

374

SURNAME

CHRISTIAN NAMES

ADDRESS

6 N GARAR C RES. BISHOPTON

Date of Birth

89

27 1

DIAGNOSIS

CLINICAL NOTES

DATE _____

Д.
С.

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.

DR. N. F. McLELLAN

* In C.F.C. exam, which is for cases of certified incapacity only, practitioners showing error G for first certificate, and F for final certificate.

FORM E.C.7a

(Scotland)

(30.12.74) (E18369) Dd. No. 960830 200,000 3/75 I.&G.Ltd. Gp. 259

[illegible]

[illegible]

MEDICAL RECORD CARD

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

Date..

7761 NNC 6-

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 Mr. S. It should then be placed in the envelope.

Dr. A. M. Brown

[illegible]

CHRISTIAN NAMES
3564. 89. 4958
2187

SURNAME
PALMER

MALE

[illegible]

MALE

SURNAME

PALMER

CHRISTIAN NAMES

CRAY

ADDRESS

RAISGAE, 605 PARKHOUSE RD

Date of Birth

27 7 68

DATE

*C
*F

CLINICAL NOTES

DIAGNOSIS

Dr

GERALD F. BOYLE

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

19 AUG 1983

* 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

(Scotland)

[illegible]

MEDICAL RECORD CARD

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

[illegible]

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.

DRS PRASAD

806/89/7955

CRAIG D

PALMER

MALE

DATE OF BIRTH

SERIAL NO.

27/07/68

7605

C/O 46 STEWART STREET

BARREHEAD

90456

678 1AL

DATE 31/12/91 C

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

[illegible]

MEDICAL RECORDS CARD

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

[illegible]

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.

CRAIG D
 S/564/1968/908
 BEECHVIEW
 STOTFIELD RD
 LOSSIEMOUTH IV31 6QS
 DR. N SABISTON
 DATE 10/02/88 N

DATE OF BIRTH	27/07/68
SERIAL NO.	2357

ETAM

PALMER

MEDICAL RECORDS CARD

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

[illegible]

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.

DR. H. FREEDMAN
DATE 24/11/87

CRAIG
S564/68/908
268 DIVERNIA WAY
BARRHEAD
678 2JM

PALMER

27/07/58 3094

DATE OF BIRTH	SERIAL No.
1940	1
1941	2
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2032	93
2033	94
2034	95
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2037	98
2038	99
2039	100

MALE

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

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
30-3-88	74°	Widespread "Rash" Paranasal red. S. NITALL	Dr Kage, Gaurang de St.
1-4-88		Tongue Swollen 100	
		Ingestum 0.26 gm	
		Balance 30g	
		even	
		Ingestum	
		Left breast	
		for Tennessee	
17-19-88			

29	4	27
----	---	----

Date of Birth

ADDRESS 266 Alameda Way.

FEMALE

PALMER

Craig

[illegible]

TIME RECEIVED		GP. No.	GP. NAME	CALL No.
TIME PASSED		DEP. No.	DEP. NAME	SCO/OBS.
TIME ARRIVED		PATIENT'S NAME		
AGE		T.R.		
YEARS MONTHS		F		
ORIGIN		ADDRESS		
DIRECTIONS		TEL		
MESSAGE		MAP REF.		
DIAGNOSIS		OPERATOR		
TREATMENT		REVISIT		
ADMISSION		FP.10		
AMBULANCE		OPERATOR		
TIME		C. 3783		

HEALTHCARE SERVICES LIMITED

401 South Row, Central Milton Keynes. Tel: 0908 691819

* This column has been provided for doctors to enter A, V or C at their discretion

[illegible]

5

BARRETT

Parma Lake x 30
Bohrmann on 306

Page 5
From March 1988
to October 1988

Expenditure on X-
for X-
at Dr

13.1.88

89-7-76

Address 22 Oldabbys Court

R H Freedman

Pol. M. E. R.

National Health

CLINICAL NOTES

* This column has been provided for doctors to enter A, V or C at their discretion. *Should not be used for P.P. with female P.P.*

Date	Clinical Notes	Diagnosis
20/1/03	Symptoms for 2/10 Gen. & Fluor. a (Cervicovaginal)	
	They have returned to the work	
	2/10 stops	
	(Cervix 2/10) cannot return to work	
20/1/03	make app for 2/10	
21/8	at well on 2/10 - uncomfortable	
	2/10 of 2/10	
	looking good to	
	- 2/10 per -	
23/9/07	Subtotal 2/10 x 12	
1/1/09	2/10	
3/1/07	Request for Viagra - to make app.	
7/1/08	Fluor. 2/10	
	Options 2/10 2/10 2/10	
	Still sore, wear a condom	
	2/10 2/10 2/10	
	2/10 2/10 2/10	

CLINICAL NOTES

National Health
Service Number

Surname (Block Letters)

PALMER

Forenames (Block Letters)

CRAIG

Address

Date of Birth

27.7.08

* This column has been provided for doctors to enter A, V or C at their discretion

[illegible]

* This column has been provided for doctors to enter A, V or C at their discretion

