. PARTNER STATES THAT SHE CAN TAKE HER THERE TONIGHT FOR ASSESSMENT. WORSENING STATEMENT GIVEN... DW MHNPA ASHLEY MCKEITCH. OUTCOME - PT ADVISED TO GO TO A&E... Outcome: Patient advised to go to A&E**

---

Followups:  
**None**

---



**Susanne Millar**  
Chief Officer

Our Ref: SP/SM  
Job ID: 467779  
Date: 30/11/2022

**PRIVATE & CONFIDENTIAL**

Dr CD Martin  
Dr Mair & Partners  
1600-1604 Paisley Road West  
Ibrox  
Glasgow  
G52 3QN

Mental Health  
Brand Street Resource Centre  
Units G7, G8 & G4  
150 Brand Street  
Glasgow  
G51 1DH  
0141 303 8900 EXT: 48916  
www.nhsggc.org.uk

Dear Dr Martin

**Re: Yvonne Jamieson                      DOB: 10/03/1982                      CHI: 1003820107**  
**Address: Flat 0/2, 7 Taransay Street, Glasgow, G51 3EF**

Diagnosis:                      Bipolar Affective Disorder II – was under review as disclosed  
   childhood trauma and possible personality disorder  
Current Medication:                      Quetiapine 100mg nocte, Levothyroxine 100mcg OD, Salamol inhaler,  
   Relvar Ellipta inhaler, Spirivia Respimat inhaler  
Follow-Up:                      Outpatient clinic in 4 months face to face

I reviewed Yvonne again at Dr McGhee's outpatient clinic by telephone on 30/11/2022. As such, we did not receive her notes from previous CMHT until today's consultation therefore we were still unclear about her diagnosis.

On a positive note, Yvonne has managed to secure her own tenancy in Govan area and looking forward to moving there next week. Moreover she and her partner have reconciled, giving their relationship another chance and planning to move at a slower pace. In the context of these developments Yvonne is feeling much better now with much improved mental state. She denied having any other stress in her life at present. Unfortunately she has not slept well for couple of nights recently due to noisy environment in the hostel, otherwise she sleeps well. She appears to be fairly busy with different commitments that she enjoys. She attends church on regular basis and is planning to get involved in voluntary work once settled in her new home. She also attends activities in the community and meets her relatives in Glasgow. As such she has not managed to complete the mood diary that we had recommended at last consultation, I have encouraged her to do so. She remains compliant with her medication, denies experiencing any adverse side effects. She feels the current dose of Quetiapine is adequate hence we have agreed not to make any changes in it. She did not disclose any suicidal thoughts or psychotic symptoms today. She was concerned about





**Susanne Millar**  
**Chief Officer**

having PTSD however on further exploration she denied experiencing any ongoing symptoms of flashbacks or nightmares of past trauma therefore it looks unlikely, however we will keep this under review.

I am planning to see her again in 4 months' time, face to face. She is aware to seek help should she require earlier input.

Yours sincerely

A handwritten signature in black ink that reads "Shaila Patil".

**DR SHAILA PATIL**  
**Speciality Doctor in Psychiatry**

**If phoning please ask for Dr McGhee's secretary.**  
**Telephone 0141 303 8900**

*Authorised on 22/12/2022 14:23:49 by Shaila Patil.*



General Adult Psychiatry  
NHS Tayside

North Perthshire Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road  
Blairgowrie  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

1  
2

Dr GA Dames  
Forge Medical Practice  
Parkhead Health Centre  
101 Salamanca Street  
Glasgow  
G31 5BA

Date	24/08/2022
Clinic Date	11/07/2022
Your Ref	
Our Ref	MM/AM/ 1003820107
Enquiries to	Administrator
Extension	Extension
Direct Line	01250 877852

Dear Dr Dames

**Yvonne Jamieson, 5 Burgher Street, Glasgow, J31 4FZ**  
**CHI: 10/03/1982 0107**

We have been made aware that Yvonne Jamieson, CHI 100382 0107, has relocated to a refuge in Glasgow at 5 Burgher Street, G31 4FZ and has apparently also registered with your practice. We write to advise that all information can be accessed through the clinical portal with regards to Community Mental Health input and if requested we would be happy to transfer any files accordingly. Below is a brief outline of the last contacts with Yvonne and involvements with some local supports.

**Diagnosis:** **Bipolar Affective Disorder Type 2, although was under review as disclosed childhood trauma and possible Personality Disorder.**

**Medication:** **At time of transfer, Topiramate 50mg**  
**Quetiapine 150mg nocte although was going to reduce this to 100mg**  
**Levothyroxine 100mcg**  
**Salamol 100mcg**  
**Relvar Ellipta 184mcg**  
**Spiriva Respimat 2.5mcg**

Yvonne had a recent presentation to A&E on the 21/06/2022 and was seen by my colleagues from Liaison Psychiatry and then followed up by myself in the community in my role as Advanced Nurse Practitioner.

**Brief outline of recent consultations:** Yvonne was struggling with the recent disclosure of the abuse by her brother and was speaking to her colleagues at RASAC for this and had also informed the Police of the alleged abuse when she was younger. She also reported that her son has been involved in a Police matter in relation to underage sexual contact and this was also heightening her anxiety and stress. Her partner lives in Glasgow and has been a massive support to Yvonne and this is possibly a reason why she has decided to move through but did not inform us at her last consultation on 11/07/22 that she was going to be doing this. We are unsure of the services that can be offered to Yvonne at this time but felt it was important to ensure communication so that she can access the right supports for her while she is staying in Glasgow.



I have enclosed the last two letters of consultation from the team and will formally close her from our services at this time so her files can be accessed accordingly by your services and if you have any questions or queries please do not hesitate to contact me.

Yours sincerely

Authorised on 29/08/2022 16:25:47 by Melanie McGill.

**Melanie McGill**  
**Advanced Nurse Practitioner**

Encs – clinical letters



1  
2

General Adult Psychiatry  
NHS Tayside  
North Perthshire Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road,  
Blairgowrie  
Telephone Number 01250-877852  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

Date 03/08/2022  
Clinic Date 11/07/2022  
Your Ref  
Our Ref MMcG/CAS/ 1003820107  
Enquiries to Administrator  
Extension  
Direct Line 01250 877852  
Email

Dear Dr Humble

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

**Diagnosis: Bipolar Affective Disorder 2**  
**Disclosed Childhood Trauma**

**Medication: Topiramate 50mg**  
**Quetiapine 150mg NOCTE**  
**Levothyroxine 100mcg**  
**Salamol 100mcg**  
**Relvar Ellipta 184mcg**  
**Spiriva Respimat 2.5mcg**

#### **Plan/Recommendation**

- Aware of how to access services.
- Referral to RASASC completed.
- Yvonne to be seen by medic in approximately two months time for medication and review of current diagnosis (Trauma/EUPD).
- Can be followed up by the ANP clinic thereafter.

Yvonne was seen at clinic in the company of her partner Charlene on July 11<sup>th</sup> 2022.

#### **Assessment**

This appointment was a follow up following deliberate self harm in June and when she was seen immediately after this and there has been communication from this. CORE 10 was completed and attached score was 19. There was no active suicidal ideation at time of clinic and Yvonne denied same. Stressors are still evident with regards to ongoing report to the police by her brother which has now meant that she cannot see her family and this causes her to be upset due to the way that they have been treating her at present. Charlene confirmed this and is supporting Yvonne at this time. Yvonne reported that she can get very upset and can become quite detached but is trying to regulate her feelings at this time. Partner Charlene as outlined agreed that staying away from Yvonne's family at present was probably the best as she has noticed the triggers that this causes and the decline in Yvonne's mental state.



Yvonne herself has some positive forward planning and supports from Charlene will ensure that these are undertaken such as a possible short break away. Yvonne was also advised to utilise the duty worker/NHS24 and Breathing Space which she has all contacts of.

Yvonne states that she has completed her safety plan but is apprehensive about sharing it at this time but her partner Charlene is keen to support and feels at a loss when she is in Glasgow where she resides. Charlene also told Yvonne that she will support her to access services appropriately. Yvonne agreed to a referral to RASASC which was completed at time of clinic. Yvonne would benefit from their supports with regards to her abuse, especially now as it is being investigated by police. Long term review of Yvonne's diagnosis and medication would be beneficial by a medic as symptoms align with EUPD. A referral to DBT should also be considered if diagnosis reviewed. There were no immediate risk identified and Yvonne remains on weekly dispense at this time.

**Plan/Recommendation**

- Aware of how to access services.
- Referral to RASASC completed.
- Yvonne to be seen by medic in approximately two months time for medication and review of current diagnosis (trauma/EUPD).
- Can be followed up by the ANP clinic thereafter.

If you require any further information, please do not hesitate to contact me.

Yours sincerely

Authorised on 29/08/2022 16:29:59 by Melanie McGill.

**Melanie McGill**  
**Advanced Nurse Practitioner**



North Perthshire Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road  
Blairgowrie  
PH10 6EE  
Telephone 01250 877852  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

Date 24/06/2022  
Clinic Date 21/06/2022  
Your Ref  
Our Ref MMc/KC/ 1003820197  
Enquiries to  
Extension  
Direct Line 01250 877852  
Email

Dear Dr Humble

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

**Diagnosis: Bipolar Affective Disorder 2  
Disclosed childhood trauma**

**Current medication: Topiramate 50mg  
Quetiapine 150mg nocte  
Levothyroxine 100mcg  
Salamol 100mcg  
Relvar Ellipta 184mcg  
Spiriva Respimat 2.5mcg**

**Plan/Recommendation: Quetiapine to be reduced to 100mg nocte  
Topiramate to be discontinued at this time  
To be seen by Consultant Psychiatrist and Psychology to be made aware.**

Yvonne was seen at clinic on the 21<sup>st</sup> of June 2022 and had been seen by my colleague, Rhian Brown from Liaison Psychiatry on the 20<sup>th</sup> of June 2022. Yvonne was admitted to A&E following a potential overdose of her prescribed medication the previous afternoon of the 19<sup>th</sup>. There was no alcohol involved and she'd managed to message a friend who became concerned regards content of conversation and called the police. Yvonne was therefore transferred to hospital for admission and further details can be found within notes.

**Assessment**

Yvonne seemed quite flat on presentation at clinic today and was slightly remorseful about her overdose but stated that there was a trigger to that and is aware that a reaction like that can cause long term damage, not only to herself but also others who care for her. At time of clinic she denied any active ongoing suicidal ideation but advised that her past childhood traumas are becoming an occurrence and her brother has recently admitted to abusing her when she was younger which has resulted in her contacting the police to report this and is triggering quite a few past memories. There are also issues with regards to her 20 year old son, who currently lives with her, who she advised has additional needs, to which he is currently being charged with underage sex. Apparently he has had one charge and has been released on bail for this and is due to be seen again. She advised that he



has some supports from the Tay Project but obviously this is also a factor with regards to her past childhood abuse and feels unsupportive with regards to family. She reported that her family blame her for the upbringing of her son and there is lots of family dynamics which, again, has impacted on how Yvonne has presented today. She said that due to the lack of positive supports that she has, she says she has started to go back church and has a planned holiday at the end of July to York and is looking forward to this. She feels that it has been trauma that has been her main catalyst of how she has presented over the years, rather than Bipolar. As previously outlined we are looking to review this diagnosis and gather more information and assessment with regards to PTSD type symptoms and possible EUPD. Yvonne has had some past psychological interventions through Survive and Thrive but felt that this did result in painful memories from her past and has been referred to CMHT Psychology to assist further.

She said that seeing her brother on the 6<sup>th</sup> of June had triggered a lot and apparently he had fully disclosed that he had actually lay on top of her when she was younger and says that he has tried to take his own life because he can't live with the guilt of this. Yvonne then said that she felt quite disassociated and all these thoughts going through her head and this spurred the unintentional overdose at the weekend. Yvonne says she was thankful for her friend, she says she was able to call her and obviously they had highlighted the dangers and appropriately called the police and Yvonne had been taken in for treatment. Again, as reiterated, we discussed through how her thoughts and processes were today at clinic and she advised that she has no active suicidal thoughts but is aware that triggers from her past can evoke how she feels. She said that she just wants to try and remain calm but at clinic she was actually effectively quite calm and just slightly flat in mood overall. It was quite clear that Yvonne struggles to perhaps utilise and access appropriate supports and today at clinic she disclosed that she did not have much food or money therefore I contacted the local food bank and they have been helpful in delivering some items to Yvonne at this time until her PIP money is through. She was also given some information with regards to Scotland Wellbeing who supports childhood survivors of abuse. She was also given some CBT for online use which she has used in the past and has found this helpful. We also placed the Suicide Safety App on her phone and she is going to work through that and at next following appointments she will be able to discuss and hopefully be able to give a copy to the team to help going forward. It was very clear and evidential that Yvonne does appreciate supports. At time of clinic Yvonne denied any ongoing suicidal thoughts, plans or intent and stated she would contact services if there are any further significant changes to her mental state prior to her next appointment.

#### Plan/Recommendation

- **Next consultation will be with ANP then Consultant Psychiatrist to overview all recent events and to review medication, as at this time**
- **Yvonne has advised that she is not taking her medication, although sees very little benefit from this, however has agreed at this time due to impulsiveness and ongoing thoughts that Quetiapine at 100mg but has refused to take the Topiramate as it makes no difference therefore please discontinue.**
- **Yvonne is aware of how to access services 24/7 and will be discussed at team meeting for any other additional supports that might feel relevant at that time and we shall update you accordingly.**

If you require any further information please don't hesitate to contact me.

Yours sincerely

**Melanie McGill**  
**Advanced Nurse Practitioner**

1 of 7



General Adult Psychiatry  
NHS Tayside

North Perthshire Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road  
Blairgowrie  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr GA Dames  
Forge Medical Practice  
Parkhead Health Centre  
101 Salamanca Street  
Glasgow  
G31 5BA

Date	24/08/2022
Clinic Date	11/07/2022
Your Ref	
Our Ref	MM/AM/ 1003820107
Enquiries to	Administrator
Extension	Extension
Direct Line	01250 877852

Dear Dr Dames

**Yvonne Jamieson, 5 Burgher Street, Glasgow, J31 4FZ**  
**CHI: 10/03/1982 0107**

We have been made aware that Yvonne Jamieson, CHI 100382 0107, has relocated to a refuge in Glasgow at 5 Burgher Street, G31 4FZ and has apparently also registered with your practice. We write to advise that all information can be accessed through the clinical portal with regards to Community Mental Health input and if requested we would be happy to transfer any files accordingly. Below is a brief outline of the last contacts with Yvonne and involvements with some local supports.

**Diagnosis:** Bipolar Affective Disorder Type 2, although was under review as disclosed childhood trauma and possible Personality Disorder.

**Medication:** At time of transfer, Topiramate 50mg  
Quetiapine 150mg nocte although was going to reduce this to 100mg  
Levothyroxine 100mcg  
Salamol 100mcg  
Relvar Ellipta 184mcg  
Spiriva Respimat 2.5mcg

Yvonne had a recent presentation to A&E on the 21/06/2022 and was seen by my colleagues from Liaison Psychiatry and then followed up by myself in the community in my role as Advanced Nurse Practitioner.

**Brief outline of recent consultations:** Yvonne was struggling with the recent disclosure of the abuse by her brother and was speaking to her colleagues at RASAC for this and had also informed the Police of the alleged abuse when she was younger. She also reported that her son has been involved in a Police matter in relation to underage sexual contact and this was also heightening her anxiety and stress. Her partner lives in Glasgow and has been a massive support to Yvonne and this is possibly a reason why she has decided to move through but did not inform us at her last consultation on 11/07/22 that she was going to be doing this. We are unsure of the services that can be offered to Yvonne at this time but felt it was important to ensure communication so that she can access the right supports for her while she is staying in Glasgow.

**NHS Confidential: Personal data about a patient**

NHS Confidential: Personal data about a patient

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I have enclosed the last two letters of consultation from the team and will formally close her from our services at this time so her files can be accessed accordingly by your services and if you have any questions or queries please do not hesitate to contact me.

Yours sincerely

Authorised on 29/08/2022 16:25:47 by Melanie McGill.

