NHS Confidential: Personal data about a patient

1/12/99

Dear Dr Khan

RE:

226269
PALMER, CRAIG
63 CROSSMILL AVE
BARRHEAD
GLASGOW 27/07/1968 M
CHI: 2707683094
WARD: CONS:
TIME: DATE:

Please prescribe:

- COPROXAMOL 2 TABS 4-6hly PO, PRN
- LACTULOSE 10mls b.d PO
- GTN CREAM 0.2% (TOPICAL) b.d
- METRONIDAZOLE 400mg, PO, tds

Warned to avoid alcohol.

For review at clinic Jan 1999.

Full clinic letter to follow.

Yours sincerely,

(MCQUEENEY)

ROYAL ALEXANDRA HOSPITAL
ARGYLL & CLYDE ACUTE HOSPITALS NHS TRUST
CORSEBAR ROAD, PAISLEY, RENFREWSHIRE PA2 9PN TELEPHONE: 0141 887 9111
FAX: 0141 887 6701
RAH

NHS Confidential: Personal data about a patient

24/11/1999 20:10 0141-889-1757 R.E.M.S. PAGE 01

DATE: 24/11/99.

R.E.M.S. HEALTHCALL

0013

DOCTOR: Khan LD. No: P12 SURGERY Barrhead

PATIENT NAME: Craig Palmer

ADDRESS 110H Crossmill Ave Barrhead.

DOB: 27/07/68. 31yo

HOME ADDRESS (IF DIFFERENT) 63 Crossmill Ave

DOOR LOCATION: N/D

PHONE NO: 5810 1259

ORIGIN OF CALL: Self.

COMPLAINT:

Discharged himself from RAH - Tuesday
Bowel Problem.
Bowel Pain. - Has DHC.

No Hx. Asthma / GI probs

CLINICAL NOTES:

Advice

Cont pc DHC.
Add Ibuprofen 6hrly
Saline Baths.

→ GP in 8wks

ADVICE

DIAGNOSIS AND TREATMENT:

DOCTOR:

NURSE: Fiona Mowat

MEDIC NO:

RECP: J MacBeth.

ACTION: URGENT VISIT		NON URGENT VISIT		PCEC ATTENDING		ADVICE	✓

EC 10 NUMBER | TIME COMPLETED | TIME ARRIVED | TIME PASSED | TIME RECEIVED AT HCL | TIME PASSED TO HCL | TIME COMPLETED | TIME ATTENDED | TIME PHONED

NOV 24 99 1949

DEPARTMENT OF SURGERY

MR JAMES S McCOURTNEY
Consultant Surgeon
Telephone Enquiries: Charlotte - Direct Line 0141-580 4983
Fax: 0141 - 887 5186

Ref: JMcC/CF/226269

23 November 1999

Dr M W A Khan
The Oaks Medical Centre
1 Paisley Road
BARRHEAD

Dear Dr Khan

CRAIG PALMER DOB 27.07.68
63 CROSSMILL AVENUE, BARRHEAD

ADMITTED	**15.11.99**
DISCHARGED	**IRREGULAR - 22.11.99**
DIAGNOSIS	**1) SEVERE ANAL PAIN - CHRONIC ANAL FISSURE**
	2) PROLAPSED HAEMORRHOIDS
PROCEDURE	**EUA AND BIOPSY - 16.11.99, REPEAT EUA 18.11.99**

Craig Palmer was admitted as an emergency under my care with severe anal pain. He required an examination under anaesthetic which confirmed a curious chronic deep posterior midline fissure with a prolapsed haemorrhoid at the 3 o'clock position which also had curious superficial ulceration. Rigid sigmoidoscopy to 18cm failed to reveal any evidence of inflammation. Both the edge of the fissure and the ulcered part of the haemorrhoid were biopsied in view of the suspicious changes in keeping with Crohn's. In addition he had superficial perianal excoriation and ulceration.

He was started on oral Metronidazole but because of increasing pain he was taken back to theatre on 18.11.99 to see if he developed any evidence of a collection. Although there was some pus at the anal orifice there was no evidence of an abscess formation in the intersphincteric space. This was checked with needle aspiration and also by opening the intersphincteric space at the 6 o'clock position. He then settled down over the course of the weekend with intravenous antibiotics, laxatives and Topical GTN ointment for the perianal area (0.2% bd). He had some left sided chest pain which settled quickly on 19.11.99 with no abnormalities in his ECG or chest x-ray. He continued on Ted stocking and Clexane anti-DVT therapy. By Monday 22.11.99 he was feeling much better. He experienced severe discomfort with his first bowel movement which he was warned about. Thereafter his symptoms settled.

contd.

JMcC/CF/226269 - Craig Palmer

I was surprised this morning on the ward round to find that he had unfortunately taken an irregular discharge. I would be very surprised if he is able to cope in the community without regular analgesia. My plan was to eventually discharge him on a course of oral Metronidazole as an empirical treatment in case this does turn out to be occult Crohn's disease. I have arranged an early appointment at my clinic for review. The full biopsies from last weeks EUA are awaited.

Yours sincerely

p.p. C Fernandes - secretary

JAMES S McCOURTNEY
CONSULTANT SURGEON

ROYAL ALEXANDRA HOSPITAL
ARGYLL & CLYDE ACUTE HOSPITALS NHS TRUST
CORSEBAR ROAD, PAISLEY, RENFREWSHIRE PA2 9PN TELEPHONE: 0141 887 9111
FAX: 0141 887 6701
RAH

2914

NHS Confidential: Personal data about a patient

13/11/1999 22:28 0141-889-1757 R.E.M.S. PAGE 01

DATE: 13/11/99 (2) **R.E.M.S.** **HEALTHCALL** 0888

DOCTOR: Khan I.D. No: 914 SURGERY Bamboard

PATIENT NAME: Craig Balmer DOB: 27.7.68.
ADDRESS 63 Crosmill Ave HOME ADDRESS (IF DIFFERENT)
Bamboard
DOOR LOCATION: M/D.
PHONE NO: 876-1859. ORIGIN OF CALL: Self

COMPLAINT:
On Voltarol ripped a vessel in BACK PASSAGE?

Appt at colorectal clinic Jan 5th

CLINICAL NOTES: rectal pain inside
- Now constipated.
on Voltarol + lactulose 10mls T.I.D

Advised - try co-codamol + voltarol
warm bath
- try to empty bowel.
- should see own GP.

please fax

13/11/99

DIAGNOSIS AND TREATMENT:

ADVICE

DOCTOR: NURSE: Anthony
MEDIC NO: RECP: Noella Hinks

ACTION: URGENT VISIT		NON URGENT VISIT		PCEC ATTENDING		ADVICE	✓

EC 10 NUMBER | TIME COMPLETED | TIME ARRIVED | TIME PASSED | TIME RECEIVED AT HCL | TIME PASSED TO HCL | TIME COMPLETED | TIME ATTENDED | TIME PHONED NOV 13 '99 20:33

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.	GP112(c)

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital ROYAL ALEXANDRA HOSPITAL Date 14/10/99 CHI No. 2 7 0 7 6 8 3 0 9 4

Please arrange for this patient to attend the SURGICAL clinic of

Patient's Surname PALMER
Maiden Surname

First Names CRAIG
Single / Married / Widowed / Other

Address 63 CROSSMILL AVENUE
BARRHEAD
Date of Birth 27/7/68

Patient's Occupation

Postal Code G78
Contact telephone number 876 1859

Has the patient attended hospital before? YES ☒ NO ☐ If YES, please state:

Name of hospital ROYAL ALEXANDRIA HOSP.
Year of attendance 1999 Hospital No. 226269

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

Can patient attend at short notice? YES ☐ NO ☐

If YES, minimum notice required days

Name, address and telephone Number of MEDICAL / DENTAL PRACTITIONER

Dr Dr M.W.A. Khan
The Oaks Medical Centre.
1 Paisley Road,
Barrhead.
East Renfrewshire.
G78 1HG
Tel: 0141 580 1001 Fax. 0141 580 1003

WHEN REPLYING PLEASE QUOTE REFERENCE NO: 87004

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below: Thank you for seeing this very anxious 31 year old man who is presenting with chronic anal pain. I feel clinically that he is suffering with an anal fissure and it seems that he is a little bit obsessed about his bowels and often has to force himself to go to the toilet. I also note that there is a history of constipation.