CLINICAL NOTES		Date	Clinical Notes	Diagnosis
National Health Service Number	Surname (Block Letters)	14-8-66	mouth of a B character	
Forenames (Block Letters)	Address	12	Q Corpel tunnel	
Craig			P. Kenderley - 100	
			Ja (w)	
		10/10/66	Kenderley in 2007 - B wpt	
			05A02 - B	
			mouth of	
		29	with mouth character of	
		12	by looking 6007 of	
		06	Vagpe 100 (12)	
			UNA + 15 months	
			Pink in area of genital dimpling	
			on bending finger	
			for penis the dimpling	
			Mr. Dean, M. Jones, Mrs. Kenderley	

07/7/68

Date of Birth

CLINICAL NOTES

Surname (Block Letters)

Forenames (Block Letters)

National Health Service Number

[illegible]

FORM GP111F

PRINTED FOR ASTRON, B30160 3/03 (017302)

* This column has been provided for doctors to enter A, V or C at their discretion

CLINICAL NOTES		National Health Service Number	
Surname (Block Letters)		Forenames (Block Letters)	
Address		Date of Birth	
24/2/04		27/7/68	
Dichlorophac Pot X 56 50mg TID			
10/3/03			
Osteoarthritis of spine neck			
@ Neuritis (L) (Dancing man)			
After 5 days to be treated to implied medication			
Rg to Rgt occipital			
27/2/04			
Normal appt - to plan.			
not for L @ back - 4/3 84.			
worsen. to poor bone			
new developed			
9 September 2003 14/1.			
Old consideration			
Stiles to have in injury to R/L lower			
Hing - home - 2/2 sp.			
Consolidation - 2/2 sp.			
24/2/04 (9/3 sp) for this injury.			
Dennis - some incident at back this			
Hes not had follow-up appt			
Contact home			
14/12/03			
JWA only appt ref 03/03			
Stiles to consult as req			
New appt			

No - refer

* This column has been provided for doctors to enter A, V or C at their discretion

Date	Clinical Notes	Diagnosis
4/5/05	Co-codamol 8/500 x 100 mg	
22/1/05	CMD also Abax 0/35 Stator be chin not receive any Also states he did not receive any sup from your ref (yes is spec stated he had visiting it a parent in contact) He ref	
20/7/05	His date for op on chiller p/p Followed not within pain & pressure	
17/10/05	Paracetamol x 50 1-2 day	
31/1/05	For sedated spec Ro @ J Laba Low pressure - Zephyr gas cylinder U. gas Purges 500 (33) Med 4 EE in 1/17 Wired to	
21/3/05		
1/8/06	Chromosome Profile test is Ventricular	

This column has been provided for doctors to enter A, V or C at their discretion
for any further notes
for see opinion and
for opinion

23/10/02 (Sun)	See opinion 2.6 mm inf but 11/10/02 prob
15/10/02	1/10/02 1/2 of throat red 1/10/02 1/2 of throat red 1/10/02 1/2 of throat red
19/11/01	1/11/01 1/2 of throat red 1/11/01 1/2 of throat red 1/11/01 1/2 of throat red
5/1/01	1/1/01 1/2 of throat red 1/1/01 1/2 of throat red 1/1/01 1/2 of throat red
14/6/01	1/6/01 1/2 of throat red 1/6/01 1/2 of throat red 1/6/01 1/2 of throat red
21.12.00	1/12/00 1/2 of throat red 1/12/00 1/2 of throat red 1/12/00 1/2 of throat red
1/9/00	1/9/00 1/2 of throat red 1/9/00 1/2 of throat red 1/9/00 1/2 of throat red

Date		21.12.00	
Date		1/9/00	
Date		14/6/01	
Date		5/1/01	
Date		15/10/02	
Date		23/10/02 (Sun)	

National Health Service Number		PALMER	
Forenames (Block Letters)		CRAIG	
Address 104 CROSSMILL AVE		BARKHED	
Date of Birth		27.1.68	

This column has been provided for doctors to enter A, V or C at their discretion

[illegible]

This column has been provided for doctors to enter A, V or C at their discretion
 leaving - to have
 back to surgery

30/12/99	5-1-00	Proprio 75mg X 40 - 11 ON Zopiclone 7.5mg X 28 - 11 ON
21/12/99		changed 2? (Cohn dms) To Haxe CT scan continue M. at 11/12/99 + Fylogel
13/12/99		methadone 200mg X 100
13-12-99		Vitamin Supps 2 @ 1000
10/12/99		Zopiclone 7.5 - 11 ON 28
3-20		work - 10/12/99
8/12/99		Severe pain - 10/12/99
		Zopiclone 7.5 (AR) FSC use
		Furibak
		lactams
		National Hypnosis D. 2
		National Hypnosis D. 2
		for FSC ESR
		no oral apnea
		01E no obvious apnea
6/12/99		In severe pain seen at 6/12/99 - cold/flu

Date 6/12/99		Address 104 BARKER RD CROSSMILLANE	
Surname (Block Letters) PALMER		Date of Birth 07-7-68	
Forenames (Block Letters) CRAIG		National Health Service Number	