---

**Melanie McGill**  
**Advanced Nurse Practitioner**

Encs – clinical letters

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General Adult Psychiatry  
NHS Tayside  
North Perthshire Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road  
Blairgowrie  
Telephone Number 01250 877852  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

Date 03/08/2022  
Clinic Date 11/07/2022  
Your Ref  
Our Ref MMcG/CAS/ 1003820107  
Enquiries to Administrator  
Extension  
Direct Line 01250 877852  
Email

Dear Dr Humble

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

**Diagnosis: Bipolar Affective Disorder 2**  
**Disclosed Childhood Trauma**

**Medication: Topiramate 50mg**  
**Quetiapine 150mg NOCTE**  
**Levothyroxine 100mcg**  
**Salamol 100mcg**  
**Relvar Ellipta 184mcg**  
**Spiriva Respimat 2.5mcg**

**Plan/Recommendation**

- Aware of how to access services.
- Referral to RASASC completed.
- Yvonne to be seen by medic in approximately two months time for medication and review of current diagnosis (Trauma/EUPD).
- Can be followed up by the ANP clinic thereafter.

Yvonne was seen at clinic in the company of her partner Charlene on July 11<sup>th</sup> 2022.

**Assessment**

This appointment was a follow up following deliberate self harm in June and when she was seen immediately after this and there has been communication from this. CORE 10 was completed and attached score was 19. There was no active suicidal ideation at time of clinic and Yvonne denied same. Stressors are still evident with regards to ongoing report to the police by her brother which has now meant that she cannot see her family and this causes her to be upset due to the way that they have been treating her at present. Charlene confirmed this and is supporting Yvonne at this time. Yvonne reported that she can get very upset and can become quite detached but is trying to regulate her feelings at this time. Partner Charlene as outlined agreed that staying away from Yvonne's family at present was probably the best as she has noticed the triggers that this causes and the decline in Yvonne's mental state.

Yvonne herself has some positive forward planning and supports from Charlene will ensure that these are undertaken such as a possible short break away. Yvonne was also advised to utilise the duty worker/NHS24 and Breathing Space which she has all contacts of.

Yvonne states that she has completed her safety plan but is apprehensive about sharing it at this time but her partner Charlene is keen to support and feels at a loss when she is in Glasgow where she resides. Charlene also told Yvonne that she will support her to access services appropriately.

~~Yvonne agreed to a referral to RASASC which was completed at time of clinic. Yvonne would benefit from their supports with regards to her abuse, especially now as it is being investigated by police.~~

Long term review of Yvonne's diagnosis and medication would be beneficial by a medic as symptoms align with EUPD. A referral to DBT should also be considered if diagnosis reviewed. There were no immediate risk identified and Yvonne remains on weekly dispense at this time.

**Plan/Recommendation**

- Aware of how to access services.
- Referral to RASASC completed.
- Yvonne to be seen by medic in approximately two months time for medication and review of current diagnosis (trauma/EUPD).
- Can be followed up by the ANP clinic thereafter.

If you require any further information, please do not hesitate to contact me.

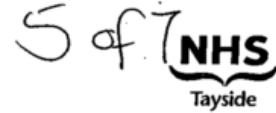
Yours sincerely

Authorised on 29/08/2022 16:29:59 by Melanie McGill.

**Melanie McGill**  
Advanced Nurse Practitioner

**NHS Confidential: Personal data about a patient**

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

Date 24/06/2022  
Clinic Date 21/06/2022  
Your Ref  
Our Ref **MMc/KC/ 1003820107**  
Enquiries to  
Extension  
Direct Line 01250 877852  
Email

Dear Dr Humble

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

**Diagnosis: Bipolar Affective Disorder 2**  
**Disclosed childhood trauma**

**Current medication: Topiramate 50mg**  
**Quetiapine 150mg nocte**  
**Levothyroxine 100mcg**  
**Salamol 100mcg**  
**Relvar Ellipta 184mcg**  
**Spiriva Respimat 2.5mcg**

**Plan/Recommendation: Quetiapine to be reduced to 100mg nocte**  
**Topiramate to be discontinued at this time**  
**To be seen by Consultant Psychiatrist and Psychology to be made aware.**

Yvonne was seen at clinic on the 21<sup>st</sup> of June 2022 and had been seen by my colleague, Rhian Brown from Liaison Psychiatry on the 20<sup>th</sup> of June 2022. Yvonne was admitted to A&E following a potential overdose of her prescribed medication the previous afternoon of the 19<sup>th</sup>. There was no alcohol involved and she'd managed to message a friend who became concerned regards content of conversation and called the police. Yvonne was therefore transferred to hospital for admission and further details can be found within notes.

**Assessment**

Yvonne seemed quite flat on presentation at clinic today and was slightly remorseful about her overdose but stated that there was a trigger to that and is aware that a reaction like that can cause long term damage, not only to herself but also others who care for her. At time of clinic she denied any active ongoing suicidal ideation but advised that her past childhood traumas are becoming an occurrence and her brother has recently admitted to abusing her when she was younger which has resulted in her contacting the police to report this and is triggering quite a few past memories. There are also issues with regards to her 20 year old son, who currently lives with her, who she advised has additional needs, to which he is currently being charged with underage sex. Apparently he has had one charge and has been released on bail for this and is due to be seen again. She advised that he

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has some supports from the Tay Project but obviously this is also a factor with regards to her past childhood abuse and feels unsupportive with regards to family. She reported that her family blame her for the upbringing of her son and there is lots of family dynamics which, again, has impacted on how Yvonne has presented today. She said that due to the lack of positive supports that she has, she says she has started to go back church and has a planned holiday at the end of July to York and is looking forward to this. She feels that it has been trauma that has been her main catalyst of how she has presented over the years, rather than Bipolar. As previously outlined we are looking to review this diagnosis and gather more information and assessment with regards to PTSD type symptoms and possible EUPD. Yvonne has had some past psychological interventions through Survive and Thrive but felt that this did result in painful memories from her past and has been referred to CMHT Psychology to assist further.

She said that seeing her brother on the 6<sup>th</sup> of June had triggered a lot and apparently he had fully disclosed that he had actually lay on top of her when she was younger and says that he has tried to take his own life because he can't live with the guilt of this. Yvonne then said that she felt quite disassociated and all these thoughts going through her head and this spurred the unintentional overdose at the weekend. Yvonne says she was thankful for her friend, she says she was able to call her and obviously they had highlighted the dangers and appropriately called the police and Yvonne had been taken in for treatment. Again, as reiterated, we discussed through how her thoughts and processes were today at clinic and she advised that she has no active suicidal thoughts but is aware that triggers from her past can evoke how she feels. She said that she just wants to try and remain calm but at clinic she was actually effectively quite calm and just slightly flat in mood overall. It was quite clear that Yvonne struggles to perhaps utilise and access appropriate supports and today at clinic she disclosed that she did not have much food or money therefore I contacted the local food bank and they have been helpful in delivering some items to Yvonne at this time until her PIP money is through. She was also given some information with regards to Scotland Wellbeing who supports childhood survivors of abuse. She was also given some CBT for online use which she has used in the past and has found this helpful. We also placed the Suicide Safety App on her phone and she is going to work through that and at next following appointments she will be able to discuss and hopefully be able to give a copy to the team to help going forward. It was very clear and evidential that Yvonne does appreciate supports. At time of clinic Yvonne denied any ongoing suicidal thoughts, plans or intent and stated she would contact services if there are any further significant changes to her mental state prior to her next appointment.

**Plan/Recommendation**

- Next consultation will be with ANP then Consultant Psychiatrist to overview all recent events and to review medication, as at this time
- Yvonne has advised that she is not taking her medication, although sees very little benefit from this, however has agreed at this time due to impulsiveness and ongoing thoughts that Quetiapine at 100mg but has refused to take the Topiramate as it makes no difference therefore please discontinue.
- Yvonne is aware of how to access services 24/7 and will be discussed at team meeting for any other additional supports that might feel relevant at that time and we shall update you accordingly.

If you require any further information please don't hesitate to contact me.

Yours sincerely

**Melanie McGill**  
Advanced Nurse Practitioner

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7 of 7

Tayside

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Yvonne Jamieson  
5 Burgher Street  
Glasgow  
Lanarkshire  
G31 4SZ

Date	24/08/2022
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Your Ref	
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Dear Yvonne

**Yvonne Jamieson, 5 Burgher Street, Glasgow, Lanarkshire, G31 4SZ**  
**CHI: 10/03/1982 0107**

Thank you for informing us that you have relocated to Glasgow at this time. We have written a letter to the GP practice with a brief outline of information and we would encourage you to access all supports in the area and they will ensure that any files and information shall be transferred over in order to continuously support you.

We hope that this letter finds you reasonably well and that you are getting the supports that you need at this time. We wish you well going forward.

Yours sincerely

Authorised on 29/08/2022 16:24:34 by Melaniè McGill.

**Melanie McGill**  
**Advanced Nurse Practitioner**  
**On behalf of North Perthshire Community Mental Health Team**

(P) Dr GA Dames, Forge Medical Practice, Parkhead Health Centre, 101 Salamanca Street,  
Glasgow, G31 5BA



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Our Ref	MM/AM/ 1003820107
Enquiries to	Administrator
Extension	Extension
Direct Line	01250 877852

Dear Dr Dames

**Yvonne Jamieson, 5 Burgher Street, Glasgow, J31 4FZ**  
**CHI: 10/03/1982 0107**

We have been made aware that Yvonne Jamieson, CHI 100382 0107, has relocated to a refuge in Glasgow at 5 Burgher Street, G31 4FZ and has apparently also registered with your practice. We write to advise that all information can be accessed through the clinical portal with regards to Community Mental Health input and if requested we would be happy to transfer any files accordingly. Below is a brief outline of the last contacts with Yvonne and involvements with some local supports.

**Diagnosis: Bipolar Affective Disorder Type 2, although was under review as disclosed childhood trauma and possible Personality Disorder.**

**Medication: At time of transfer, Topiramate 50mg  
Quetiapine 150mg nocte although was going to reduce this to 100mg  
Levothyroxine 100mcg  
Salamol 100mcg  
Relvar Ellipta 184mcg  
Spiriva Respimat 2.5mcg**

Yvonne had a recent presentation to A&E on the 21/06/2022 and was seen by my colleagues from Liaison Psychiatry and then followed up by myself in the community in my role as Advanced Nurse Practitioner.

**Brief outline of recent consultations:** Yvonne was struggling with the recent disclosure of the abuse by her brother and was speaking to her colleagues at RASAC for this and had also informed the Police of the alleged abuse when she was younger. She also reported that her son has been involved in a Police matter in relation to underage sexual contact and this was also heightening her anxiety and stress. Her partner lives in Glasgow and has been a massive support to Yvonne and this is possibly a reason why she has decided to move through but did not inform us at her last consultation on 11/07/22 that she was going to be doing this. We are unsure of the services that can be offered to Yvonne at this time but felt it was important to ensure communication so that she can access the right supports for her while she is staying in Glasgow.



I have enclosed the last two letters of consultation from the team and will formally close her from our services at this time so her files can be accessed accordingly by your services and if you have any questions or queries please do not hesitate to contact me.

Yours sincerely

Authorised on 29/08/2022 16:25:47 by Melanie McGill.

**Melanie McGill**  
**Advanced Nurse Practitioner**

Encs – clinical letters



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Dear Dr Humble

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

**Diagnosis:** Bipolar Affective Disorder - 2  
Disclosed Childhood Trauma

**Medication:** Topiramate 50mg  
Quetiapine 150mg NOCTE  
Levothyroxine 100mcg  
Salamol 100mcg  
Relvar Ellipta 184mcg  
Spiriva Respimat 2.5mcg

**Plan/Recommendation**

- Aware of how to access services.
- Referral to RASASC completed.
- Yvonne to be seen by medic in approximately two months time for medication and review of current diagnosis (Trauma/EUPD).
- Can be followed up by the ANP clinic thereafter.

Yvonne was seen at clinic in the company of her partner Charlene on July 11<sup>th</sup> 2022.

**Assessment**

This appointment was a follow up following deliberate self harm in June and when she was seen immediately after this and there has been communication from this. CORE 10 was completed and attached score was 19. There was no active suicidal ideation at time of clinic and Yvonne denied same. Stressors are still evident with regards to ongoing report to the police by her brother which has now meant that she cannot see her family and this causes her to be upset due to the way that they have been treating her at present. Charlene confirmed this and is supporting Yvonne at this time. Yvonne reported that she can get very upset and can become quite detached but is trying to regulate her feelings at this time. Partner Charlene as outlined agreed that staying away from Yvonne's family at present was probably the best as she has noticed the triggers that this causes and the decline in Yvonne's mental state.

Yvonne herself has some positive forward planning and supports from Charlene will ensure that these are undertaken such as a possible short break away. Yvonne was also advised to utilise the duty worker/NHS24 and Breathing Space which she has all contacts of.

Yvonne states that she has completed her safety plan but is apprehensive about sharing it at this time but her partner Charlene is keen to support and feels at a loss when she is in Glasgow where she resides. Charlene also told Yvonne that she will support her to access services appropriately. Yvonne agreed to a referral to RASASC which was completed at time of clinic. Yvonne would benefit from their supports with regards to her abuse, especially now as it is being investigated by police. Long term review of Yvonne's diagnosis and medication would be beneficial by a medic as symptoms align with EUPD. A referral to DBT should also be considered if diagnosis reviewed. There were no immediate risk identified and Yvonne remains on weekly dispense at this time.

**Plan/Recommendation**

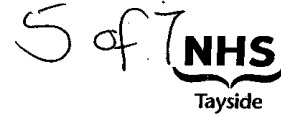
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If you require any further information, please do not hesitate to contact me.

Yours sincerely

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**Advanced Nurse Practitioner**



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Dear Dr Humble

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**CHI: 10/03/1982 0107**

**Diagnosis: Bipolar Affective Disorder 2  
Disclosed childhood trauma**

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**Plan/Recommendation: Quetiapine to be reduced to 100mg nocte  
Topiramate to be discontinued at this time  
To be seen by Consultant Psychiatrist and Psychology to be made aware.**

Yvonne was seen at clinic on the 21<sup>st</sup> of June 2022 and had been seen by my colleague, Rhian Brown from Liaison Psychiatry on the 20<sup>th</sup> of June 2022. Yvonne was admitted to A&E following a potential overdose of her prescribed medication the previous afternoon of the 19<sup>th</sup>. There was no alcohol involved and she'd managed to message a friend who became concerned regards content of conversation and called the police. Yvonne was therefore transferred to hospital for admission and further details can be found within notes.

#### **Assessment**

Yvonne seemed quite flat on presentation at clinic today and was slightly remorseful about her overdose but stated that there was a trigger to that and is aware that a reaction like that can cause long term damage, not only to herself but also others who care for her. At time of clinic she denied any active ongoing suicidal ideation but advised that her past childhood traumas are becoming an occurrence and her brother has recently admitted to abusing her when she was younger which has resulted in her contacting the police to report this and is triggering quite a few past memories. There are also issues with regards to her 20 year old son, who currently lives with her, who she advised has additional needs, to which he is currently being charged with underage sex. Apparently he has had one charge and has been released on bail for this and is due to be seen again. She advised that he

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#### Plan/Recommendation

- **Next consultation will be with ANP then Consultant Psychiatrist to overview all recent events and to review medication, as at this time**
- **Yvonne has advised that she is not taking her medication, although sees very little benefit from this, however has agreed at this time due to impulsiveness and ongoing thoughts that Quetiapine at 100mg but has refused to take the Topiramate as it makes no difference therefore please discontinue.**
- **Yvonne is aware of how to access services 24/7 and will be discussed at team meeting for any other additional supports that might feel relevant at that time and we shall update you accordingly.**

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Yours sincerely

**Melanie McGill**  
**Advanced Nurse Practitioner**

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**Plan/Recommendation**

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- Referral to RASASC completed.
- Yvonne to be seen by medic in approximately two months time for medication and review of current diagnosis (trauma/EUPD).
- Can be followed up by the ANP clinic thereafter.

If you require any further information, please do not hesitate to contact me.

Yours sincerely

Authorised on 29/08/2022 16:29:59 by Melanie McGill.

