Clyde SAR Team
Level E
Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

NHS
Greater Glasgow and Clyde

PRIVATE

MMA Legal Ltd
23 Goodlass Road
Building B
Speke Liverpool
L24 9HJ

Date: 16.06.2026
Your Ref: 100331

Our Ref: LAT/JM/AK/2707683094
Enquiries to: Aileen Kane
Direct Line: 01475 504761

E-mail: aileen.kane2@nhs.scot

Dear Sir/Madam

Subject Access Request under the General Data Protection Regulation

Patient: CRAIG PALMER **DOB: 27.07.1968**

Thank you for your request received on 28TH May 2026 in which you seek a copy of your client's personal information.

Your request has been dealt in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following: -

ROYAL ALEXANDRA & INVERCLYDE ROYAL HOSPITAL MEDICAL RECORDS

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature, and can include: -

- patient health records, photographs or Radiology images.
- video/telephone recordings, including CCTV images.
- Witness Statements.

- Incident reports
- Complaints files
- Emails

The source of our data includes patients, General Practitioners, healthcare, social and welfare organisations, legal representatives and police forces.
We sometimes need to share the personal information we process with the individual themselves and with other organizations as listed above. Where this is necessary, we are required to comply with all aspects of the General Data Protection Regulation.

Where these organisations are based outside Europe, we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information:

- Adult general hospital records – six years after the date of the last entry.
- Maternity records – 25 years after the birth of the last child.
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact.

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

If you are unhappy with how your request has been dealt with, please contact the NHSGGC Data Protection officer. Their contact details are noted below:

Data Protection officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

AKane

Legal Aspects Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☑	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
UEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☑	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

SB

Affix Label

CHI: 2707683094

Royal Alexandra Hospital

Total Att: 2

12 Mth Att: 1

Title: **MR**

PALMER **Craig D**

DOB: **27/07/1968** Age: **46y** Sex: **Male**

104 Crossmill Avenue
Barrhead
Glasgow
G78 1AX
07900874682

Next of kin: **PALMER, Mrs**
Relationship: **Wife**
07900874682

GP: **DP Meighan**
0141 800 7085

Attendance Date: **02/02/2015** Arrival Time: **05:26**

Registration Time: **05:26** Date of Incident: **02/02/2015**

Major Incident Desc:

Reason for Attendance: **head injury**

Affix Label

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **02/02/2015 05:30** Nurse name: **Nurse Gary Cooke**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils Right		Pupils Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **alledgedly hit on head with bottle by aprtner, loc for 5 mins, lac to L side of head, taken alcohol and cocaine tonight**

97607

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

DO NOT WRITE HERE PLEASE

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By
2/2	PARACETAMOL	1g	O	0730		

Royal Alexandra Hospital & Inverclyde Hospital . Form for Assessment of

HEAD INJURY

For all patients with a head injury under ED. Attach inside the ED card. For patients with anything but the simplest of presentations, other relevant information must also be recorded on the ED card.

Sticky Label or write details:

2707683094 27/07/1968
PALMER
Craig D

Today's Date: 2/2/15
Time: 0820
Date of injury: 2/2/15
Time of injury: ~2AM

Mechanism of injury:

Hit over head with glass bottle.

	No	Unsure	Yes	
> 65 years of age	✓			
Alcohol consumption			✓	Alcohol level if measured:
Drug abuse			✓	Specify Drug if known: COCAINE
Loss of Consciousness			✓	How long? ~2 minutes
Amnesia Post Traumatic			✓	How long?
Amnesia Retrograde	✓			How long?
Seizure Since Injury	✓			Describe:
Headache	✓			Describe:
Nausea	✓			
Vomiting	✓			No of times?
Visual Disturbance	✓			Comment:
Other Neuro Symptoms	✓			If yes, describe:

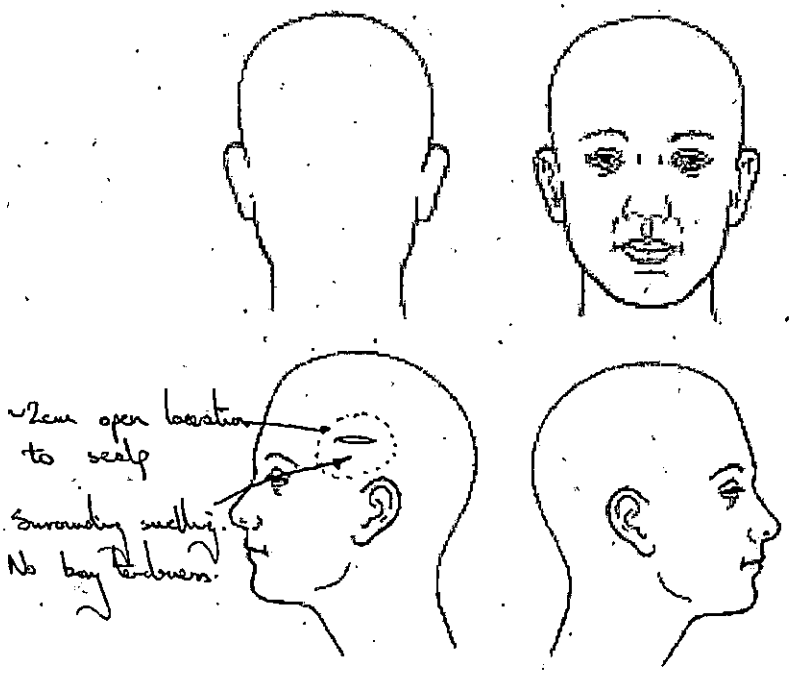
PRE EXISTING DISORDERS
Relevant to HI, such as: epilepsy, diabetes, frequent falls, dementia, other medical/mental disorders

Pre existing disorder Present?	✓			Specify if present:
Warfarin or coagulopathy	✓			

EXAMINATION	no	yes	Describe if abnormality
Neck Injury: evidence of	✓		
BOS Fracture: clinical signs of	✓		
Tympanic Membs abnormal	✓		
Vault Fracture seen or felt	✓		
Dysphasia	✓		
Vision loss	✓		
Limb Movements abnormal	✓		
Gait abnormal	✓		
Eye Movement abnormal	✓		
Behaviour abnormal	✓		
Pupils reacting abnormally	✓		
CSF leak	✓		

2707683094 27/07/1968 *indicate size in cms.* *Treatment: indicate number of sutures, glue, etc*

PALMER
Craig D



GCS when examined	E /4	M /6	V /5	**GCS** 15	
Lowest recorded GCS at any time (include ambulance)	E	M	V	Time	

Imaging	Not needed	Done	Result
C Spine X Ray	✓		
Face X Ray	✓		
CT Brain	✓		

Have you given:	Not needed or N/A	Yes
Tetanus Booster or course started	✓	
HI Advice Card (& patient discharged)		✓

For all admitted patients:

Main Reason for admission:

	Done	Not needed
CIWA scale prescription		
IV fluids chart		
Bloods done (inc. arrangements for results)		

Ward Nurses please do Neuro Obs

Hourly ☐ Half Hourly ☐

Compulsory for ALL admissions:	
Drug Kardex	
Neuro obs: at least two sets done in ED.	
ED card: usual admission details including PMH, drugs, general examination, etc.	

Doctors Signature:

Print name: C. BLACKLOCK

Date	CLINICAL NOTES
2/2/15	Seen by (Dr) C. BLACKLOCK — Time seen 0830

PC = laceration to head.

HPC = Alleged assault hits on head with glass bottle. Resultant open ~2cm laceration to left scalp in parietal region. Witnessed by friend - patient LOC for 1-2 minutes and some confusion on wakening. Patient unable to recall events. States has been drinking heavily and has had cocaine. -No headache. No visual changes. No N+V. Feels pain in left side of head/face.

PMH = - Shoulder surgeries
- Previous depression -

DH = Fluoxetine.
NKDA

Social = Lives w/ partner.
States would be staying at a friends on discharge.

O/E = (Please see head injury proforma).
Obvious swelling to left parietal region/scalp.
Pt. has full movements of neck/face/jaw.
No bony tenderness on palpation.
Open laceration of ~2cm. No obvious foreign body.

Impression —— laceration (? foreign body - unsure if bottle smashed).

(P) ——
- Soft tissue X-Ray of scalp.
- Laceration closed w/ x3 4-0 non-absorbable sutures - to see GP practice for removal 7-10days.
- Head injury advice sheet given.
- Discharge.