On examination He was really quite tender at approximately six o'clock and there were no palpable masses. He has had multiple anal tags but these are probably insignificant. The pain is sometimes really quite severe and I have started him on Lactulose and Vollarol suppositories and these have benefitted him. Many thanks for your opinion.

Yours sincerely

Dr M W Khan

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from:-

X-ray No. (if known)

L:

Signature.....

DATE: 2/10/99

R.E.M.S. HEALTHCALL

DOCTOR: Mag Kbard I.D. No: P14 SURGERY Paisley Rd

PATIENT NAME: Craig Palmer DOB: 27/7/68

ADDRESS 63 Crossmill Ave HOME ADDRESS (IF DIFFERENT)

Barrhead

DOOR LOCATION: mb

PHONE NO: 876 1859 ORIGIN OF CALL: Conferend

COMPLAINT:

? piles, b pain -

no Pain Relief taken -

Advised icepack + analgesia + recall if read

CLINICAL NOTES:

8/10

please

DIAGNOSIS AND TREATMENT:

ADVICE

DOCTOR: WJ Gemmell NURSE:

MEDIC NO: 139 RECP: Y Scott

ACTION: URGENT VISIT | NON URGENT VISIT | PCEC ATTENDING | ADVICE

EC 10 NUMBER

TIME COMPLETED

TIME ARRIVED

TIME PASSED

TIME RECEIVED AT HCL

TIME PASSED TO HCL

TIME COMPLETED

TIME ATTENDED OCT 2 '99 14:29

TIME PHONED

SURGERY DIRECTORATE

ACCIDENT & EMERGENCY
Mr C A Allister
Mrs L J Hislop
Dr R E Marshall
Dr G W McNaughton

Enquiries - Mrs.Bryson
Direct line - 0141-580-4304
Fax - 0141-887-1386

Our Ref: WH/RB/226269

Date: 21.6.99.

WARD DISCHARGE

Dr. Khan,
The Oaks Medical Centre,
1 Paisley Road,
BARRHEAD.

Dear Dr. Khan,

CRAIG PALMER, D.O.B. 27.7.1968,
63 CROSSMILL AVENUE, BARRHEAD, G78 1AY.

ADMITTED: 17.6.99. TO 18.6.99.
DIAGNOSIS: HEAD INJURY

This thirty year old man was assaulted by his brother with a baseball bat on 15.6.99. He attended Accident and Emergency at that time and underwent skull x.ray which showed no fracture. However, he had sustained a vertex laceration with the blow and required five sutures.

He was discharged at that time but returned on 17.6.99. with dizziness and headache and was admitted overnight for neurological observations. These were satisfactory and he was alert and orientated with no complaints and was allowed home on 18.6.99.

Yours sincerely,

WILLIAM HAY,
Staff Grade,
Accident and Emergency Dept.

NHS Confidential. Personal data about a patient

LIVER

NORTHGATE
DOCUMENTS STAMPED
TO ENSURE DETECTION
BY SCANNER

NHS Confidential: Personal data about a patient

17/06/1999 21:47 0141-883-1797 R.E.M.S. PAGE 01

Date 17-6-99.

R.E.M.S. HEALTHCALL 0505

DOCTOR: Khan

I.D. No: P11

SURGERY: Date M/C

PATIENT NAME: Craig Palmer.

ADDRESS: 104 Crossmill Ave. Barrhead.

DOB: 04-7-68

HOME ADDRESS (IF DIFFERENT)

DOOR LOCATION: M110

PHONE NO: 580-1983

ORIGIN OF CALL: Self.

COMPLAINT: In fight Tues night - A+E on Tues, Today feels tingling ~~in arms~~ & ~~mouth~~ ~~and~~ confused, Drowsy..

Advised A+E

CLINICAL NOTES:

2/6

DIAGNOSIS AND TREATMENT:

ADVICE

DOCTOR:

NURSE: McEwan

MEDIC NO:

RECP:

ACTION: URGENT VISIT	NON URGENT VISIT	PCEC ATTENDING	ADVICE ✓

EC 10 NUMBER | TIME COMPLETED | TIME ARRIVED | TIME PASSED | TIME RECEIVED AT HCL | TIME PASSED TO HCL | TIME COMPLETED | TIME ATTENDED | TIME PHONED Jun 17 '99 21:44

NHS Confidential: Personal data about a patient

OSPITAL
ONLY Clinic

Date

Time

Number

Dr M W Khan
The Oaks Medical Centre
1 Paisley Rd
Barrhead. G78 1HG
0141 580 1001
Fax 0141 580 1003

Request for Out-Patient Consultation

Routine Soon Urgent

Hospital ROYAL ALEXANDRA HOSPITAL
Date 13.05.99
Clinic E.C.G. Department

CHI 3094

of Dr/Mr

Surname PALMER
Forename CRAIG
Address 63 CROSSMILL AVENUE
BARRHEAD

Status
Date of Birth 27.07.68

Postal Code

Telephone No.

Has the patient attended hospital before?
If "Yes" please state :
Name of Hospital
Year of Attendance
Hospital No
If name and or address have changed since then please give details:

REQUEST FOR A 12 LEAD E.C.G.

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

Thankyou for seeing this anxious young 31 year old man whom presents with recurrent chest pain. There is no previous history of note. Many thanks.

Yours sincerely

Dr. M.W. Khan

NHS Confidential Personal data about a patient

benefits agency

An Executive Agency of the Department of Social Security.

DR M KHAN
THE OAKS MEDICAL CENTRE
1 PAISLEY ROAD
BARRHEAD

Your reference is NW050085D
Please tell us this number if you get in touch with us

Renfrew
2 Lonend
Paisley
Renfrewshire
PA1 1SS

Phone 0141 8474000
TEXTPHONE for the deaf/hard of hearing ONLY 0141 8474061

Date 09/04/1999
FOR MR CRAIG DAVID PALMER

INFORMATION ABOUT A PATIENT

About the patient

Name	MR CRAIG DAVID PALMER
Address	63 CROSSMILL AVE BARRHEAD RENFREWSHIRE G78 1AY
National Insurance Number	NW050085D
Date of Birth	27/07/1968

Payment of benefit and the award of National Insurance credits due to incapacity for work are subject to an incapacity test. If a customer satisfies the test or is incapable of work, they no longer need to send us medical certificates.

7325/0206

09/04/1999

MR CRAIG DAVID PALMER

REF: NW050085D

The patient shown above has satisfied the incapacity test or is treated as incapable of work so we do not require further NHS medical certificates for this person's present claim for benefit. However, we may need to contact you for further information about your patient in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and insurance companies. The provision of this information is not usually an NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity.

The booklet 'A guide for registered medical practitioners' gives you more information. If you do not already have this booklet, you can get it from your local Family Health Authority or Health Board.

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.

Yours sincerely,

IB74

SURGICAL DIRECTORATE

ORTHOPAEDIC SERVICE
Mr J H Hay
Mr D A R Aaron
Mr I J Cartlidge
Mr S L Chitnis

HAND SURGERY SERVICE
Mr S L Chitnis

Our Ref: DARA/SM/226269

If telephoning please ask for Ext: 4485

Date: 26 January 1999
(clinic date 25.01.99)

Dr M W A Khan
The Oaks Medical Centre
1 Paisley Road
BARRHEAD

Dear Dr Khan

CRAIG PALMER, D.O.B. 27.07.68.
63 CROSSMILL AVENUE, BARRHEAD.

Referred on 18.12.98 from General Surgery.