Date	
2/1/00	Much improved. No symptoms. 3 metronidazole + 600 mg. Bothy some vagus upper abd pain. Abdominal pain. m.p. near 2.5/1.00. O/E: mild tenderness. 172 H&H + T10 Clear lungs.
2/1/00	Long 1) Anxiety 2) Dysphagia 3) IBS metronidazole 500mg 2 capsules + sup @ provided in M&S meeting. needs to get another sup for M&S.
3/2/00	Panic attacks, 2 m.p. 2 under medication → contact m.p. weekly
4/1/00	Managed by (500mg) metronidazole 500mg (100)
4/9/00	Had MRI scan - 10 m.p. confirmed also (ohn) diagnosis. To have be met + follow up. to give up smoking (2g x 36 x 28) 1 month. 172 to contact

This column has been provided for doctors to enter A, V or C at their discretion

MED 4/15/02. Ochs disease

Reurrence (C) oxytetracycline infection?

2 small nodules mod scar

see letters - Jan 99 Ochs.

It concerning 500mg QDS @

2/3/02 performed

refers my notes

This column has been provided for doctors to enter A, V or C at their discretion

13/10/79	7. pides	5 days. Assume pr	
13/10/79	acute pain in period pain. esp. exacerbation	had episodes of bleeding	
	Menstrual pain	rather common over bowel	
	generally after	for some time to go	
	at 1st per. and endometrium at 6 o'clock		
	No lower		
	1st per. (500ml)		
	Volterol. 100mg 100 od (28)		

Date		5/7/79		Co-ordinated (80) W		Contact per in 1st trimester. 1st 2nd 3rd		amniotic fluid 11-12 wks		ole vagina endometrium		for FBC etc. 2 clamps approx		creat amniotic fluid		not co-ordinated dip.		Set FBC → FBC 1st		pt to speak to Dr		FBC 1st 2nd 3rd		(script done)	
National Health		Service Number		Surname (Block Letters)		Forenames (Block Letters)		Date of Birth		27/7/68		63 Goss Hill Ave		Barnyard											

CLINICAL NOTES

* This column has been provided for doctors to enter A, V or C at their discretion

Date	
14-10-99	Referral to Surgical PAH
27/10/99	Proctoscopy and X ray
3/11/99	Still getting pain 10++ often worse, constipated OPR 20000 -> began earlier on Ting feeling X-rayed upper Also when episodic pain (abdominal) DLE tend. nt. Ting feeling Ting feeling
4-11-99	Proctoscopy (cystoscopy) x (603)
15/11/99	Severe and per refor RAR surgical rectum
23/11/99	Ward admitted for 3 days - 2 hours not not adopted, later and feeding aligned himself out. Dehydrate ++ Plan continue 1) Lactation 2) Paracetamol 1g qd 3) 2-4 days - 5kg weight gain 4) CTN gel - Add Lactin 3000 - Add Nephron 5000 PRN (301)
24-11-99	Loprazolam 1mg x 20
30/11/99	DHC 30mg x 30 Tractcontyl Cream x 10p
1/12/99	Loprazolam 1 x 100 Lochise 10mls to 50mls CTN Cream 0.25 x 10p Methonide 400 x 20 Zapiclor 7.5 + 1100 x 1/4
1/12/99	

Paraffin 1 lb. at 9.4
Wt check
Sampling

Surname (Block Letters) <i>Palmer</i>	Forenames (Block Letters) <i>Lang</i>	Address <i>63 Crosshill Ave</i> <i>Barnham</i>	Date of Birth <i>27/7/68</i>
--	--	--	---------------------------------

Date	Notes
23/3/99	Generally much improved. minimal pain she's her discharging around finished OLE small amounts in excreta
23/4/99	Sharp Alinsky pain in chest. Tendr rib. Resolved tension + anxiety but overall 0.15 Tendr coarctation 0.28 chest pain N/E + 12 Also no hepatomegaly Alb + - negative Rt. Contin. Perist. ↓ long ↓ peristalsis to 30g Cephalixin 500 x 20 (74)
10/5/99	Cult. Sharp Alinsky pain + pain at the dysphagia. cannot help loosening about his heart, at the time often get taken at night. Also ↑ heartburn OLE Tendr short rest as before ↓ peristalsis back to 20g Also ECG to return
14/6/99	SLM has shown pain but now mainly at night before going to sleep. as occasionally waking him. Overall better ↓ activity + normalization

This column has been provided for doctors to enter A, V or C at their discretion

14/3/93	Emergency died recently. Copying all right. That came in for opt. Localized drip. opt 100.	
3.9.94	CO - proximal x 100.	
19/11/97	Same pain @ shoulder 5-6 months. 12 coxal per day. Problem - May morning stiffness. opt. limited movement - all direction.	
	for X-ray. Add volitional dip from (19)	
	to X-ray appointment.	
12/11/98	See X-ray - result explained. 2 need shoulder replacement. Pain morning and night, sudden sharp pain or doing things. with arm by my side. Advised not to use Coxal and live in pain. agreed - to use Coxal per (100)	
16.4.98	Returning pain normal chest wall followed by rash 1/2. ago. 10/15 Herts Zoster. Advice + 100mg/5ml x 80ml	
15/6/98	Pain in shoulder + 12 coxal per day. Rash above. returned	
	opt. 3 coxal chemotherapy from half bucket	
	Rx Salpado 119id (max 8/dg) x 100	
	Zinnvel. cream (30g)	

