



Portumna Hospital  
 24th February 2015  
 Ref ID: 0265795

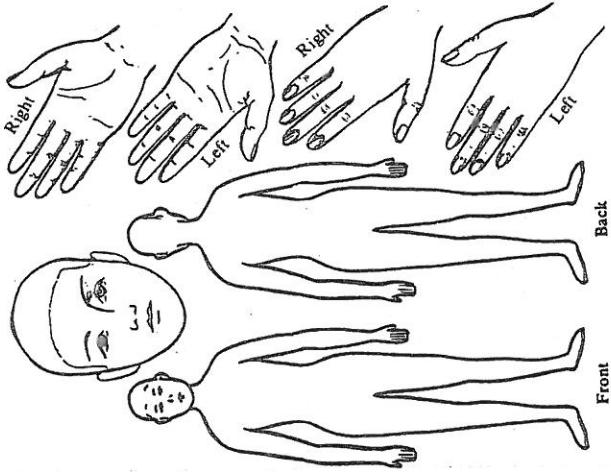
Medica Notes:  No  Yes  I have read and understood the information provided by the hospital and I give my consent to the treatment.

This has happened before,  Yes  No

Reason for admission:  Injury  Illness  Other

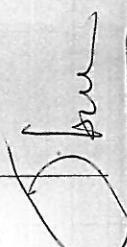
Time of Discharge: \_\_\_\_\_

Med No' 0265795	A&E CONSULTANT Consultant
Name: MR WILLIAM FINNERTY Phone: NO CTC ND	Address: C/O FINNERTY'S SHOP Ins: N BN: 9306948
DOB: 24/03/1945 Age: 70Y	Occupation: NO RELIGION Spiritually Attended: Y/N
Registration Date: 29/03/2015 Time: 22:58	Accident Date: DR JOHN KILRANE Tel.: THE SYCAMORES
Address: MAIN STREET LOUGHREA CO GALWAY Mode of Arrival: PRIVATE TRANSPORT	Ref: SELF REFERRAL
Next of Kin: GERALD FINNERTY	
Address: NEW INN BALLINASLOE CO GALWAY	Infrastruct: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Job: Tel:	Brother: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Injured at:	Rei: <input type="checkbox"/>
Seat belts in use: Yes / No	Crash Helmet: Yes / No
Allergies: <input checked="" type="checkbox"/> Beta <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z	
Medical/Infection Alert: <input type="checkbox"/> TETANUS <input type="checkbox"/> Booster <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	
TETANUS UP TO DATE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Discharged: _____	
Admitted to ward: _____	
Transferred to: _____	
Discharged to GP: _____	
Return to A&E: Date: _____	
Any Reason to suspect NAI: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Refer Paed Consultant: _____	



TETANUS: Course <input type="checkbox"/> Booster <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Time: _____ Dr: _____ Nurse: _____ Time: _____
TETANUS UP TO DATE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Discharged: _____	Fracture Clinic: _____
Admitted to ward: _____	OPD: _____
Transferred to: _____	Time of Discharge: _____
Nurse Signature: _____	
Drug: _____	
Doctor Signature: _____	
Nursing Notes: _____	
Time: _____	
Time: _____	
Time: _____	

Any Reason to suspect NAI  
 Refer Paed Consultant

ADDITIONAL NOTES	RETURN VISITS			SIGNATURE
	DATE	EXAMINATION	TREATMENT	
<p>Alcohol 0 Substance use 0 No other complaints Pains people service ? When people serve Requesting purple gown % Well told But worried Dangerous affect cheekly / systematically stroke</p> <p>(2 NF)</p> <p>P very she urgent</p> 				

# Portiuncula Hospital Discharge Prescription

**This prescription must be double checked by a pharmacist before it is given to the patient on Monday to Fridays, 9am - 5pm**

Prescription No.: **138861**

Patient Name: William Brown  
Address: Neen Thrae

Ballynalee,  
Co. Cavan.

D.O.B.: 24/03/1945 MRN: \_\_\_\_\_

Consultant: \_\_\_\_\_

NB: If using an addressograph, please ensure one is affixed to ALL copies of the prescription.

Addressograph or Handwritten  
(Addressograph or Handwritten)

ALLERGIES OR SENSITIVITIES (PLEASE DETAIL)  
This section must be completed by a doctor even if no known drug allergy/ sensitivity

GMS No.: .....  
(Must be completed if applicable)

PLEASE NOTE: If prescribing more than 10 items, use a 2nd prescription and staple together.

If prescribing fewer than 10 items, to prevent unauthorised additions, draw a line through unused prescription space.

If in doubt about a medicine or its use, check before prescribing.