25.01.99: Patient had anterior stabilisation of the left shoulder performed by Mr Hay in 1986 for recurrent shoulder dislocations. Strong sutures were used for the repair, but the nature of the material was not specified in the operation note. Wound seems to have healed with two weeks. Patient required further review in 1988 and again in 1990 because of persisting pain in the left shoulder even although the dislocations had been corrected. As a result he was unable to work and has been on the long term unemployed. Recent referral to General Surgery was due to an enlarged left axillary gland where an exploration revealed a long standing sinus with surrounding pus. Histology revealed some refractile foreign material.

EXAMINATION: Seems in good health for his 30 years. Left shoulder scar remains soundly healed, but in the axilla, there is small sinus from which the discharge is greatly reduced. Left shoulder movements are restricted to about half the normal range.

X-RAYS: X-ray left shoulder confirms loss of joint space with secondary osteoarthritis. The fixation screw on the anterior margin of the glenoid remains in good condition.

OPINION: Secondary osteoarthritis left shoulder. Advised that a specimen will be sent to the laboratory for signs of deep infection. While awaiting the result it would be reasonable to prescribe a four week course of Kefadim 250mgs four times a day. The result of microbiology will be sent on to his doctor within the next two weeks. Discharged.

Yours sincerely

D A R AARON FRCS (Ed.)
CONSULTANT ORTHOPAEDIC SURGEON

CEFRADINE
Sterimax Scriptdoc

ROYAL ALEXANDRA HOSPITAL
Corsebar Road, Paisley, Renfrewshire PA2 9PN Telephone: 0141 887 9111
Fax: 0141 887 6701
A National Health Service Trust
RAH

NHS Confidential: Personal data about a patient

15/01/1999 20:21 0141-889-1757 R.E.M.S. PAGE 01

0155

DATE: 15/1/99

R.E.M.S. HEALTHCALL

DOCTOR: Khan I.D. No: P14 SURGERY Paisley

PATIENT NAME:
ADDRESS Craig Palmer
63 Crossmill Ave
Barrhead

DOB: 27/7/68
HOME ADDRESS (IF DIFFERENT)

DOOR LOCATION: M10
PHONE NO: 580 1983 ORIGIN OF CALL: self.

COMPLAINT:
operation 4 weeks ago - Removing x 2 Lumps under Arm.
Pain in chest 4 weeks. ?Infective origin.
now worse tonight. On ABs.
Feels breathless.

CLINICAL NOTES:

Discomfort & pain in R. side of the chest, pain in L shoulder - op. biopsy 4 wks ago awaiting the result.
chest Sc. wheeze - more in R. lung.
Mouth N. Heart S1 S2 So. Pulse 80 l/min reg.
Smoke for 15 yrs.

Prednisolone

DIAGNOSIS AND TREATMENT: Resp. Infection
Amoxycillin 250mg t.i.d (15)
Paracetamol - 500mg. (32).

DOCTOR: AL-Janabi NURSE: Fiona Munro
MEDIC NO: 228. RECP: YBooth

ACTION: URGENT VISIT		NON URGENT VISIT		PCEC ATTENDING	✓	ADVICE	

EC 10 NUMBER | TIME COMPLETED | TIME ARRIVED | TIME PASSED | TIME RECEIVED AT HCL | TIME PASSED TO HCL: JAN 15 '99 20:18 | TIME COMPLETED: JAN 15 '99 20:21 | TIME ATTENDED | TIME PHONED: JAN 15 '99 19:20

NHS Confidential: Personal data about a patient

16/01/1999 17:45 0141-889-1757 R.E.M.S. PAGE 01

DATE: 16/1/99

R.E.M.S. HEALTHCALL

0270

DOCTOR: Khan I.D. No: P14 SURGERY Paisley

PATIENT NAME: Craig Palmer DOB: 27/7/68

ADDRESS 63 Crossmill Ave HOME ADDRESS (IF DIFFERENT) (30yr).

Barrhead.

DOOR LOCATION:

PHONE NO: 580 1983 ORIGIN OF CALL: Self

COMPLAINT: Here last night. Pains in chest. Started Antibiotics. Worse today. Had 5x AB's.

No Hx Asthma Prob or GI Probs.

CLINICAL NOTES:

Advice.

Add Ibuprofen 400 tds/7.
Cont AB's + Paracetamol.

ADVICE

DIAGNOSIS AND TREATMENT:

DOCTOR: NURSE: Fiona Monaghan

MEDIC NO: RECP: J Booth

ACTION: URGENT VISIT		NON URGENT VISIT		PCEC ATTENDING		ADVICE	✓

BC 10 NUMBER | TIME COMPLETED | TIME ARRIVED | TIME PASSED | TIME RECEIVED AT HCL | TIME PASSED TO HCL | TIME COMPLETED | TIME ATTENDED | JAN 16 99 17:49 | TIME PHONED

DEPARTMENT OF SURGERY

MR COLIN PORTEOUS
Consultant Surgeon
Telephone Enquiries: Rhona Struthers - Direct Line 0141-580 4518
Fax: 0141 - 887 5186

PB/RKS/226269

18 December 1998

Mr D A R Aaron
Consultant Orthopaedic Surgeon
RAH

Dear Mr Aaron

CRAIG PALMER 27.07.68
63 CROSSMILL AVENUE BARRHEAD

This young lad was referred by his G.P. to us with lymphadenopathy in his left axilla with a view to biopsy it.

Through an incision in the left axilla the mass of lymph nodes was dissected out. This turned out to be a sinus and there was pus within this mass. The sinus was probed and could be seen to travel well up over the shoulder and a decision was made that it should not be excised but the remainder of the sinus track was curetted. A corrugated drain was left in place and the wound stitched. This operation was done on 7 December 1998. The specimen sent for histo-pathology showed a pronounced granulomatous reaction with granulomatous necrosis and the presence of refractile foreign material. It appeared on histo-pathology to be a foreign body granulomatous reaction to implant material.

Interestingly he had a Bankart's procedure carried out on his left shoulder in 1986. We would be obliged if you could see this patient on our behalf as we feel that the pathology is related to implant material used for his operation. We would welcome your opinion and we would be grateful if you take over his care.

Yours sincerely

P. NEOGI F.R.C.S.
Surgical Senior House Officer

c.c. to Dr M W Khan Oaks Medical Centre 1 Paisley Road Barrhead

ROYAL ALEXANDRA HOSPITAL
Corsebar Road, Paisley, Renfrewshire PA2 9PN Telephone: 0141 887 9111
Fax: 0141 887 6701
A National Health Service Trust
RAH

NHS Confidential: Personal data about a patient

Practice / Treatment Nurse Referral

GENERAL LIAISON ROYAL ALEXANDRA HOSPITAL

Ward 29

Consultant MR. PORTEOUS

Addressograph Label
Full Name CRAIG PALMER
Address 63, CROSSMILL AVE, BARRHEAD
Post Code G78 1AY

DOB 27-7-68

GP DR. KAHN

Address THE OAKS MED CENTRE

Tel No. 580 - 1983

Date of Discharge 8-12-98

Diagnosis

Treatment / Operation (with dates) LEFT AXILLARY LYMPH NODE BIOPSY ON 7-12-98

Follow up appts. arranged FRIDAY - 18-12-98.

Nursing Care / Treatment reqd. REMOVAL OF CLIPS ON MONDAY 14-12-98.

Dressings Supplied Yes / ~~No~~

3 Days / 7 Days

Date Visits to Commence 14-12-98

Signature and Date Helen Carey 11-12-98

The information below is for the patient

Dear patient,

On going home please make an appointment, as soon as possible, to see the practice / treatment room nurse at your own surgery or health centre. This appointment is for your on going treatment.

The date that you should arrange this appointment for is:

Appointment date 14-12-98

Please take this form with you when you visit the practice or treatment room

A4B1385 7:96

DEPARTMENT OF SURGERY

MR COLIN PORTEOUS
Consultant Surgeon
Telephone Enquiries: Rhona Struthers - Direct Line 0141-580 4518
Fax: 0141 - 887 5186

CP/RKS/226269

27 November 1998

Dr M W Khan
The Oaks Medical Centre
1 Paisley Road
Barrhead

Dear Dr Khan

CRAIG PALMER 27.07.68
63 CROSSMILL AVENUE BARRHEAD

Many thanks for asking me to see this interesting case. This young lad apparently underwent a viral illness when you felt he had generalised lymphadenopathy and routine blood tests I do not think were particularly helpful in identifying the exact cause of this. Over the last few months the lymph nodes in his left armpit have got bigger and although were originally soft have now become quite hard. He does not have very much in the way of other symptoms.

