Lab Report ID : B,17.7742997.P
Filed By User :
Assigned to : Dr Naz Aziz

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (997) Craig Palmer DOB : 27/07/1968 CHI : 2707683094 SEX : M
ADR : 104 Crossmill Avenue BARRHEAD

**** ABNORMAL ****

Report Text :
-As per hospital letter (...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R C-reactive Protein					
C Reactive Protein		9	mg/L	(0-10 U)	NK
R Urea & Electrolytes	Y				
-Please note change to Abbott Enzymatic Creat method from 24/04/17					
Sodium		143	mmol/L	(133-146 U)	NK
Potassium		4.2	mmol/L	(3.5-5.3 U)	NK
Chloride		102	mmol/L	(95-108 U)	NK
Urea		6.6	mmol/L	(2.5-7.8 U)	NK
Creatinine		119	umol/L	(40-130 U)	NK
Estimated GFR	-	57	ml/min	(>>60 U)	NK
R Liver Function Tests					
Total Bilirubin		6	umol/L	(<<20 U)	NK
ALT		15	U/L	(<<50 U)	NK
AST		19	U/L	(<<40 U)	NK
Alkaline Phosphatase		124	U/L	(30-130 U)	NK
Albumin		40	g/L	(35-50 U)	NK

Sample Collected Date : **21/08/2017 10:23:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **21/08/2017 14:52:00**
Received Date : **21/08/2017 19:03:22**
Requestor : **ABD AZIZ, MUHAMMAD**
Requestor GMC Code :

Palmer Craig D CHI: 2707683094

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. DP Meighan
The Oaks Medical Practice
1st Floor barrhead health & care c
213 Main Street
Barrhead
G78 1SW

Main Switchboard: 0141-887-9111
Department: Acute Medical Unit
Contact Tel: 0141 314 6980
Enquiries to: Secretary: Joan McCredie
Letter Date: 20/07/2017
Reference: AG/JMC
Dictated Date: 18/07/2017
Transcribed Date: 19/07/2017

Dear Dr Meighan,

Craig D Palmer; D.O.B: 27/07/1968; CHI: 2707683094
104 Crossmill Avenue, Barrhead, Glasgow, G78 1AX

Mr Palmer attended for a chest X-ray which showed background emphysema only.

Yours sincerely

Dr Abigail Gunn
Consultant Physician in Acute Medicine

Electronically Signed: Dr Abigail Gunn, Consultant

cc.

Palmer Craig D CHI: 2707683094

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Acute Medical Unit
0141 314 9777
Secretary: Theresa Porter

Dr. DP Meighan
The Oaks Medical Practice
1st Floor barrhead health & care c
213 Main Street
Barrhead
G78 1SW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 19/07/2017
Reference: GR/JMC
Dictated Date: 19/07/2017
Transcribed Date: 26/07/2017

Dear Dr. DP Meighan,

Craig D Palmer; D.O.B: 27 Jul 1968; CHI: 2707683094
104 Crossmill Avenue, Barrhead, Glasgow, G78 1AX

Attendance: Specialty - General Medicine; Clinic - RACCGM6-RAY/KEITH/FOSTER WED PM
Date and Time of Appointment - 19/07/2017 14:30

Requested Out-patient Investigations:
CT chest/abdo/pelvis; bloods

Follow Up: review: 20/09/17

Clinical Comments:

DIAGNOSES: 1) Possible weight loss 2) Chronic low backache 3) Folate deficiency 4) Vitamin B12 deficiency 5) Smoking 6) Chronic left shoulder pain 7) Depression

I saw ths 48 year old gentleman in the general medical clinic who has been referred for weight loss. He was previously seen in May 2017 in this clinic by my colleague Dr Gunn, who had recommended some blood tests for weight loss as well as an MRI of his lumbar spine. His blood tests had been all normal except for slightly raised alkaline phosphatase and a positive P-ANCA. He was unble to undergo the MRI spine, given he was claustrophobic.

Today in the clinic he weighed 61.7 kg which is less than his previous clinic weight of 63.4 kg. Having said that, today he was clad in slippers and shorts and a T-shirt given this week's temperature in Glasgow being in the mid and higher 20's. He agreed that this could have certainly affected his weight reduction in the clinic. However at the same time he mentioned that he is worried about his weight loss and is depressed. He denied any bowel symptoms at present and mentions that his appetite is good and he is eating and drinking well. He denies any abdominal pain or chest pain or breathlessness.

Other than the investigation mentioned above, all the battery of tests done in the last clinic visit and the ones before have been normal. He tells me that his folate and vitamin B12 supplementations had not been done in respect of Dr Gunn's letter in May 2017.

On clinical examination his pulse was 72 beats per minute. There was no lymphadenopathy, jaundice or pallor. His chest, cardiovascular and upper abdominal examination was completely normal. He did look depressed and had little eye contact.

I have requested a CT chest/abdo/pelvis for him given his raised alkaline phosphatase and weight loss and his background history of smoking. **I shall be grateful if you could start him on his folate and vitamin B12 supplementation given his deficiencies noted in his bloods.** I have also referred him to a psychiatrist for a formal review of his depression which appears to be a major factor for his apathy and low quality of life.

I will see him back in the clinic in a couple of months' time and if he continues to lose further weight I will consider doing an upper and lower GI endoscopy, especially given his folate and B12 deficiencies. I have taken the opportunity today to repeat the bloods including full blood count, CRP, U&E's and LFT's. Mr Palmer was happy with this plan and agreed to let us know if he develops any new symptoms.

Mr Palmer did not get his bloods done that were requested in the clinic today, that included full blood count, U&E's, LFT's and a CRP. I wonder if you could request these, as he left the clinic without getting those tests done. Thanks.

Yours sincerely

Dr Gautam Ray
Consultant Physician in Acute Medicine
and Stroke Medicine

Electronically Signed: Dr Gautam Ray, Consultant

cc. Consultant Psychiatrist
Community Mental Health Team
Charleston Centre
Neilston Road
PAISLEY
PA2 6LY

Palmer Craig D | CHI: 2707683094

Letter to Patient:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Craig Palmer
104 Crossmill Avenue
Barrhead
Glasgow
G78 1AX

Main Switchboard:	
Department:	Acute Medical Unit
Contact Tel:	0141 314 6980
Enquiries to:	Secretary Joan McCredie
Letter Date:	20/07/2017
Reference:	AG/TP
Dictated Date:	18/07/2017
Transcribed Date:	19/07/2017

Dear Mr Palmer,

Thank you for attending for your chest x-ray. This was normal.

Yours sincerely

Dr Abigail Gunn
Consultant Physician in Acute Medicine

Electronically Signed: Dr Abigail Gunn, Consultant

cc. Dr D P Meighan
The Oaks Medical Practice
1st Floor
Barrhead health & care c
213 Main Street
Barrhead
Glasgow
G78 1SW

Palmer Craig D CHI: 2707683094

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Acute Medical Unit
0141 314 9777

Dr. DP Meighan
The Oaks Medical Practice
1st Floor barrhead health & care c
213 Main Street
Barrhead
G78 1SW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 17/05/2017
Reference: AG/TP
Dictated Date: 17/05/2017
Transcribed Date: 24/05/2017

Dear Dr. DP Meighan,

Craig D Palmer; D.O.B: 27 Jul 1968; CHI: 2707683094
104 Crossmill Avenue, Barrhead, Glasgow, G78 1AX

Attendance: Specialty - General Medicine; Clinic - RACCGM6-RAY/KEITH/FOSTER WED PM
Date and Time of Appointment - 17/05/2017 13:30

Requested Out-patient Investigations:
Chest x-ray; MRI lumbar spine

Follow Up: Bloods; General Medical Clinic 28.6.17 GP to please consider a tablet of Diazepam to help

Clinical Comments:

Diagnoses: 1. Possible Weight Loss - For Investigation 2. Chronic Low Back Pain with Possible Nerve Root Compression 3. Previous Investigation for Altered Bowel Habit and Sphincter Repair 4. Smoker 5. Chronic Left Shoulder Pain Secondary to Fracture in ORIF 6. Poor Diet

Thank you for referring this 48 year old gentleman for investigation of weight loss. Unfortunately there is no record of weight on the referral or in the medical letters in the last year. His weight from a nursing document from 25th August 2015 was 64 kilograms and his weight in clinic today was 63.4 kilograms. He has therefore lost 0.6kg over 21 months. He feels people have been commenting on his weight loss and he sees a change in his shape in his buttocks. He is a 30 inch waist and he has not had to buy any new clothes. His diet is poor. He eats no breakfast, eats bacon rolls for lunch and eats takeaway or pizza for dinner. He eats no vegetable or fruit and he feels run down. There is no change to his bowel habit and reports some morning urgency and frequency as he reported to the Gastroenterology team last year. He has noticed some small volume of blood on wiping after defecation. He does get some colic central abdominal pain which is relieved by defecation. He has a four month history of severe back pain which is mid line with pain radiating down over his right buttock down his leg. He is currently taking Tramadol for this which he feels is helping but the pain

is still waking at night. He has no fever. He feels his chest is ok and he has never had any syncope, collapse or palpitations. There is no significant family history of illness that he is aware of but has not contact with his siblings. He thinks his mother possibly had cardiac disease. His other personal history includes multiple operations on his left shoulder including the removal of a pin for infection. He lives at home with his four youngest children who are aged 9, 6, 4 and 3. He used to work as a labourer but has not worked from some time. He is a smoker and goes on occasional alcohol binges which last around two days once a month and does not drink in between these times.