CB
BLACKLOCK FY2

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)					Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.	Discharge time	

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged	Not arranged	To be arranged

Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

Designed by Medical Illustration Services ref 243836

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

78

Affix Label

CHI: 2707683094

Royal Alexandra Hospital

Total Att: 5

12 Mth Att: 3

Title: **MR**

PALMER **Craig D**

DOB: **27/07/1968** Age: **47y** Sex: **Male**

104 Crossmill Avenue
Barrhead
Glasgow
G78 1AX
07900874682

Next of kin: **PALMER, Mrs**
Relationship: **Wife**
07900874682

GP: **DP Meighan**
0141 800 7085

Attendance Date: **01/02/2016** Arrival Time: **10:54**

Registration Time: **10:54** Date of Incident: **01/02/2016**

Major Incident Desc:

Reason for Attendance: **l leg injury**

Affix Label

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **0** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **01/02/2016 11:04** Nurse name: **Nurse Ariane Johnston**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils: Right		Pupils: Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: Person fell on patients leg 2/7 ago. Painful since. Weightbearing at presentation, No analgesia taken

97607

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

DO NOT WRITE HERE PLEASE

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Date	CLINICAL NOTES
	Seen by (Dr) Mohamed Nergu - GP ST Time seen 12:00

1/2/16

47

PC Left calf pain

HPC
- traumatic injury pain after a fall of high weight on his right leg and collision of his calf with a chair 2/7.
- Yesterday; pain has increased in Severity, dullache, no analgesic ~~after~~ taken,
- Able to walk, tenderness on walk heel to toe

O/E
- Neurovascularly intact
- Simmonds' Test : Normal
- Achilles Tendon intact, no interruption
- Able to walk & bear weight

Imp | Soft tissue injury

(P)
- Analgesia
- Tubigrip
- RICE
- Home

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)					Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.	Discharge time	

Ward number (if admitted):	Transfer to hospital:	Consultant if admitted):

Follow up	Arranged		Not arranged				To be arranged
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By
1/2/16	Cocodamol	30/500 II	P.O	QDS		

Designed by Medical Illustration Services ref 243836

Triage

Acute Services Division

NHS
Greater Glasgow and Clyde

Clyde Ophthalmology Acute Referral Centre

Date: 24/6/2022	**Time:**
GP Details Dr. DP Meighan The Oaks Medical Practice 1st Floor barrhead health & care c 213 Main Street Barrhead G78 1SW	**Patient Details** 2707683084 M PALMER 27/07/1968 Craig, D 104 Crossmill Avenue Barrhead Glasgow G78 1AX **Patient Tel No:**

Acute Services Division

NHS Greater Glasgow and Clyde

Clyde Ophthalmology ARC Triage Record

Date:	**Time:**
Patient Name	
Date of Birth	
Postcode	
Hospital Number	
Referral Source	
Telephone Call ☐	**Self-presentation** ☐
Patient symptoms and length of onset	

	YES	NO	Description
Pain	☐	☐	
Photophobia	☐	☐	
Loss of Vision	☐	☐	
Other	☐	☐	
Previous Eye History			

Please tick as appropriate:

Immediate ☐

Today ☐

Within 24 hours ☐

Within 48 hours ☐

Not Emergency ☐

Appointment Date:	**Time:**
Advised to visit GP / Optometrist: **Yes** ☐ **No** ☐	
Provisional Diagnosis:	
Signature of Triage Nurse:	

Acute Services Division

NHS Greater Glasgow and Clyde

Clyde Ophthalmology ARC Nursing Staff Record

Name: .... 2707683094 ....
Address: PALMER M ....
Craig, D 27/07/1968 ....
104 Crossmill Avenue ....
Barrhead ....
Glasgow ....
CHI numl G78 1AX ....

Date: 24/6/2022.

Presenting Complaint:

3/7 patient 'nipping out hedges' since then (R) irritation. Attended optician yesterday - suspect ulcer 5 o'clock on cornea. (R) eye red, sore more on blinking, watery. No discharge, slight photophobia, slightly blurred vision.