**Melanie McGill**  
**Advanced Nurse Practitioner**



General Adult Psychiatry  
NHS Tayside

North Perthshire Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road  
Blairgowrie  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

1  
2

Dr GA Dames  
Forge Medical Practice  
Parkhead Health Centre  
101 Salamanca Street  
Glasgow  
G31 5BA

Date	24/08/2022
Clinic Date	11/07/2022
Your Ref	
Our Ref	MM/AM/ 1003820107
Enquiries to	Administrator
Extension	Extension
Direct Line	01250 877852

Dear Dr Dames

**Yvonne Jamieson, 5 Burgher Street, Glasgow, J31 4FZ**  
**CHI: 10/03/1982 0107**

We have been made aware that Yvonne Jamieson, CHI 100382 0107, has relocated to a refuge in Glasgow at 5 Burgher Street, G31 4FZ and has apparently also registered with your practice. We write to advise that all information can be accessed through the clinical portal with regards to Community Mental Health input and if requested we would be happy to transfer any files accordingly. Below is a brief outline of the last contacts with Yvonne and involvements with some local supports.

**Diagnosis:** **Bipolar Affective Disorder Type 2, although was under review as disclosed childhood trauma and possible Personality Disorder.**

**Medication:** **At time of transfer, Topiramate 50mg**  
**Quetiapine 150mg nocte although was going to reduce this to 100mg**  
**Levothyroxine 100mcg**  
**Salamol 100mcg**  
**Relvar Ellipta 184mcg**  
**Spiriva Respimat 2.5mcg**

Yvonne had a recent presentation to A&E on the 21/06/2022 and was seen by my colleagues from Liaison Psychiatry and then followed up by myself in the community in my role as Advanced Nurse Practitioner.

**Brief outline of recent consultations:** Yvonne was struggling with the recent disclosure of the abuse by her brother and was speaking to her colleagues at RASAC for this and had also informed the Police of the alleged abuse when she was younger. She also reported that her son has been involved in a Police matter in relation to underage sexual contact and this was also heightening her anxiety and stress. Her partner lives in Glasgow and has been a massive support to Yvonne and this is possibly a reason why she has decided to move through but did not inform us at her last consultation on 11/07/22 that she was going to be doing this. We are unsure of the services that can be offered to Yvonne at this time but felt it was important to ensure communication so that she can access the right supports for her while she is staying in Glasgow.



I have enclosed the last two letters of consultation from the team and will formally close her from our services at this time so her files can be accessed accordingly by your services and if you have any questions or queries please do not hesitate to contact me.

Yours sincerely

Authorised on 29/08/2022 16:25:47 by Melanie McGill.

**Melanie McGill**  
**Advanced Nurse Practitioner**

Encs – clinical letters



North Perthshire Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road  
Blairgowrie  
PH10 6EE  
Telephone 01250 877852  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

Date 24/06/2022  
Clinic Date 21/06/2022  
Your Ref  
Our Ref MMc/KC/ 1003820107  
Enquiries to Extension  
Direct Line 01250 877852  
Email

Dear Dr Humble

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

**Diagnosis: Bipolar Affective Disorder 2**  
**Disclosed childhood trauma**

**Current medication: Topiramate 50mg**  
**Quetiapine 150mg nocte**  
**Levothyroxine 100mcg**  
**Salamol 100mcg**  
**Relvar Ellipta 184mcg**  
**Spiriva Respimat 2.5mcg**

**Plan/Recommendation: Quetiapine to be reduced to 100mg nocte**  
**Topiramate to be discontinued at this time**  
**To be seen by Consultant Psychiatrist and Psychology to be made aware.**

Yvonne was seen at clinic on the 21<sup>st</sup> of June 2022 and had been seen by my colleague, Rhian Brown from Liaison Psychiatry on the 20<sup>th</sup> of June 2022. Yvonne was admitted to A&E following a potential overdose of her prescribed medication the previous afternoon of the 19<sup>th</sup>. There was no alcohol involved and she'd managed to message a friend who became concerned regards content of conversation and called the police. Yvonne was therefore transferred to hospital for admission and further details can be found within notes.

#### **Assessment**

Yvonne seemed quite flat on presentation at clinic today and was slightly remorseful about her overdose but stated that there was a trigger to that and is aware that a reaction like that can cause long term damage, not only to herself but also others who care for her. At time of clinic she denied any active ongoing suicidal ideation but advised that her past childhood traumas are becoming an occurrence and her brother has recently admitted to abusing her when she was younger which has resulted in her contacting the police to report this and is triggering quite a few past memories. There are also issues with regards to her 20 year old son, who currently lives with her, who she advised has additional needs, to which he is currently being charged with underage sex. Apparently he has had one charge and has been released on bail for this and is due to be seen again. She advised that he



has some supports from the Tay Project but obviously this is also a factor with regards to her past childhood abuse and feels unsupportive with regards to family. She reported that her family blame her for the upbringing of her son and there is lots of family dynamics which, again, has impacted on how Yvonne has presented today. She said that due to the lack of positive supports that she has, she says she has started to go back church and has a planned holiday at the end of July to York and is looking forward to this. She feels that it has been trauma that has been her main catalyst of how she has presented over the years, rather than Bipolar. As previously outlined we are looking to review this diagnosis and gather more information and assessment with regards to PTSD type symptoms and possible EUPD. Yvonne has had some past psychological interventions through Survive and Thrive but felt that this did result in painful memories from her past and has been referred to CMHT Psychology to assist further.

She said that seeing her brother on the 6<sup>th</sup> of June had triggered a lot and apparently he had fully disclosed that he had actually lay on top of her when she was younger and says that he has tried to take his own life because he can't live with the guilt of this. Yvonne then said that she felt quite disassociated and all these thoughts going through her head and this spurred the unintentional overdose at the weekend. Yvonne says she was thankful for her friend, she says she was able to call her and obviously they had highlighted the dangers and appropriately called the police and Yvonne had been taken in for treatment. Again, as reiterated, we discussed through how her thoughts and processes were today at clinic and she advised that she has no active suicidal thoughts but is aware that triggers from her past can evoke how she feels. She said that she just wants to try and remain calm but at clinic she was actually effectively quite calm and just slightly flat in mood overall. It was quite clear that Yvonne struggles to perhaps utilise and access appropriate supports and today at clinic she disclosed that she did not have much food or money therefore I contacted the local food bank and they have been helpful in delivering some items to Yvonne at this time until her PIP money is through. She was also given some information with regards to Scotland Wellbeing who supports childhood survivors of abuse. She was also given some CBT for online use which she has used in the past and has found this helpful. We also placed the Suicide Safety App on her phone and she is going to work through that and at next following appointments she will be able to discuss and hopefully be able to give a copy to the team to help going forward. It was very clear and evidential that Yvonne does appreciate supports. At time of clinic Yvonne denied any ongoing suicidal thoughts, plans or intent and stated she would contact services if there are any further significant changes to her mental state prior to her next appointment.

#### Plan/Recommendation

- Next consultation will be with ANP then Consultant Psychiatrist to overview all recent events and to review medication, as at this time
- Yvonne has advised that she is not taking her medication, although sees very little benefit from this, however has agreed at this time due to impulsiveness and ongoing thoughts that Quetiapine at 100mg but has refused to take the Topiramate as it makes no difference therefore please discontinue.
- Yvonne is aware of how to access services 24/7 and will be discussed at team meeting for any other additional supports that might feel relevant at that time and we shall update you accordingly.

If you require any further information please don't hesitate to contact me.

Yours sincerely

Melanie McGill  
Advanced Nurse Practitioner

NHS Tayside Communication to GP

Ward/Clinic		CHI	1003820107		
Hospital	Blairgowrie Community Hospital	Surname	JAMIESON		
Clinician	Melanie McGill	First Name	YVONNE		
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	13 HATTON PLACE RATTRAY PH10 7AN		
Date	21/06/2022	GP/Address	Strathmore Surgery Jessie Street Blairgowrie Perthshire PH10 6BT		
Dear Doctor,					
The above patient was reviewed today; please accept this brief communication.					
Provisional/Diagnosis is: Bipolar affective disorder type 2, past childhood trauma					
,					
Comment/Recommendations: Yvonne was seen at clinic on 21.6.22 and has recently been seen at liaison psychiatry. Following consultation today please reduce quetiapine to 100mg nocte and discontinue topiramate. Please weekly dispense due to recent risks. Letter will follow. Thank you.					
Follow up by clinic required: Yes					
Follow up by clinic required: Will be seen next by a consultant and discussion with psychology for input as requires this for past trauma.					
Specific Monitoring Required: No					
The following treatment is recommended:					
	Medication	Dose	Frequency	Indication	Duration
1.					
Is any Medication to be discontinued: Yes					
Medication to be discontinued: Topiramate to be discontinued at this time.					



Final Discharge Communication



<b>YVONNE JAMIESON</b> 13 HATTON PLACE, RATTRAY, BLAIRGOWRIE, PH10 7AN <small>GP Practice: Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, PH10 6BT</small>	CHI: 1003820107 Born: 10/03/1982
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This letter updates/amends previous communication received in relation to this episode of care

Discharge Details			
<b>Admission</b>	19/06/2022	<b>Discharge</b>	20/06/2022
<b>Specialty</b>	Accident & Emergency	<b>Consultant</b>	Dr Julie Ronald (6073518)
<b>From</b>	Emergency Dept Observation Unit Ninewells Hospital	<b>Destination</b>	Home

Diagnoses	
Overdose	

**Operations/Procedures**

**Actions Required for Primary Care**

**Communication to Primary Care**

Dear Colleague,

Mrs Jamieson attended Ninewells ED via 999 ambulance following an intentional overdose of topiramate and quetiapine. Upon arrival to the ED Mrs Jamieson was clinically stable and minimally symptomatic and so was admitted to the observation unit for a period of observation and review by psychiatric liaison.

Mrs Jamieson remained stable overnight and in the morning psychiatric liaison found her safe for discharge home with out of hours numbers and will contact Mrs Jamieson's community support team (Mel McGinn) to notify them of this admission.

Many thanks for your ongoing care,

Ninewells ED Observation Unit

**Medications**

**Discontinued Medication**

**Medication Notes**

Allergies		
Morphine 10mg modified-release capsules	H/O: drug allergy	15/02/2012
Diclofenac potassium 25mg tablets	H/O: drug allergy	05/01/2012

**Deleted Allergies**

**Follow Up Arrangements**

**Final Discharge Comments**

n/a



Final Discharge Communication



<b>YVONNE JAMIESON</b> 13 HATTON PLACE, RATTRAY, BLAIRGOWRIE, PH10 7AN <i>GP Practice: Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, PH10 6BT</i>	CHI: 1003820107 Born: 10/03/1982
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**Pharmacy**

**Copy To**

**Sign Off**

	Name	Job Title	Date/Time
<b>Initial Sign Off</b>	Dr Edward Lawrence	Foundation Doctor Year 1	20/06/2022 13:05:40
<b>Pharmacy Sign Off</b>			
<b>Final Sign Off</b>	Dr Julie Ronald	Consultant	21/06/2022 13:59:58



North Perthshire Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road  
Blairgowrie  
PH10 6EE  
Telephone 01250 877852  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

Date 24/06/2022  
Clinic Date 21/06/2022  
Your Ref  
Our Ref MMc/KC/ 1003820107  
Enquiries to  
Extension  
Direct Line 01250 877852  
Email

Dear Dr Humble

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

**Diagnosis:** Bipolar Affective Disorder 2  
Disclosed childhood trauma

**Current medication:** Topiramate 50mg  
Quetiapine 150mg nocte  
Levothyroxine 100mcg  
Salamol 100mcg  
Relvar Ellipta 184mcg  
Spiriva Respimat 2.5mcg

**Plan/Recommendation:** Quetiapine to be reduced to 100mg nocte  
Topiramate to be discontinued at this time  
To be seen by Consultant Psychiatrist and Psychology to be made aware.

Yvonne was seen at clinic on the 21<sup>st</sup> of June 2022 and had been seen by my colleague, Rhian Brown from Liaison Psychiatry on the 20<sup>th</sup> of June 2022. Yvonne was admitted to A&E following a potential overdose of her prescribed medication the previous afternoon of the 19<sup>th</sup>. There was no alcohol involved and she'd managed to message a friend who became concerned regards content of conversation and called the police. Yvonne was therefore transferred to hospital for admission and further details can be found within notes.

**Assessment**

Yvonne seemed quite flat on presentation at clinic today and was slightly remorseful about her overdose but stated that there was a trigger to that and is aware that a reaction like that can cause long term damage, not only to herself but also others who care for her. At time of clinic she denied any active ongoing suicidal ideation but advised that her past childhood traumas are becoming an occurrence and her brother has recently admitted to abusing her when she was younger which has resulted in her contacting the police to report this and is triggering quite a few past memories. There are also issues with regards to her 20 year old son, who currently lives with her, who she advised has additional needs, to which he is currently being charged with underage sex. Apparently he has had one charge and has been released on bail for this and is due to be seen again. She advised that he



has some supports from the Tay Project but obviously this is also a factor with regards to her past childhood abuse and feels unsupportive with regards to family. She reported that her family blame her for the upbringing of her son and there is lots of family dynamics which, again, has impacted on how Yvonne has presented today. She said that due to the lack of positive supports that she has, she says she has started to go back church and has a planned holiday at the end of July to York and is looking forward to this. She feels that it has been trauma that has been her main catalyst of how she has presented over the years, rather than Bipolar. As previously outlined we are looking to review this diagnosis and gather more information and assessment with regards to PTSD type symptoms and possible EUPD. Yvonne has had some past psychological interventions through Survive and Thrive but felt that this did result in painful memories from her past and has been referred to CMHT Psychology to assist further.

She said that seeing her brother on the 6<sup>th</sup> of June had triggered a lot and apparently he had fully disclosed that he had actually lay on top of her when she was younger and says that he has tried to take his own life because he can't live with the guilt of this. Yvonne then said that she felt quite disassociated and all these thoughts going through her head and this spurred the unintentional overdose at the weekend. Yvonne says she was thankful for her friend, she says she was able to call her and obviously they had highlighted the dangers and appropriately called the police and Yvonne had been taken in for treatment. Again, as reiterated, we discussed through how her thoughts and processes were today at clinic and she advised that she has no active suicidal thoughts but is aware that triggers from her past can evoke how she feels. She said that she just wants to try and remain calm but at clinic she was actually effectively quite calm and just slightly flat in mood overall. It was quite clear that Yvonne struggles to perhaps utilise and access appropriate supports and today at clinic she disclosed that she did not have much food or money therefore I contacted the local food bank and they have been helpful in delivering some items to Yvonne at this time until her PIP money is through. She was also given some information with regards to Scotland Wellbeing who supports childhood survivors of abuse. She was also given some CBT for online use which she has used in the past and has found this helpful. We also placed the Suicide Safety App on her phone and she is going to work through that and at next following appointments she will be able to discuss and hopefully be able to give a copy to the team to help going forward. It was very clear and evidential that Yvonne does appreciate supports. At time of clinic Yvonne denied any ongoing suicidal thoughts, plans or intent and stated she would contact services if there are any further significant changes to her mental state prior to her next appointment.

#### Plan/Recommendation

- Next consultation will be with ANP then Consultant Psychiatrist to overview all recent events and to review medication, as at this time
- Yvonne has advised that she is not taking her medication, although sees very little benefit from this, however has agreed at this time due to impulsiveness and ongoing thoughts that Quetiapine at 100mg but has refused to take the Topiramate as it makes no difference therefore please discontinue.
- Yvonne is aware of how to access services 24/7 and will be discussed at team meeting for any other additional supports that might feel relevant at that time and we shall update you accordingly.

If you require any further information please don't hesitate to contact me.

Yours sincerely

**Melanie McGill**  
Advanced Nurse Practitioner



Psychiatry Liaison

NHS Tayside  
Carseview Centre  
4 Tom McDonald Avenue  
Dundee  
DD2 1NH  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr Colin Donald  
A&E Consultant  
Accident and Emergency Department  
Ninewells Hospital  
Dundee  
DD1 9SY

Date	22/06/2022
Clinic Date	20/06/2022
Your Ref	
Our Ref	RB/AC/ 1003820107
Enquiries to	Rhian Brown
Extension	58246
Direct Line	01382 660111

Dear Dr Donald

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

#### **Assessment Date and Place**

I carried out an assessment on the above lady on the on the Observation Ward, Ninewells Hospital on the 20<sup>th</sup> June 2022.