National Health Service Number		Address 55 BAKERSTON ST. 63 CROMWELL AVE	
Surname (Block Letters)		Date of Birth	
PALMER		07-7-68	
Forenames (Block Letters)		CRAIG	

CLINICAL NOTES

National Health Service Number	CLINICAL NOTES	
	Surname (Block Letters) PALMER	Forenames (Block Letters) Craig
Address 56 BOURNEVILLE ST. BIRMINGHAM		Date of Birth 27/7/68

Date		
23/3/96	Mod 3 26/52	Coloctoral duty (even)
12/4/96	Mod 4	① Chronic shoulder pain ② Dermatitis of hands
9/3/96	Abdom	① Abdom of asc No H/O trauma Asc small sigmoidal abscess from non shoulder A skin abscess Incised, asept. drainage bed dressed Pain + Xylocaine LA Abscess Packed absorbent ribbon as dressing
3/9/96	✓	Had acute abdominal pain earlier (spontaneous) no Other symptoms O/E 37°C, FTS reg. 0.7 Soft no tenderness A Bowel again Advised rest if needed Very upset about continuing shoulder pain. O/E Tender around shoulder Pain from
23/10/96		Very upset about continuing shoulder pain. O/E Tender around shoulder Pain from
		Trig. Mobile (28) + - + + + Aggravated (aching) (thru) still to h. h. Laminid cream o.d. Dermatitis o.d.

This column has been provided for doctors to enter A, V or C at their discretion

[illegible]

Date		
16-7-91		
6-6-91	8/52	ISQ.
11-7-91		Antitoxin ① Rhinodol Epinephrine 1cc x 24 hrs. Normal for 2 days previously normal blood film WBC 1.80 Platelets 36.900 — 1000 — 1000 WBC 1.80 Platelets 36.900 WBC 1.80 Platelets 36.900
16-7-91		
30-7-91	8/52	Antitoxin ① Rhinodol Epinephrine 1cc x 24 hrs. Normal for 2 days previously normal blood film WBC 1.80 Platelets 36.900 — 1000 — 1000 WBC 1.80 Platelets 36.900 WBC 1.80 Platelets 36.900
3-9-91	8/52	Antitoxin ① Rhinodol Epinephrine 1cc x 24 hrs. Normal for 2 days previously normal blood film WBC 1.80 Platelets 36.900 — 1000 — 1000 WBC 1.80 Platelets 36.900 WBC 1.80 Platelets 36.900
5-11-91		Antitoxin ① Rhinodol Epinephrine 1cc x 24 hrs. Normal for 2 days previously normal blood film WBC 1.80 Platelets 36.900 — 1000 — 1000 WBC 1.80 Platelets 36.900 WBC 1.80 Platelets 36.900

[illegible]

National Health Service Number	Surname (Block Letters) PALMER	Forenames (Block Letters) LEAH	CLINICAL NOTES 46 Stewart St.	Address 266 Divisadero St.	22 Bluff St.
				Date of Birth	

[illegible]

National Health
Service Number

National Health
Service Number

Forenames (Block Letters)
SRAI &

Address %
9%
ST
Date of Birth 27-7-68

27-7-68
Date of Birth

Date _____

॥ १॥

Q14: (7) Greater Pen

RAM

38	11	8
----	----	---

3 damp mating of fresh seedling

1. Protein
 2. from the
 3. sheep protein
 4. length was

06-1-5

- P. C. Chatterjee: 24 yrs. old. for my father

06/1/6

Referral letter sent to Orthopaedic Clinic, R.A.H. Palsley.

ਗਦ

Address 4019A: Baumgardner

National Health
Service Number

Forenames (Block Letters)

Address	40.2.14 : Baw. Wall St
Date of Birth	

8	6	2
---	---	---

Recording duration of 7 minutes

19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

07. There are six original copies

11-10-88

Referral letter sent to the Orthopaedic Clinic, RAH, Paisley.

| | | |
|----|---|-----|
| 29 | 1 | 90. |
|----|---|-----|

This column has been provided for doctors to enter A, V or C at their discretion.

Date _____

Address *Back view* 544-20

CLINICAL NOTES

* This column has been provided for doctors to enter A, V or C at their discretion

Date _____

$$\frac{1}{0}$$

[illegible]

| | | | | |
|-----------------------------------|-------------------------|---------------------------|---------------------------------------|---------------|
| National Health
Service Number | Surname (Block Letters) | Forenames (Block Letters) | NURSES AND HEALTH VISITORS
RECORDS | |
| | | | Address | Date of Birth |

| | | | |
|--------------------------------|--|---------------|--|
| Nurses and Health Visitors | | Records | |
| Surname (Block Letters) | | Address | |
| Palmer | | | |
| Forenames (Block Letters) | | Date of Birth | |
| Craig | | 27-7-68 | |
| National Health Service Number | | | |

Health Promotion Audit

Capura Audit Service

55928A

WINDERS - N.A.D.