PMH: Sciatica

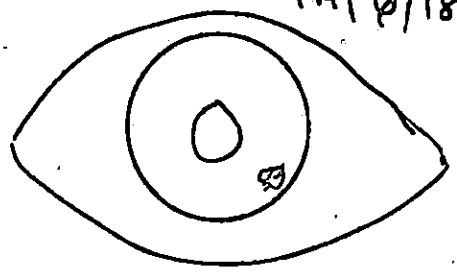
DH: Tramadol.

POH: Glasses - distance

Allergies: None known.

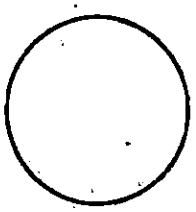
VAR - gls **Right Eye** 6/60+1.

VAL - gls. **Left Eye** 6/9-1.



PH (6/18.)

Lids - glands +.
Conj. red
Cornea hazy
A/C
Pupils



PH (6/9.)

Provisional Diagnosis
ulcer? Iron organic material in eye 3/7.

Treatment
Fluorescein 1% to (R) eye. BNH8017 Exp 02/2027 (as per P&D)

To be seen by Dr Shah. please

Outcome	Signature
Discharge ☐	
Seen by Ophthalmologist ☐	
Discharged ☐	

DO NOT WRITE ON THIS PAGE

Acute Services Division

Clyde Ophthalmology ARC Medical Staff Record

NHS Greater Glasgow and Clyde

Name	2707683094 PALMER M
Address	Craig, D 27/07/1968
	104 Crossmill Avenue
DoB:	Barrhead
	Glasgow
Chi no	G78 1AX

Name of Doctor seeing patient: Shah

Hx noted

Removing shrubs on Tuesday

Felt FB in RE

Irritation, Photophobia

↓ VA.

Feels improving slightly

Ø CL use

POHx	PMHx	DHx	SHx
nil	Sciatica	NKDA	Driver
		Tramadol	Not driving at present
		Mirtazapine	

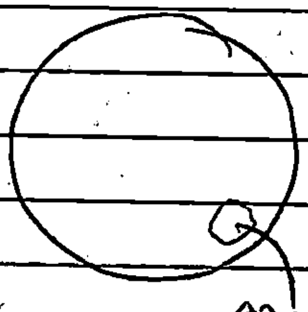
O/E Mild lids MGD Mild anaeversion

inj conj W

cornea

+/- cells AC RE

20/20 Ant



Epithelial defect

↕ 1-3mm

↔ 1-2mm

Imp Likely ® ulcer but Rx with Antibiotics 1st.

DO NOT WRITE ON THIS PAGE

Acute Services Division

Clyde Ophthalmology ARC Medical Staff Record

NHS Greater Glasgow and Clyde

Name of Doctor seeing patient:
Shah

2707683094 M
PALMER 27/07/1988
Craig, D
104 Crossmill Avenue
Barrhead
Glasgow G78 1AX

(P) Gocin 2° 2/7 RE
Tven x6 mane BV
occ CR BD RE
RV Thursday Nurse return
If improving ? add PPM.

WS ST4 (1)
873.

DO NOT WRITE ON THIS PAGE

NHS
Greater Glasgow and Clyde

Clyde Ophthalmology ARC Medical Staff Record

Name of Doctor seeing patient:

Name: .....
Address: .....
.....
DoB: .....
Chi number: .....
Affix patient data label

DO NOT WRITE ON THIS PAGE

OPTOMETRIST GENERAL OPHTHALMIC REFERRAL FORM

PLEASE SEND TO

NHS Greater Glasgow and Clyde

- [ ] Inverclyde Royal Hospital
- [x] Gartnavel General Hospital
- [ ] Royal Hospital for Sick Children
- [ ] Royal Alexandra Hospital
- [ ] Glasgow Royal Infirmary
- [ ] Southern General Hospital
- [ ] Vale of Leven Hospital
- [ ] Stobhill Hospital
- [ ] Victoria Hospital

Patient Details
Name: Craig Palmer
Address: 104 Crossmill Av Barrhead
Postcode: G78 1AX
CHI:
DOB: 27/7/1968
Ethnic Background:
Telephone No:

General Practitioner Details
Practice:
Address:
Postcode:
Practice Code:
Telephone No:

Optometry Practice Details
Practice:
Address: Specsavers (Barrhead) Ltd. 164 Main Street Barrhead
Postcode: Glasgow G78 1SL
Optometrist Name: A. Khan
Optometrist Signature:
Date of Referral: 23/6/22
Telephone No:

TYPE OF REFERRAL

- [ ] ARMD
- [ ] Corneal
- [ ] Paediatric
- [ ] Acute Red Eye
- [ ] Cataract
- [ ] Neurological
- [ ] Cyst / Infection
- [ ] Glaucoma
- [ ] Oculoplastic (Lids/Lacrimal)
- [ ] Sudden Vision Loss
- [ ] Retinal
- [ ] Squint

Other please, specify

Unaided V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R 6/7.5-2								
L 6/6								

Primary Patient Complaint: RE - FB went into eye after trimming hedge

Duration of Signs / Symptoms: 2 days

Primary / Provisional Diagnosis: RE - keratitis

Secondary Diagnosis / Other Conditions:

Past Ocular History:

Additional Information / Clinical Findings:
- R pupil smaller, cells in AIC, 93 conjunctival inj, ulcer @ 5 o'clock

Repeat fields Y / N

Dilated Fundoscopy Y / N

IOP Applanation mmHg

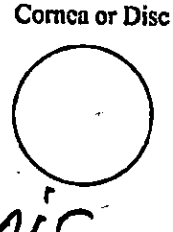
	R	L
1 time	13	18
	17	17
2 time	14	16

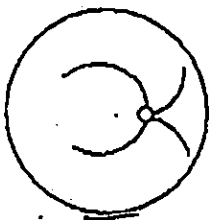
Pachymetry R L

Attached files
- [ ] Fields
- [ ] Photograph
- [ ] OCT
- [ ] Medical Info
- [ ] Other

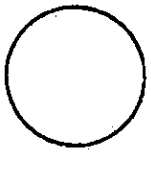
1st Floor Gartnavel eye Clinic

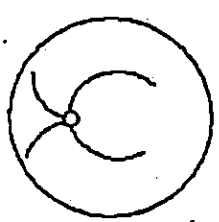
Cornea or Disc





Cornea or Disc





- to go up now 23/6/22

- [x] **FOR ACTION**
- [ ] **FOR INFORMATION ONLY**

FOR ATTENTION OF GENERAL PRACTITIONER

Referral to Ophthalmology completed by Optometrist. Please send past medical history and drug history via SCI Gateway to the Hospital indicated above.

No action required. Patient referred as emergency to Eye Casualty by Optometrist.

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL

2707683094
PALMER M
Craig, D 27/07/196
104 Crossmill Avenue
Barrhead
Glasgow
G78 1AX

MR Alexander

Date & Time		Signature, Print Name & Designation
05/01/15	= Vas.	
	3 children.	
	2 Clean Samples	
	Permanent	
	Reversal Failure rate 8% NHS	
	Failure. early late	
	Pain ✓ Anxiety Pain ✓	
	Bruising ✓	
	Infection ✓	
	- GA.	
	DIC.	
	13/2/15 -	

83949

Date & Time		Signature, Print Name & Designation

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) 6 months ago (v. 1) Show History

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.

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

PALMER, Craig D (Mr)

BORN 27-Jul-1968 (57y) GENDER Male

CHI 2707683094

Clinician Details

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

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name	
Address	
	2707683094 27/07/1968 PALMER Craig D
CHI No.	
DoB	

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1 - 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.

DATE: 02-02-15

TIME: 0530 0520

Resp. Rate
Mark: •

SpO_2
(Enter Value)

Any Sup'l O_2
Room air

Temp.
Mark: X

Pulse
Mark: •

Blood Pressure
Mark: ◇

NEWS SCORE using Systolic BP

Conscious Level
Mark: •
Alert
Verbal
Pain
Unresp

Total NEWS
(with all obs)