On examination his mood was a little flat with poor eye contact initially. He made reference to his depression and his moods several times. He feels that the concern about weight loss is weighing on his mind and becoming a very prominent thought. He had no cervical lymphadenopathy. His cardio, respiratory and abdominal examinations were all entirely normal. He had pain elicited on straight leg raising with power 4/5 in right leg with depressed knee and ankle jerks.

Given the lack of objective evidence of weight loss, I am reluctant to arrange for a CT chest, abdo pelvis for this gentleman as his initial investigation. We have arranged for a chest x-ray as he is a smoker. I have checked bloods, including LFTs, U&Es, blood borne virus, tTG, cortisol, updated immunology as pANCA was previously positive, bone profile and immunoglobulins. I have also requested an MRI of his lumbar spine due to his back issues. **I would be grateful if you would consider giving a tablet of Diazepam to help him tolerate the MRI as he is claustrophobic.** We will see him back in six weeks time for a serial weight. If all his investigations are negative at the point and he has continued to loose weight that we are able to document, I would consider further imaging at that point. I did wonder if it was worth arranging an appointment with your practice nurse to discuss his dietary habits and perhaps provide some education for himself and his family.

Yours sincerely

Dr Abigail Gunn
Consultant Physician in Acute Medicine

PS: CXR normal, bloods show mild elevation of alk phos at 141. **He is folate and B12 deficient and I would be grateful if you could arrange replacement for these.** cANCA still mildly +ve.

Electronically Signed: Dr Abigail Gunn, Consultant

cc.

Palmer Craig D CHI: 2707683094

Letter to Patient:

1/2

NHS
Greater Glasgow and Clyde
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141 887 9111
Department: Gastroenterology
Contact Tel: 0141 314 6861
Enquiries to: lynne.mellstrom@ggc.scot.nhs.uk

Craig Palmer
104 Crossmill Avenue
Barrhead
Glasgow
G78 1AX

Letter Date: 23/01/2017
Reference: MH/LRM/W1636263
Dictated Date: 30/12/2016
Transcribed Date: 13/01/2017

Dear Mr Palmer,

This is a brief note to let you know about the blood tests you had when you were seen in my clinic. The iron studies show that you do **not** have too much iron in your body and we have confirmed this with a genetic test (you do **not** have the genetic predisposition to store too much iron). Also, the blood test to check for inflammation in your body (CRP) is now much better and I therefore feel that one of the tests which was high (ferritin) was due to inflammation in your body.

With regards to any inflammation in your gastrointestinal tract the stool test was also normal suggesting there is no inflammation going on in your GI tract. **This is all very good news** and I hope your symptoms are better now. If this is the case then I feel we do not need to see you on a routine basis. However, if we can be of any help in the future then please do not hesitate to contact us via your GP who will update us on your behalf.

Yours sincerely,

Dr. M. Heydtmann, MD FRCP PhD

Consultant Gastroenterologist & Hepatologist

m.heydtmann@nhs.net

Electronically Signed: Dr Mathis Heydtmann, Consultant

cc. The Oaks Medical Practice,

Palmer Craig D | CHI: 2707683094 | GCL 30/12/2016 v1

1st Floor, Barrhead Health & Care Centre,
213 Main Street,
Barrhead,
G78 1SW

2/2

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Gastroenterology
0141 314 6861
lynne.mellstrom@ggc.scot.nhs.uk

Dr. DP Meighan
The Oaks Medical Practice
1st Floor barrhead health & care c
213 Main Street
Barrhead
G78 1SW

Main Switchboard:	
Department:	
Contact Tel:	
Enquiries to:	
Letter Date:	20/10/2016
Reference:	LRM/W1531803
Dictated Date:	20/10/2016
Transcribed Date:	26/10/2016

Dear Dr. DP Meighan,

Craig D Palmer; D.O.B: 27 Jul 1968; CHI: 2707683094
104 Crossmill Avenue, Barrhead, Glasgow, G78 1AX

Attendance: Specialty - Gastroenterology; Clinic - RAMHEGA8-DR HEYDTMANN THURS PM-DOES NOT RUN WHEN SPECIALIST CLINIC ON
Date and Time of Appointment - 20/10/2016 13:30

Clinical Comments:
I saw this patient at Dr. Heydtmann's Gastroenterology Clinic today. He has a background of depression for which he takes Fluoxetine and had a peri-anal fistula in 2000. He presents with 5kg weight loss over a period of a year and loose stools moving 3 times daily with no blood, pus or mucus visible. At the time of referral he had also described epigastric pain and was found to be Helicobacter Pylori positive and subsequently had eradication therapy after which he has not subsequently suffered from any abdominal pain. Bloods demonstrated normal haemoglobin, MCV and mildly raised CRP at 35 and ESR 22 and elevated ferritin at 1482.

I have discussed this patient with Dr. Heydtmann and the feeling was that this patient was unlikely to be suffering from an inflammatory bowel disorder. We have however requested a faecal calprotectin and bloods including total iron binding capacity and HFE genotyping in view of his raised ferritin to exclude inflammatory bowel disease or haemochromatosis.

We will review the results of these tests and communicate them when available. No routine follow up at this time is planned.

Yours sincerely,

Dr. Adam Berg, ST1 Locum

Gastroenterology

Dr Mathis Heydtmann

MD., FRCP., PhD.

Consultant Hepatologist and Gastroenterologist

m.heydtmann@nhs.net

Electronically Signed: Dr Mathis Heydtmann, Consultant

cc.

NHS Confidential: Personal data about a patient

Lab Report ID : B,16.4370650.H
Filed By User :
Assigned to : Dr David Meighan

Coding Status : Not Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (997) Craig Palmer DOB : 27/07/1968 CHI : 2707683094 SEX : M
ADR : 104 Crossmill Avenue BARRHEAD

Report Text :

-insufficient sample previ...

SPECIMEN : Faeces

	Abn	Value	Units	Range	Status
R Faecal Calprotectin					
-Within reference range. ?IBS.					
-Results <200ug/g are rarely associated with significant pathology.					
-Please see GG&C guidelines for advice and secondary care referral.					
-www.nhsggc.org.uk/media/236675/ggc_fc_guidelines_dec_2015.doc					
F. Faecal Calprotectin		<30	ug/g stool	(10-50 U)	NK

Sample Collected Date : **05/05/2016 09:19:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **10/05/2016 10:45:00**
Received Date : **13/05/2016 19:02:27**
Requestor : **MEIGHAN, DAVID**
Requestor GMC Code :

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

General Medicine
GGC General Referral

— Consultant / receiving practitioner and/or specialty clinic

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

— Hospital and hospital address

Hospital location code.
C418H

Email address
-

Urgency of referral Routine
Date of referral 18-Apr-2017 **Date sent** 18-Apr-2017

PATIENT DETAILS

Surname	Palmer
Forename(s)	Craig
Title	Mr
Sex	Male
Date of birth	27-Jul-1968
CHI no.	2707683094
Area of Residence	-

Patient's address

104 Crossmill Avenue
BARRHEAD
G78 1AY

Contact number(s)

Voice:07415220464 joanne

101013456144T Unique Care Pathway Number: 101013456144T

REGISTERED GP DETAILS

Name	Dr David Meighan		
GMC code	3559057	GP code	38636
Practice name	Oaks Medical Centre		
Practice code	87108		

Practice address

The Oaks Medical Practice
Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW

Contact number(s)

Voice:0141 800 7085
Facsimile:0141 881 6704
E-mail:anne.traquair@nhs.net

REFERRING GP DETAILS

Name	Dr. David Meighan		
GMC code	3559057	GP code	38636
Practice name	The Oaks Medical Practice (87108)		
Practice code	87108		

Practice address

1st Floor
Barrhead Health & Care C
213 Main Street
Barrhead
G78 1SW

Contact number(s)

Voice:0141 800 7085
Facsimile:0141 881 6704

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Weight loss

Comment: This gentleman was referred to gastroenterology last year for investigation of weight loss, no cause was found. He continues to lose weight, despite eating well. I feel we need to investigate further.
Since the initial referral/investigation, he has developed low back pain and sciatica.
Relevant correspondance attached