LAST SEEN (d/m/y)

FAMILY HISTORY

CHD ☐ CHD ☐ STROKE/TIA ☐

ASTHMA ☐ DIABETES ☐ FOLLOWED UP: ☐ yearly ☐ half-yearly ☐ quarterly

TRIGLYCERIDES Date ☐ HP advice given

BLOOD PRESSURE Date ☐ HP advice given

EXERCISE ☐ Adequate (>60 min/wk) ☐ Inadequate

HEIGHT (cm) ☐ HP advice given

WEIGHT (kg) ☐ HP advice given

SMOKING ☒ Non-smoker ☐ Smoker ☐ Female smoker on C/C

Wants to stop? Y/N ☒ Y ☐ N

ALCOHOL (units/wk) ☐ HP advice given

DIET ☐ None special ☐ Wt reduction ☐ Lipid lowering ☐ Low salt

TODAY'S DATE (d/m/y) 6-3-95

ETHNIC ORIGIN

5/5/95 Patient phoned stated he is unable to move his neck, requesting nurse call advised to take some analgesia and if possible come into the surgery if this is not possible advised to call back for home care

12/1/96 Skin areas cleaned and X-rayed packed with saline wet, small amount of pus, dressed with strips + mepore advised to return on Tuesday if wound continues to drain

21/5/98 Wound check - 9am & 16 past dotted

14-8-98 Wt 95.8 815

Removal of lymph nodes from @ Axilla 10 days ago. clips removed

| | | | | | | | | | | | | | | | | |
|------|----------|---|---------|-------------------------|----------|--|---------|----------------------------------|----------|-------------------------------|---------|----------|----------|-------------------|----------|--------------------------------|
| Date | 12/12/98 | Wound healing well. Slight leakage on previous dressing. Tissue dressing applied. To return to RAH on 18/12/98. For routine histology results. Advised to return if wound - Pain, leakage redness. Wt loss approx 1 stone over last year. Inappetite - advised. Try build up or compplan. | 9/10/98 | Wt 95.5 lb. V6 FBC RSE. | 24/10/98 | Removal of Sutures from Head. Wound slightly gaping, skin staples applied. | 13/8/98 | For FBC ESR. → Ulcerative repair | 23/08/98 | US FBC RSE. (extra in fridge) | 6/12/98 | FBC RSE. | 27/12/98 | 9.5 lb (my scale) | 26/01/00 | Wt 95.5 lb. (for Krens scales) |
|------|----------|---|---------|-------------------------|----------|--|---------|----------------------------------|----------|-------------------------------|---------|----------|----------|-------------------|----------|--------------------------------|

| Drug | Strength | Quantity | Dose and Frequency | Date | Review by Date | Drug | Strength | Quantity | Dose and Frequency | Date | Review by Date | Drug | Strength | Quantity | Dose and Frequency | Date | Review by Date |
|------|----------|----------|--------------------|------|----------------|------|----------|----------|--------------------|------|----------------|------|----------|----------|--------------------|------|----------------|
| (1) | | | | | | (6) | | | | | | (11) | | | | | |
| (2) | | | | | | (7) | | | | | | (12) | | | | | |
| (3) | | | | | | (8) | | | | | | (13) | | | | | |
| (4) | | | | | | (9) | | | | | | (14) | | | | | |
| (5) | | | | | | (10) | | | | | | (15) | | | | | |

[illegible]

| Type | Date | Type | Date | Type | Date | Type | Date |
|------|------|------|------|------|------|------|------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Tuberculin Test | | | | | | | | | |
|-----------------|-----------|---------|-------|---------|---------|-----|----------|--|--|
| Result | Date | Date | | | | | | | |
| Boost | | | | | | | | | |
| Boost | | | | | | | | | |
| Boost | | | | | | | | | |
| 3 | | | | | | | | | |
| 2 | | | | | | | | | |
| 1 | | | | | | | | | |
| Diphtheria | Pertussis | Tetanus | Polio | Measles | Rubella | TAB | Smallpox | | |

| | | | |
|-----------------------------------|--|------------------------------------|--|
| Surname (Block Letters)
PALMER | | Forenames (Block Letters)
CRAIG | |
| Address
Date of Birth | | 27.7.68 | |

National Health
Service Number

Forenames (Block Letters)

Date of Birth _____

IMMUNISATIONS AND
SCREENING INVESTIGATIONS

PALMER

CRAD

89L.LC

SCREENING INVESTIGATIONS

[illegible]

Other Procedures

[illegible]