BM

Pain

Nausea

Urine output

Obs due

Initials

DATE

TIME

NEW 0 1

E-Pacer PATIENT REPORT

Time 05:20 Date 02/02/2015

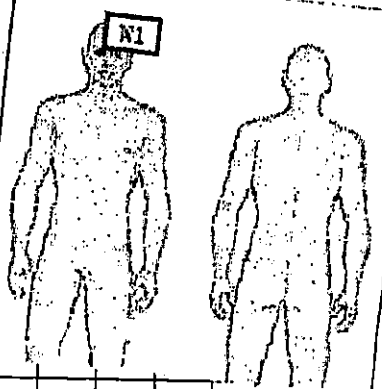
PATIENT AND INCIDENT DETAILS

Incident number	CR001896859.001
Name	CRAIG PALMER
Age	46 years
Gender	Male
Incident location	104 CROSSMILL AVENUE
Incident post code	BARRHEAD GLASGOW
Incident type	G78 1AX
Call received	EMG
Call passed	02/02/2015, 04:38
Crew mobile	02/02/2015, 04:39
Crew at scene	02/02/2015, 04:39
Crew left scene	02/02/2015, 04:49
Receiving hospital and department	02/02/2015, 05:08 RAHP Royal Alexandra - Paisley

PRIMARY SURVEY

RESPONSE	Alert
AVPU	
AIRWAY	Clear
Airway assessment	
BREATHING	Normal
Breathing rate	18
Respiratory rate	
CIRCULATION	Normal
Pulse rate	Radial
Most peripheral pulse found	
Cap refill rate	Normal
Skin colour	Dry
Skin texture	

INJURIES



WOUND
W1. Laceration, Open wound, Haemorrhage, Dry dressing
W2.
W3.
W4.

NEWS SCORE

BM

Pain

Nausea

U/O

Obs due

Initials

KEY

2 | 3

DATE

TIME

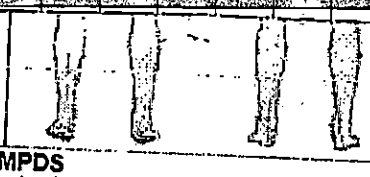
Resp. Rate: 35 30 25 20 16 12 8

SpO2: ≥96 94-95 92-93 ≤91 %

Temp.: 39° 38.5° 38° 37.5° 37° 36.5° 36° 35.5° 35°

Pulse: 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Blood Pressure: 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50



AMPDS

Dispatch code	31D02	Unconscious with Effective Breathing
Final code	17B01	Falls, Possibly Dangerous Area

GCS

Final GCS eye opening	Spontaneous
Final GCS verbal response	Orientated
Final GCS motor response	Obeys commands

VITAL SIGNS

Time hr : min	Pulse bpm	Pulse rhythm	Resp. rpm	BP mm Hg	Cap refill (secs)	Peak flow %	Blood sugar mm	Pain score	Temp °C	SpO2 %	GCS Total	NEWS	RTS	ECG	Sepsis
05:00	68	Reg	18	137 / 85	<2 secs	-	4.7	-	36.2	98	15	0	7.6	-	0
05:10	80	Reg	18	134 / 84	-	-	-	-	-	97	15	-	7.6	-	0

SEPSIS

Sepsis: Pneumonia
Sepsis: UTI
Sepsis: Other infection
Sepsis: Abdo pain
Sepsis: Diarrhoea
Sepsis: Abdo distension
Sepsis: Meningitis
Sepsis: Cellulitis
Sepsis: Septic arthritis
Sepsis: Wound infection
Sepsis: Infected indwelling device

EYES AND PUPIL SIZE AND REACTION

	Left	Right
Pupil size	Normal	Normal
Pupil reaction	Normal	Normal

FINAL OBSERVATION AND COMMENTS

FELL AND HIT HIS HEAD,LOC
INS,PT HAS BEEN

4d04580e-9513-40d3-b45f-44095fbbf73c

Alert
Verbal
Pain
Unresp

NEWS SCORE

BM

Pain

Nausea

U put

Obs due

Initials

Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Neurological Observations

Date:				2/2	[illegible]	[illegible]
Time:				0530	[illegible]	0
COMA SCALE	E – Eyes open	Spontaneously	4	•	•	•
		To speech	3			
		To pain	2			
		None	1			
	V – Best Verbal response	Orientated	5			
		Confused	4	•	•	•
		Inappropriate words	3			
		Incomprehensible sounds	2			
		None	1			
	M – Best motor response	Obeys	6	•	•	•
		Localises	5			
		Flexion - withdrawal	4			
		Flexion - abnormal	3			
		Extension to pain	2			
		None	1			
		TOTAL SCORE		14	14	
PUPILS	R	Size		4	4	4
		Reaction		+	+	+
	L	Size		4	4	4
		Reaction		+	+	+
LIMB MOVEMENT	ARMS	Normal power		0	0	0
		Mild weakness				
		Severe weakness				
		Spastic flexion				
		Extension				
		No response				
	LEGS	Normal power		0	0	0
		Mild weakness				
		Severe weakness				
		Spastic flexion				
		Extension				
		No response				