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Depressed	-	11-Dec-2012	11-Dec-2012
Other infections involving bone, of the shoulder region	(joint) -sinus in axilla discharging pus. [Chronic].	29-Jul-2010	29-Jul-2010
Infection and inflammation due to internal prosthetic device	(chronic) Shoulder-caused by screw?	04-Jul-2006	04-Jul-2006
Fistula-in-ano	posterior position,anterior to sacrum, left of midline.	14-Mar-2000	14-Mar-2000
Sepsis	(perianal)	08-Dec-1999	08-Dec-1999
Chronic anal fissure	(biopsy obtained) [large,posterior midline] ?CROHNS	15-Nov-1999	15-Nov-1999
O/E - skin sinus NOS	(left axilla) tracking>shoulder	07-Dec-1998	07-Dec-1998
Localised, primary osteoarthritis of the shoulder region (Left)	-related to previous dislocations.	16-Aug-1990	16-Aug-1990

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Bilateral vasectomy for contraception	-	20-Mar-2015	20-Mar-2015
Removal of screws from bone	x1 from left shoulder.	24-Nov-2009	24-Nov-2009
[SO]Shoulder NEC (Left)	Bankart's procedure.	28-Apr-1986	28-Apr-1986

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine Hydrochloride Capsules 20 mg	112	112 CAPSULE	2 CAPS DAILY	-	04-Jan-2013	15-Feb-2017

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Carbamazepine M/R tablets 200 mg	56	56 tablet	1 Tab At night	-	18-Apr-2017	18-Apr-2017
Naproxen Tablets 500 mg	56	56 tablet	ONE TO BE TAKEN TWICE A DAY	-	18-Apr-2017	18-Apr-2017
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	18-Apr-2017	18-Apr-2017
Co-Codamol 30/500 Tablets	50	50 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN	-	16-Feb-2017	16-Feb-2017

			24 HOURS)			
Co-Codamol 30/500 Effervescent tablets	100	100 tablet	1 OR 2 TABS QID PRN FOR PAIN MAX 8IN24HRS	-	02-Dec-2016	02-Dec-2016

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		01-May-2012
Current smoker:	Disease: SPICE Basic Health Values, priority=2	05-May-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	11-Nov-2008
Current smoker:	Disease: SPICE Smoking, priority=2	21-Aug-2007

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:Yes

Signature of referring doctor (or other professional) Date

NHS Confidential: Personal data about a patient

Lab Report ID : B,16.4255582.2 **Coding Status** : Not Coded
Filed By User : **File Status** : Not Filed
Assigned to : Dr David Meighan **Task Status** : No Tasks

Patient Details : (997) Craig Palmer DOB : 27/07/1968 CHI : 2707683094 SEX : M
ADR : 104 Crossmill Avenue BARRHEAD

Report Text :

-Wt loss. ^inflammatory ma...

SPECIMEN : Faeces

	Abn	Value	Units	Range	Status
R Faecal Calprotectin					
-Results <200ug/g are rarely associated with significant pathology.					
-Please see GG&C guidelines for advice and secondary care referral.					
-www.nhsggc.org.uk/media/236675/ggc_fc_guidelines_dec_2015.doc					
R Faecal Calprotectin		NA			NK
-Insufficient					

Sample Collected Date : **14/04/2016 09:32:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **19/04/2016 10:38:00**
Received Date : **20/04/2016 15:00:14**
Requestor : **MEIGHAN, DAVID**
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : B,16.7329679.T
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (997) Craig Palmer DOB : 27/07/1968 CHI : 2707683094 SEX : M
ADR : 104 Crossmill Avenue BARRHEAD

Report Text :

-URGENT review

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Serum Ferritin					
- Repeat Request					
-Following result is from 04.04.16 and is valid for 27 days					
-FER		1482	ug/l		
-Please phone Duty Biochemist on 0141-314 6652 within 3 days					
-if analysis required.					
Serum Ferritin		NA			NK

Sample Collected Date : **08/04/2016 09:04:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **08/04/2016 14:57:00**
Received Date : **08/04/2016 19:00:47**
Requestor : **KHATTAK, FAZILA**
Requestor GMC Code :

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Gastroenterology
GGC General Referral

— Consultant / receiving practitionerand/orspecialty clinic

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

— Hospitaland hospital address

Hospital location code.
C418H

Email address
-

Urgency of referral Routine
Date of referral 15-Apr-2016 **Date sent** 15-Apr-2016

PATIENT DETAILS

Surname	Palmer
Forename(s)	Craig
Title	Mr
Sex	Male
Date of birth	27-Jul-1968
CHI no.	2707683094
Area of Residence	-

Patient's address

104 Crossmill Avenue
BARRHEAD
G78 1AY

Contact number(s)

Voice:07415220464 joanne

101011213054B Unique Care Pathway Number: 101011213054B

REGISTERED GP DETAILS

Name	Dr David Meighan		
GMC code	3559057	GP code	38636
Practice name	Oaks Medical Centre		
Practice code	87108		

Practice address

The Oaks Medical Practice
Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW

Contact number(s)

Voice:0141 800 7085
Facsimile:0141 881 6704
E-mail:anne.traquair@nhs.net

REFERRING GP DETAILS

Name	Dr. David Meighan		
GMC code	3559057	GP code	38636
Practice name	The Oaks Medical Practice (87108)		
Practice code	87108		

Practice address

1st Floor
Barrhead Health & Care C
213 Main Street
Barrhead
G78 1SW

Contact number(s)

Voice:0141 800 7085

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Weight loss

Comment: Thank you for assessing this gentleman, he initially presented in September complaining of weight loss and was advised to make an appointment to get bloods tested but did not do so. He returned last week complaining of ongoing weight loss, he doesn't report any PR bleeding or any change in bowel habit, however he does tend to have higher than normal bowel frequency and a degree of urgency.

He has had a chest X-ray which is normal, Helicobacter serology was positive and I am treating him for this, but as he does not have typical symptoms of gastritis or an ulcer I am loath to blame his weight loss on this. He also had a weakly positive C-ANCA, a CRP of 35, an ESR of 22 and elevated Ferritin at 1482.

I wonder if there might be some underlying inflammatory bowel disease, as the immunology report does say that this is a possible cause of his elevated C-ANCA. Thank you for investigating this further.

Please find attached the results of his recent investigations.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Weight decreasing	-	14-Apr-2016	14-Apr-2016
Depressed	-	11-Dec-2012	11-Dec-2012
Other infections involving bone, of the shoulder region	(joint) -sinus in axilla discharging pus. [Chronic].	29-Jul-2010	29-Jul-2010
Infection and inflammation due to internal prosthetic device	(chronic) Shoulder-caused by screw?	04-Jul-2006	04-Jul-2006
Fistula-in-ano	posterior position,anterior to sacrum, left of midline.	14-Mar-2000	14-Mar-2000
Sepsis	(perianal)	08-Dec-1999	08-Dec-1999
Chronic anal fissure	(biopsy obtained) [large,posterior midline] ?CROHNS	15-Nov-1999	15-Nov-1999
O/E - skin sinus NOS	(left axilla) tracking>shoulder	07-Dec-1998	07-Dec-1998
Localised, primary osteoarthritis of the shoulder region (Left)	-related to previous dislocations.	16-Aug-1990	16-Aug-1990

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Bilateral vasectomy for contraception	-	20-Mar-2015	20-Mar-2015
Removal of screws from bone	x1 from left shoulder.	24-Nov-2009	24-Nov-2009
[SO]Shoulder NEC (Left)	Bankart's procedure.	28-Apr-1986	28-Apr-1986

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine Hydrochloride Capsules 20 mg	112	112 CAPSULE	2 CAPS DAILY	-	04-Jan-2013	07-Mar-2016

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date	Date last

					started	issued
Trimovate Cream	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA ONE OR TWO TIMES DAILY	-	14-Apr-2016	14-Apr-2016
Amoxicillin Capsules 500 mg	28	28 CAPSULE	TWO TO BE TAKEN TWICE A DAY	-	11-Apr-2016	11-Apr-2016
Clarithromycin Tablets 500 mg	14	14 TABLET	ONE TO BE TAKEN TWICE A DAY	-	11-Apr-2016	11-Apr-2016
Omeprazole Capsules (Gastro-Resistant) 20 mg	14	14 CAPSULE	ONE TO BE TAKEN TWICE A DAY	-	11-Apr-2016	11-Apr-2016
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	04-Apr-2016	04-Apr-2016

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		01-May-2012
Current smoker:	Disease: SPICE Basic Health Values, priority=2	05-May-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	11-Nov-2008
Current smoker:	Disease: SPICE Smoking, priority=2	21-Aug-2007

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:Yes

Signature of referring doctor (or other professional) Date

NHS Confidential: Personal data about a patient

Lab Report ID : B,16.7329678.F
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (997) Craig Palmer DOB : 27/07/1968 CHI : 2707683094 SEX : M

ADR : 104 Crossmill Avenue BARRHEAD

Report Text :