Other prescriptions attached: MDA  High Tech  (Tick as appropriate)  
Other  Please specify \_\_\_\_\_

Patient Weight (if relevant): \_\_\_\_\_

To be completed by Nurses

	Dose	Route	Frequency	Duration of Treatment	Comment/Instructions
1	0.25mg	PO	BD	X 1 week	
2	2.5mg	PO	nocte	X 1 week	
3					
4					
5					
6					
7					
8					
9					
10					

Times of Admin.  
Use 24hr clock

Specify times given  
on day of discharge

To be completed by Nurses

	Dose	Route	Frequency	Duration of Treatment	Comment/Instructions
1	0.25mg	PO	BD	X 1 week	
2	2.5mg	PO	nocte	X 1 week	
3					
4					
5					
6					
7					
8					
9					
10					

Comment/Instructions: Medicines stopped or changed - Please specify name of drug and reason for stopping e.g. Intolerant/Drug Interaction/Renal/Liver Impairment:

Drug	Stopped/Changed	Reason	Drug	Stopped/Changed	Reason

Prescriber's Signature: <u>Dr. A. McCreath</u>	Bleep No.: <u>108253</u>	(mandatory) Prescriber Name (Printed): <u>Dr. A. McCreath</u>	Date: <u>30/03/15</u>
Registered Number (Doctor): <u>A 5 E</u>	Ward/Department of Issue: <u>A 5 E</u>	Ward: <u>A 5 E</u>	Extn. No.: _____
Discharge Prescription checked by Ward Pharmacists: Yes <input type="checkbox"/> No <input type="checkbox"/>	Signed: _____	Ward Pharmacist Bleep No.: _____	Extn. No.: _____
Patient/Carer Educated re Discharge Meds by Pharmacist: Yes <input type="checkbox"/> No <input type="checkbox"/>	Pharmacist Name (printed): _____		Date: _____

For queries on the above prescription please contact the prescribing doctor or the Pharmacy Department at Tel. 090 9648221 Retail Pharmacy Copy.

④ W.F.

## PSYCHIATRIC CORE ASSESSMENT

H GR1 GR2 GR3 GR4 GR5 GR6 OOA

Feidhmeannacht na Seirbhise Sláinte  
Health Service Executive

Date of assessment: 30/03/15

Name..... CHT : 0265795 M Board : 9306948 .....

Address..... FINNERTY 21/03/1945 .....

..... MR WILLIAM .....

..... C/O FINNERTYS SHOCASUALTY .....

..... NEW INN LIABLE/GOVT L .....

..... BALLINASLOE GAL .....

..... KILRAINE DR J A&E CONSULTANT .....

Contact no..... 090-9675825 .....

Age..... DOB..... Gender M/F.. Male .....

GP name &

address: Dr. John Kilraine  
The Sycamores, Main St., Longhrea.

Last contact with GP.....

Referrer..... SMO (A&E) .....

NOK name and address: Gerald Finnerty .....

Relationship..... Brother .....

Contact numbers.....

First language..... translated materials needed?.... Y/N .....

Ethnic group (circle):  1. White Irish 2. White UK 3. Irish Traveller

4. Eastern European 5. Other Western European 8. Other (specify)

Presenting complaint

(5) W.F.

Known pt. to Dr. Ann Jeffers

& Niamh Gralton (psychotherapist).

Last contact in 2009.

Pt. stated that GARDAI delivered a summons today afternoon -

"I am charged with the criminal offence, they claim that I assaulted a GARDAI on July 2014." "I didn't commit any crime & this was manufactured."

"I am not going to court"

"I have been diagnosed with Complex PTSD in 2005".

Pt. stated that he was referred to Day Hospital in Ballinasloe a year ago by his GP, but ~~said~~ "I was afraid to go because of my explosive anger".

"I feel I have to leave the country & seek asylum in some other country".

"If I stay here, I will be criminalised for a crime, that was not a crime".

"I came to hospital today to seek help". "You might help me to get the legal representation I need to defend myself against this criminal charge".

"I feel extremely worried about this summons". "Government blocked my old-age pension since March 2011". "So I have no income". "I am extremely angry about what's happening with me".

"I am trapped in a situation now, the only thing I can do now is to leave".

~~01/05~~

⑥ W.F.

Republic of Ireland".

- "They have been trying to deliver this summons for few weeks".
- "I mailed a letter in the door saying that I need support for PTSD".
- "The letter also states that any attempt to produce undue pressure on <sup>my</sup> ~~his~~ mental state will certainly have a detrimental effect".
- "They totally ignored this letter & gave me the summons".
- "Date to appear in court - 8<sup>th</sup> April 2015"
- "On July 2014, during conversation with one of the GARDAI, I tried to put a paper with all informations in his pocket, he stated that it's an assault & they charged against me".
- "My brother met Dr. Mulryan several times & discussed about the summons".