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

\+ reacts
– no reaction
c. eyes closed

Record right (R) and left (L) separately if there is a difference between the two sides

Glasgow Coma Scale

Pupil size (mm)

•	1
•	2
•	3
•	4
•	5
•	6
•	7
•	8

Pain Score

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Nausea and Vomiting
0 = None
1 = Mild (*Not distressing – no retching/vomiting*)
2 = Moderate (*Troublesome – occasional retching/vomiting)*
3 = Severe (*Distressing – frequent retching/vomiting*)

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name
Address

CHI No.
DoB

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

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NEWS Score	Frequency of Monitoring	Clinical Response
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Aggregate 1-4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
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DATE: 02/02/15

TIME: 0530 07.00

NEW 0 1

Resp. Rate
Mark: •
35 30 25 20 16 12 8

SpO2
(Enter Value)
Any Sup'l O2 %
Room air
≥96 94-95 92-93 ≤91
99 98

Temp.
Mark: X
39° 38.5° 38° 37.5° 37° 36.5° 36° 35.5° 35°

Pulse
Mark: •
170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Blood Pressure
Mark: ◇

NEWS SCORE using Systolic BP
A A

Conscious Level
Mark: •
Alert Verbal Pain Unresp

Total NEWS (with all obs)
1 1

BM 4.7

Pain 5/10

Nausea

Urine output

Obs due

Initials MC

DATE

TIME

NEWS SCORE

BM

Pain

Nausea

U/O

Obs due

Initials

E-Pacer PATIENT REPORT

Time 05:20 Date 02/02/2015

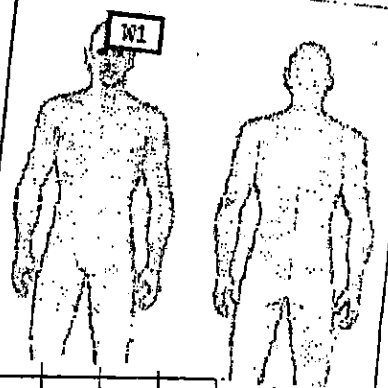
PATIENT AND INCIDENT DETAILS

Incident number	CR001896859.001
Name	CRAIG PALMER
Age	46 years
Gender	Male
Incident location	104 CROSSMILL AVENUE BARRHEAD GLASGOW
Incident post code	G78 1AX
Incident type	EMG
Call received	02/02/2015, 04:38
Call passed	02/02/2015, 04:39
Crew mobile	02/02/2015, 04:39
Crew at scene	02/02/2015, 04:49
Crew left scene	02/02/2015, 05:08
Receiving hospital and department	RAHP Royal Alexandra - Paisley

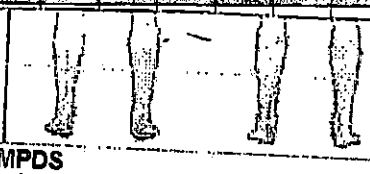
PRIMARY SURVEY

RESPONSE AVPU	Alert
AIRWAY Airway assessment	Clear
BREATHING Breathing rate	Normal
Respiratory rate	18
CIRCULATION Pulse rate	Normal
Most peripheral pulse found	Radial
Cap refill rate	
Skin colour	Normal
Skin texture	Dry

INJURIES



WOUND
W1. Laceration, Open wound, Haemorrhage, Dry dressing
W2.
W3.
W4.