-URGENT review

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count					
White Blood Count		5.9	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count		4.53	x10^12/l	(4.50-6.50 U)	NK
Haemoglobin		142	g/l	(130-180 U)	NK
Haematocrit		0.422	l/l	(0.400-0.540 U)	NK
Mean Cell Volume		93.2	fl	(80.0-100.0 U)	NK
MCH		31.3	pg	(27.0-32.0 U)	NK
Platelet Count		208	x10^9/l	(150-400 U)	NK
Neutrophils		3.0	x10^9/l	(2.0-7.5 U)	NK
Lymphocytes		2.4	x10^9/l	(1.5-4.0 U)	NK
Monocytes		0.4	x10^9/l	(0.2-0.8 U)	NK
Eosinophils		0.1	x10^9/l	(0.0-0.4 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK

Sample Collected Date : **08/04/2016 09:04:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **08/04/2016 14:57:00**
Received Date : **08/04/2016 19:00:40**
Requestor : **KHATTAK, FAZILA**
Requestor GMC Code :

Lab Report ID : B,16.3550847.A
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (997) Craig Palmer DOB : 27/07/1968 CHI : 2707683094 SEX : M

ADR : 104 Crossmill Avenue BARRHEAD

Report Text :

-weight loss

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R I ANCA					
-MPO and PR3 antibodies to follow					
ANCA Screen					NK
-C-ANCA, weak positive					
R I MPO/PR3 -sensitive					
-cANCA without MPO or PR3 abs - this is not disease specific					
-May be found with inflammatory bowel/liver disease, other					
-inflammatory, infective, neoplastic and other disorders					
MPO Ab (s)		<0.2	IU/ml	(<<3.5 U)	NK
PR3 Ab (s)		0.5	IU/ml	(<<2.0 U)	NK
R I ANA/Centromere Abs					
-Negative					
ANA screen		Negative			NK

Sample Collected Date : **04/04/2016 10:00:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **05/04/2016 14:37:00**
Received Date : **13/04/2016 19:00:11**
Requestor : **KHATTAK, FAZILA**
Requestor GMC Code :

Lab Report ID : B,16.3550847.A
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (997) Craig Palmer DOB : 27/07/1968 CHI : 2707683094 SEX : M
ADR : 104 Crossmill Avenue BARRHEAD

Report Text :

-weight loss

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R I ANCA					
-MPO and PR3 antibodies to follow					
ANCA Screen					NK
-C-ANCA, weak positive					
R I MPO/PR3 -sensitive					
-cANCA without MPO or PR3 abs - this is not disease specific					
-May be found with inflammatory bowel/liver disease, other					
-inflammatory, infective, neoplastic and other disorders					
MPO Ab (s)		<0.2	IU/ml	(<<3.5 U)	NK
PR3 Ab (s)		0.5	IU/ml	(<<2.0 U)	NK
R I ANA/Centromere Abs					
-Negative					
ANA screen		Negative			NK

Sample Collected Date : **04/04/2016 10:00:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **05/04/2016 14:37:00**
Received Date : **13/04/2016 19:00:11**
Requestor : **KHATTAK, FAZILA**
Requestor GMC Code :

Lab Report ID : B,16.3550847.A
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (997) Craig Palmer DOB : 27/07/1968 CHI : 2707683094 SEX : M

ADR : 104 Crossmill Avenue BARRHEAD

Report Text :

-weight loss

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R I ANCA					
-MPO and PR3 antibodies to follow					
ANCA Screen					NK
-C-ANCA, weak positive					
R I MPO/PR3 -sensitive					
-cANCA without MPO or PR3 abs - this is not disease specific					
-May be found with inflammatory bowel/liver disease, other					
-inflammatory, infective, neoplastic and other disorders					
MPO Ab (s)		<0.2	IU/ml	(<<3.5 U)	NK
PR3 Ab (s)		0.5	IU/ml	(<<2.0 U)	NK
R I ANA/Centromere Abs					
-Negative					
ANA screen		Negative			NK

Sample Collected Date : **04/04/2016 10:00:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **05/04/2016 14:37:00**
Received Date : **13/04/2016 19:00:11**
Requestor : **KHATTAK, FAZILA**
Requestor GMC Code :

Lab Report ID : B,16.3550847.A
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (997) Craig Palmer DOB : 27/07/1968 CHI : 2707683094 SEX : M

ADR : 104 Crossmill Avenue BARRHEAD

Report Text :

-weight loss

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R I ANCA					
-MPO and PR3 antibodies to follow					
ANCA Screen					NK
-C-ANCA, weak positive					
R I MPO/PR3 -sensitive					
-cANCA without MPO or PR3 abs - this is not disease specific					
-May be found with inflammatory bowel/liver disease, other					
-inflammatory, infective, neoplastic and other disorders					
MPO Ab (s)		<0.2	IU/ml	(<<3.5 U)	NK
PR3 Ab (s)		0.5	IU/ml	(<<2.0 U)	NK
R I ANA/Centromere Abs					
-Negative					
ANA screen		Negative			NK

Sample Collected Date : **04/04/2016 10:00:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **05/04/2016 14:37:00**
Received Date : **13/04/2016 19:00:11**
Requestor : **KHATTAK, FAZILA**
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : B,16.3550846.W
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (997) Craig Palmer DOB : 27/07/1968 CHI : 2707683094 SEX : M

ADR : 104 Crossmill Avenue BARRHEAD

Report Text :

-weight loss

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R I Coeliac Serology					
-TTG Ab = Tissue Transglutaminase Ab					
-Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.					
TTG Ab (IgA)		1.0	U/mL	(0.0-7.0 U)	NK

Sample Collected Date : **04/04/2016 10:00:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **05/04/2016 14:37:00**
Received Date : **12/04/2016 11:00:57**
Requestor : **KHATTAK, FAZILA**
Requestor GMC Code :

PALMER, Craig D (Mr)
BORN 27-Jul-1968 (57y) GENDER Male
CHI 2707683094

Request to GP to prescribe medication

Last updated by Alison CARMICHAEL (Alison Carmichael1) on 11-Dec-2025 12:21 (v. 1)

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	11-Dec-2025		
Hospital	Royal Alexandra Hospital	Other	—
Specialty / Service	Respiratory Medicine		
Clinic	Yes	Please Specify	Pulmonary Rehabilitation

Dear Doctor

Your Patient Was Seen

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: To optimise treatment of COPD

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
Anoro Ellipta inhaler	55/22mcg	1 puff once day	Addition	—

Replacements

This medication replaces which should now be stopped: Spiriva Respimat inhaler

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

PALMER, Craig D (Mr) - 2707683094 (CHI) fd27b4ff-789d-4533-b8ce-d4c216cf9e1e

Additional Notes / Summary

Additional Notes / Summary	Craig reported little benefit from taking the Spiriva Respimat and had stopped taking it a week ago as he wasn't sure how to take it or what action it had. We discussed the possible benefits and recommended guidelines to have a LABA /LAMA inhaler and not only a LAMA and he consented to try an Anoro Ellipta device. We practiced using an ellipta training whistle and Craig managed well. I would be grateful if the GP could consider if the Anoro Ellipta inhaler is appropriate for Craig and prescribe accordingly. Thank you.

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Clinician Details

Name	Alison Carmichael1
ClinicianDetailsRole	Other
Specify Other Role	Respiratory Physiotherapist
Professional Registration Number	PH51257
Contact Details	0141 211 3341

PALMER, Craig D (Mr)
BORN 27-Jul-1968 (57y) GENDER Male
CHI 2707683094

Request to GP to prescribe medication

Last updated by Doreen Anne BERRY (Doreen Anne Berry) on 11-Nov-2025 14:30 (v. 1)

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select Yes to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	11-Nov-2025		
Hospital	New Victoria Hospital	Other	—
Specialty / Service	Respiratory Medicine		
Clinic	Yes	Please Specify	Pulmonary Rehabilitation

Dear Doctor

Your Patient Was Reviewed

Please Prescribe

Urgent / Routine	Routine - prescription available 48 hours following request
indication	Struggling to expectorate thick phlegm, would benefit from a mucolytic such as acepiro

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
ACepiro effervescent tablet	600mgs	Once a day in morning	Addition	—

Replacements

This medication replaces which should now be stopped	N/A
Patient advised to collect prescription	Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

Additional Notes / Summary	A telephone subjective assessment was carried out with Mr Palmer with a view to attending Pulmonary Rehabilitation classes. He is struggling with expectorating thick /sticky phlegm and I wonder if he could be trialled with a mucolytic Acepiro and should this be helpful can it be added to his repeat prescription. He will receive a face to face assessment appointment in due course and we will go over chest clearance techniques when he attends classes. Thank you

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Clinician Details

Name	Doreen Anne Berry
ClinicianDetailsRole	Other
Specify Other Role	Pulmonary Rehabilitation Respiratory Physiotherapist
Professional Registration Number	PH39465
Contact Details	Pulmonary Rehabilitation Offices, GGH, 0141 211 3341

Respiratory Medicine
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
26/09/2025

Dr DP Meighan
The Oaks Medical Practice
1st Floor barrhead health & care c
213 Main Street
Barrhead
G78 1SW

Dear Dr DP Meighan

Patient Name: Craig D Palmer
CHI Number: 2707683094
Referral Date: 22/09/2025

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

This gentleman needs smoking cessation advice. I see he has been started on spiriva in the last few days. This seems appropriate. You can escalate inhalers as per the primary care COPD guidelines. You can refer for direct access spirometry. You can refer to pulmonary rehabilitation. I do not think he needs seen in secondary care at this moment. If there is anything I am unaware of though then I'd be happy to discuss.