I have examined him. I cannot really find any other pathological lymph nodes. His abdomen is soft and non-tender. I could not feel his spleen and his liver seems to be of normal size. The chain of lymph nodes in the posterior aspect of his left axilla are really quite hard and my general impression is that in the absence of a cause for a reactive change in these nodes these must be regarded as being rather ominous. I have sent him for a chest X-ray this morning and arranged for him to undergo a lymph node biopsy in just over a week's time. I will keep you informed with results.

Yours sincerely

please ch.

COLIN PORTEOUS
Consultant Surgeon

ROYAL ALEXANDRA HOSPITAL
Corsebar Road, Paisley, Renfrewshire PA2 9PN Telephone: 0141 887 9111
Fax: 0141 887 6701
A National Health Service Trust
RAH

DATE: 23/11/98

R.E.M.S. HEALTHCALL

0876

DOCTOR: KDan I.D. No: PIH SURGERY Barrhead

PATIENT NAME:

ADDRESS Craig Palmer
63 Crossmill Ave
Barrhead

DOB: 27/09/68.

HOME ADDRESS (IF DIFFERENT) AT 10A Crossmill Ave Barrhead.

DOOR LOCATION: N/D.

PHONE NO: 880 1983.

ORIGIN OF CALL: Self.

COMPLAINT:

Severe Headaches - 3mths.
Dizzy Spells, Blackouts.

CLINICAL NOTES:

Had glandular fever for 2/12
no reg medication
has taken ibuprofen 400mgx4 today
took solpadol at 6pm.
discussed c Dr. advised can
take further solpadol now.
Contact surgery in am re
headaches.
Call back if not improving
please

DIAGNOSIS AND TREATMENT:

ADVICE

DOCTOR: NURSE: M McIntyre

MEDIC NO: RECP: L McBeth.

ACTION: URGENT VISIT		NON URGENT VISIT		PCEC ATTENDING		ADVICE	✓

(1)

EC 10 NUMBER | TIME COMPLETED | TIME ARRIVED | TIME PASSED | TIME RECEIVED AT HCL | TIME PASSED TO HCL | TIME COMPLETED | TIME ATTENDED | TIME PHONED

NOV 23 '98 23:25

NHS Confidential: Personal data about a patient

HOSPITAL ONLY Clinic | Date | Time | Number

Dr M W Khan
The Oaks Medical Centre
1 Paisley Rd
Barrhead. G78 1HG
0141 580 1001
Fax 0141 580 1003

Request for Out-Patient Consultation

Routine Soon Urgent

Hospital ROYAL ALEXANDER HOSPITAL
Date 15.10.98
Clinic SURGICAL DEPARTMENT

CHI 3094
of Dr/Mr
Status
Date of Birth 270768

Surname PALMER
Forename CRAIG
Address 63 CROSSMILL AVENUE

Postal Code
Has patient attended hospital before?
Name of Hospital
Year of Attendance
If name and or address have changed since then please give details:

Telephone No.
If yes please state:
Hospital No.

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

I would be grateful if you could see this very anxious 30 year old gentleman who presented with generalised lymph adenopathy. He had had a flu like illness recently and had really not completely picked up after this. In view of this we carried out some routine tests including full blood count infectious mononucleosis screen, liver function and urea Electro lights. These were reported as being normal, we also carried out a chest ex-ray and this was also reported as being normal, and in particular there was no evidence of hilar or mediastinal lymphadenopathy.

However there is one single large lymphnode in the left axilla which is very firm though not attached and fairly mobile. The patient is certainly concerned about this and its size and tecture concerns me, though it is more and likely I am sure innocent. I would be grateful for your opinion and reassurance.

Yours sincerely

NHS Confidential: Personal data about a patient

PATIENT'S NAME & ADDRESS	CALL NO.
	D.O.B.
	DATE
	TIME RECEIVED
TELEPHONE INFORMATION RECEIVED	TIME ARRIVED 22.07
	TIME COMPLETED
HISTORY & EXAMINATION	

TEMP.

PULSE

B.P.

DIAGNOSIS (BLOCK CAPITALS)	PATIENT TO CALL IF NECESSARY
	TO SURGERY ON DAY
TREATMENT / DISPOSAL (BLOCK CAPITALS)	PLEASE REVISIT ON DAY
PATIENT'S OWN DOCTOR	HOSPITAL ADMISSION ARRANGED

MEDIC CALL

NHS Confidential: Personal data about a patient

DUTY DOCTOR

CALL NO.

PATIENT'S NAME & ADDRESS

D.O.B.

DATE

TIME RECEIVED C/R

TELEPHONE INFORMATION RECEIVED

TIME PASSED

TIME ARRIVED

HISTORY & EXAMINATION

TIME COMPLETED

TEMP.

PULSE

B.P.

DIAGNOSIS

PATIENT TO CALL IF NECESSARY

TREATMENT/DISPOSAL

TO SURGERY ON

DAY

PLEASE REVISIT ON

DAY

PATIENT'S OWN DOCTOR

GENERIC DRUG BATCH/LOT NO.

HOSPITAL ADMISSION ARRANGED

NHS Confidential: Personal data about a patient

benefits agency Medical Services

Benefits Agency Medical Services
Corunna House
29 Cadogan Street
GLASGOW G2 7RD

*Direct Line: 0141-249-**
Switchboard: 0141-249-3500
FAX: 0141-249-3623

Serial No. 63724

Dr S Prasad *22 Cochrane Street* *Barrhead* *Glasgow G78 1RF*	*Mr Craig Palmer* *c/o Archibald* *82 Crossmill Avenue* *Barrhead*

Dear Doctor

I have examined the above-named patient on 4 October 1994 and in my opinion he is:-

OPINION A NOT INCAPABLE OF WORK FOR MEDICAL REASONS * ☐

A copy of my report to the Adjudication Officer is attached. If you agree with this opinion, you should give your patient a statement on form Med 3 advising him that he need not refrain from work. If you continue to issue statements advising your patient to refrain from work the Benefits Agency may ask for further advice. In that case it may be necessary to contact you again. The decision to issue further statements, whether open or closed is a matter for your own professional opinion.

Closed Statements. If you do issue a closed statement and your patient does not have a suitable job to which he can return, he will be invited to contact the local Employment Office and, if appropriate, to claim Unemployment Benefit. Also you may wish to explain to your patient that help in finding suitable employment can be obtained from the Employment Office where the Disablement Employment Adviser is able to give special assistance in those cases where it is needed.

Further Advice. The booklet entitled "Medical Evidence for Statutory Sick Pay (SSP), Statutory Maternity Pay (SMP) and Social Security Incapacity Benefit Purposes - a Guide for Registered Medical Practitioners" is helpful in explaining the various issues relating to the provision of Doctors' statements. It is obtainable from your local Primary Care Office.

OPINION B IS INCAPABLE OF ALL WORK FOR MEDICAL REASONS * ☐

I have reported accordingly to the Benefits Agency office dealing with your patient's claim.

If you agree with this opinion, you should continue to give your patient open statements on form Med 3. You should, however, issue a closed statement if you think your patient is, or becomes, capable of **any form** of work.

OPINION C IS CAPABLE OF SOME FORM OF WORK * ☑

As per Opinion A + If you wish to add the remark on Med 3:-

"Fit for some form of work"

Yours sincerely

Examining Medical Officer

RM10

* Please ✓ appropriate box

benefits agency Medical Services

Benefits Agency Medical Services
Corunna House
29 Cadogan Street
GLASGOW G2 7RD

Direct Line 0141-249
Switchboard 0141-249 3500
Fax 0141-249 3623

INCAPACITY BENEFIT - REPORT TO ADJUDICATION OFFICER

CUSTOMER DETAILS

SERIAL NUMBER: 63724/TESF/JW/68L

Name: MR CRAIG PALMER

Address: C/O ARCHIBALD
82 CROSSMILL AVENUE,
BARRHEAD

Date of Birth: 27/7/8*

District Office Code No: 1511

NI No: NW 05 00 85 D

Normal Occupation: SECURITY GUARD

Date Last Worked: 1990

1. Details of illness or injury and its effects on normal functions. Any treatment and its effects should also be included.