048036180 500M 2/87 R.P.(53791)

| | | | | | |
|---|--|-----------------------------------|--|------------------------------------|--|
| National Health Service Number | | Surname (Block Letters)
PALMER | | Forenames (Block Letters)
CRAIG | |
| Date of Birth
27-7-68 | | Address | | Date
1848 | |
| SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS | | | | | |

| | | | | |
|-----------------|----------|------|------|--------------|
| Hospital/Clinic | use only | Day | Time | Hospital No. |
| | | Date | | |

REFERRAL LETTER

MEDICAL IN CONFIDENCE

| | |
|--|--------------------------|
| REFERRAL TO | |
| Urology CB
AC General Referral | Royal Alexandra Hospital |
| Consultant / receiving practitioner
and/or specialty clinic
Hospital and hospital address
Hospital location code: C418H
Email address
- | |
| Urgency of referral
Routine | |

| | |
|---|------------------------------|
| PATIENT DETAILS | |
| Surname
Palmer | CHI no.
2707683094 |
| Forename(s)
Craig | Date of birth
27-Jul-1968 |
| Title
Mr | Sex
Male |
| Practice name
The Oaks Medical Centre | |
| Practice code
87108 | |
| Name
Dr David Meighan | |
| GMC code
3559057 | GP code
C38636 |
| Practice address
1 Paisley Rd
Barhead
Glasgow
G78 1HG | |
| Contact number(s)
- | |
| Voice: 0141 580 1001
Facsimile: 0141 580 1003 | |

| | |
|---|------------------------------|
| REGISTERED GP DETAILS | |
| Surname
Dr David Meighan | CHI no.
2707683094 |
| Forename(s)
Craig | Date of birth
27-Jul-1968 |
| Title
Mr | Sex
Male |
| Practice name
The Oaks Medical Centre | |
| Practice code
87108 | |
| Name
Dr David Meighan | |
| GMC code
3559057 | GP code
C38636 |
| Practice address
1 Paisley Rd
Barhead
Glasgow
G78 1HG | |
| Contact number(s)
- | |
| Voice: 0141 580 1001
Facsimile: 0141 580 1003 | |

| | |
|---|------------------------------|
| REFERRING PRACTITIONER DETAILS | |
| Surname
Dr. David Meighan | CHI no.
2707683094 |
| Forename(s)
Craig | Date of birth
27-Jul-1968 |
| Title
Mr | Sex
Male |
| Practice name
The Oaks Medical Centre | |
| Practice code
87108 | |
| Name
Dr. David Meighan | |
| GMC code
3559057 | GP code
C38636 |
| Practice address
1 Paisley Rd
Barhead
Glasgow
G78 1HG | |
| Contact number(s)
- | |
| Voice: 0141 580 1001
Facsimile: 0141 580 1003 | |

CLINICAL INFORMATION

Presenting complaint

Description: Vasectomy request

Comment: This gentleman and his partner feel that, after four children, their family is complete. He has requested a vasectomy. I had made him aware of the irreversibility of the procedure, the small failure rate and the need to have submitted 2 clear samples before sterility is confirmed.
Thank you for arranging to see him to discuss this further.

Examinations and Investigations

Description/Question Result/Comment Date

Referred By: Registered GP -

Electronic Attachment Present: No

Current smoker: 21-Aug-2007

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history

Current medication (Active Repeat medication issued within the last 12 months)

| Drug name | Quantity | Formulation | Dosage | Frequency | Course started | Date Last Issued |
|-----------|----------|-------------|--------|-----------|----------------|------------------|
| Lodine Sr | 60 | TABS 600MG | 1 Tab | Daily | 17-May-2007 | 06-May-2008 |

Recent medication (Any medication issued within last 168 days not shown above)

No recent medications recorded

Clinical warnings

Additional relevant information

Signature of referring doctor (or other professional) Date

| | | | | | |
|--|--------|--|------|--|----------|
| Hospital use only | Clinic | Day | Time | Hospital No. | GP112(c) |
| REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED | | | | | |
| Hospital | | WESTERN INFIRMARY | | Date | |
| Please arrange for this patient to attend the | | Date | | 18/09/2008 | |
| Patient's Surname | | PALMER | | CHI No. | |
| First Names | | CRAIG | | 2 7 0 7 6 8 3 0 9 4 | |
| Address | | 104 CROSSMILL AVENUE | | Maiden Surname | |
| BARRHEAD | | GLASGOW | | Single / Married / Widowed / Other | |
| Postal Code | | G78 1AX | | Date of Birth | |
| Has the patient attended hospital before? | | YES ☐ NO ☐ IF YES, please state: | | 27.07.68 | |
| Name of hospital | | Year of attendance | | Patient's Occupation | |
| Hospital | | No. | | Contact telephone number | |
| 84073494 | | Hospital | | 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 | |
| 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 Dr Hussain

I saw Craig today and he said that he has not heard from you in several months. At the time I did not have his file but later on I saw a letter from you to say that he had not attended a clinic in January of this year. It would appear that Craig did not receive notification of this appointment, and I would be grateful if you could send him an appointment once more.