Yours sincerely

Dr Lauren Brash
User ID Lauren Brash

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Pulmonary Rehab

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Pulmonary Rehabilitation
GGC Pulmonary Rehab
— Consultant / receiving practitioner and/or specialty clinic

Respiratory Direct Access Services
NHS Greater Glasgow & Clyde
— Hospital and hospital address

Hospital location code.
G035G

Email address
-

Urgency of referral Routine
Date of referral 02-Oct-2025 **Date sent** 02-Oct-2025

PATIENT DETAILS

Surname	Palmer
Forename(s)	Craig
Title	Mr
Sex	Male
Date of birth	27-Jul-1968
CHI no.	2707683094
Area of Residence	-

Patient's address

104 Crossmill Avenue
BARRHEAD
G78 1AY

Contact number(s)

Voice: 07415220464 joanne

101037826113Q Unique Care Pathway Number: 101037826113Q

REGISTERED GP DETAILS

Name	Dr David Meighan		
GMC code	3559057	GP code	38636
Practice name	Oaks Medical Centre		
Practice code	87108		

Practice address

The Oaks Medical Practice
Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW

Contact number(s)

Voice: 0141 800 7085
Facsimile: 0141 881 6704
E-mail: anne.traquair@nhs.scot

REFERRING GP DETAILS

Name	Dr. Muhammad Abd Aziz		
GMC code	6128458	GP code	35556
Practice name	The Oaks Medical Practice (87108)		
Practice code	87108		

Practice address

1st Floor
Barrhead Health & Care C
213 Main Street
Barrhead
G78 1SW

Contact number(s)

Voice: 0141 800 7085

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: COPD

Comment: This gentleman was referred for a CT chest abdomen and pelvis due to weight loss, cough and shortness of breath. Imaging showed severe emphysema with no evidence of malignancy. He has been a heavy smoker for the last forty years, previously on 20 a day and now has cut down to 10 per day. He used to work on the roads with tar involved for ten years.

I have started him on spiriva respimat inhaler once daily. I would be grateful for your input. Thank you.
Dr M Aziz (Locum GP)

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Depressed	-	27-Feb-2018	27-Feb-2018
Depressed	-	11-Dec-2012	11-Dec-2012
Other infections involving bone, of the shoulder region	(joint) -sinus in axilla discharging pus. [Chronic].	29-Jul-2010	29-Jul-2010
Infection and inflammation due to internal prosthetic device	(chronic) Shoulder-caused by screw?	04-Jul-2006	04-Jul-2006
Fistula-in-ano	posterior position,anterior to sacrum, left of midline.	14-Mar-2000	14-Mar-2000
Sepsis	(perianal)	08-Dec-1999	08-Dec-1999
Chronic anal fissure	(biopsy obtained) [large,posterior midline] ?CROHNS	15-Nov-1999	15-Nov-1999
O/E - skin sinus NOS	(left axilla) tracking>shoulder	07-Dec-1998	07-Dec-1998
Localised, primary osteoarthritis of the shoulder region (Left)	-related to previous dislocations.	16-Aug-1990	16-Aug-1990

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Bilateral vasectomy for contraception	-	20-Mar-2015	20-Mar-2015
Removal of screws from bone	x1 from left shoulder.	24-Nov-2009	24-Nov-2009
[SO]Shoulder NEC (Left)	Bankart's procedure.	28-Apr-1986	28-Apr-1986

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mirtazapine Tablets 45 mg	28	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	08-Jan-2020	18-Sep-2025
Tramadol Hydrochloride Capsules 50 mg	100	100 CAPSULE	1 OR 2 CAPS 4 TIMES DAILY	-	29-Mar-2019	18-Sep-2025

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Spiriva Respimat Inhalation Solution Cartridge With Device 2.5 micrograms/dose	60	60 DOSE	TWO PUFFS TO BE USED ONCE A DAY	-	19-Sep-2025	19-Sep-2025

Salbutamol Dry Powder Inhaler 100 micrograms/actuation	200	200 DOSE	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	19-Sep-2025	19-Sep-2025

Blood Pressure

No Blood Pressures Recorded

Body Measurements

Date Recorded	Height	Weight	BMI
08-Jan-2020	-	63.2	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		01-May-2012
Current smoker:	Disease: SPICE Basic Health Values, priority=2	05-May-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	11-Nov-2008
Current smoker:	Disease: SPICE Smoking, priority=2	21-Aug-2007

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Royal Alexandra Hospital: Diagnostic Imaging Report

Patient	CRAIG PALMER	**Address**	104 CROSSMILL AVENUE, BARRHEAD, GLASGOW, G78 1AX
DOB	27/07/1968	**CHI No.**	2707683094
Ref. Source	The Oaks Medical Practice	**Practice Code**	87108
Referrer	Dr David Meighan	**Exam Date**	19/08/2025 12:16

Report Summary

SEE REPORT FOR CLINICAL INFORMATION

CT Thorax abdomen pelvis with contrast

CT Thorax Abdo Pelvis with contrast
Clinical Information: Suspicion of cancer but with no obvious localising features? : Yes - Do any signs, symptoms or investigations (including CXR and FBC) suggest malignancy in a specific system or alternative diagnosis? : No - Unexplained wt loss - (Information via Order Comms)
Findings:
Upper lobe predominant extensive emphysematous changes. No suspicious pulmonary nodule, focal consolidation or lobar collapse. No pleural effusion or pneumothorax.
No significant intrathoracic or axillary lymphadenopathy.
Unremarkable liver, gallbladder, pancreas, spleen, adrenal glands and kidneys.
The unprepared small and large bowel loops are grossly unremarkable.
No significant abdominal or pelvic lymphadenopathy.
No destructive bone lesions.
Conclusion:
Severe emphysema.
No radiological evidence of malignancy.
Dr. Neha Meena, GMC: 7699762 (signed date, 2025-09-03, 6:13)
Consultant Radiologist
Teleconsult www.teleconsult.net
Email: servicedesk.uk@teleconsult.net
01908 086289

Last verified by: TCONSULT (TELECONSULT)
Reported by: TCONSULT (TELECONSULT)

Royal Alexandra Hospital: Diagnostic Imaging Report

Patient	CRAIG PALMER	**Address**	104 CROSSMILL AVENUE, BARRHEAD, GLASGOW, G78 1AX
DOB	27/07/1968	**CHI No.**	2707683094
Ref. Source	The Oaks Medical Practice	**Practice Code**	87108
Referrer	Dr Muhammad Abd Aziz	**Exam Date**	18/06/2025 11:13

Report Summary

Clinical History :
Weight loss. Smoker. Chnages in bowel habits

XR Chest

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. No significant sized focal lung lesion identified. The lungs appear emphysematous and hyperinflated.
If there is high index of suspicion as to the cause of weight loss then specialist referral for further assessment should be considered.

Last verified by: 3488188 (Dr Sean Kelly)
Reported by: 3488188 (Dr Sean Kelly)

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Direct Access Spirometry

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Spirometry
GGC Direct Access Spirometry

Consultant / receiving practitioner and/or specialty clinic

Respiratory Direct Access Services
NHS Greater Glasgow & Clyde

Hospital and hospital address

Hospital location code.
G035G

Email address
-

Urgency of referral Routine
Date of referral 02-Oct-2025 **Date sent** 02-Oct-2025

PATIENT DETAILS

Surname	Palmer
Forename(s)	Craig
Title	Mr
Sex	Male
Date of birth	27-Jul-1968
CHI no.	2707683094
Area of Residence	-

Patient's address

104 Crossmill Avenue
BARRHEAD
G78 1AY

Contact number(s)

Voice: 07415220464 joanne

101037826039E Unique Care Pathway Number: 101037826039E

REGISTERED GP DETAILS

Name	Dr David Meighan		
GMC code	3559057	GP code	38636
Practice name	Oaks Medical Centre		
Practice code	87108		

Practice address

The Oaks Medical Practice
Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW

Contact number(s)

Voice: 0141 800 7085
Facsimile: 0141 881 6704
E-mail: anne.traquair@nhs.scot

REFERRING GP DETAILS

Name	Dr. Muhammad Abd Aziz		
GMC code	6128458	GP code	35556
Practice name	The Oaks Medical Practice (87108)		
Practice code	87108		

Practice address

1st Floor
Barrhead Health & Care C
213 Main Street
Barrhead
G78 1SW

Contact number(s)

Voice: 0141 800 7085

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: COPD

Comment: This gentleman was referred for a CT chest abdomen and pelvis due to weight loss, cough and shortness of breath. Imaging showed severe emphysema with no evidence of malignancy.