As previously documented this customer had an operation on the left shoulder in 1986 for recurrent dislocation. Since the operation he has complained of increasing pain and stiffness in the joint. X-ray has shown evidence of osteoarthritis. Di-Hydrocodeine tablets are taken for relief of pain (3 per day). He has been losing some weight but he attributes this to eating less.
He is a pleasant young man of slim physique. He appears rather dispirited. He has a large surgical scar over the front of his left shoulder and as expected the upper arm muscles are rather wasted. Shoulder movements are restricted in all directions, abduction being limited to 90°. Left hand grip is a little weak. His vital systems are intact. He has a permanent disability of the left shoulder but is by no means totally incapacitated.

2. Ability to perform functions.
(Please grade functions using the following scale: 1 - Full function; 2 - Reduced function; 3 - Nil function).

Right Shoulder 1	**Right Arm** 1	**Right Hand** 1	**Climbing Stairs** 1	**Climbing Ladders** 3	**Working at heights** 3
Left Shoulder 2	**Left Arm** 2	**Left Hand** 1	**Bending** 1	**Lifting/ Carrying** 2	**Prolonged Sitting** 1
Walking 1	**Standing** 1	**Kneeling** 1	**Driving** 2	**Exposure to dust and fumes** 1	**Outdoor work in all weathers** 1
Relevant Mental Function 1	**Hearing** 1	**Vision** 1	**Skin Irritants** 1		

SERIAL NUMBER: 63724/TESF/JW/681

3. Comments on the grading of functions (as referred to in paragraph 2 above) and their effect on capability for work.

Above functions are compatible with light employment avoiding reaching, pulling and frequent lifting.

4. Variability of symptoms.

Pains in left shoulder are aggravated by movement.

5. Degree of discomfort likely to be experienced in work activities.

While some discomfort is likely to be experienced suitable employment should have no harmful effect.

6. I have examined the above named today and report that for the above reasons in my opinion he/she is

A	B	C
not medically incapable of work *including the above occupation.** ✓	medically incapable of all work. No need to refer again for ~~months.~~	*medically incapable of work at the above occupation but is** medically capable of suitable *alternative** work.

*** If no occupation, delete words in italics.**

* * * * * * * *

Signature of Examining Medical Officer: T E S Fergusson

Name and Initials (BLOCK LETTERS): DR T E S FERGUSSON

Place of Examination: GLASGOW

Date of Examination: 4 OCTOBER 1994

Interview commenced at: 10.22

Examination concluded at: 10.44

NHS Confidential: Personal data about a patient

DUTY DOCTOR 27.7.68
09

CALL NO.

PATIENT'S NAME & ADDRESS Craig Pabinet
46 Stewart Street
Barrhead

AGE 23

DATE 12/7/91

TIME RECEIVED C/R 1812

TIME PASSED 1813

TIME ARRIVED

TELEPH[redacted] INFORMATION RECEIVED
Stomach pain since yesterday.

HISTORY & EXAMINATION

%o epigastric pain
nausea
No vomiting
%e [illegible] [illegible] BS.
tenderness epigastric

For Reception. From. Dr
FILE
NOTES [illegible]
[illegible]
[illegible]
VISIT
Other

TICK
TEMP.
PULSE 80
B.P. /

PATIENT TO CALL IF NECESSARY ✓

DIAGNOSIS
? Peptic Ulcer [redacted]

TO SURGERY ON 12/7/91 DAY

TREATMENT/DISPOSAL
to continue
Tagamet 800mg od
Gastrocote - Maalox

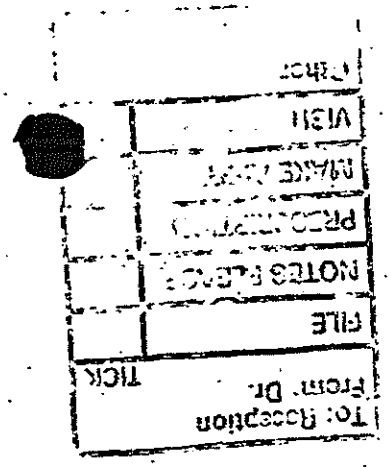
PLEASE REVISIT ON
DAY

HOSPITAL ADMISSION ARRANGED

PATIENT'S OWN DOCTOR
[illegible]

GENERIC DRUG BATCH/LOT NO.
2953

HEALTHCALL SERVICES LIMITED
Printed on Recycled Paper


To: Reception
From: Dr.
TICK
FILE
NOTES FLAG
PRESCRIPTION
NURSE APPT
V13H

Serial No. 0923

SCOTTISH HOME AND HEALTH DEPARTMENT

This report is furnished solely for the information of the medical practitioner dealing with his patient and should in no circumstances be handed over to the patient.

REGIONAL MEDICAL OFFICE
CORUNNA HOUSE
29 CADOGAN STREET
GLASGOW G2 7RD

Telephone No.: 041-248 7581-9

Date: 06.03.91 (completed 12.3.91)

To

Dr D McSorley
Health Centre
201 Main Street
Barrhead G78 1SD

Claimant NW 05 00 85 D

Mr Craig Palmer
c/o Crossan
~~46 Stewart Street~~
Barrhead

SICKNESS BENEFIT NR/JW

DEAR DOCTOR,

With reference to your patient, named above, who was referred by the Department of Health and Social Security for examination, the examining medical officer reports as follows:—

"Age 22 Occupation Security guard

This gentleman injured his left shoulder in 1986 and was operated on. He suffered from recurrent dislocation, was operated on again 1988 at the Royal Alexandra Infirmary. No dislocation since then but the joint has become increasingly painful plus limitation of movements. X-ray of the joint shows marked osteoarthritis associated with the injury.
Examination: all major systems are normal. Left shoulder: very marked limitation of movements in all directions. He is unable to fully supinate the left forearm. He can pronate the arm, the grip of left hand is poor.
This patient is unfit for work at present:

To the Front Of
FILE
NOTES FILE
PATIENT

In my opinion the claimant:—

~~is capable of work~~ at the above occupation

is incapable of work at the above occupation

is incapable of work at the above occupation ~~but is capable of work within~~ certain limits
(See DP.1 (Part II) (Rev.).)

(Signed) N Rifkind LRCP&S LRFPS DObst RCOG
Examining Medical Officer

The claimant was NOT examined because:—

(1) A closed statement was issued on .....

(2) He/She did not attend for examination.

(3) Examination is not necessary at present.

Yours faithfully,

H. McBAIN, M.B., Ch.B., M.R.C.G.P.
Senior Medical Officer

Form R.M.10 (S.B.) (Scotland)

Hospital report(s) returned with thanks.

ARGYLL & CLYDE HEALTH BOARD

Orthopaedic Service:
Mr. J. H. Hay
Mr. D. A. R. Aaron
Mr. I. J. Cartlidge

Accident & Emergency Service:
Mr. J. A. Findlay
Mr. C. A. Allister

The Royal Alexandra Hospital
Corsebar Road
Paisley PA2 9PN
Tel: 041-887 9111

Your Ref:

Our Ref: JHH/JC/226269

Date: 16 August 1996 If telephoning, please ask for:

Dr D McSorley

Health Centre
201 Main Street
Barrhead

Dear Dr McSorley

CRAIG PALMER DOB 27.7.68

46 STEWART STREET, BARRHEAD

Thank you for referring Craig back to the clinic.

I remember him well from 1986 when he had his Bankart's procedure carried out on his left shoulder. Since then there has been no further episodes of dislocation of the shoulder, but he has been aware of increasing discomfort and limitation of motion at the joint itself. The limitation of movement is most marked early in the day and has prevented him from being able to lift heavy weights. He is at present unemployed.