#### **Date/Type of DSH/Suicidality at Event**

Yvonne was admitted to the A&E Department after taking an overdose of 50 x 50mg Topiramate tablets and 7 x 150mg Quetiapine tablets the previous afternoon. There was no alcohol involved. She states at the time she wanted to end her life. From what I can ascertain Yvonne had been at church earlier that day and the topic discussed was regarding fostering and adoption. This triggered memories of her childhood which caused her distress. On returning home she ruminated over this and the fact that her brother had disclosed three days previously that he had attempted to sexually assault her whilst in foster care. A combination of the above and the fact that her son has now been charged twice for having sex with a minor has understandably had an impact on her mental wellbeing. She states the overdose was not planned and somewhat impulsive. She herself contacted a friend and subsequently hospital admission was arranged. At time of assessment she expressed remorse for her actions and was glad to be alive.

#### **Past Psychiatric History**

Yvonne has current contact with the Mental Health Services. She is due to see Mel McGill ANP attached to the Mental Health Services in Perth, tomorrow the 21<sup>st</sup> June 2022. She has a historical diagnosis of Bipolar, however they are questioning whether it is PTSD on the back of childhood trauma and I wonder if EUPD is also being considered in view of her presentation. She has taken numerous overdoses in the past. She is unaware of any family history of mental illness. She is currently prescribed Topiramate and Quetiapine, however believes that this needs to be reviewed.

#### **Relevant Past Personal History**

Yvonne was born in Perth. She was brought up by her parents until the age of 10. Sadly at this point the children were all put in care as a result of physical, sexual and verbal abuse by her parents and

babysitters. All five children ended up in care and albeit there was no trauma whilst in care the whole experience was somewhat traumatic. After leaving care at the age of 16, she was involved with abusive relationships. There was an ongoing history of sexual abuse by uncles. As a result she has had significant trauma in her life. She undertook the Survive and Thrive Group, which has opened up a lot of memories for her which she feels that she is struggling to cope with.

#### **Brief MSE and Current Suicidality**

As already mentioned Yvonne describes long standing difficulties with her mental health. At time of assessment she was able to provide a history of her past and current difficulties. Her speech was of normal rate and tone and eye contact was maintained. Rapport was easily established and her affect was reactive. With regards to biological symptoms of depression, she complains of a variable sleep pattern stating she is only managing approximately 5-6 hours of sleep a night. Her appetite is also variable, however she is unaware of any weight loss. She continues to try and motivate herself to carry out tasks in the house and attend to her personal hygiene. She denied any significant problems with her concentration stating that she enjoys reading. There was no evidence of any diurnal variation or increased irritability. From a cognitive perspective she could see little in the way of positives except for her two rabbits which bring her enjoyment. She also attend church on a Wednesday and Sunday which she finds rewarding. There was certainly evidence of EUPD type traits, such as impulsivity and fear of abandonment. There was no evidence of any psychotic symptomatology. At time of overdose her intentions were to end her life. At time of assessment she expressed remorse for her actions and was glad to be alive. She denied any ongoing suicidal ideation.

#### **Forensic History**

Nil

#### **Past Medical History**

Underactive Thyroid. Asthma

#### **Alcohol/Drug/Misuse**

She denied any alcohol or illicit substance misuse.

#### **Social Circumstances**

Yvonne currently lives with her 20 year old son. He has his own tenancy, however he has been receiving threats as a result of his recent charges for having under age sex. She is not working and received benefits. She is supporting her son and this is causing her some stress, however she has not accrued any debt. She is not currently involved in a relationship.

Are there any child/adult protection issues? No

Are there any Gender Based Violence/Domestic Abuse issues? No

#### **Diagnosis – ICD 10**

PTSD. Historical diagnosis of Bipolar Disorder. Query EUPD.

#### **Disposal/Follow-up**

After completing my assessment, I felt it was appropriate to discharge Yvonne home when medically fit. I have been in touch with Mel McGill to inform her of my contact and she plans to review her at her clinic on the 21<sup>st</sup>. I advised Yvonne of the out of hours numbers and the availability of the Duty Worker and encouraged her to download the Suicide Help App. We spent some time exploring safety planning which she can put into place if she feels overwhelmed again and starts to experience thoughts of wanting to end her life. I did offer to phone her son, however she declined.

If you require any further information, please do not hesitate to contact me.



Yours sincerely

Authorised on 25/06/2022 11:45:11 by Rhian Brown.

(D) Dr RD Humble, Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, PH10 6BT  
(P) Melanie McGill, Advance Nurse Practitioner, Blairgowrie Community Hospital, Perth Road,  
Blairgowrie, PH106EE

<b>YVONNE JAMIESON</b>		CHI: 1003820107
13 HATTON PLACE, RATTRAY, BLAIRGOWRIE, PH10 7AN <i>GP Practice: Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, PH10 6BT</i>		Born: 10/03/1982

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details			
<b>Admission</b>	19/06/2022	<b>Discharge</b>	20/06/2022
<b>Specialty</b>	Accident & Emergency	<b>Consultant</b>	Dr Julie Ronald (6073518)
<b>From</b>	Emergency Dept Observation Unit Ninewells Hospital	<b>Destination</b>	Home

Diagnoses	
Overdose	

**Operations/Procedures**

**Actions Required for Primary Care**

**Communication to Primary Care**

Dear Colleague,

Mrs Jamieson attended Ninewells ED via 999 ambulance following an intentional overdose of topiramate and quetiapine. Upon arrival to the ED Mrs Jamieson was clinically stable and minimally symptomatic and so was admitted to the observation unit for a period of observation and review by psychiatric liaison.

Mrs Jamieson remained stable overnight and in the morning psychiatric liaison found her safe for discharge home with out of hours numbers and will contact Mrs Jamieson's community support team (Mel McGinn) to notify them of this admission.

Many thanks for your ongoing care,

Ninewells ED Observation Unit

**Medications**

**Discontinued Medication**

**Medication Notes**

Allergies		
Diclofenac potassium 25mg tablets	H/O: drug allergy	05/01/2012
Morphine 10mg modified-release capsules	H/O: drug allergy	15/02/2012

**Deleted Allergies**

**Follow Up Arrangements**

**Final Discharge Comments**

**Pharmacy**



Initial Discharge Communication



<b>YVONNE JAMIESON</b> 13 HATTON PLACE, RATTRAY, BLAIRGOWRIE, PH10 7AN <i>GP Practice: Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, PH10 6BT</i>	CHI: 1003820107 Born: 10/03/1982
---	-------------------------------------

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Dr Edward Lawrence	Foundation Doctor Year 1	20/06/2022 13:05:40
Pharmacy Sign Off			
Final Sign Off			



General Adult Psychiatry  
NHS Tayside

Ninewells Hospital  
Dundee  
DD1 9SY

sPrefPhoneNo  
sPrefFax  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

Date	20/06/2022
Clinic Date	20/06/2022
Your Ref	
Our Ref	Liaison psychiatry/ 1003820107
Enquiries to	RB
Extension	Extension
Direct Line	DirectLine
Email	Email

Dear Dr Humble

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

#### SITUATION

Yvonne was admitted to the AE department following an intentional overdose of her prescribed medication yesterday afternoon. There was no alcohol involved. Messaged a friend who became concerned regards content of conversation and called the police. Thereafter hospital admission was arranged.

#### BACKGROUND

Yvonne is currently involved with the mental health services in Perth. She has an appointment to see Melanie McGill ANP tomorrow. She has a diagnosis of bipolar disorder however my understanding is that this is currently being reviewed. She is currently prescribed Quetiapine and Tipiramate. She has taken several overdoses in the past.

#### ASSESSMENT

Yvonne is a 40 year old lady. She was dressed in night attire. She appeared clean and tidy with no obvious signs of neglect. She was able to provide a history of her past and current difficulties. Her speech was of normal rate and tone and eye contact was maintained. Rapport was established and affect appeared reactive. Reports feeling overwhelmed when took the overdose. At church yesterday they were discussing adoption that triggered memories on her past. On top this three days ago brother disclosed that he sexually assaulted her whilst they were in care. She has subsequently reported this to the police. As a result of a combination of the above impulsively made the decision to take overdose. At time of assessment expressed remorse for actions and denied any ongoing suicidal thoughts. Evidence of PTSD type symptoms and possible EUPD traits such impulsivity and fear of abandonment.

#### RECOMMENDATION

Discharge when medically fit

Contacted Mel McGill to inform of contact

Advised of out of hours numbers



Full assessment letter to follow

Reply  
Forward

Yours sincerely

Authorised on 20/06/2022 19:48:42 by Rhian Brown.



Emergency Department Ninewells Hospital

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

Ninewells Hospital  
Ninewells Drive  
Dundee  
DD2 1GZ

Dear Doctor

Miss Yvonne Jamieson  
13 HATTON PLACE  
RATTRAY  
Blairgowrie  
PH10 7AN

Date of Birth: 10/03/1982  
ACHI Number: 1003820107  
ED Attendance Number: E0000368904  
No. of Previous Attendances: 0  
Occupation:  
School:  
Responsible Consultant: Dr Colin Murray

The above patient attended the Emergency Department Ninewells Hospital on 19/06/2022 at 17:18 and was admitted on 19/06/2022 at 19:37. The letter has been collated by William Lee.

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

Diagnosis Comments: Topiramate and quetiapine

Procedures:

Prescriptions:

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

Discharge Type: Admitted

Referred To:

Notes for GP:  
Clinician Name: William Lee, FY2  
Time: 1810

Presenting Complaint / Concern: Overdose with suicidal intent



History of Presenting Complaint / Concern: Pt ingested 50x50mg topiramate and 7x150mg quetiapine @ c.1615 with the intent to end her life. After a few minutes felt drowsy and reports that her speech is mildly slurred. Denies N&V, dizziness, abdominal pain. Admitted this to her ex-partner who contacted the police. Now passing urine and feeling hungry.

Had been considering ending her life in this instance since 2/52 ago when her brother admitted that he attempted to sexually abuse her 30 years ago. Not specific trigger today other than processing this information. Unable to say if she regrets overdosing, but says if she home would likely just watch television and have something to eat.

Longstanding mental health issues. Incl. PTSD, that was reportedly misdiagnosed as bipolar, multiple attempt at her life, rape, losing custody of her child, her child being sexually abused by ex-partner. Multiple attempts at life in same manner. Denies self-harm / criminal convictions / aggression or violence towards others.

Not great support network. Son at home in 20s but the are not very close anymore, he lives an independent life. No other family are close. Has contacts at church - however was there today and observed several triggers for her low mood.

Has a CPN that she has an appointment with in 2/7. Also awaiting psychology review. She is looking forward to both of these. Has seen psychiatrist but doesn't find them beneficial. Thinks she may benefit from a support group or similar. Feels what would be most beneficial is regularly talking things out with someone.

Past Medical History: As per portal.

Drug History: Topiramate, levothyroxine, quetiapine, relvar ellipta, salamol, spiriva respimat. Acute - cetirizine.

Allergies: Morphine, diclofenac

Social History: Lives with son. Non-smoker. Non-drinker. Denies recreational drug use.

Focused Examination:

A: alert, speaking, no airway concerns  
B: RR 16, SpO2 97%, chest clear  
C: HR 86, BP 121/80, HS I+II+0, warm peripheries  
D: T 35.3, PEARL, GCS 15, moving 4 limbs independently  
E: ASNT, BS+ve

Investigations: Not required at present

WORKING DIAGNOSIS: OD with suicidal intention

Note: observation periods of Topiramate and Quetiapine are 4h and 6h, respectively.

Treatment Plan:

- 1) Needs medical review 6h after ingestion -> 22:30
- 2) EDOU to await this
- 3) Aim D/c home if satisfactory

Senior Clinician Review if Required: D/w Dr C Monroe (EM Consultant)

Nursing Notes

Assessment/Social History

Lives with adult son.  
Normally Independently mobile

Interventions



o/a - Observations obtained, LFT done and PCR  
1930 - repeat observations  
1935 - handover given to EDOU for review at 2230 ? discharge home.

Preparation for Admission by D Goodsir  
Does the patient agree with the plan Y

NEWS = 1

Pt accepts responsibility for belongings/valuables Y

Nameband in situ Y RED

PVC inserted Y/N by  
Site  
Size

Medication placed in appropriate bag

Covid Screen Obtained Y

Pt transferred to ward on trolley/cot sides up

Escort required with pt for admission Y RN escort

NOK/relatives aware of plan for admission N - patient declined for staff to contact NOK she will contact someone herself.

Wellbeing form required N

Independent/Dependant on discharge

Yours sincerely

Emergency Department Ninewells Hospital



General Adult Psychiatry  
NHS Tayside  
North Perthshire Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road  
Blairgowrie  
Telephone Number 01250 877852  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

Date	19/04/2022
Clinic Date	18/03/2022
Your Ref	
Our Ref	MMcG/CAS/ 1003820107
Enquiries to	Administrator
Extension	
Direct Line	01250 877852
Email	

Dear Dr Humble

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

**Diagnosis: Bipolar Affective Disorder Type 2**

**Medication: Quetiapine 150mg**  
**Levothyroxine 100mcg**  
**Topiramate 50mg**  
**Spiriva Respimat**  
**Salamol**  
**Relvar Ellipta**

**Planned Recommendations: Discussion with Psychology. Will be seen in clinic in approximately three months time**

Yvonne was seen at clinic on March 18<sup>th</sup> 2022 from this Yvonne said that she was hoping that the appointment would reassess her diagnosis as she doesn't feel she has Bipolar Type 2 and also a review of medication.

### **Assessment**

Yvonne had just returned from seeing her friend's house in Glasgow to which she then started to talk about the issues she has had with her ex partner which has been well documented therefore I shall not reiterate. She has returned to her own home on that day and had plans for the weekend such as organising for her new pet rabbit which her friend has given her. She talked about past trauma briefly and her frustration that Psychology was unable to establish contact therapeutically following her attendance of Strive and Survive. She said that the person she was due to see called her to say she was leaving. However, she has had psychological therapies to deal with her traumas further as she feels she has PTSD and not Bipolar. This will be discussed further with Psychology.

There were some aspects of PTSD symptoms evident such as intrusive memories which Yvonne stated occurred every other day in which she feels that she is reliving the traumatic event as if it were happening again (flashbacks), avoidance such as trying to avoid thinking or talking about the traumatic event and negative changes in thinking and mood such as lack of interest in activities, and a difficulty experiencing positive emotions at times. She also described being anxious, on guard,



difficulty in getting to sleep at times even with medication and being irritable at times also. She advised that she had been researching this and feels her symptoms more align with PTSD at this time.

She also advised that it takes longer for the **Quetiapine** to work for example she took it at 9am and 9pm but does not fall asleep until 12 midnight but is able to sleep right through to 12 noon. We discussed further perhaps changing the time of her medication in the evening to perhaps an hour earlier may help in this matter. She has positive future planning and there was no suicidal ideation evident and no thoughts, plans or intent of any self harm. She is willing to engage with services and, no immediate risks identified at time of clinic and has the ability to contact services should things change. She had agreed that she would take her medication daily and remain compliant as agreed to further follow up.

#### **Recommendation Plan**

- A discussion will be undertaken with Psychology with regards to aligning interventions and formulation of possible PTSD and a referral will be made accordingly.
- Yvonne was wanting changes done today but has been advised that this will take a little bit longer to fully assess and review current diagnosis, the appropriate treatment and supports can be offered in line with this. She was accepting of this and aware of how to contact the team should she need any further supports.
- To continue with current medication.
- Will be seen at clinic for further assessment in two months time.

If you require any further information, please do not hesitate to contact me.

Yours sincerely

Authorised on 19/04/2022 14:06:23 by Melanie McGill.

**Melanie McGill**  
**Advanced Nurse Practitioner**

Susanne Millar  
Chief Officer

Our Ref: MHAU/KM  
Job ID: 100112638  
Date: 12/01/2022

17 JAN 2022

**PRIVATE & CONFIDENTIAL**

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

Mental Health  
Stobhill Hospital  
Nevis Building  
133 Balornock Road  
Glasgow  
G21 3UW  
0141 201 3136  
www.nhsggc.org.uk

Dear Dr Humble

**Re: Yvonne Jamieson**      **DOB: 10/03/1982**      **CHI: 1003820107**  
**Address: 9 B Garsgadden View, Glasgow, G81 2DQ**

The above named was referred to Mental Health Assessment Unit (MHAU) Stobhill by NHS24.