He has been a heavy smoker for the last forty years, previously on 20 a day and now has cut down to 10 per day. He used to work on the roads with tar involved for ten years.

I have started him on spiriva respimat inhaler once daily. I would be grateful for your input. Thank you.
Dr M Aziz (Locum GP)

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Depressed	-	27-Feb-2018	27-Feb-2018
Depressed	-	11-Dec-2012	11-Dec-2012
Other infections involving bone, of the shoulder region	(joint) -sinus in axilla discharging pus. [Chronic].	29-Jul-2010	29-Jul-2010
Infection and inflammation due to internal prosthetic device	(chronic) Shoulder-caused by screw?	04-Jul-2006	04-Jul-2006
Fistula-in-ano	posterior position,anterior to sacrum, left of midline.	14-Mar-2000	14-Mar-2000
Sepsis	(perianal)	08-Dec-1999	08-Dec-1999
Chronic anal fissure	(biopsy obtained) [large,posterior midline] ?CROHNS	15-Nov-1999	15-Nov-1999
O/E - skin sinus NOS	(left axilla) tracking>shoulder	07-Dec-1998	07-Dec-1998
Localised, primary osteoarthritis of the shoulder region (Left)	-related to previous dislocations.	16-Aug-1990	16-Aug-1990

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Bilateral vasectomy for contraception	-	20-Mar-2015	20-Mar-2015
Removal of screws from bone	x1 from left shoulder.	24-Nov-2009	24-Nov-2009
[SO]Shoulder NEC (Left)	Bankart's procedure.	28-Apr-1986	28-Apr-1986

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mirtazapine Tablets 45 mg	28	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	08-Jan-2020	18-Sep-2025
Tramadol Hydrochloride Capsules 50 mg	100	100 CAPSULE	1 OR 2 CAPS 4 TIMES DAILY	-	29-Mar-2019	18-Sep-2025

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Spiriva Respimat Inhalation Solution Cartridge With Device 2.5	60	60 DOSE	TWO PUFFS TO BE	-	19-Sep-	19-Sep-

micrograms/dose			USED ONCE A DAY		2025	2025
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	200	200 DOSE	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	19-Sep-2025	19-Sep-2025

Blood Pressure

No Blood Pressures Recorded

Body Measurements

Date Recorded	Height	Weight	BMI
08-Jan-2020	-	63.2	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Weight (kg):	63.2	-
Current smoker:		01-May-2012
Current smoker:	Disease: SPICE Basic Health Values, priority=2	05-May-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	11-Nov-2008
Current smoker:	Disease: SPICE Smoking, priority=2	21-Aug-2007

Investigations

Description/Question	Result/Comment	Date
Persistent Cough:	YES	-
Breathlessness:	YES	-

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Blood Sciences Biochemistry Report

Patient Details

Surname	PALMER
Forename	CRAIG
CHI	2707683094
Date of birth	27.07.1968
Sex	Male
Address	104 Crossmill Avenue BARRHEAD GLASGOW G78 1AY

Specimen Details

Specimen Number	B,25.4942831.C
Specimen Type	Faeces
Date/Time Collected	18.06.25 / 10:39
Date/Time Received	20.06.25 / 08:11
Requested By	Dr M. Nazar Aziz
GP Practice	87108
Date/Time Reported	23.06.25 / 13:42
Details	Weight loss. Smoker. Chna...

Results

QFIT - Authorised on 23.06.25 at 13:36

qFIT	<9	ug Hb/g faec	(0-9)

Comments:
Negative qFIT result.
Refer to NHSGGC guidance for further information.

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	PALMER
Forename	CRAIG
CHI	2707683094
Date of birth	27.07.1968
Sex	Male
Address	104 Crossmill Avenue BARRHEAD GLASGOW G78 1AY

Specimen Details

Specimen Number	B,25.7620044.C
Specimen Type	Blood
Date/Time Collected	18.06.25 / 10:33
Date/Time Received	18.06.25 / 15:14
Requested By	Dr M. Nazar Aziz
GP Practice	87108
Date/Time Reported	18.06.25 / 16:07
Details	Weight loss. Smoker. Chna...

Results

Full Blood Count - Authorised on 18.06.25 at 15:29

White Blood Count	6.7	x10^9/l	(4.0-10.0)
Red Cell Count	5.21	x10^12/l	(4.50-6.50)
Haemoglobin	155	g/l	(130-180)
Haematocrit	0.468	l/l	(0.400-0.540)
Mean Cell Volume	89.8	fl	(83.0-101.0)
MCH	29.8	pg	(27.0-32.0)
Platelet Count	232	x10^9/l	(150-410)
Neutrophils	4.1	x10^9/l	(2.0-7.0)
Lymphocytes	1.7	x10^9/l	(1.1-5.0)
Monocytes	0.6	x10^9/l	(0.2-1.0)
Eosinophils	0.21	x10^9/l	(0.02-0.50)
Basophils	0.1	x10^9/l	(0.0-0.1)
Nucleated RBC	0.0	x10^9/l	

Report comments:

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except Sick

ESR - Authorised on 18.06.25 at 16:04

ESR	+	14	mm/hr	(0-12)

Report comments:

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except Sick

End of Report

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Gen Ref or Advice - Respiratory Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Respiratory Medicine
GGC Gen Ref or Advice - Resp

Consultant / receiving practitioner and/or specialty clinic

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Hospital and hospital address

Hospital location code.
C418H

Email address
-

Urgency of referral Routine
Date of referral 19-Sep-2025 **Date sent** 19-Sep-2025

PATIENT DETAILS

Surname	Palmer
Forename(s)	Craig
Title	Mr
Sex	Male
Date of birth	27-Jul-1968
CHI no.	2707683094
Area of Residence	-

Patient's address

104 Crossmill Avenue
BARRHEAD
G78 1AY

Contact number(s)

Voice: 07415220464 joanne

101037713165N Unique Care Pathway Number: 101037713165N

REGISTERED GP DETAILS

Name	Dr David Meighan		
GMC code	3559057	GP code	38636
Practice name	Oaks Medical Centre		
Practice code	87108		

Practice address

The Oaks Medical Practice
Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW

Contact number(s)

Voice: 0141 800 7085
Facsimile: 0141 881 6704
E-mail: anne.traquair@nhs.scot

REFERRING GP DETAILS

Name	Dr. David Meighan		
GMC code	3559057	GP code	38636
Practice name	The Oaks Medical Practice (87108)		
Practice code	87108		

Practice address

1st Floor
Barrhead Health & Care C
213 Main Street
Barrhead
G78 1SW

Contact number(s)

Voice: 0141 800 7085

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Weight loss, cough, shortness of breath

Comment: This gentleman was referred for a CT chest abdomen and pelvis due to weight loss, cough and shortness of breath. Imaging showed severe emphysema with no evidence of malignancy. He has been a heavy smoker for the last forty years, previously on 20 a day and now has cut down to 10 per day. He used to work on the roads with tar involved for ten years. I have started him on spiriva respimat inhaler once daily. I would be grateful for your input. Thank you. Dr M Aziz (Locum GP)

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Depressed	-	27-Feb-2018	27-Feb-2018
Depressed	-	11-Dec-2012	11-Dec-2012
Other infections involving bone, of the shoulder region	(joint) -sinus in axilla discharging pus. [Chronic].	29-Jul-2010	29-Jul-2010
Infection and inflammation due to internal prosthetic device	(chronic) Shoulder-caused by screw?	04-Jul-2006	04-Jul-2006
Fistula-in-ano	posterior position,anterior to sacrum, left of midline.	14-Mar-2000	14-Mar-2000
Sepsis	(perianal)	08-Dec-1999	08-Dec-1999
Chronic anal fissure	(biopsy obtained) [large,posterior midline] ?CROHNS	15-Nov-1999	15-Nov-1999
O/E - skin sinus NOS	(left axilla) tracking>shoulder	07-Dec-1998	07-Dec-1998
Localised, primary osteoarthritis of the shoulder region (Left)	-related to previous dislocations.	16-Aug-1990	16-Aug-1990

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Bilateral vasectomy for contraception	-	20-Mar-2015	20-Mar-2015
Removal of screws from bone	x1 from left shoulder.	24-Nov-2009	24-Nov-2009
[SO]Shoulder NEC (Left)	Bankart's procedure.	28-Apr-1986	28-Apr-1986

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mirtazapine Tablets 45 mg	28	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	08-Jan-2020	18-Sep-2025
Tramadol Hydrochloride Capsules 50 mg	100	100 CAPSULE	1 OR 2 CAPS 4 TIMES DAILY	-	29-Mar-2019	18-Sep-2025