He has been prescribed analgesics and Brufen in an attempt to improve his symptoms, but these have proved unsuccessful. Recently he has been aware of discomfort in his shoulder such that he is waking from sleep.

Clinical examination confirms the anterior scar over the left shoulder. The range of movement at the joint is from abduction to 65° with 10° of extension and external rotation. Crepitus can be heard within the joint on movement. An x-ray shows that there is significant osteo-arthritic changes within this joint, and I am certain that this is responsible for his symptom.

I have advised him that he should continue to use the joint as normally as possible within the limits of his discomfort and range of movement. The OA changes in the joint itself must have arisen from the recurring dislocations experienced before the stabilisation preocedure and is not an indication of a widespread generalised arthropathy.

He should be in a position to consider return to some employment as use of the shoulder will not significantly cause any deterioration beyond that which is already present.

Yours sincerely

JAMES H HAY
CONSULTANT ORTHOPAEDIC SURGEON

SCOTTISH HOME AND HEALTH DEPARTMENT
Regional Medical Office
Corunna House, 29 Cadogan Street, Glasgow G2 7RD
Telephone 041-248 7581-9 ext

Dr D McSorley
Health Centre
201 Main Street
Barrhead
G78 1SD

Your reference
Our reference 8923
Date 31 JAN 1991

Dear Doctor McSorley

Mr Craig Palmer
c/o Crossan
46 Stewart Street, Barrhead

You may recall that the above named patient was recently examined by a Regional Medical Officer whose report (sent to you on 28/11/90) found unfitness for his/~~her~~ previous employment, but suggested fitness for work of an alternative type which would take account of his/~~her~~ limitations.

Had you agreed with this option, the procedure as already notified to you by Form RM10 (LW) (REV), is that you should have issued a final statement on Form Med 3.

Since it is now 9 weeks since your patient was assessed as fit for alternative work and your patient has again been referred to us by the Department of Social Security, I am writing to you to ask whether there is any change in his/~~her~~ condition. If you feel that your patient's present condition is such that he/~~she~~ is incapable or any form of work it may be necessary again to call him/~~her~~ for examination.

You should note that I have been asked to comment on your patient's fitness to work as:

1.
2. Please see attached copy of Job descriptions.
3.

Please append your comments on the reverse of this form and return to me in the enclosed business reply service envelope. It would be particularly helpful to have your comments in relation to the occupations as shown.

Yours sincerely

H McBain
Senior Regional Medical Officer

E1303005.098

RM2(LW)(REV)9/88

NHS Confidential: Personal data about a patient

A. If a "CLOSED" STATEMENT has been issued.

I issued a "Closed" Statement to this patient on _____

Signature _____ Date _____

B. If a "CLOSED" STATEMENT has not been issued.

HISTORY, PRESENT CONDITION AND TREATMENT
(with any relevant reports from consultants)

In pregnancy cases state expected date of confinement _____

— See enclosed photocopy of orthopaedic opinion 16/8/90.

C. FITNESS TO ATTEND AT A MEDICAL EXAMINATION CENTRE

In my opinion the patient is (FIT) ~~UNFIT~~ to attend

(please delete whichever is inapplicable)

If you consider your patient to be unfit to attend or that examination is unnecessary please give reasons:-

If you wish to be present at the examination Signature — A.A. McFadyen

please initial here _____ Date 7/2/91

RM2A (SB) (SCOTLAND)

E1303105.098

NHS Confidential: Personal data about a patient

ARGYLL & CLYDE HEALTH BOARD

Orthopaedic Service:
Mr. J. H. Hay
Mr. D. A. R. Aaron
Mr. I. J. Cartlidge

Accident & Emergency Service:
Mr. J. A. Findlay
Mr. C. A. Allister

The Royal Alexandra Hospital
Corsebar Road
Paisley PA2 9PN
Tel: 041-887 9111

Your Ref:

Our Ref: JHH/JC/226269

Date: 16 August 1990 If telephoning, please ask for:

Dr D McSorley

Health Centre
201 Main Street
Barrhead

COPIES POSTED 8/2/91 X

Dear Dr McSorley

CRAIG PALMER DOB 27.7.68

46 STEWART STREET, BARRHEAD

Thank you for referring Craig back to the clinic.

I remember him well from 1986 when he had his Bankart's procedure carried out on his left shoulder. Since then there has been no further episodes of dislocation of the shoulder, but he has been aware of increasing discomfort and limitation of motion at the joint itself. The limitation of movement is most marked early in the day and has prevented him from being able to lift heavy weights. He is at present unemployed.

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He should be in a position to consider return to some employment as use of the shoulder will not significantly cause any deterioration beyond that which is already present.

Yours sincerely

JAMES H HAY
CONSULTANT ORTHOPAEDIC SURGEON

NHS Confidential Personal data about a patient

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital ROYAL ALEXANDRA HOSPITAL Date 9/1/90

Please arrange for this patient to attend the ORTHOPAEDIC clinic of Dr/Mr .....

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname PALMER
First Names CRAIG
Address 46 STEWART STREET,
BARRHEAD
Postal Code ..... Contact telephone number .....
Maiden Surname .....
Single/Married/Widowed/Other
Date of Birth 27.07.68
Patient's Occupation .....

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital .....
Year of Attendance ..... Hospital No .....
If the patient's name and/or address has/have changed since then please give details:
.....
.....

Can patient attend at short notice? YES~~NO~~
If YES, minimum notice required.....days

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

DR D. MCSORLEY
~~MID~~ HEALTH CENTRE
201 MAIN STREET
BARRHEAD G78 1SA
Telephone:- 041-880 6161

Please use rubber stamp

WHEN REPLYING PLEASE QUOTE REF: 27.07.,68

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

Dear Doctor,

This patient had surgical correction of a recurring left shoulder dislocation 2 years ago. After his operation he was well and restarted work.

Unfortunately over the past 6 months he complains of pain in the joint and is taking Brufen 400mg tid.

I would welcome a review at your O.P. clinic.

Yours sincerely,

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray (women of childbearing age). Date of first day of L.M.P. .....

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

Signature .....

HMSO Dd8176496MD 6/89 M12 CCN13161

ROYAL ALEXANDRA HOSPITAL 11.10.88

ORTHOPAEDIC

PALMER
CRAIG

C/O 9A BOWERWALLS STREET,
BARRHEAD.

DR. D. McSORLEY

previous address: Raisdale, 605 Parkhouse Road.

Dear Doctor,

This patient had surgery for a recurring dislocation of the left shoulder two years ago. He has recently rejoined my practice and I do not have his previous case records.

He complains of pain in the sub-cricoid area and is extremely tender at this site. The pain has been present increasingly over the past year.

I would welcome your opinion as to the cause of his symptoms.

Yours sincerely,

GRAMPIAN HEALTH BOARD

WEST UNIT

PHYSIOTHERAPY SERVICES

.....Dr. Gray's..... Hospital

Tel. ..3131....

Ext. ..323....

Dr. N. Sabioton
The Laich Medical Centre,
Lossiemouth.

Dear Dr. Sabioton,

Your patient ..Craig Palmer.....D.O.B. 27-2-68

The Annexe, Beach View, Stotfield Rd., Lossiemouth.

attended/was discharged on.....

The gentleman has been sent two appointments for 15-2-88 and 22-2-88. However he has failed to attend or contact the department and has therefore been removed from the waiting list.

	FILE	
P	TELL. PT NORMAL	
S	RING ME	
W	TO MAKE APPT	
F	CONTACT PATIENT	
	FOR PRESCRIPTION	
	NOTES PLEASE	

Yours sincerely,

B. Strachan MCSP.

GRAMPIAN HEALTH BOARD

WEST UNIT

TELEPHONE: 3131 (0343)

DR. GRAY'S HOSPITAL
ELGIN - MORAYSHIRE
IV30 1SN

Our Ref.:

Your Ref.:

Dear D. Sabiston

Your Patient Craig Palmer
Beach View Annexe Stotfield Rd
Lossiemouth Unit No. 120587

~~cancelled~~/did not keep his/~~her~~ appointment X-Ray
Dept. on 8.2.88 for an X-Ray of Urethrogram

A further appointment will not be given unless requested by you.