**Assessment**

On return call both Yvonne and her partner were asleep, Yvonne apologised, reports lowering of mood with fleeting thoughts of harming herself. Currently staying at her partners home in Glasgow, has daily contact at present with her own team in Blairgowrie. However, no support planned over the weekend. Spoke at length with Yvonne reports a previous history of overdosing last overdosed a year ago, tonight no evidence of any active suicidal intent/plan. Yvonne responded well to reassurance and advice, plans on retiring to bed with a view to either returning home today and engaging with own team of Monday, if not will utilise NHS24 over the weekend if requiring support.

**Recommendation**

Client will seek support over the weekend if struggling

**Risk**

No immediate risks identified tonight.

Yours sincerely

**Elizabeth MacLeod**  
**Senior Unscheduled Care Nurse**  
*Authorised on 12/01/2022 11:14:39 by Typist Karen McConnell, not verified by Elizabeth MacLeod.*

### Tayside Out of Hours Service OOH Call Incident Report

---

Call number:	<b>85018</b>	Receive Date:	<b>5-Jan-2022 16:57</b>
Patient's Name:	<b>Yvonne Jamieson</b>		
Date of birth:	<b>10-Mar-1982 ( 39 years )</b>	Gender:	<b>F</b>
Address:	<b>13 Hatton Place Ratray Blairgowrie PH10 7AN</b>	Current Address:	<b>13 Hatton Place Ratray Blairgowrie PH10 7AN</b>
Return Contact No:			
Tel No:	<b>07845 832567</b>		<b>07845 832567</b>
Mobile No:			
Priority:	<b>Routine</b>	Call Origin:	<b>NHS24</b>
Received:	<b>5-Jan-2022 16:57</b>	Calltype:	<b>NHS24 Advised (Info Only)</b>
Advised:	<b>17:46</b>	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	<b>Richard Humble</b>

---

Reported Condition:  
**SUICIDAL THOUGHTS - 1 WEEK NO COVID SYMPTOMS.**

---

Followups:  
**None**

---

NHS24 details:  
Disposition - **In-Hours Action: Patient to Own GP within 4 hr**

---

NHS Confidential: Personal data about a patient

NHS Tayside: Clinical Report - Perth Royal Infirmary		Page 1 of 2
<b>JAMIESON, YVONNE</b> 13 HATTON PLACE, RATTRAY, BLAIRGOWRIE, PH10 7AN Ref. Locn. : <b>GENERAL PRACTITIONER</b> Ref. Source : <b>STRATHMORE SURGERY, JESSIE STREET, BLAIRGOWRIE, PERTHSHIRE, P</b> Referrer : DR RD HUMBLE		DoB : <b>10-Mar-1982</b> Hosp. No. : CRIS No. : <b>486981</b> CHI No. : <b>1003820107</b>
<b>VERIFIED</b> Verified By : DR SUZANNE McCLELLAND 17-Nov-2021 Typed By : MCCS 17-Nov-2021		
<b>Clinical History :</b>  R shoulder and neck painon/off since 2020 - had RTA 2020 but not seen at the time - recurrent pain into shoulder ?arm and when moves shoulder - ?bony pathol/degen ENTERED BY: Richard Humble (Medical)  BLEEP: 01250 872552		
<b>VERIFIED</b> Verified By : DR SUZANNE McCLELLAND 17-Nov-2021 Typed By : MCCS 17-Nov-2021		
<b>XR Cervical spine :</b> There is reversal of the normal cervical curvature. Vertebral alignment is otherwise normal and disc spaces preserved with no bony abnormality demonstrated.		
Event Number : E-6775353 Copy To : , Examinations : <b>XR Cervical spine,XR Shoulder Rt</b>	Examination Date : <b>16-Nov-2021</b> Attendance Number : 2	

NHS Confidential: Personal data about a patient

NHS Tayside: Clinical Report - Perth Royal Infirmary		Page 2 of 2
<b>JAMIESON, YVONNE</b>		DoB : <b>10-Mar-1982</b>
13 HATTON PLACE, RATTRAY, BLAIRGOWRIE, PH10 7AN		Hosp. No. :
Ref. Locn. : <b>GENERAL PRACTITIONER</b>		CRIS No. : <b>486981</b>
Ref. Source : <b>STRATHMORE SURGERY, JESSIE STREET, BLAIRGOWRIE, PERTHSHIRE, P</b>		CHI No. : <b>1003820107</b>
Referrer : DR RD HUMBLE		
<b>VERIFIED</b> Verified By : DR SUZANNE McCLELLAND 17-Nov-2021 Typed By : MCCS 17-Nov-2021		
<b>XR Shoulder Rt :</b> No soft tissue calcification or bony abnormality demonstrated.		
Event Number : E-6775353		Examination Date : <b>16-Nov-2021</b>
Copy To : ,		Attendance Number : 2
Examinations : <b>XR Cervical spine, XR Shoulder Rt</b>		



South Perthshire Community Mental Health Team  
King's Centre  
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Dr RD Humble  
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Perthshire  
PH10 6BT

Date	23/08/2021
Clinic Date	
Your Ref	
Our Ref	GB/ 1003820107
Enquiries to	Admin
Extension	
Direct Line	01764 657120
Email	

Dear Dr Humble

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

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

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

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

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



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

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

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

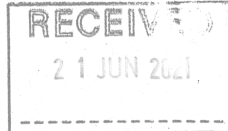
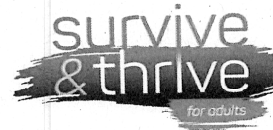
Please do not hesitate to contact me should you wish to discuss Yvonne's case further.

Yours sincerely

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

**Dr Gillian Bailey**  
**Clinical Psychologist**

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



NHS Tayside Psychological Therapies Service  
Murray Royal Hospital  
Muirhall Road  
PERTH PH2 7BH  
Telephone Number: 01738 562383  
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Gillian Bailey  
North Perthshire CMHT  
Blairgowrie Community Hospital  
Perth Road  
Blairgowrie  
PH10 6EE

Date Typed  
Our Ref  
Enquiries to  
Extension  
Direct Line  
Email

16/06/2021  
RWF/J Survive and Thrive  
Rachel Warner  
562383  
01738 562383  
[Tay-UHB.PAPTSAdmin@nhs.net](mailto:Tay-UHB.PAPTSAdmin@nhs.net)

Dear Kate

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

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

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

Yours sincerely,

Rachel Warner  
Clinical Associate in Applied Psychology

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



Working in partnership with NHS Tayside and Dundee City Council



South Perthshire Community Mental Health Team  
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Dr RD Humble  
Strathmore Surgery  
Jessie Street  
Blairgowrie  
Perthshire  
PH10 6BT

Date	05/05/2021
Clinic Date	
Your Ref	
Our Ref	GB/ 1003820107
Enquiries to	
Extension	
Direct Line	01764 657120
Email	

Dear Dr Humble

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

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

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

#### **Presenting Problems**

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

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

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

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

#### **Relevant Background**

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

### **Current Circumstances**

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

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

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

### **Treatment Plan**

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

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

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

Yours sincerely

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

Dr Gillian Bailey  
Clinical Psychologist

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

Community Mental Health Service  
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Dr RD Humble  
Strathmore Surgery  
Jessie Street  
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Perthshire  
PH10 6BT

Date	02/03/2021
Clinic Date	
Your Ref	
Our Ref	1003820107
Enquiries to	
Extension	Extension
Direct Line	DirectLine
Email	Email

Dear Dr Humble

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

**Update – Transfer of care**

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

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

Yours sincerely

Dr Julie Cottrell

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

Clinical Psychologist

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



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

Date	09/04/2021
Clinic Date	26/03/2021
Your Ref	
Our Ref	CS/KC/ 1003820107
Enquiries to	Administrator
Extension	
Direct Line	01250 877852
Email	

Dear Dr Humble

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

**Diagnosis: Bipolar Affective Disorder Type II**

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

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

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

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

### Mental State Examination

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

### Opinion and Plan

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

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

Yours sincerely,

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

**Dr C Sheridan**  
**Locum Consultant Psychiatrist**

(P) Dr Julie Cottrell, Clinical Psychologist, North Perthshire CMHT, Blairgowrie Community Hospital,  
PH10 6EE



Community Mental Health Service  
NHS Tayside  
Perth Royal Infirmary  
Taymount Terrace  
Perth  
PH1 1NX  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

Date	19/01/2021
Clinic Date	
Your Ref	
Our Ref	1003820107
Enquiries to	
Extension	Extension
Direct Line	01250 877852
Email	Email

Dear Dr Humble

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

**Diagnosis: Bipolar Affective Disorder type II**

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

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

#### **Presenting Problems**

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

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

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

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

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

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

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

Dr Julie Cottrell

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

Clinical Psychologist

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

NHS Confidential: Personal data about a patient



General Adult Psychiatry  
NHS Tayside

North Perthshire Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road  
Blairgowrie  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

Date	20/10/2020
Clinic Date	20/10/2020
Your Ref	
Our Ref	RD/KM/ 1003820107
Enquiries to	Administrator
Extension	
Direct Line	01250 877852
Email	

Dear Dr Humble

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

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

**Diagnosis: Bipolar Affective Disorder Type II**

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

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

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

**Plan**

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

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

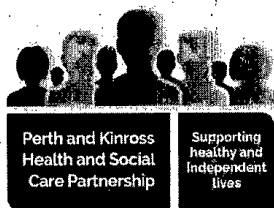
I will arrange for her to be seen again in 3 months.

Yours sincerely

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

NHS Confidential: Personal data about a patient

**Dr Richard Day**  
**Consultant Psychiatrist**



28 AUG 2020

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

Enquiries to	Administrator
Extension/Direct Line:	01250 877852
Email	
Your Ref	JC/KM/ 1003820107
Our Ref	
Date	28 August 2020

Miss Yvonne Jamieson  
13 Hatton Place  
Ratray  
Blairgowrie  
Perthshire  
PH10 7AN

Dear Yvonne

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

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

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

Yours sincerely

**Appointments Office**

Copy to: GP

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

NHS 24: 111

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

Samaritans: 116 123 (free phone number)



General Adult Psychiatry  
NHS Tayside

North Perthshire Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road  
Blairgowrie  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

Date	30/07/2020
Clinic Date	30/07/2020
Your Ref	
Our Ref	RD/KM/ 1003820107
Enquiries to	Administrator
Extension	
Direct Line	01250 877852
Email	

Dear Dr Humble

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

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

Diagnosis: Bipolar Affective Disorder Type II

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

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

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

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

#### Plan

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

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

I will see her for review in 3 months.

Yours sincerely

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

**Dr Richard Day**  
**Consultant Psychiatrist**



General Adult Psychiatry  
NHS Tayside

North Perthshire Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road  
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Dr RD Humble  
Strathmore Surgery  
Jessie Street  
Blairgowrie  
Perthshire  
PH10 6BT

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

Dear Dr Humble

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

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

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

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

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

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

**Plan**

Re-start Quetiapine as above  
Clinic review in 3 months

Yours sincerely

This letter has not been authorised

**Dr Matthias Feile**  
**ST4 General Adult Psychiatry**



General Adult Psychiatry  
NHS Tayside

North Perthshire Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road  
Blairgowrie  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

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

Dear Dr Humble

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

**Diagnosis: Bipolar Affective Disorder type 2**

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

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

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

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

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

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

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

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

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

**Plan:**

- Medication as above
- Telephone review in one week.

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

Yours sincerely

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

**Dr Matthias Feile**  
**ST4 General Adult Psychiatry**

**NHS Confidential: Personal data about a patient**

NHS Tayside Communication to GP

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

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

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



Emergency Department Ninewells Hospital

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

Ninewells Hospital  
Ninewells Drive  
Dundee  
DD2 1GZ

Dear Doctor

Miss Yvonne Jamieson  
13 HATTON PLACE  
RATTRAY  
Blairgowrie  
PH10 7AN

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

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

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

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

Procedures:

Prescriptions:

Discharge Destination: Residential institution - Usual place of residence

Discharge Type: Discharged with no follow up

Referred To:

Notes for GP:



Yours sincerely

Emergency Department Ninewells Hospital

**Tayside Out of Hours Service OOH Call Incident Report**

---

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

---

Reported Condition:  
**OVERDOSE 1 HOUR AGO**

---

Followups:  
**None**

---

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

---

**Tayside Out of Hours Service OOH Call Incident Report**

---

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

---

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

---

Followups:  
**None**

---

NHS24 details:  
Disposition - **Self Care**

---



Crisis Resolution and Home Treatment Team

Carseview Centre  
4 Tom McDonald Avenue  
Dundee  
DD2 1NH  
sPrefPhoneNo  
sPrefFax  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

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

Dear Dr Humble

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

Diagnosis: Bipolar type 2

Referral Date – 29/01/20

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

Criteria of Referral - Emergency

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

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

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

History of Presenting Complaint (Provided by Patient)

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

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

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

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

Past psychiatric history:

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

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

History of previous overdoses.

Medication & Treatment:

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

Mirtazapine/Quetiapine/Aripiprazole previously  
Levothyroxine  
Inhalers

Medical history:  
Asthma  
Underactive thyroid

Allergic to Morphine MR and Diclofenac

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

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

Forensic History:  
Nil

Pre-morbid personality:  
Unable to answer

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

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

#### MENTAL STATE EXAMINATION AT INTERVIEW

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

Speech:  
Normal in all modalities.

Answered all questions asked of her, rapport easily established.

**Mood and Affect:**

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

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

No evidence of neglect and is maintain her domesticities.

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

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

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

Has never self harmed.

No suicidal ideation, plan or intent.

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

**Thought content:**

No formal thought disorder.

**Perceptions:**

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

**Cognitive function:**

Intact, no current concerns.

**Insight:**

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

Does not feel her current medication is keeping her stable.

**Summary of relevant points / Problems identified:**

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

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

**Suggestions/plan / outcome of assessment**

Discharged home.

No further support indicated at this time as necessary.

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

Follow up by North Perth CMHT.

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

Yours sincerely

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



Emergency Department Ninewells Hospital

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

Ninewells Hospital  
Ninewells Drive  
Dundee  
DD2 1GZ

Dear Doctor

Miss Yvonne Jamieson  
13 HATTON PLACE  
RATTRAY  
Blairgowrie  
PH10 7AN

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

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

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

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

Procedures:

Prescriptions:

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

Discharge Type: Admitted

Referred To:

Notes for GP:



Yours sincerely

Emergency Department Ninewells Hospital

**NHS Confidential: Personal data about a patient**

NHS Tayside Communication to GP

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

**STRATHMORE SURGERY**

**Message from Doctor / Nurse**

F.A.O: Dr

DATE: 19.12.19 1140

From: Jc

Priority: Routine

Yvonne Jamieson

13 Hatton Place  
Ratray  
Blairgowrie  
PH10 7AN

1003820107

**MESSAGE** (Include Patient Name and DOB)

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

**REPLY:** (please initial and date any comment)

DONE.

MCh

2011211a @ 11.15 NO reply - text sent  
11:37 PE informed.

Name: \_\_\_\_\_ Date: 19.12.19

Yvonne Jamieson  
 13 Hatton Place  
 Rattray  
 Blairgowrie  
 PH10 7AN  
 1003820107



Please note: Any data captured in this form will not be passed on to any third party. It will only be used by your healthcare professional.  
 Asthma is a common and treatable disease which can impact heavily on quality of life. Medical experts now agree that the level of asthma control is a key feature when determining the best asthma treatment required.

**Why take the Asthma Control Test™?**

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

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

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

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

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

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

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

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

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

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

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

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

**Total Score** 14

**What does your score mean?**

**Score: BETWEEN 20-25<sup>1</sup> - ON TARGET**

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

**Score: BETWEEN 16-19<sup>1</sup> - OFF TARGET**

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

**Score: 15 OR LESS<sup>1</sup> - OFF TARGET**

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

\* PEF 310



North Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road  
Blairgowrie  
PH10 6EE  
Telephone Number 01250 877852  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

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

Dear Dr Humble

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

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

**Plan**

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

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

Yours sincerely

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

**Dr Matthias Feile**  
**Registrar (ST4 in General Adult Psychiatry)**



North Community Mental Health Team  
Blairgowrie Community Hospital  
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PH10 6EE  
Telephone Number 01250 877852  
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Dr RD Humble  
Strathmore Surgery  
Jessie Street  
Blairgowrie  
Perthshire  
PH10 6BT

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

Dear Dr Humble

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

**Diagnosis: Bipolar Affective Disorder Type 2**

**Follow Up: Clinic review in three months**

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

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

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

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

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

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

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

Yours sincerely

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

**Dr Matthias Feile**  
**ST4 General Adult Psychiatry**

**NHS Confidential: Personal data about a patient**

NHS Tayside Communication to GP

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



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Perth Road  
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PH10 6EE  
Telephone Number 01250 877852  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

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

Dear Dr Humble

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

**Diagnosis: Bipolar Affective Disorder Type 2**

**Medication: Change over from Quetiapine to Aripiprazole**

**Follow Up: Telephone review in two to three weeks**

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

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

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

#### **Medication**

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

#### **Social History**

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

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

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

Cont'd

Cont'd Yvonne Jamieson (1003820107)

### **Mental State Examination**

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

### **Impression**

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

### **Plan**

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

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

Yours sincerely

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

**Dr Matthias Feile**  
**(ST4 in General Adult Psychiatry)**

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

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



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

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

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

Dear Dr Humble

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

**Diagnosis: Bipolar Affective Disorder type II**

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

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

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

**Plan:**

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

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

I will see her in 3 months.