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Spiriva Respimat Inhalation Solution Cartridge With Device 2.5 micrograms/dose	60	60 DOSE	TWO PUFFS TO BE USED ONCE A DAY	-	19-Sep-2025	19-Sep-2025
Salbutamol Dry Powder Inhaler			ONE OR TWO DOSES TO BE		19-Sep-	19-Sep-

100 micrograms/actuation	200	200 DOSE	INHALED WHEN REQUIRED	-		2025	2025

Blood Pressure

No Blood Pressures Recorded

Body Measurements

Date Recorded	Height	Weight	BMI
08-Jan-2020	-	63.2	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		01-May-2012
Current smoker:	Disease: SPICE Basic Health Values, priority=2	05-May-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	11-Nov-2008
Current smoker:	Disease: SPICE Smoking, priority=2	21-Aug-2007

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Blood Sciences Haematology Report

Patient Details

Surname	PALMER
Forename	CRAIG
CHI	2707683094
Date of birth	27.07.1968
Sex	Male
Address	104 Crossmill Avenue BARRHEAD GLASGOW G78 1AY

Specimen Details

Specimen Number	B,25.7620179.F
Specimen Type	Blood
Date/Time Collected	18.06.25 / 10:33
Date/Time Received	18.06.25 / 15:30
Requested By	Dr M. Nazar Aziz
GP Practice	87108
Date/Time Reported	18.06.25 / 18:02
Details	Weight loss. Smoker. Chna...

Results

Active B12 - Authorised on 18.06.25 at 17:43

Active B12		64	pmol/L	(>25)

Comments:
Result in indeterminate range (25 - 70 pmol/L).
Consider treatment for B12 deficiency in following patient groups:
- Patients with a condition which may deteriorate quickly and have a severe effect on QoL (neurological, haematological cond'ns)
- Patients who are pregnant or breast feeding.
- Patients with a recognised cause of B12 deficiency (surgery or autoimmune gastritis).
Otherwise consider other causes of symptoms and if necessary repeat active B12 level at 3-6 months.
Note change in the B12 assay to an active B12 assay from 14/5/24.

Serum Ferritin - Authorised on 18.06.25 at 17:45

Serum Ferritin	+	648	ug/l	(15-300)

Comments:
Males 15-300 (<15 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency in anaemic patients, older patients and those with inflammatory disease.

Report comments:

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except Sick

Serum Folate - Authorised on 18.06.25 at 17:58

Serum Folate	8.8	ug/l	(3.1-20.0)

Report comments:

Blood Sciences Haematology Report

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except Sick

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	PALMER
Forename	CRAIG
CHI	2707683094
Date of birth	27.07.1968
Sex	Male
Address	104 Crossmill Avenue BARRHEAD GLASGOW G78 1AY

Specimen Details

Specimen Number	B,25.7620187.R
Specimen Type	Blood
Date/Time Collected	18.06.25 / 10:33
Date/Time Received	18.06.25 / 15:26
Requested By	Dr M. Nazar Aziz
GP Practice	87108
Date/Time Reported	18.06.25 / 16:52
Details	Weight loss. Smoker. Chna...

Results

Glucose - Authorised on 18.06.25 at 16:48

Glucose	4.8	mmol/L	(3.5-6.0)

Comments:
Fasting sample

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	PALMER
Forename	CRAIG
CHI	2707683094
Date of birth	27.07.1968
Sex	Male
Address	104 Crossmill Avenue BARRHEAD GLASGOW G78 1AY

Specimen Details

Specimen Number	B,25.7620179.F
Specimen Type	Blood
Date/Time Collected	18.06.25 / 10:33
Date/Time Received	18.06.25 / 15:30
Requested By	Dr M. Nazar Aziz
GP Practice	87108
Date/Time Reported	18.06.25 / 17:47
Details	Weight loss. Smoker. Chna...

Results

Bone Profile - Authorised on 18.06.25 at 17:09

Calcium		2.38	mmol/L	(2.20-2.60)
Calcium (adjusted)		2.44	mmol/L	(2.20-2.60)
Phosphate		0.96	mmol/L	(0.80-1.50)
Albumin		45	g/L	(35-50)
Alkaline Phosphatase	+	132	U/L	(30-130)

Comments:
Please note new calcium adjustment equation from 17/06/2025.

Urea & Electrolytes - Authorised on 18.06.25 at 17:09

Sodium		142	mmol/L	(133-146)
Potassium		5.1	mmol/L	(3.5-5.3)
Chloride		102	mmol/L	(95-108)
Urea		5.9	mmol/L	(2.5-7.8)
Creatinine		111	umol/L	(40-130)
Estimated GFR		60	ml/min	(>60)

Liver Function Tests - Authorised on 18.06.25 at 17:09

Total Bilirubin		10	umol/L	(<20)
ALT		22	U/L	(<50)
AST		25	U/L	(<40)
Alkaline Phosphatase	+	132	U/L	(30-130)
Albumin		45	g/L	(35-50)

Lipid profile - Authorised on 18.06.25 at 17:09

Cholesterol		4.4	mmol/L	
Triglycerides		1.3	mmol/L	(0.2-2.3)
HDL Cholesterol		1.3	mmol/L	
LDL-Cholest (calc'd)		2.5	mmol/L	
VLDL-Chol (calc'd)		0.6	mmol/L	
Chol/HDL ratio		3.4		

Blood Sciences Biochemistry Report

Comments:
Fasting sample

Thyroid funct test - Authorised on 18.06.25 at 17:45

TSH	1.25	mU/L	(0.35-5.00)
Free T4	14.1	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

NHS Confidential: Personal data about a patient

File Status	Not Filed.	Tasks	No Tasks.
Assigned User	Unassigned	Filed By User	Not Filed
Patient Matched	Yes.	BoSS Message Type	Exclusion

Electronic Notification of Bowel Screening Results Service

New Exclusion

CHI Number	2707333094
Name	PALMER, CRAIG
Date Of Birth	27/07/1966
Registered GP	C3853
Practice Code	C87106

Report Date	20 May 2025
Letter ID	110468964085
Exclusion Reason	Non-Responder
Report Comments	No response to bowel cancer screening programme invitation (9Ow2.)
Invitation Date	19 Feb 2025

NHS Confidential: Personal data about a patient

File Status	Not Filed	Tasks	No Tasks.
Assigned User	Unassigned	Filed By User	Not Filed
Patient Matched	Yes	BoSS Message Type	Exclusion

Electronic Notification of Bowel Screening Results Service

Non-Sensitive

CHI Number	2707683094
Name	PALMER, CRAIG
Date Of Birth	27/07/1968
Registered GP	C3683
Practice Code	C57106

Report Date	20 May 2023
Letter ID	910406970453
Exclusion Reason	Non-Responder
Report Comments	No response to bowel cancer screening programme invitation (BOw2.)
Invitation Date	19 Feb 2023

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **positive**

Patient Details

Surname	Palmer
Forename	Craig
CHI	2707683094
Date of birth	1968-07-27
Sex	Male
Address	

Specimen Details

Specimen Processed Date	18-03-2022 09:35
Test Start Date	17-03-2022 18:25
Test End Date	17-03-2022 18:25
GP Practice	87108
Specimen Number	AAP10455968
Administration Method	health_care_professional

End of Report

Report Date: 18/03/2022

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Palmer
Forename	Craig
CHI	2707683094
Date of birth	1968-07-27
Sex	Male
Address	

Specimen Details

Specimen Processed Date	18-10-2021 06:05
Test Start Date	17-10-2021 16:20
Test End Date	17-10-2021 16:20
GP Practice	87108
Specimen Number	AAM71019843
Administration Method	health_care_professional

End of Report

Report Date: 18/10/2021

EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

East Renfrewshire Council

NHS
Greater Glasgow and Clyde

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Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

East Renfrewshire Community
Mental Health Team
Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

Main Telephone: 0141 800 7809
Dr Holmes Team: 0141 800 7841
Dr Summers Team: 0141 800 7842
Dr Carrick Team: 0141 800 7845
Fax: 0141 880 4782

Date Dictated: 23 October 2018
Clinic Date: 16 October 2018
Date Typed: 26 October 2018

Our Ref: JS/AG

Dear Dr. Aziz,

CRAIG PALMER CHI 2707683094
104 CROSSMILL AVENUE BARRHEAD G78 1AX

Diagnosis: **Moderate Depression**
Medication: **Mirtazapine 45mg nightly**
Follow-up: **Now discharged from medical out-patient clinic**

I reviewed the above named in my clinic at Barrhead Health and Centre on 16 October 2018. Once again he was accompanied by his partner, Joanna.

He described a slight improvement since last seeing him, which was confirmed by Joanna. She said that he had been speaking slightly more and had also been out and about on a few occasions. At the same time, Craig himself said very little at the appointment, although his mood was more reactive than previously.

I asked him how his birth mother was getting on in Dundee but he said that he had no contact with her and no other information from family. He said that he would still like to see her, but had not been able to do anything about that. Joanna said she might telephone his brother or write to his mother and take it from there. I had a discussion with him that inevitably all that will likely continue being a source of stress for him.