Yours faithfully,

M Fraser

	FILE	
	RETURN TO NORMAL	
	FOR	
	NOTES PLEASE	

DR GRAYS ELGIN

N/P

PHYSIOTHERAPY

PALMER

CRAIG

27 7 68

'THE ANNEXE BEACH VIEW | STOTFIELD ROAD LOSSIEMOUTH

Thgis chap injured his left shoulder 2 years ago when he fell out of a tree He is remarkedly vague about the nature of the injury apart from the fact that it was pinned.
We await details from an x/ray and his past medical record, but would be grateful if you could see him in an attempt to loosen the shoulder which is quite stiff.

1&S&LL 1/2/88

DR NEIL SABISTON

DR GRAYS ELGIN

new patient

x ray

PALMER

CRAIG

27 7 68

'BEECH VIEW ANNEXE STOTFIELD ROAD LOSSIEMOUTH

This young lad hasa just recently moved to the ar4ea. He gives a very vague story of some form of injury to his left shoulser 2 years ago. We unfortunately do not have his medical records to explain this, but do note that his left shoulder is quite stiff, and movement is limited.

I would be grateful if you could arrange for him to have an x/ray prior to him starting some physiotherapy so that we can help him with details of the injury in the past.

1/2/88

DR NEIL SABISTON

NHS Confidential: Personal data about a patient

SCOTTISH HOME AND HEALTH DEPARTMENT
Regional Medical Office
Corunna House
29 Cadogan Street
GLASGOW
G2 7RD

Telephone 041 248 7581

Dr D McSorley
The Health Centre
201 Main Street
BARRHEAD
G78 1SD

Your Ref

Our Ref Serial No 89322

Date 23/11/96

Dear Doctor McSorley

PATIENT - Craig Palmer

The attached form concerns one of your patients whose condition makes it unlikely that he will be able to return to his previous employment. In my opinion, however, the stage has been reached when he should attempt some kind of work, allowing for the limitations which I have reported.

If you agree with my opinion, please issue a final statement on Form Med3. You should note that the "final date" may be any date from the day of examination until a date not later than 2 WEEKS from that date. The statement could be endorsed "fit within limits" if you wish and you may want to let your patient know why.

If he does not have a suitable job to which he can return, your patient will be invited to contact his local Unemployment Benefit Office. If appropriate he will be able to claim benefit. It is in your patient's best interests that he registers for suitable work at his local Jobcentre/Employment Office. If needed, special assistance is available from the Disablement Resettlement Officer.

If you issue a further open statement on Form Med3, I will assume that you disagree with my opinion about your patient's fitness for work. The lay authorities may then ask for a further examination before a final decision is given (see explanatory note below). If they do, the Regional Medical Officer will ask you to provide an up-to-date report on your patient.

If my report recommends your patient for an employment rehabilitation course the Disablement Resettlement Officer will contact you to discuss possibilities.

Yours sincerely

NOTE

The Social Security Act provides for claims for benefit and questions arising from them to be determined by specially appointed lay authorities. Decisions are taken in the light of the evidence and the case law laid down by the National Insurance Commissioner, who is the final authority in such matters. The evidence in this type of case includes the medical opinions and any report by the Disablement Resettlement Officer on the patient's occupational capabilities.

The Commissioner has ruled that a person is incapable of work within the meaning of the Act when there is no work or type of work he could reasonably be expected to do. The person's age, education, experience, state of health and other personal factors are taken into consideration.

In this context "work" means remunerative work ie full-time or part-time work for which an employer would be willing to pay or work as a self-employed person in some gainful occupation. SO LONG AS THERE IS ANY KIND OF WORK WHICH A PERSON COULD REASONABLY BE EXPECTED TO DO, A DECISION ON HIS CAPABILITY FOR WORK DOES NOT DEPEND UPON THE EXISTENCE OF VACANCIES FOR SUCH WORK.

RM10LW(SCOT)(87/REV)

C13PD0945.037

DC/SH

CONFIDENTIAL MEDICAL REPORT Serial No 89322

(A) NAME Mr Craig Palmer

ADDRESS 46 Stuart Street AGE 21

BARRHEAD

(B) DIAGNOSIS

Main condition (*If this is subject to variation please say in what way*)

Post traumatic arthritis left shoulder

Secondary conditions

HOW IS THE PATIENT HANDICAPPED?

Restricted movement at left shoulder.
Unfit for heavy labouring.

IS THIS HANDICAP LIKELY TO LAST AT LEAST 12 MONTHS? Yes/~~No~~

PLEASE MARK WITH A CROSS (X) WORKING CONDITIONS WHICH SHOULD BE AVOIDED

Driving	☐	Prolonged sitting	☐	Outdoor work in all weathers	☐
Working at heights	X			Exposure to dust and fumes	☐

IS THE PATIENT SENSITIVE TO ANY SKIN IRRITANTS? No If 'Yes', what?

DOES THE PATIENT HAVE NORMAL HEARING? Yes If 'No', give details.

DOES THE PATIENT HAVE NORMAL VISION? Yes If 'No', give details.

(C) Please grade function by the following scales:
1=Full function 2=Slight impairment 3=Substantial impairment 4=Nil function

	Shoulders	Arms	Hands	Climbing stairs	Climbing ladders
R	1	1	1	1	4
L	3	2	1		
	Walking	**Standing**	**Kneeling**	**Bending**	**Lifting/carrying**
	1	1	1	1	2

(D) GENERAL REMARKS Including prognosis and in particular any recommendation for employment rehabilitation. (*Continue overleaf if necessary*)

This ex security guard required an operation on his left shoulder in 1986 because of recurring dislocation. He continues to have pain and stiffness in this joint.

On examination there is a well healed operation scar across the anterior aspect of the left shoulder. All movements (eg abduction and circumduction) are very restricted. Movement at the left shoulder is mainly at the scapula. There is no abnormality on the right side. He is right handed. Otherwise he is well.
Blood pressure 130/70. Urinalysis normal.

He will continue to have problems with his left shoulder and is unfit for heavy work. He is capable of limited employment.

Signature D CAMPBELL Date 23 November 1990

Name (caps) Completed 28 November 1990

Appointment RMO Address Corunna House 29 Cadogan Street

GLASGOW G2 7RD

DP 1(R)(Part II)

ARGYLL & CLYDE HEALTH BOARD

Orthopaedic Service:
Mr. J. H. Hay
Mr. D. A. R. Aaron
Mr. I. J. Cartlidge

Accident & Emergency Service:
Mr. J. A. Findlay
Mr. C. A. Allister

The Royal Alexandra Hospital
Corsebar Road
Paisley PA2 9PN
Tel: 041-887 9111

Your Ref:

Our Ref: JAF/SL/226269

Date: 11th January 1988

If telephoning, please ask for:

Dr Boyle
Health Centre
BARRHEAD

Dear Dr Boyle

CRAIG PALMER 27/07/68
Blackbyres Court BARRHEAD

Your patient was admitted on 2/1/88 after he had been kicked around the head. We retained him for observation to ensure that he came to no serious harm, and he was able to get home on 3/1/88.

Yours sincerely

JAMES A FINDLAY M.B.Ch.B., F.R.C.S.
Consultant
ACCIDENT AND EMERGENCY UNIT

ORTHOPAEDIC SERVICES
J. M. Hendry
J. H. Hay
D. A. H. Aaron

ACCIDENT & EMERGENCY SERVICES
Mr. J. A. Findlay
Dr. D. O. Maclean

The Royal Alexandra Infirmary
Barbour Park
Paisley PA2 6LX
Tel: 041-887 9111

226269

PALMER, CRAIG
605 PARKHOUSE RD.
BARRHEAD
GLASGOW.
MALE 27/07/1968 NK

Dear Doctor,

This patient, whom you referred for an orthopaedic consultation has failed to keep his/~~her~~ first appointment and has not been in touch with us. Unless we hear from you no further action will be taken.