Best wishes

Yours sincerely

Dr Tom Naven

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:

Signature

X-ray No. (if known)

Acute Services Division

Clyde Acute Directorate

NHS
Royal Alexandra Hospital
Corsebar Road
PAISLEY PA2 9PN
Greater Glasgow
and Clyde

UROLOGY DEPARTMENT

MR A L MORTON

MR R J T ALEXANDER

MR M Z HOTIANA (Locum)

MR Z LATIF

Date:

28.10.08

Dictated:

22.10.08

Reference:

ZH/JH/226269

Dr Meighan

The Oaks Medical Centre

1 Paisley Road

BARRHAD

Dear Dr Meighan

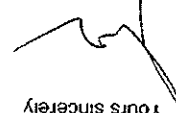
CRAIG PALMER, CH: 2707683094

104 CROSSMILL AVENUE, BARRHEAD

This gentleman failed to attend his appointment today for vasectomy counselling. One further appointment will be sent.

With kind regards

Yours sincerely



Mr M Z Hotiana F.R.C.S (Eng) F.R.C.S. (Glas) FEBU
Consultant Urologist

Delivering better health

www.nhs.gov.uk

Acute Services Division



Department of Orthopaedic Surgery
The Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Secretary:
0141 211 2938
Appointment Office:
0141 232 9499
Surgical Waiting List:
0141 211 3186
Department Fax:
0141 211 2466

Our Ref:

JC/SB

Typed:

09/01/2009

MR HUSSAIN'S ORTHOPAEDIC CLINIC-06/01/2009

Dr Thomas Naven
1 Paisley Road
Barhead
G78 1HG

Dear Dr Naven

Mr Craig Palmer DOB 27/07/1968 - Hosp: 64073494H
104 Crossmill Avenue Barhead Glasgow G78 1AX
CHI: 2707683094

Diagnosis:

Chronic infection left shoulder with discharging sinus in axilla
Outcome: to discuss management plan with Mr Hussain

Thank you for referring this 40 year old gentleman back to Mr Hussain's clinic. He had an open stabilisation procedure carried out on his left shoulder for recurrent dislocations. Unfortunately he has a chronically infected shoulder with a discharging sinus in his axilla and has fairly constant pain in his shoulder. He was in fact referred for an MRI scan at the end of 2007 but was unable to go through with this due to claustrophobia. He then did not attend for follow-up and has not been seen since. His problems are much the same as they were over a year ago. He has very little movement in his left shoulder due to pain and has a chronic discharge of the sinus. The possibility of a fusion was discussed with him and he is now at a stage where he would be keen to consider any possible intervention to potentially improve his pain. In the first instance we need to consider further imaging and I will discuss this gentleman with Mr Hussain who is unfortunately not here today. If we were to consider a fusion operation then the first aid would be an open debridement, removal of the metal screw and if we could eradicate the infection then we would consider a fusion. I will write to this gentleman to let him know the outcome of my discussion with Mr Hussain.

Yours sincerely

Jon Clarke
Specialist Registrar in Orthopaedics

Delivering better health

www.nhs.gov.uk

Dr Tom Naven

Yours sincerely

Best wishes

Hope this information is helpful.

Craig is unable to wear a seatbelt, following his recent operation.

This is to confirm that Craig has been a patient of this practice for several years.

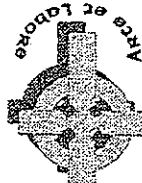
Re Craig Palmer, 104 Crossmill Avenue, Barhead, Glasgow, G78 1AY
DOB 27.07.68

Dear Sir/madam

TO WHOM IT MAY CONCERN

28th October 2009

Dr. Tom Naven
Dr. David McElfron



The Oaks Medical Centre
1 Paisley Road
Barhead
G78 1AY
Tel: 0141 580 1001/1002
Fax: 0141 580 1003

Acute Services Division



Surgery and Anaesthetics Directorate
DEPARTMENT OF ORTHOPAEDIC SURGERY
THE WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Secretary:
Appointment Office:
Department Fax:
0141 211 2938
0141 232 9499
0141 211 2466

Our Ref: NH/JK

Typed: 27/11/2009

MR HUSSAIN'S ORTHOPAEDIC CLINIC- 24/11/2009

Dr Thomas Naven
The Oaks Medical Centre
1 Paisley Road
Barhead
G78 1HG

Dear Dr Naven

Mr Craig Palmer DOB 27/07/1968 - Hosp: 64073494H
104 Crossmill Avenue Barhead Glasgow G78 1AX
CHI: 2707683094

Outcome: Referred on

Craig has done very well following removal of his screw and is no longer having a problem with an infected sinus. The next question is to whether we need to address his glenohumeral joint. He gets regular night pain, takes regular analgesia and is very keen to have the shoulder addressed surgically if possible.

He is rather young for a total shoulder replacement, but he has both glenoid and humeral changes and I don't think anything else would control his pain.

The other option is a shoulder fusion and I will contact Clark Dregghorn at the Victoria Infirmary who has the most experience in this surgery. He has been discharged from our Clinic.