"I am suffering from bouts of depression, chronic fatigue & explosive anger when I talk to people". "Once I heard about the Summons in January 2015, everything worsened & I had to think about leaving the country. Sleep ↓. Appetite ↓? ideas of worthlessness + constant anxiety" "I was feeling terrible anger". fleeting TSH ↑. "I felt hopeful after sending each mail to politicians & GADDAI & lawyers". "The intensity of flashbacks increased recently" "I was using internet, challenging govt. crime & that's how I kept myself away from suicidal thoughts".

#### Psychiatric history : - including admissions/diagnosis

First contact with Mental health Services (Northern Ireland) in 2000.

Hospitalised for 1 week.

Diagnosed with 9. complex PTSD in 2005.

Pt. of Dr. Ann Jeffers since 2008.

Last contact with Dr. Jeffers January 2012.

"I was afraid to talk with anyone, because of my explosive anger".

#### Brief medical history/known allergies

Mf: 9. Ca Prostate, diagnosed in 2008.

## Current medication (including recently ceased)

~~At present~~ On medication for prostate problems.

Name	Dose & frequency	Commenced	Ceased

## Current smoker/drug/alcohol use

Don't smoke.

Absentment from alcohol since 40 years.

No h/o drug use.

## Family history (including family psychiatric history)

Pt. lives alone.

Both parents passed away.

He has 1 brother, (halfbrother) & another 1 sister who died in 1994 (I. Myeloma).

Halfbrother with h/o I. schizophrenia, Brother & his wife

Pt. has one daughter & she lives in Melbourne

No other h/o

No other h/o for

No h/o any other mental health difficulties in family.

Personal history (include childhood, schooling, psychosexual, occupational)

"Childhood not happy"  
 "Parents were alcoholics"  
 "good in Academics"  
 Completed Leaving Cert.  
 Did a course in Electronics & Maths.  
 Was self-employed in Electronic Industry  
 Currently unemployed since 1998.

Social history: including accommodation, finances, debts, supports

Live in brother's house.

Some of income: "none" since 2011,  
 debts +

Financial Support from brother

Cognition:

grossly intact.

Memory intact.

Concentration

good.

## Premorbid personality:

"Relaxed"

"Easy to get along"

"Capable".

## Collateral history:

No collateral informant available.

## Collateral history taken from:

## MENTAL STATE EXAMINATION:

Appearance/behaviour:

Casually dressed  
good eye contact  
irritable at times.

Speech

(N) vol. of speech, coherent.

Mood

Mood - "Sad, anxious".

- Subjective:
- Objective:

Affect:

objectively anxious, irritable  
fleeting TSH (⊕).

Thought stream:

No active TSH/SI/DW.

" Still hopeful that justice  
will come very soon ",  
⑦ persecutory delusions

Thought content:

Denied auditory / visual -  
hallucinatory experiences.

No TI/Tw/TB/TE.

Perceptual abnormalities:

Cognition: grossly intact.

## RISK ASSESSMENT

Previous deliberate self harm episodes:

Nil

Current thoughts of self harm:

No active TSH/SI/DW.

Suicidal ideation/intent: No active suicidal ideation/inten

"Hope stops me thinking that no

Homicidal ideation/intent:

Nil

## Additional information:

.....  
.....  
.....  
.....

## Impression:

70 year old male with h/s: ?complex PTSD presented to A&E with h/s: ↑ anxiety, anger, ↑ frequency of flashbacks & low mood since few months that worsened after getting the summons today afternoon.  
No active TSH/SI/DW.

## Action Plan:

D/w Dr. Mauken ( Consultant - on-call )

1. T. Xanax 0.25mg po BD x 1 week
2. T. Olanzapine = 2.5mg po nocte x/week
3. Fax notes to Psychiatry team ( Ballinasloe )

Asst. (Dr. Agn)

(MC-602253)

Psych. SNO on-call

GP informed by (circle):  Fax  Letter  Phone

Signed: \_\_\_\_\_ date: \_\_\_\_\_

(14) W.F.

# MESSAGE FOR MEMBERS OF AN GHAIDH SEICHTANA

## Drumragh Family Practice

Doctors Kemp, Hassan, McCavert, Gallagher, Gormley and Hicks  
Omagh Health Centre  
Mountjoy Road  
Omagh  
BT79 7BA  
Tel No. 028 8283 5589

28 October 2005

To Whom It May Concern:

FOR FURTHER INFORMATION  
ON INTERNET AT:  
[WWW.HUMANRIGHTSIRELAND.COM](http://WWW.HUMANRIGHTSIRELAND.COM)

RE: William Finnerty, 62 Main Street, Gortin, BT79 8HH

~~Gerry Finnerty's Shop, New Inn, Ballinassoe~~

I have been this man's general practitioner for the last five or six months. Over this period I have met William on eight or ten occasions and I have access to some records from the psychiatric hospital about him and I've also had some communications with Gerry Madden Senior Pysciatric Social Worker at Lissan House in Omagh.