Yours sincerely

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

**Dr Richard Day**  
**Consultant Psychiatrist**



North Perthshire Community Mental Health Team  
NHS Tayside  
Blairgowrie Community Hospital  
Perth Road  
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PH10 6EE  
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Dr RD Humble  
Strathmore Surgery  
Jessie Street  
Blairgowrie  
Perthshire  
PH10 6BT

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

Dear Dr Humble

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

Yvonne attended my outpatient clinic today.

**Diagnosis: Bipolar Affective Disorder type II**

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

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

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

**Plan:**

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

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

I will see her in 3 months.

Yours sincerely

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

**Dr Richard Day**  
**Consultant Psychiatrist**



North Community Mental Health Team  
Blairgowrie Community Hospital  
Perth Road  
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Dr M Miller  
Strathmore Surgery  
Jessie Street  
Blairgowrie  
Perthshire  
PH10 6BT

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

Dear Dr Miller

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

Yvonne attended outpatient clinic today, 28 February 2019.

#### **Diagnosis**

Bipolar Affective Disorder Type II

Clinical Global Impression: 4

Global Assessment of Function: 55

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

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

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

**Yvonne Jamieson, CHI: 10/03/1982 0107**

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

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

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

**Plan**

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

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

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

Yours sincerely

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

**Dr Richard Day**  
**Consultant Psychiatrist**

**Full Report**

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

**Address**

56 Grampian Court, Crieff Road Perth PH1 2ST

Address Type: Main address

**Communication numbers**

Telephone - home 01738 564752  
 Email yvonne.jamieson@yahoo.com  
 Mobile phone 07388 630 160

**Problems**

Hay fever - pollens	Started: 19/06/2014	Ended:
Asthma	Started: 11/02/2013	Ended:
Currently Relevant	Started: 08/11/2012	Ended:
Hypothyroidism	Started: 2004	Ended:

**Asthma register**

Asthma Placed on register: 20/11/2012 Removed from register:

**Medical History**

26/10/2018	Asthma monitor 1st letter	Mrs Maureen Reid
23/10/2018	Failed encounter Asthma review	Ms Debbie Reid
11/07/2018	Letter encounter from patient Administration Letter Miscellaneous SMS consent	Mrs Alison Shaw
11/07/2018	Consent given for communication by SMS text messaging	Dr L Compson
27/06/2018	Letter encounter from patient Lab Result Tayside Clinical Laboratory Services Microbiology	Mrs Alison Shaw
23/06/2018	Letter encounter from patient Unscheduled Care Report Tayside Out of Hours Service Accident Emergency	Mrs Alison Shaw
25/05/2018	Letter encounter from patient Administration Letter Jobcentreplus	Mrs Linda Ronketti
17/05/2018	Message from patient requesting sickline due 21/5, however I think we should review as on non medication ? treatment re depression Dr L Compson	
13/03/2018	Letter encounter from patient Lab Result Tayside Clinical Laboratory Services Biochemistry	Mrs Alison Shaw
25/01/2018	Consultation still feels unready to return to work. Discussed need to consider returning to work and steps to take- is trying voluntary work. Does not have job. Suggested that employment may be beneficial for her mental wellbeing	Dr L Compson
24/01/2018	Message from patient askingf ro sickline- ran out endof dec- to see dr	Dr C Hutton
05/01/2018	Third party encounter caroline brown- early pregnancy unit. concerned re Yvonne. called gynae this week to report preg test still positive. serum HCG<1 - definateyl not pregnant. voicing ideas which gave midwife concerns that yvonne's mental health was of concern. feels sister is having morning sickness for her and told MW has had cervical cysts in past wich gave her positive tests. MW concerned that pregnancy may have been imagined particularly given that yvonne refused to give any details of partner.Has appt with me monday 9.20	Dr C Hutton
15/12/2017	Urinary tract infection, site not specified NOS	Dr C Hutton
14/12/2017	Consultation discussed recent miscarriage	Dr L Compson
13/12/2017	Medication given mirtazapine. early request assume to cover holiday period. next script will be due end jan	Dr C Hutton
12/12/2017	Miscarriage 6 weeks	Dr C Hutton
11/12/2017	Letter encounter from patient Clinical Letter .Perth Royal Infirmary Obstetrics	Mrs Alison Shaw
11/12/2017	Letter encounter from patient Clinical Letter .Perth Royal Infirmary Obstetrics	Mrs Alison Shaw
11/12/2017	Letter from consultant Clinical Letter .Perth Royal Infirmary Gynaecology	Mrs Alison Shaw
24/11/2017	Has authorisation for medication under PSD no c/i to HCA administration of 2017-18 flu vaccine	Dr C Hutton
21/11/2017	Letter encounter from patient Administration Letter Jobcentreplus	Mrs Alison Shaw
21/11/2017	ESA113 form completed	Dr C Hutton
15/09/2017	Message given to patient TSH suppressed on 100mcgs and too high on 75mcgs. ?could she manage alternate days. asked to come in Dr L Compson	
14/09/2017	Letter encounter from patient Lab Result Tayside Clinical Laboratory Services Biochemistry	Mrs Alison Shaw
05/09/2017	Medication requested mirtazepine - not due and should attend for review for rprescription	Dr C Hutton
15/08/2017	[X]Depressive episode	Dr L Compson
04/08/2017	Consent given for communication by SMS text messaging - verbal	
04/08/2017	Consent given for communication by email - verbal	
22/06/2017	Asthma monitor 1st letter	Mrs Maureen Reid
15/05/2017	Medication decreased thyroxine dose reduced to 75mcgs. recheck TSH 3 months	Dr C Hutton
11/05/2017	Letter encounter from patient Lab Result Tayside Clinical Laboratory Services Biochemistry	Ms Lorraine Mcbey
28/03/2017	Consultation message to ring Community Access team, PKC, Danielle. Out of office at present her colleague will check what the call is about and call back. Dr 2 Locum	
28/02/2017	Problem with neighbours attends to advise getting very stressed with troublesome neighbours . constantly harassing her and knocking on the walls to keep her awake. has a dog which is a comfort. has been to housing. general advice and guidance given	
	Dr C Hutton	
24/01/2017	Letter encounter from patient eNCCRS Result Notification Scottish Cervical Call Recall System Cytology	Mrs Alison Shaw
09/12/2016	Letter encounter from patient Cardiology ECG NHS TAYSIDE Cardiology NHS Tayside ECG server	Mrs Alison Shaw
08/12/2016	Consultation Yvonne advised that she has been experiencing chest pain. Advised to make appt with GP.	
	Booked appt for ECG tomorrow Mrs Maureen Reid	
08/12/2016	Enjoys light exercise Lot of walking	Mrs Maureen Reid
08/12/2016	Alcohol misuse - enhanced services administration Social - routine	Mrs Maureen Reid
25/10/2016	Letter encounter from patient Lab Result Tayside Clinical Laboratory Services Biochemistry	Mrs Alison Shaw
13/06/2016	Letter encounter from patient Clinical Letter Drumhar Health Centre Fertility Reproductive	Mrs Alison Shaw
21/04/2016	Letter encounter from patient Clinical Letter Drumhar Health Centre Family Planning Clinic	Mrs Alison Shaw
06/04/2016	Asthma monitor 1st letter	Ms Lynne Whittet
16/03/2016	Medication increased return to levothyroxine 100mcg and review bloods in 3 m	Dr L Compson
15/03/2016	Letter encounter from patient Lab Result Tayside Clinical Laboratory Services Biochemistry	Mrs Alison Shaw
25/02/2016	Letter encounter from patient Administration Letter Registration	Mrs Alison Shaw
11/02/2016	Seen in out of hours centre 2/2/2016 - referred to Gp	Mrs Carol Fullerton

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

Tel: 01738 622421

Page 1/15

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**Full Report**

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

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

Tel: 01738 622421

Page 2/15

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**Full Report**

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

**Acute and Repeat Issue Therapy**

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

Tel: 01738 622421

Page 3/15

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**Full Report**

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

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

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Page 4/15

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**Full Report**

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

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

Tel: 01738 622421

Page 5/15

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**Full Report**

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

**Recall**

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

**Consultation**

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

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

Tel: 01738 622421

Page 6/15

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## Full Report

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

04/04/2018	Administration	Mrs Linda Ronketti
15/03/2018	Medicine Management	Dr L Compson
15/03/2018	Third Party Consultation	Mrs Alison Shaw
14/03/2018	Results recording	Dr L Compson
13/03/2018	Surgery consultation	Ms Allison Mcneil
09/03/2018	Administration	Dr C Hutton
25/01/2018	Surgery consultation	Dr L Compson
24/01/2018	Administration	Dr C Hutton
22/01/2018	Medicine Management	Dr C Hutton
22/01/2018	Administration	Ms Lorraine Mcbey
05/01/2018	Telephone call to a patient	Dr C Hutton
15/12/2017	Medicine Management	Dr C Hutton
15/12/2017	Third Party Consultation	Mrs Alison Shaw
15/12/2017	Third Party Consultation	Mrs Alison Shaw
15/12/2017	Third Party Consultation	Mrs Alison Shaw
14/12/2017	Surgery consultation	Dr L Compson
13/12/2017	Letter from Outpatients	Dr L Compson
13/12/2017	Medicine Management	Dr C Hutton
13/12/2017	Third Party Consultation	Mrs Alison Shaw
12/12/2017	Surgery consultation	Dr C Hutton
12/12/2017	Administration	Ms Lorraine Mcbey
05/12/2017	Administration	Ms Lorraine Mcbey
29/11/2017	Administration	Dr C Hutton
29/11/2017	Medicine Management	Dr C Hutton
24/11/2017	Surgery consultation	Mrs Maureen Reid
24/11/2017	Administration	Dr C Hutton
22/11/2017	Third Party Consultation	Mrs Alison Shaw
21/11/2017	Surgery consultation	Dr C Hutton
07/11/2017	Medicine Management	Dr C Hutton
31/10/2017	Medicine Management	Dr C Hutton
11/10/2017	Surgery consultation	Dr L Compson
25/09/2017	Administration	Dr C Hutton
15/09/2017	Third Party Consultation	Mrs Alison Shaw
15/09/2017	Results recording	Dr L Compson
14/09/2017	Surgery consultation	Mrs Maureen Reid
12/09/2017	Surgery consultation	Dr L Compson
05/09/2017	Medicine Management	Dr C Hutton
05/09/2017	Administration	Dr C Hutton
15/08/2017	Surgery consultation	Dr L Compson
04/08/2017	Administration	Mrs Linda Ronketti
04/08/2017	Administration	Mrs Linda Ronketti
10/07/2017	Administration	Ms Lorraine Mcbey
10/07/2017	Surgery consultation	Ms Allison Mcneil
22/06/2017	Administration	Mrs Maureen Reid
15/05/2017	Administration	Dr C Hutton
12/05/2017	Third Party Consultation	Ms Lorraine Mcbey
12/05/2017	Results recording	Dr C Hutton
11/05/2017	Surgery consultation	Mrs Maureen Reid
04/04/2017	Administration	Ms Lorraine Mcbey
28/03/2017	Surgery consultation	Dr 2 Locum
28/02/2017	Surgery consultation	Dr C Hutton
03/02/2017	Third Party Consultation	Mrs Alison Shaw
03/02/2017	Results recording	Dr L Compson
24/01/2017	Surgery consultation	Ms Allison Mcneil
15/12/2016	Other	Dr Joanna Beattie
15/12/2016	Administration	Ms Lorraine Mcbey
09/12/2016	Third Party Consultation	Mrs Alison Shaw
09/12/2016	Surgery consultation	Mrs Maureen Reid
08/12/2016	Surgery consultation	Mrs Maureen Reid
02/12/2016	Surgery consultation	Dr J Boyden
01/12/2016	Administration	Ms Lorraine Mcbey
27/10/2016	Surgery consultation	Dr L Compson
27/10/2016	Third Party Consultation	Mrs Alison Shaw
26/10/2016	Results recording	Dr L Compson
25/10/2016	Surgery consultation	Ms Allison Mcneil
21/09/2016	Medicine Management	Dr C Hutton
02/08/2016	Administration	Ms Lorraine Mcbey
14/06/2016	Administration	Dr C Hutton
14/06/2016	Third Party Consultation	Mrs Alison Shaw
23/05/2016	Administration	Ms Lynne Whittet
25/04/2016	Administration	Dr C Hutton
25/04/2016	Surgery consultation	Ms Allison Mcneil
22/04/2016	Third Party Consultation	Mrs Alison Shaw
19/04/2016	Administration	Ms Lorraine Mcbey
07/04/2016	Administration	Ms Lorraine Mcbey
06/04/2016	Administration	Ms Lynne Whittet

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

Tel: 01738 622421

Page 7/15

Printed by LINDA on 20/12/18 11:40.00





## Full Report

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

### Alcohol

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

### Weight

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

### Height

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

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

### Immunisations

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

### Albumin

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

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

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

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

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

Tel: 01738 622421

Page 10/15

Printed by LINDA on 20/12/18 11:40.00

**Full Report**

<b>Ms Yvonne Jamieson</b>		<b>10/03/1982</b>	<b>Female</b>	<b>390/82/223</b>	<b>Transferred Out</b>
20/03/2014	Serum calcium	= 2.26			
<b>Calcium adjusted</b>					
20/03/2014	Corrected serum calcium level	= 2.31			
<b>Serum creatinine</b>					
20/03/2014	Serum creatinine	= 61			
<b>Eosinophil count</b>					
20/03/2014	Eosinophil count	= 0.07 10 <sup>9</sup> /L			x10 <sup>9</sup> /L
<b>Haemoglobin</b>					
20/03/2014	Haemoglobin estimation	= 129			
<b>Mean corpuscular haemoglobin</b>					
20/03/2014	Mean corpusc. haemoglobin(MCH)	= 27.7			
<b>MCH Hb Concentration</b>					
20/03/2014	Mean corpusc. Hb. conc. (MCHC)	= 321			
<b>Mean corpuscular volume</b>					
20/03/2014	Mean corpuscular volume (MCV)	= 86.1			fL
<b>Monocyte count</b>					
20/03/2014	Monocyte count	= 0.3 10 <sup>9</sup> /L			x10 <sup>9</sup> /L
<b>Neutrophil count</b>					
20/03/2014	Neutrophil count	= 4.8 10 <sup>9</sup> /L			x10 <sup>9</sup> /L
<b>Platelets</b>					
20/03/2014	Platelet count	= 220 10 <sup>9</sup> /L			x10 <sup>9</sup> /L
<b>Potassium</b>					
20/03/2014	Serum potassium	= 4.5			
<b>Red blood cell count</b>					
20/03/2014	Red blood cell (RBC) count	= 4.66 10 <sup>-2</sup>			x10 <sup>12</sup> /L
<b>Sodium</b>					
20/03/2014	Serum sodium	= 142			
<b>Thyroid Stimulating Hormone</b>					
13/03/2018	Serum TSH level	= 2.16			mU/L
11/12/2017	Serum TSH level	= 1.96			MicroU/L
14/09/2017	Serum TSH level	= 6.96	Above high		taken at maty unit
	reference limit	mU/L			
11/05/2017	Serum TSH level	= 0.03	Below low reference		
	limit	mU/L			
25/10/2016	Serum TSH level	= 0.21	Below low reference		
	limit	mU/L			
14/03/2016	Serum TSH level	= 11.77	Above high		
	reference limit	mU/L			
18/12/2015	Serum TSH level	= 2.16			mU/L
17/09/2015	Serum TSH level	= 0.05	Below low reference		
	limit	mU/L			
06/01/2015	Serum TSH level	= 0.05	Below low reference		
	limit	mU/L			
07/08/2014	Serum TSH level	= 0.17	Below low reference		
	limit	mU/L			
20/03/2014	Serum TSH level	< 0.01	Below low reference		
	limit	mU/L			
29/11/2013	Serum TSH level	= 0.07	Below low reference		
	limit	mU/L			
21/01/2013	Serum TSII level	= 0.61			mU/L
<b>Urea - blood</b>					
20/03/2014	Serum urea level	= 4.5			
<b>White blood count</b>					
20/03/2014	Total white cell count	= 6.8 10 <sup>9</sup> /L			x10 <sup>9</sup> /L
<b>Lymphocyte count</b>					
20/03/2014	Lymphocyte count	= 1.6 10 <sup>9</sup> /L			x10 <sup>9</sup> /L
<b>Blood glucose</b>					
20/03/2014	Plasma glucose level	= 4.5			
<b>Bone studies</b>					
20/03/2014	Bone profile	=			<none>
<b>Full blood count</b>					
20/03/2014	Full blood count - FBC	=			<none>

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

Tel: 01738 622421

Page 11/15

Printed by LINDA on 20/12/18 11:40.00



## Full Report

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

09/01/2015 Asthma annual review Seen by: Ms Gillian Harris Clinician: Ms Gillian Harris Chest infection before christmas - left pt with excess mucous but no wheeze. Chest feels normal now. Off college for a couple of days with infection. Fostair 1 puff BD, rarely requires reliever.