Yours sincerely,

C Devlin

Secretary to Mr Hay
Orthopaedic Department

ROYAL ALEXANDRA HOSPITAL 12.3.87

ORTHOPAEDIC

XXXX MR. HAY

PALMER
CRAIG
605 PARKHOUSE ROAD,
BARRHEAD.

27.7.68

XXX
RAI PAISLEY
1986 226269

DR. D. McSORLEY

WHEN REPLYING PLEASE QUOTE REF: 270768

Dear Mr. Hay,

This patient had surgical correction of a recurring dislocation of the left shoulder in April 1986. He made a good recovery from his operation, but unfortunately he was struck on the anterior aspect of his shoulder during a game of football 2 months ago. Since then he has experienced pain at extremes of all shoulder joint movements. The pain is localised to the anterior aspect of the joint over the site of the re-attached coracoid process.

I would therefore welcome a further review at your out patient clinic.

Yours sincerely,

ARGYLL AND CLYDE HEALTH BOARD — RENFREW GENERAL AND COMMUNITY UNIT

ORTHOPAEDIC SERVICE:
Mr. J. H. Hay
Mr. D. A. R. Aaron
Mr. I. J. Cartlidge

ACCIDENT & EMERGENCY SERVICE:
Mr. J. A. Findlay
Mr. C. A. Allister

The Royal Alexandra Infirmary
Barbour Park
Paisley PA2 6LX
Tel: 041-887 9111

JHH/RKS/226269

9 May 1986

Dr. Boyle,
Barrhead Health Centre,
BARRHEAD.

Dear Dr. Boyle,

Craig Palmer - 27.7.68 - 605 Parkhouse Road - Barrhead

Your patient was admitted to hospital on 25 April 1986 for surgical correction of his recurring dislocation of his left shoulder. He has of course dislocated this shoulder on a number of occasions and recently the shoulder has been dislocating so easily that he did not require a general anaesthetic to achieve reduction.

In any case he was taken to theatre on 28 April 1986 where through an anterior approach a left Bankart's procedure was carried out. This procedure was varied in as much as the osteomomised corocoid process was re-attached to the anterior aspect of the glenoid neck, thus reinforcing this area which was very deficient in bone and in fact would account for the reason why dislocation had proved so easy in the past. However, the procedure was carried out satisfactorily.

Post-operatively he made an uneventful recovery, was mobilized early and in fact was able to be discharged home on 1 May 1986. He will be returning to the Out-Patients' Department in two weeks' time for removal of sutures. It is important that this man maintain his left arm close to his chest using the body bandage for at least six weeks.

Yours sincerely,

JAMES H. HAY, F.R.C.S.
Consultant Orthopaedic Surgeon.

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12.2.86

This boy had four episodes of dislocation of his shoulder. According to his description it is possible that all of them were genuine dislocations in spite of the fact that they happened rather easily and never required general anaesthesia for reduction. Apart from wasting of deltoid muscle of his shoulder clinical findings negative today. The boy gave thematter deep thought and decided that he would like some procedure to be carried out Situation discussed with him at some length and his name has been placed on our waiting-list for Bankart's procedure left shoulder. Does not need to come until sent for.

J. TATEK,
Associate Specialist in Orthopaedics.

c.c. to G.P.

PALMER CRAIG 270360
C/O PARKHOUSE RD 27.7.68
BARRHEAD

DR. BOYLE
BARRHEAD H.C.

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JHH/RKS/226269

29 January 1986

Dr. G.F. Boyle,
Barrhead Health Centre,
Main Street,
BARRHEAD.

Dear Dr. Boyle,

Craig Palmer - 27.7.68 - 605 Parkhouse Road - Barrhead

I saw Craig at the Clinic today. He confirms the difficulties he has had with his left shoulder with recurrent episodes of dislocation in the recent past. The only way to deal with this problem would be to repair the defect in the labrum which would of course require operation. Craig himself is not fully convinced that he wishes to follow that particular line of action.

However, I have discussed the problem at considerable length with him and he has agreed to come back in one month's time after he has considered the problem fully. If he decides to have the operation I would think that we should undertake to do it fairly quickly as I am not sure that he would maintain the same approach to the problem indefinitely.

Yours sincerely,

JAMES H. HAY, F.R.C.S.
Consultant Orthopaedic Surgeon.

NHS Confidential: Personal data about a patient

Falkirk & District Royal Infirmary

Telephone: Falkirk 23011

CASUALTY DEPARTMENT

Date 4. 11. 85.

Dear Dr. Boyle

Your patient Craig Palmer

605 PARKHOUSE RD BARRHEAD

was seen here today, suffering from DISLOCATION (L) HUMERUS

X-ray

Treatment COLLAR & CUFF & BODY BANDAGE

A.T.S. was/was not given

He/~~she~~ has been asked to return ~~here~~ to you on THURS. 7. 11. 85.

Yours faithfully,

M. Milgan (S/NURSE)

360383

NHS Confidential: Personal data about a patient

DR BOYLE

✓	Please tick box if details are to be entered in medical records

BARRHEAD HEALTH CENTRE

NAME: CRAIG PALMER D.O.B.: 27-7-68 (AGE):

ADDRESS: 605, PARKHOUSE RD B/LT

DIAGNOSIS: DISLOCATION L/HUMERUS

TREATMENT: COLLAR & CUFF & BODY BANDAGE (REINFORCED)

REFERRED BY	DATE
	7-11-85

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

ROYAL [illegible] INFIRMARY – ACCIDENT & EMERGENCY

PATIENT NUMBER 34483

SURNAME (Block Letters)

FORENAMES

ADDRESS

Age

Date of Birth

Sex

Marital Status

Occupation

Religion

TYPE OF INJURY
1. Home
2. Work
3. R.T.A.
4. Emergency (not accident)
5. Other

FIRST ATTENDANCE
DATE
TIME a.m./p.m.

NEXT OF KIN

GENERAL PRACTITIONER

TYPE OF INJURY

DATE OF INJURY

IF ROAD TRAFFIC ACCIDENT : DRIVERS NAME & ADDRESS

LOCATION OF ACCIDENT

CLINICAL HISTORY

SIGNATURE

DISPOSAL

Social Work Department
Director: F E Edwards RD BA DipASS FISW MBIM

Strathclyde Regional Council

Dr Aitchison,
The Surgery,
BRIDGE OF WEIR

Tel 889-8182
Our ref CMS/JP
Your ref
If phoning or calling ask for Mrs Smith
Date 11th February 1982

Dear Dr Aitchison,

Thank you for carrying out the medical examination on Craig Palmer.

I have passed your account to the District Manager for payment.

Yours sincerely

Christine M. Smith

Mrs C M Smith
AREA OFFICER

A	
B	✓
AB	
McL	✓

Occupation		Date
Smoker		21/8/09

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

*IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

MALE

PALMER

DATE OF BIRTH 27/07/68 SERIAL No. 3094

CRAIG

S564/68/908

C/O 46 STEWART ST
BARRHEAD
G78 1AL

DR MCSORLEY

DATE 25/09/90 C

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE. AND THIS CARD SHOULD BE USED UNTIL HIS MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

*IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

MEDICAL RECORD CARD

FORM G.P. 7A(COMP)

NHS Confidential: Personal data about a patient

MALE Foster child.

CARD TO COME
EC1 filled in 25/8/7?

SURNAME	CHRISTIAN NAMES
PALMER.	N.F. McLELLAN, CRAIG.

ADDRESS C/o. McCHESNEY.
16. MORAR CR.

Date of Birth		
27	7	68.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
23/7/7?		foster child [illegible]	
		[illegible] [illegible]	[illegible]
		[illegible] [illegible]	
23/8/76			
15/8/77		Routine Medical -	foster child
		[illegible]	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form E.C. 7 (Scotland)

HPW 53 - 2154 - 2/74

DATE	* C * F	CLINICAL NOTES	DIAGNOSIS

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