As a result of ourprolonged conversations I have come to some conclusions and they are as follows:

Firstly that Williams symptoms and behaviours are the result of traumas and stresses over years and these traumas and stresses have come at the hands of individuals and public officials and bodies that he has encountered in his struggles to try to correct environmental wrong doings. He has suffered considerable frustration at not being able to get legal representation and indeed has been refused legal aid as well. On reviewing the depth and range of his symptoms he has got PTSD Complex as a result of all his trauma. I think William's mental health is very much at risk and any attempt to produce undue pressure on his mental state will certainly have a detramental effect.

William has been through enough and needs support and understanding for PTSD (Post Traumatic Stress Disorder) and I hope he can be given sympathetic handling by the officials with whom he comes in contact.

Yours sincerely,

Dr McCavert

## LOCAL MEDICAL DOCTORS TO CONTACT

DR DEIRDRE MULRYAN,  
DAY HOSPITAL  
BRACKENHAGHT  
BALLINASOE,  
090 96 46258

DR JOHN KILRANE G.P.  
MAIN STREET CLINIC  
LONCHREA  
091 842144

AN CHÚIRT DÚICHE

THE DISTRICT COURT

(15) W.F.

District Court Area of Loughrea

District

COURTS (NO. 2) ACT, 1996. SECTION 1.  
SUMMONS

PROSECUTOR: DIRECTOR OF PUBLIC PROSECUTIONS

ACCUSED: WILLIAM FERGUSON  
CHARLESKI  
NEW INN  
BALLINGALORE  
GALWAYCASE NUMBER: 2014/263678  
SUMMONS DATE: 05 JAN 2015

BROSH

INTERNAL REF: 5333486

APPLICANT: Sgt ERIC COETZEE SHELLY Portuguese

WHEREAS on the 14 DEC 2014 an application was made to THE CENTRAL ADMINISTRATION PROCESSING UNIT BY THE ABOVE-NAMED APPLICANT ON BEHALF OF THE ABOVE-NAMED PROSECUTOR for the issue of a summons to you, the above-named accused alleging the offence, the particulars of which are set out hereunder, THIS IS TO NOTIFY YOU that you will be accused of this offence at a sitting of

THE DISTRICT COURT TO BE HELD

AT: LOUGHREA, THE COURTHOUSE, LOUGHREA, CO GALWAY  
ON: 08 APR 2015 at 11:00 TURN NO: 1

AND TO REQUIRE YOU to appear at the said sitting to answer the said accusation.  
OFFENCE ALLEGED: THAT YOU,

On the 16/07/2014 at Castletown New Inn Ballingaloe Galway in said District Court Area of Loughrea, District no. assaulted Brenden G Quirke Garda

Contrary to Section 8 of the Non-Fatal Offences Against the Person Act, 1997.

The appropriate District Court Clerk Specified in relation to this summons is  
STEPHEN MULHERIN, of LOUGHREA DISTRICT COURT OFFICE

Issued out of THE CENTRAL ADMINISTRATION AND PROCESSING UNIT, An office of the Courts Service designated for the purpose of receiving applications under Section 1(3) of the Courts (No. 2) Act, 1996.

(16) W.F.

Rate 88 AGE NOT ENTERED, ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION

PR 177 NORMAL SINUS RHYTHM, RATE 88..... normal P axis, PR, rate &amp; rhythm

ORS 95 BORDERLINE LEFT ATRIAL ABNORMALITY.....  $P > 30\text{mS}$ ,  $< 10\text{mV}$ 

OT 349

OTc 422

--Axis--

P 34

QRS 41

T 50

- BORDERLINE ECG -

Uncon<sup>t</sup>

CH1

CH2

CH3

CH4

CH5

CH6

CH7

CH8

CH9

CH10

CH11

CH12

CH13

CH14

CH15

CH16

CH17

CH18

CH19

CH20

CH21

CH22

CH23

CH24

CH25

CH26

CH27

CH28

CH29

CH30

C/0 FINNERTYS SHOCASUALTY

NEW INN

LIABLE / GOVT L

BALLINASLOE GAL

KILRAINE DR J

A+E CONSULTANT

Ohr -

CHT : 0265795 M Board : 9306948  
FINNERTY 21/03/1945  
MR WILLIAM  
C/O FINNERTYS SHOCASUALTY  
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LIABLE / GOVT L  
BALLINASLOE GAL  
KILRAINE DR J A+E CONSULTANT