When I initially saw him, he had also been feeling stressed about his benefit payments, but he let me know, with the letter of support I had sent him, that had now been sorted out and so at least that had been one less concern for him.

He said about a month previously, following attending the Health Centre, he had had his Mirtazepine increased to 45mg nightly which coincided with the dose on his ECS. He thought that had been helping him slightly more and therefore I simply advised him to continue with it.

Given all of the above, I thought that he was probably progressing as well as possible and he was agreeable to being discharged from my clinic. At the same time, I advised he could always be referred again in the future as necessary.

Yours sincerely

Dr John Summers,
Locum Consultant Psychiatrist

Health & Social Care Partnership; Chief Officer: Julie Murray

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

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213 Main Street
Barrhead
G78 1SW

Date Dictated: 05.09.2018
Clinic Date: 28.08.2018
Date Typed: 07.09.2018

East Renfrewshire Community
Mental Health Team
Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

Main Telephone: 0141 800 7809
Dr Holmes Team: 0141 800 7841
Dr Summers Team: 0141 800 7842
Dr Carrick Team: 0141 800 7845
Fax: 0141 880 4782

Our Ref: JS/EC

Dear Dr. Aziz,

CRAIG PALMER CHI 2707683094
104 CROSSMILL AVENUE BARRHEAD G78 1AX

Diagnosis: Moderate Depression

Medication: Mirtazapine 15mg nocte

The above named had an appointment for my clinic in Barrhead Health & Care Centre on 28 august 2018 but did not attend. A further appointment will be sent to him for 16 October 2018.

Yours sincerely

pp Dr John Summers, Locum Consultant Psychiatrist

File Status	Not Filed.	Tasks	No Tasks.
Assigned User	Unassigned.	Filed By User	Not Filed
Patient Matched	Yes.	BoSS Message Type	Exclusion

electronic Notification of Bowel Screening Results Service

New Exclusion

CHI Number	2707683094
Name	PALMER, CRAIG
Date Of Birth	27/ 07/ 1968
Registered GP	C3863
Practice Code	C87108

Report Date	25 Oct 2018
Letter ID	210280515254
Exclusion Reason	Non-Responder
Report Comments	No response to bowel cancer screening programme invitation (9Ow2.)
Invitation Date	27 Jul 2018

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Main Telephone: 0141 800 7809
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Dr Summers Team: 0141 800 7842
Dr Carrick Team: 0141 800 7845
Fax: 0141 880 4782

Date Dictated: 26.06.2018
Clinic Date: 26.06.2018
Date Typed: 27.06.2018

Our Ref: JS/EC

Dear Dr. Aziz,

CRAIG PALMER CHI 2707683094
104 CROSSMILL AVENUE BARRHEAD G78 1AX

Diagnosis: **Moderate Depression**

Medication: **Mirtazapine 15mg nocte**

Follow up: **28 August 2018 at 11am**

I reviewed the above named in my clinic in Barrhead Health & Care Centre on 26 June 2018. As at his initial appointment, he was joined by his wife, Joanne.

Both of them thought that there had been a slight improvement in his mood since last being seen, which they both attributed to the effect of changing Fluoxetine to Mirtazapine 15mg nocte. He said that he had been feeling less stressed, sleeping better and therefore less irritable. He thought the dose of 15mg nocte was adequate and wanted to continue with that for the time being, especially because of a concern about being over-sedated taking a higher dose.

I had a further discussion with him about his biological mother and he said that unfortunately he has had little further contact with her, but understands that she continues to be treated for a terminal illness at home in Dundee.

He also let me know, since I last saw him, that his benefit payments have still to be sorted out and he is still regarded as well enough to work, despite my letter of support describing him as currently unfit for work. I therefore simply advised him to attend the Citizen's Advice Bureau or Welfare Rights, taking my letter along with him.

I had a discussion with him about trying to take further small steps to feel better, such as taking more of an interest in his garden and gave him a further appointment to be seen again as described above. I also let him know that might represent an appropriate time to discharge him, although that may of course depend on how his biological mother gets on in the meantime.

2 of 2

EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
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East Renfrewshire Council

NHS
Greater Glasgow and Clyde

Yours sincerely

Dr John Summers, Locum Consultant Psychiatrist

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HEALTH AND SOCIAL CARE
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East Renfrewshire Community
Mental Health Team
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G78 1SW

Main Telephone: 0141 800 7809
Dr Holmes Team: 0141 800 7841
Dr Summers Team: 0141 800 7842
Dr Carrick Team: 0141 800 7845
Fax: 0141 880 4782

Date Dictated: 24/05/18
Clinic Date: 23/05/18
Date Typed: 05/06/18

Our Ref: JS/KB

Dear Dr. Aziz

CRAIG PALMER CHI 2707683094
104 CROSSMILL AVENUE BARRHEAD G78 1AX

Diagnosis: **Moderate Depression**

Medication: **Fax sent requesting discontinuation of Fluoxetine and commence instead Mirtazepine 15 mgs nightly**

Follow up: **26/06/18**

Thank you for referring the above named for psychiatric assessment. Initially his case was forwarded to the Primary Care Mental Health Team and he was seen by its team leader, Alison Fletcher, on 02/05/18 who was concerned about the severity of his depressive symptoms and referred him onto the Adult Mental Health Team. I therefore saw him in the assessment clinic in Barrhead Health and Care Centre on 23/05/18. At his request he was accompanied by his partner Joanne.

Initially it was difficult to engage him because he was so tense and uncommunicative. He was clear that he would not have attended if it had not been for his partner's prompting. As the appointment unfolded, his rapport improved and he was able to describe depressive symptoms throughout most of his adult life which he related to his adverse experiences when growing up. He described being given up at 3 weeks old by his mother who was only 16 at the time and subsequently spending his upbringing in care. He said that he did not settle in various foster families and eventually lived in about 4 different places, ultimately in Barrhead.

He then let me know that in his early twenties he traced his mother, who lived in Dundee. He hoped at that time to reconcile things with her and, although giving the impression of getting on reasonably well with her, still never getting to the bottom of why she gave him up (especially as she subsequently had a further boy and girl and was able to bring them up) and also not letting him know about the identity of his father.

He gave the impression of having contact with her on and off over the subsequent years and then about 4 years ago at a niece's funeral learning that his mother had cancer. In recent

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire

NHS Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL:

Adult Mental Health Team
Second Floor
Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW
Phone 0141 800 7842
Fax 0141 880 4782

The GMC

Our Ref: JS
Date
23/5/18

Dear Dr. Aziz

RE: Craig Palmer

DOB/CHI: 270768 3094

I saw your patient today and would be grateful if a prescription could be made available for:

Please discontinue Fluoxetine and commence instead Mirtazapine 15mg nightly.

This is a non urgent/~~urgent~~ request.

A more detailed letter will follow.

Yours sincerely,

Dr John Summers
Locum Consultant Psychiatrist

R+
24/5/18

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

BRIDGES

East Renfrewshire Council working for you

NHS Greater Glasgow and Clyde

Bridges Primary Care Mental Health Team
Eastwood Health and Care Centre
Drumby Crescent
Clarkston
G76 7HN
Tel: 0141-451-0590

STRICTLY CONFIDENTIAL
Dr Aziz,
Oaks Medical Centre
Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

Date Typed:03.05.2018

Dear Dr Aziz

RE: Craig Palmer, 104 Crossmill Avenue, Barrhead, G78 1AY
CHI : 2707683094

Thank you for referring the above named patient. I assessed the patient on Wednesday 3rd May 2018 and discussed the case with my colleagues at the CMHT and it was agreed their needs would be best met within their team. We have transferred their care and discharged him from our service. .

If you have any queries please do not hesitate to contact me.

Yours sincerely

Bridges Primary Care Mental Health Team

c.c. Community Mental Health Team, Barrhead Health and Care Centre, 213 Main Street, Barrhead, G78 1SW

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL

Dr Meighan
Oaks Medical Practice
Barrhead Health and Care Centre
213 Main Street
Barrhead
Glasgow
G78 1SW

East Renfrewshire Community
Mental Health Team
Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

Phone: 0141 800 7809
Fax: 0141 880 4782

Our Ref: AW
Date Dictated:
Date Typed: 8th March 2018

Dear Dr Meighan

RE: **Craig Palmer DOB: 27/07/68 CHI: 3094**
104 Crossmill Avenue, Barrhead, G78 1AX

Thank you for your referral for the above named patient.

After discussion at our multi-disciplinary team meeting is was agreed that a referral to Primary Care Mental Health Team would be more appropriate. Therefore we have forwarded a copy of the referral onto them.

I trust this meets with your approval and make the following referral.

Yours sincerely

Adult Mental Health Team

cc: PCMHT
Eastwood Bridges
Eastwood Health & Care Centre
Drumby Crescent
Clarkston
G76 7HN