21/11/2014 Asthma annual review Seen by: Clinician: Dr 2 Locum Routine review has asthma symptoms most days despite taking inhalers as prescribed feel they are having no effect . PF down today Has been coughing up green fleem for last 2 days given sputum pot to hand in sample. Advised to see Gp for review of inhalers.

Presently 4 Asthma annual review Seen by: Ms Gillian Harris Clinician: Ms Gillian Harris on Fostair 1 puff BD and requires reliever 3-4 times a day. Feels there is no improvement in lung function. Nose blocked and increase phlegm up in very small amounts. Worse due to hay fever - advised to make a doctors appt to discuss regular medication for hay fever and a nose spray. Increase Fostair to 2 puffs BD

29/11/2013 Asthma annual review Seen by: Ms Gillian Harris Clinician: Ms Gillian Harris Uncontro lled asthma since coming off salmeterol, would like to try different inhalers altogether as getting no relief from current inhalers. Technique moderate. Night cough present most nights and breathless on minimal exercise. Avoiding any exercise every day due to breathlessness. Advised to make an appt with Dr Hutton

09/04/2013 Asthma annual review Seen by: Ms Gillian Harris Clinician: Ms Gillian Harris Well controlled asthma - takes clenil 2puffs BD and serevent 2 puff BD with good effect. Salbutamol only required for exercise approx twice a week. Pt has no concerns.

20/11/2012 Asthma annual review Seen by: Dr L Compson Clinician: Dr L Compson

### Residence

23/01/2014 Rehoused Type of residence: Lives alone No  
Dr L Compson

### Maternity plan

05/12/2017 Maternity Plan: GP: Dr C Hutton Consultant: Hospital:  
Midwife: Maternity pack given

### PF current

10/07/2017	Peak exp. flow rate: PEFR/PFR:	= 350 L/min	Previous Best Ever = 340.0, Predicted = .
Ms Allison Meneil			
11/02/2016	Peak exp. flow rate: PEFR/PFR:	= 340 L/min	Previous Best Ever = 340.0, Predicted = .
Mrs Carol Fullerton			
09/01/2015	Peak exp. flow rate: PEFR/PFR:	= 340 L/min	Previous Best Ever = 330.0, Predicted = .
Ms Gillian Harris			
21/11/2014	Peak exp. flow rate: PEFR/PFR:	= 260 L/min	Previous Best Ever = 330.0, Predicted = .
Dr 2 Locum			
13/06/2014	Peak exp. flow rate: PEFR/PFR:	= 325 L/min	Previous Best Ever = 330.0, Predicted = .
Ms Gillian Harris			
29/11/2013	Peak exp. flow rate: PEFR/PFR:	= 320 L/min	Previous Best Ever = 330.0, Predicted = .
Ms Gillian Harris			
09/04/2013	Peak exp. flow rate: PEFR/PFR:	= 330 L/min	Previous Best Ever =, Predicted = .
Ms Gillian Harris			

### Packed Cell Volume

20/03/2014 Haematocrit = 0.401 ratio

### Basophil count

20/03/2014 Basophil count = 0 10<sup>9</sup>/L x10<sup>9</sup>/L

### Chemical function tests

20/03/2014 GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA

### Echocardiogram

09/12/2016 Standard ECG LV Ejection Fraction = %

### Free Tri-iodothyronine

20/03/2014	Serum free triiodothyronine level	= 5.1 pmol/L	Serum free T3 level -
29/11/2013	Serum free triiodothyronine level	= 4.5 pmol/L	Serum free T3 level -

### Free Thyroxine

14/09/2017	Serum free T4 level	= 12.3 pmol/L	
11/05/2017	Serum free T4 level	= 20.5 pmol/L	Above high
reference limit			
14/03/2016	Serum free T4 level	= 14.1 pmol/L	
17/09/2015	Serum free T4 level	= 22.7 pmol/L	Above high
reference limit			
06/01/2015	Serum free T4 level	= 18.6 pmol/L	
20/03/2014	Serum free T4 level	= 19.5 pmol/L	Above high
reference limit			
29/11/2013	Serum free T4 level	= 15.3 pmol/L	

### Scoring Test Result

08/12/2016	Score: 0	Method: for: Mrs Maureen Reid
14/11/2013	Score: 0	Method: for: Social service occupation Mrs Carol Fullerton

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

Tel: 01738 622421

Page 13/15

Printed by LINDA on 20/12/18 11:40.01

**Full Report**

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

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

**Biochemical Screening Tests**

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

**Asthma daytime symptoms**

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

**Asthma night time symptoms**

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

**Asthma limiting activity**

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

**Repeat Medication Review**

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

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

Tel: 01738 622421



### Tayside Out of Hours Service OOH Call Incident Report

---

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

---

Reported Condition:  
**VOMITING 3/7 ASTHMATIC, UNDERACTIVE THYROID**

---

Consultation details:

History - **Vomiting for three days. No diarrhoea. Urine smelly and burning dysuria. Lower back pain.**

Examination - **Temp 38.3C. O2 Sats 95%. P94. V slight right renal angle tenderness. BP 114/70. Slight suprapubic tenderness. No guarding or peritonism.**

Diagnosis - **Probable ascending UTI**

Treatment - **IM Stemetil 12.5mg to left deltoid. Advised wait half an hour, thentake Co-Amoxiclav 625mg tid (21). Report on fast -track number if not keeping antibiotics down, as would then require admission for IV antibiotics. MSSU sent**

---

Prescriptions:

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

---

Followups:

**No Follow Up**

---

Clinical Codes:

**K190. Urinary tract infection**

---

NHS24 details:

Disposition **Contact GP Practice within 4 Hours (ASAP)**

NHS Confidential: Personal data about a patient

-



Gynaecology Ward  
EPAC  
Perth Royal Infirmary  
Perth  
PH1 1NX

Tel: 01738 623311  
Fax: 01738 473545  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Midwife led clinic:

Date 11/12/17

Morna Forbes  
Adele Norris  
Fiona McGlashan

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

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

Yours sincerely

*Fiona McGlashan*

pl

Dr Adam Gordon  
Consultant Obstetrician & Gynaecologist

Blood Group - *Not checked*

Anti-D given - Y /  N

Copy sent to GP -  Y / N



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



Community Midwifery Unit  
Perth Royal Infirmary

Request for 5mgs folic acid

Date... 11/12/17

Fax No.....

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

The above is currently 6<sup>6/7</sup> weeks pregnant and in accordance with current recommendations please prescribe folic acid 5mgs as her BMI is above 30. till 12 week pregnancy.

Many thanks

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

Community Midwifery Unit  
Perth Royal Infirmary

Request for 5mgs folic acid

Date.....

Fax No.....

Name.....

Address.....  
.....

CHI.....

The above is currently ..... weeks pregnant and in accordance with current  
recommendations please prescribe folic acid 5mgs as her BMI is above 30. *full 12 week*

Many thanks

*of pregnancy.*

Midwife  
Contact No

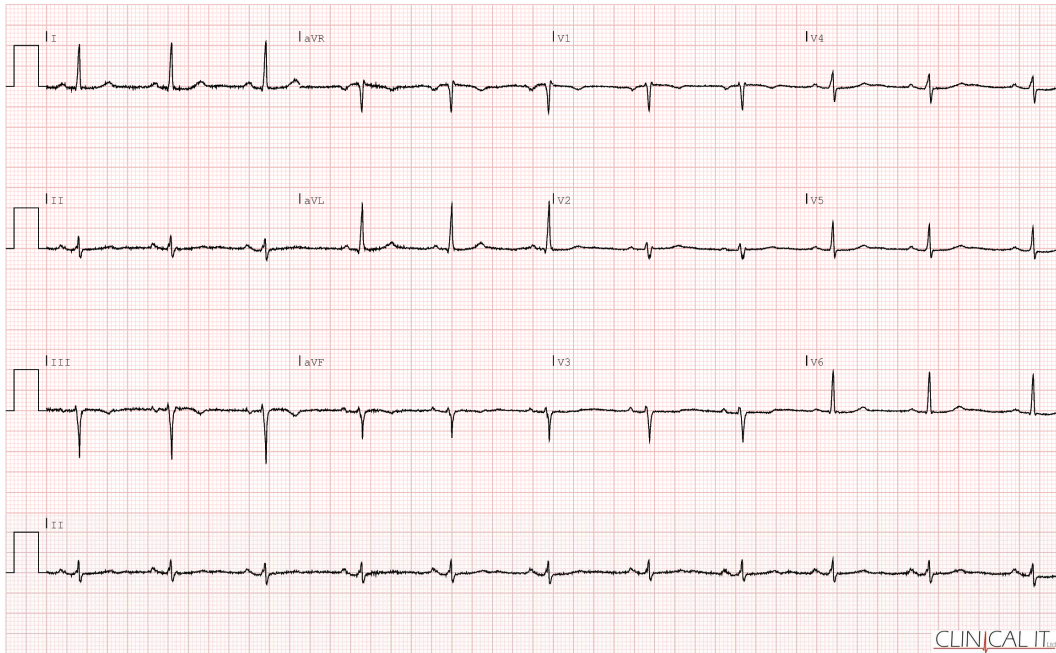
NHS Confidential: Personal data about a patient

Name : Jamieson Yvonne  
CHI : 1003820107  
Date : 09/12/2016  
Time : 10:01:37  
Site : Mauve\_Practice\_Drumhar

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

\*\*\* UNCONFIRMED AUTOMATED ANALYSIS \*\*\*

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



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

CLINICALIT  
25 m/s, 10 mm/mV

## Tayside Health Board

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



### PRIVATE & CONFIDENTIAL

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

Date: 13 June 2016

Our Ref: /AN07711875

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

Dear Dr. Hutton

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

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

Details of contraception are as follows:

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

The following were noted:

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

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

Kind regards

Yours sincerely

  
**Mrs Margaret Shearer**  
**Sexual Health Nurse**

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

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

## Tayside Health Board

Sexual Health Clinic

Tayside Sexual & Reproductive Health Services

Dundee CHP

Drumhar Health Centre

North Methven Street

PERTH, PH1 5PD

Tel: (01738) 564272

Fax: (01738) 564564

www.nhstayside.scot.nhs.uk



### PRIVATE & CONFIDENTIAL

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

Date: 21 April 2016

Our Ref: /AN07711875

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

Dear Dr. Hutton

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

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

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

**Removal Reason:** Licence limit

Yvonne's future contraception is Cerelle

The following were noted:

**Medical Conditions:** Past history of VTE in pregnancy

**BMI:** 36

Yours sincerely

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

**Dr. Laura Jarvis**  
*Speciality Doctor*

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

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



**Tayside Out of Hours Service OOH Call Incident Report**

---

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

---

Reported Condition:

**Symptoms: Chest feels tight**

---

Consultation details:

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

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

Diagnosis - **Viral URTI.**

Treatment - **Reassured none required**

---

Followups:

**No Follow Up**

---

Clinical Codes:

**H05z. Upper respiratory infect.NOS**

---

## Tayside Health Board

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



### PRIVATE & CONFIDENTIAL

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

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

Dear Dr. Hutton

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

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

Kind regards

Yours sincerely,

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

**Dr Susan MacPherson**  
Specialty Doctor

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

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



## Tayside Health Board

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



### PRIVATE & CONFIDENTIAL

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

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

Dear Dr. Hutton

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

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

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

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

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

Kind regards

Yours sincerely,

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

**Elizabeth Cockburn**  
Associate Specialist

*Working with you for better health and better care*

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

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



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

01738 623311  
01738 473510  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

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

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

Dear Dr Harvey

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

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

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

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

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

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

Yours sincerely

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

***Dr Anne Dethier***  
***Medical ST2 to Dr Peter Brown***

***Dr Peter Brown***  
***Consultant Physician***



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Chief Executive, Mr Gerry Marr

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

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

Date: 14 Feb 2013

Dear Doctor Harvey

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

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

Tel: NO LAND LINE

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

**Diagnosis**

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

Discharge : Admitted  
Destination : 4 (Medical Assessment)

Yours sincerely

Accident & Emergency Dept

**Tayside Out of Hours Service OOH Call Incident Report**

---

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

---

Reported Condition:

**INTENTIONAL OVERDOZE 20 MINS SEE AV**

---

Followups:

**None**

---

NHS24 details:

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

---

**Tayside Out of Hours Service OOH Call Incident Report**

---

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

---

Reported Condition:

**FACIAL WEAKNESS 5 DAYS SEE A/V**

Consultation details:

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

Examination - **.**

Diagnosis - **anxiety**

Followups:

**Patient Advised To Contact Own GP**

Clinical Codes:

**E200. Anxiety States**

NHS24 details:

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

**The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at**

least within 4 hours).

**WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.**

NHS24  
Comments -

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

Disposition -

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

---

## NHS Confidential: Personal data about a patient

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

MAUVE PRACTICE

Date Dictated:

DRUMHAR HEALTH CENTRE

Date Typed: 17/01/2013

NORTH METHVEN STREET

Your Ref:

PERTH

Our Ref:

PH1 5PD

Enquiries to: AMHRT

Extension:

Direct Line: 01738 562223

Email:

Dear Elizabeth Harvey

**Re:** YVONNE JAMIESON

1003820107

185 RANNOCH ROAD

PERTH

PH1 2DP

### Assessment Letter

#### Diagnosis:

#### Assessment/Treatment Details

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

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

## **NHS Confidential: Personal data about a patient**

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

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

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

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

**Recommendations:** (Treatment and patient expectations)

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

Yours sincerely,

Anne Sime

Senior Mental Health Nurse.

**Tayside Out of Hours Service OOH Call Incident Report**

---

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

---

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

---

Followups:  
**None**

---

NHS24 details:

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

**The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).**

**WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.**

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

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

---



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

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

Date Dictated	14 <sup>th</sup> January 2013
Date Received	14 <sup>th</sup> January 2013
Date Typed	14 <sup>th</sup> January 2013

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

Dear Dr Sinclair

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

**Date of Admission:** 6<sup>th</sup> January 2013

**Date of Transfer:** 6<sup>th</sup> January 2013

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

Yours sincerely,

*Craig Lintern*

Dr C Lintern  
FY2, Murray Royal Hospital

(checked and signed electronically)

**Tayside Out of Hours Service OOH Call Incident Report**

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

Reported Condition:

**KIDNEY PAIN 1HR SEE A/V**

Consultation details:

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

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

Diagnosis - **upper UTI**

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

Prescriptions:

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

Followups:

**Patient Advised To Contact Own GP**

Clinical Codes:

**K190. Urinary tract infection**

NHS24 details:

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

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

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

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

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

15



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

**IMMEDIATE DISCHARGE & PRESCRIPTION FORM**

Hospital Site:

Page ..... of .....