Yours sincerely

Mr N Hussain
Consultant Orthopaedic Surgeon FRCS Orth

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Acute Services Division

Surgery and Anaesthetics Directorate

ORTHOPAEDIC DEPARTMENT
VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY

Direct Line: 0141 201 5186
Fax: 0141 201 5082
Enquiries to: Mr Dreghorn's Secretary



CRD/YF/SG03007507
CHI NUMBER: 2707683094

Shoulder Clinic: 17/03/10
Date Dictated: 17/03/10
Date Typed: 19/03/10

MR N HUSSAIN
CONSULTANT ORTHOPAEDIC SURGEON FRCS ORTH
DEPARTMENT OF ORTHOPAEDIC SURGERY
THE WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT
Dear Nasir

CRAIG PALMER DOB: 27/07/68 (SG03007507)
104 CROSSMILL AVENUE, BARRHEAD, GLASGOW, G78 1AX

Thanks very much for asking me to see Mr Palmer. His repeated episodes of infection seem to have settled well since the screw was removed but clearly that would be a concern in terms of any latent deep sepsis if surgery were to be carried out.

I think ultimately he will require an arthrodesis but having spoken to him today, reviewed him and his x-rays I just wonder if we could offer him an interim measure and what I would consider would be a Copeland resurfacing arthroplasty.

My thinking behind this is that we could try and preserve some range of motion for him in the gleno-humeral joint and although difficult to assess due to the degree of stiffness his cuff function does appear to be remarkably good although clearly his anterior structures will be significantly compromised by the previous surgery and the infections that he has had. Another thought in my hopefully logical process is that by carrying out a Copeland we embark on minimal bone resection and wouldn't compromise the possibility of an ultimate fusion which as I say given his age is going to be the end result.

I've discussed it with Craig today and he is aware that if there was to be recurrence of infection that he would require yet more surgery first of all to remove the implant and debride the area together with prolonged courses of antibiotics but this is something that he's been well aware of in the past and would be happy to take the chance if we felt that we could offer him the option of preservation of some range of motion and function in the shoulder.

CRAIG PALMER
27/07/68

I think it would be reasonable at the time of surgery to consider both options and even intra-operatively we could have specimens looked at and tissue examined to see if there was any latent infection and if technically hemiarthroplasty was possible then I think that would be a reasonable option for him but as long as Craig agreed we could have the situation set up that we could proceed straight to arthrodesis if that was felt more appropriate.

I've said that I would drop you a note and if you could let me know what your final thoughts are then we could hopefully get on and try and offer this man some help with his significant pain and functional restriction.

Kind regards
Yours sincerely

MR C R DREGHORN
CONSULTANT ORTHOPAEDIC SURGEON

DR T NAYEN

1-PAISLEY-ROAD

G78 1HG

Acute Services Division

Surgery and Anaesthetics Directorate
DEPARTMENT OF ORTHOPAEDIC SURGERY
THE WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT



Secretary:
Appointment Office:
Department Fax:

0141 211 2938
0141 232 9499
0141 211 2466

Our Ref: NH/JK

Typed: 23/04/2010

MR HUSSAIN'S ORTHOPAEDIC CLINIC

Dr Thomas Naven
1 Paisley Road
Barhead
G78 1HG

Dear Dr Naven

Mr Craig Palmer DOB 27/07/1968 ~ Hosp: 64073494H
104 Crossmill Avenue Barhead Glasgow G78 1AX
CHI: 2707683094

Thanks for seeing Craig for me. I agree that he ultimately will require an arthrodesis, but if you feel that resurfacing the shoulder in the mean time would give some benefit then I think this would be reasonable to do.

With the complexity of the surgery and the fact that you are probably carrying out the arthrodesis, I wonder if you would be happy to take over Craig's care. Please let me know if this arrangement is suitable.

Yours sincerely

Mr N Hussain
Consultant Orthopaedic Surgeon FRCS Orth

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ROYAL ALEXANDRA HOSPITAL MICROBIOLOGY DEPARTMENT 0141 314 6172

| | | | |
|-------------|--|-----------------|------------------------------|
| Chit Number | 2707683094 | Patient Address | 104 CROSSMILL AVENUE CHITMAN |
| CRN | RAH226269 | Address | BARREHEAD GLASGOW G78 1AX |
| Surname | PALMER | Sex | Male |
| Forename | CRAIG | Date of Birth | 27/07/1968 |
| Details | OLD SHOULDER INJURY - POST-OP DOZING NOW | | |
| Specimen | Antibiotic None | | |

| | | |
|---|------------|------|
| Specimen | Antibiotic | None |
| Culture & Sensitivity | | |
| 1 A Heavy Growth of Group A Streptococcus | | |
| 2 A Light Growth of Staphylococcus aureus | | |

- 1 2 Fluclloxacillin S
- 1 2 Erythromycin S
- 1 2 Penicillin S
- 1 2 Amoxicillin S

| | |
|------------------------------------|--------------------|
| Authorised By : | Dr Allison Claxton |
| Printed : | 30/07/2010 12:05 |
| Received : | 28/07/2010 16:04 |
| Collected | 27/07/2010 20:10 |
| Wound Swab : Culture & Sensitivity | |
| MICROBIOLOGY | |