(Please use BLOCK CAPS when completing this form)

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

**Other Conditions:**

1	ANXIETY
2	
3	
4	
5	

<b>Significant Operations/Procedures:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
1. Date:	
2. Date:	
<b>Relevant Investigations:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments: D&E showed dehydration on admission + hypotension 2° to poor compliance
<b>Complications:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:

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

**Follow-up Arrangements**

GP + COUNSELLING
------------------

Sickness Certificate Issued: Yes <input type="checkbox"/> No <input type="checkbox"/>	Duration of sickness certification: <input type="text"/>
Results awaited: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify: _____
Letters to follow: Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment: _____
Hospital Review: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify: _____

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

**Medicines on Discharge**

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

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

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

**Significant Changes to Medication from the Point of Admission**

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

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

Adverse Reactions/Allergies: Yes  No  Detail: .....

Comments: .....

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

**Kirkcaldy & Levenmouth CHP**  
Mental Health Service

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



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

**DISCHARGE SUMMARY**

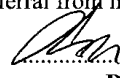
FW/CB/SF5519764K 1003820107	Dictated: 21 January 2013 Typed: 5 February 2013
Dr L J Compson Drumhar Health Centre Maive Practice North Methven Street PERTH PH1 5PD	Yvonne Jamieson 185 Rannoch Road PERTH PH1 2DP  Dob: 10/03/1982
Admitted: 6 January 2013 Discharged: 9 January 2013	Medication on Discharge: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

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

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

**Diagnostic Summary:**

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

Signed   
**Dr Fionnuala Williams**  
CT1 to Dr S McCallum

Consultant's Comments:

Signed



**Dr Seonaid McCallum**  
Consultant Psychiatrist

Dear Dr Compson

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

**Past Psychiatric History**

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

**Medication on Admission**

Trazodone 100mgs  
Thyroxine 125mcgs  
Clenil Modulite  
Salbumatol

**Past Medical History**

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

**Family History**

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

**Personal History**

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

### **Drug & Alcohol**

Yvonne does not drink alcohol or take illicit substances.

### **Forensic History**

Yvonne denied any forensic history.

### **Premorbid State**

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

### **Mental State Examination**

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

### **Physical Examination**

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

### **Progress on Ward**

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

Yours sincerely

  
**Dr Fionnuala Williams**  
CT1 to Dr Seónaid McCallum, Consultant Psychiatrist

copied to:

Dr Hayward, Murray Royal Hospital, Perth

## NHS Confidential: Personal data about a patient

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

MAUVE PRACTICE  
DRUMHAR HEALTH CENTRE  
NORTH METHVEN STREET  
PERTH

Date Dictated:  
Date Typed: 06/01/2013  
Your Ref:  
Our Ref:  
Enquiries to: AMHRT  
Extension:  
Direct Line: 01738 562223  
Email:

Dear Elizabeth Harvey

Re: YVONNE JAMIESON  
1003820107  
185 RANNOCH ROAD  
PERTH

PH1 2DP

### Assessment Letter

**Diagnosis:** Suicidal ideation with pain and intent

### Assessment/Treatment Details

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

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

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

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

Yours sincerely,

Anne Sime  
Senior Mental Health Nurse.

**Tayside Out of Hours Service OOH Call Incident Report**

---

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

---

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

---

Followups:  
**None**

---

NHS24 details:

Triage NHS24 -	<b>Transfer this call to a mental health nurse. Transfer this call to an S+U nurse if no mental health nurses are available.</b>
NHS24 Comments -	<b>LOW MOOD, FEELS SUICIDAL, CRYING, CANT SETTLE, HAD CHANGE OF MEDS 3/4 DAYS AGO. HAD TO STOP ONE MEDICATION TO START ANOTHER. CHANGE OF MEDICATION WAS QUITE RAPID. ( (Non-Clinical User) (Edinburgh))</b>
Disposition -	<b>Contact GP Practice within 4 Hours (as soon as possible)</b>

---

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

Data Summary Sheet

**Data Summary Sheet**

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

Anchor House Satellite Flat 185 Rannoch Road Perth PH1 2DP

Mobile phone 07594128297

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

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

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

**Significant Medical History**

09/02/2011 Symptoms of depression Dr. Locum

No data recorded.

No data recorded.

**Screening**

No data recorded.

**Priority Clinical / User Marker**

09/02/2011 Symptoms of depression Dr. Locum

**Acute Prescriptions**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Instalments: please dispense weekly Mrs Tracy Connolly

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

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

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

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

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

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

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

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

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

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

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

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

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

Data Summary Sheet

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

### Active Care Management

No data recorded.

### Examination & Lifestyle Findings

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

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

Data Summary Sheet

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

### Test Results

14/09/2012 PEFR - peak exp. flow rate : = 370 L/min Device Type: EN13826 Previous Best Ever = 300.0, Predicted = 437.4. Dr . Locum  
 26/07/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Sharon Birrell  
 27/07/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Haematology Mrs Sharon Birrell  
 27/07/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Sharon Birrell  
 25/07/2012 Serum free T4 level = 12 pmol/L Dr Central Healthcare  
 25/07/2012 Serum free triiodothyronine level = 4.3 pmol/L Serum free T3 level - Dr Central Healthcare  
 25/07/2012 Serum TSH level = 0.02 mU/L Below low reference limit mU/L Dr Central Healthcare  
 26/07/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Haematology Mrs Sharon Birrell  
 25/07/2012 Basophil count = 0 10<sup>9</sup>/L x10<sup>9</sup>/L Dr Central Healthcare  
 25/07/2012 Haematocrit = 0.386 ratio Dr Central Healthcare  
 25/07/2012 Full blood count - FBC = <none> Dr Central Healthcare  
 25/07/2012 Lymphocyte count = 1.7 10<sup>9</sup>/L x10<sup>9</sup>/L Dr Central Healthcare  
 25/07/2012 Total white cell count = 6.6 10<sup>9</sup>/L x10<sup>9</sup>/L Dr Central Healthcare  
 25/07/2012 Red blood cell (RBC) count = 4.45 10<sup>12</sup>/L x10<sup>12</sup>/L Dr Central Healthcare  
 25/07/2012 Platelet count = 248 10<sup>9</sup>/L x10<sup>9</sup>/L Dr Central Healthcare  
 25/07/2012 Neutrophil count = 4.4 10<sup>9</sup>/L x10<sup>9</sup>/L Dr Central Healthcare  
 25/07/2012 Monocyte count = 0.4 10<sup>9</sup>/L x10<sup>9</sup>/L Dr Central Healthcare  
 25/07/2012 Mean corpuscular volume (MCV) = 86.8 fL Dr Central Healthcare  
 25/07/2012 Mean corpusc. Hb. conc. (MCHC) = 32.1 g/dL Dr Central Healthcare  
 25/07/2012 Mean corpusc. haemoglobin(MCH) = 27.9 pg Dr Central Healthcare  
 25/07/2012 Haemoglobin estimation = 12.4 g/dL Dr Central Healthcare  
 25/07/2012 Eosinophil count = 0.1 10<sup>9</sup>/L x10<sup>9</sup>/L Dr Central Healthcare  
 09/07/2012 Urine dipstick test = Normal slight trace of blood otherwise Normal Mrs Karen Duncan  
 15/05/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Microbiology Mrs Lisa Mcrae  
 10/05/2012 Serum free triiodothyronine level = 5.6 pmol/L Serum free T3 level - Dr Central Healthcare  
 10/05/2012 Serum testosterone = 1.9 nmol/L Dr Central Healthcare  
 10/05/2012 Serum prolactin level = 225 mU/L mU/L Dr Central Healthcare  
 10/05/2012 Serum LH level = 5.4 U/L U/L Dr Central Healthcare  
 10/05/2012 Serum FSH level = 2.6 U/L U/L Dr Central Healthcare  
 12/05/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Sharon Birrell  
 10/05/2012 Serum free T4 level = 19.5 pmol/L Above high reference limit Dr Central Healthcare  
 10/05/2012 Serum TSH level < 0.01 mU/L Below low reference limit mU/L Dr Central Healthcare  
 10/05/2012 Peak exp. flow rate: PEFR/PFR : = 270 L/min Previous Best Ever = 300.0, Predicted = . Mrs Lucille Ironside  
 10/05/2012 Peak exp. flow rate: PEFR/PFR : = 270 L/min Previous Best Ever = 300.0, Predicted = . Mrs Lucille Ironside  
 02/04/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Sharon Birrell  
 30/03/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Haematology Mrs Sharon Birrell  
 30/03/2012 Test - laboratory = Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Sharon Birrell  
 29/03/2012 Serum free triiodothyronine level = 7.1 pmol/L Above high reference limit Serum free T3 level - Dr Central Healthcare  
 29/03/2012 GFR calculated abbreviated MDRD > 60 mL/min GFR calculated abbreviatd MDRD - Dr Central Healthcare  
 29/03/2012 Serum free T4 level = 26.3 pmol/L Above high reference limit Dr Central Healthcare  
 29/03/2012 GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abbtD MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA Dr Central Healthcare  
 29/03/2012 Serum urea level = 4.8 mmol/L Dr Central Healthcare  
 29/03/2012 Serum TSH level = 0.01 mU/L Below low reference limit mU/L Dr Central Healthcare  
 29/03/2012 Serum sodium = 138 mmol/L Dr Central Healthcare  
 29/03/2012 Serum potassium = 4.1 mmol/L Dr Central Healthcare  
 29/03/2012 Serum creatinine = 63 umol/L Dr Central Healthcare  
 29/03/2012 Serum total bilirubin level = 10 umol/L Dr Central Healthcare  
 29/03/2012 Serum alanine aminotransferase level = 22 U/L Serum ALT level - U/L Dr Central Healthcare  
 29/03/2012 Serum alkaline phosphatase = 94 U/L U/L Dr Central Healthcare  
 29/03/2012 Serum albumin = 38 g/L Dr Central Healthcare  
 29/03/2012 Basophil count = 0 10<sup>9</sup>/L x10<sup>9</sup>/L Dr Central Healthcare  
 29/03/2012 Haematocrit = 0.384 ratio Dr Central Healthcare

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

Data Summary Sheet

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

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

Data Summary Sheet

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

### Last Encounter

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

### last 4 Clinical Notes

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

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



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



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

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

Dear Chris,

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

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

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

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

#### **Medication**

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

#### **Medical History**

Asthma. Hypothyroidism. Anxiety. Heart murmur.

#### **Family History**

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

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

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

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

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



Yvonne Jamieson  
DOB/CHI: 10.03.82/0107

2

23<sup>rd</sup> August 2012

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

#### **Previous Psychiatric History**

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

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

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

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

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

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

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

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

#### **Impression**

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

**Tayside Out of Hours Service OOH Call Incident Report**

---

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

---

Reported Condition:

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

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Followups:

**None**

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NHS24 details:

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

**This call should be directed via triage telephony route.  
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.  
TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within two hours.**

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

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

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

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



Tayside Out of Hours Service



**1 Patient Contacts for Central Healthcare**

Page 1 of 2

NHS Confidential: Personal data about a patient

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

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

**Own Dr**  
**District Nurse**

Emergency Care Summary viewed on case

<b>Current Address</b> 47 York Place  Perth PH2 8EH <b>Current Phone</b> 07594 128297	<b>Home Address (If Different)</b> 6 St. Catherines Square  PH1 5QT <b>Home Phone (If Different)</b>
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<b>Case Type</b> Mental Health	<b>Tel</b>	<b>Name</b>
<b>Call Origin</b> NHS24	<b>Arrival</b>	
<b>Appointment</b>		
<b>Priority On Reception</b> Emergency	<b>Priority After Assessment</b>	<b>Priority On Completion</b>

<b>Patient Allergies</b>	<b>Patient Condition</b>	<b>Patient Medication</b>
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**Patient notes attached to case**

**Reported Condition**

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

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

CPN2 CPN (Dr) to phone patient within 1 Hr

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

<b>NHS24 Recorded Allergies</b> MORPHINE	<b>NHS24 Recorded Conditions</b> ASTHMA UNDER ACTIVE THYROID DEPRESSION STILL BORN CHILD 23WKS MARCH 2009 SLEEPING PROBLEMS	<b>NHS24 Recorded Medications</b> MIRTAZEPINE 15MGs
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Report Statistics: Report produced by Adastra Version 3 - 28/06/2012 21:19:01

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

**NHS Confidential: Personal data about a patient**

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

HEART MURMUR  
ANXIETY

**Case Questions**

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

**Informational Outcome(s)**

Report  
Statistics:

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



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

Central Health Care  
79 South Street  
Perth  
PH2 8PD

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

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

Dear Doctor

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

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

#### **History of Presenting Complaint**

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

#### **Past Psychiatric History**

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

#### **Medication and Treatment History**

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

#### **Family History**

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

#### **Personal History**

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

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

#### **Drug & Alcohol Use**

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

#### **Mental State Examination**

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

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

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

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

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

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

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

**Management Plan**

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

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

Yours sincerely



**Dr Amy Jones**  
**GPST2 in Forensic Psychiatry**

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

DR SINCLAIR

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

CENTRAL HEALTH CARE

Your Ref:  
Our Ref: ALLAN FARMER  
Enquiries to: 02223  
Extension: 01738 562223  
Direct Line: a.farmer@nhs.net  
Email:

Dear Shona Sinclair

Re: YVONNE JAMIESON  
1003820107  
6 ST CATHERINES SQUARE  
PERTH

PH1 5QT

Assessment Letter

Diagnosis: suicidal ?

**Assessment/Treatment Details**

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

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

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

A FULL DRS LETTER FROM DR JONES TO FOLLOW

**Recommendations:** (Treatment and patient expectations)

Contact GP Monday morning.

Will contact C. Lamont CPN Monday.

Knows how to contact nhs 24 if necessary.

Yours sincerely,

Name Allan Farmer  
Designation SCN AMHRT



## Tayside Health Board

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



### PRIVATE & CONFIDENTIAL

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

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

Dear Dr. Sinclair

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

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

Kind regards

Yours sincerely,

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

**Laura Jarvis  
Speciality Doctor**

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

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



## Tayside Health Board

Sexual Health Clinic  
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www.nhstayside.scot.nhs.uk



### PRIVATE & CONFIDENTIAL

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

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

Dear, Dr. Sinclair

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

Yvonne attended for an IUS insertion today.

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

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

Kind regards

Yours sincerely,

**Elizabeth Cockburn**  
Associate Specialist



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

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





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



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

Date	24 May 2012
Our Ref	LM
Enquiries to	Lisa McRae
Direct Line	(01738) 564204
Email	<a href="mailto:lisa.mcrae@nhs.net">lisa.mcrae@nhs.net</a>

Dear Liz

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

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

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

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

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

Yours sincerely

**Chris Lamont**  
**CPN**  
**Central Healthcare**



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

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

LC

### Closed Call Details

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

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

NEW PATIENT SCREENING

(C)

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

|

Brechin Medical Practice - New Patient Questionnaire

SURNAME JAMIESON FORENAMES YVONNE MURPHY  
MAIDEN NAME MCLEAN

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

ADDRESS 194 A MONTROSE STREET, BRECHIN

POST CODE DD9 7DZ TELEPHONE NUMBER 0777 438 7825

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

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

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

Who lives with you? MY HUSBAND

What serious illnesses have you had? NONE

What operations have you had? OVARIAN CYSTS REMOVED BY KEY HOLE

SurgerY in 2009 - C-Section in 2010

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

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

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

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

QUESTIONS FOR WOMEN ONLY:

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

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

What was the result of your last smear? NEGATIVE

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

How many of these ended in miscarriage or abortion? NO.

Are you taking oral contraceptives? YES / NO

Have you had an IUCD fitted? YES / NO

Which Immunisations/Vaccinations have you had and when:

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

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

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

What sort of exercise do you take? WALKING

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

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

<input checked="" type="radio"/> White Scottish	<input type="radio"/> White Other British	<input type="radio"/> White Irish
<input type="radio"/> White Other	<input type="radio"/> Asian Indian	<input type="radio"/> Asian Pakistani
<input type="radio"/> Asian Bangladeshi	<input type="radio"/> Asian Chinese	<input type="radio"/> Asian Other
<input type="radio"/> Black Caribbean	<input type="radio"/> Black African	<input type="radio"/> Black Other
<input type="radio"/> Mixed / Other Please specify		

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

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

\*Please delete as applicable

Signature J. Jameson

Date 10th February 2012