AMPDS

Dispatch code	31D02	Unconscious with Effective Breathing
Final code	17B01	Falls, Possibly Dangerous Area

GCS

Final GCS eye opening	Spontaneous
Final GCS verbal response	Orientated
Final GCS motor response	Obeys commands

VITAL SIGNS

Time hr : min	Pulse bpm	Pulse rhythm	Resp. rpm	BP mm Hg	Cap refill (secs)	Peak flow %	Blood sugar mm	Pain score	Temp °C	SpO2 %	GCS Total	NEWS	RTS	ECG	Sepsis
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SEPSIS

Sepsis: Pneumonia
Sepsis: UTI
Sepsis: Other infection
Sepsis: Abdo pain
Sepsis: Diarrhoea
Sepsis: Abdo distension
Sepsis: Meningitis
Sepsis: Cellulitis
Sepsis: Septic arthritis
Sepsis: Wound infection
Sepsis: Infected indwelling device

EYES AND PUPIL SIZE AND REACTION

	Left	Right
Pupil size	Normal	Normal
Pupil reaction	Normal	Normal

FINAL OBSERVATION AND COMMENTS

FELL AND HIT HIS HEAD,LOC [illegible]NS,PT HAS BEEN

4d04580e-9513-40d3-b45f-44095fbbf73c

Neurological Observations

Date:			2/12	[illegible]	[illegible]
Time:			0530	[illegible]	0
COMA SCALE – E – Eyes open	Spontaneously	4	•	•	•
	To speech	3			
	To pain	2			
	None	1			
COMA SCALE – V – Best Verbal response	Orientated	5			
	Confused	4	•	•	•
	Inappropriate words	3			
	Incomprehensible sounds	2			
	None	1			
COMA SCALE – M – Best motor response	Obeys	6	•	•	•
	Localises	5			
	Flexion - withdrawal	4			
	Flexion - abnormal	3			
	Extension to pain	2			
	None	1			
	TOTAL SCORE		14	14	
PUPILS – R	Size		4	4	4
	Reaction		+	+	+
PUPILS – L	Size		4	4	4
	Reaction		+	+	+
LIMB MOVEMENT – ARMS	Normal power		•	•	•
	Mild weakness				
	Severe weakness				
	Spastic flexion				
	Extension				
	No response				
LIMB MOVEMENT – LEGS	Normal power		•	•	•
	Mild weakness				
	Severe weakness				
	Spastic flexion				
	Extension				
	No response				

Eyes closed by dwelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

+ reacts
– no reaction
c. eyes closed

Record right (R) and left (L) separately if there is a difference between the two sides

Glasgow Coma Scale

Pupil size (mm)

• 1
• 2
• 3
• 4
• 5
• 6
• 7
• 8

Pain Score

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.

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3 = Severe (*Distressing – frequent retching/vomiting)*

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

HOSPITAL INFORMATION MISSING

Dr DAVID MEIGHAN
1 Paisley Road
BARRHEAD

G78 1HG

Date : 02 Jun 2011

Dear Dr DAVID MEIGHAN,

Re: CRAIG PALMER, 104 Crossmill Avenue, Barrhead, GLASGOW, G78 1AX
Date of Birth: 27/07/1968 CHI number: 2707683094

HOSPITAL INFORMATION MISSING Patient attended on the 02 Jun 2011.

The presenting complaint was: **RTA**

Triage information:	**LT LATERAL MUSCULAR NECK PAIN RESTRAINED PASSANGER. COLLISION WITH CENTRAL BARRIER , PAIN?**
The following investigations were carried out:	**SHOULDER X-RAY - LEFT**
The A&E diagnosis was:	**SPRAIN - SHOULDER - LEFT**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**DISCHARGED - NO FOLLOW UP REQUIRED**

Follow-up: **NO FOLLOW UP ARRANGED**

Additional information: **None**

Yours sincerely,

AMIT ROY

EMERG MED MIDDLE GRADE DOCTOR

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 29/04/2014

Consultant: Dr Iain Young

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

Dear DP Meighan

Re: **Palmer Craig D** DOB: **27/07/1968** CHI: **2707683094**
104 Crossmill Avenue
Glasgow G78 1AX

Attended on: **29/04/2014 at 10:19 hrs.** Departed on: **29/04/2014 at 12:09 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
inj to lower back

Nursing Assessment:
Picked up child last Thursday - felt pain in back shortly after - attended GP - commenced on tramadol 100mg, diclofenac and diazepam 5mg - no relief. Pain worsening.

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Low back pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication:

Dispensed Medicine	Formulation	Dose	UOM	Route	Frequency	Duration
Co-codamol 30/500 Tablets	**Tablets**	**0**	**TABS**	**Oral**	**No Frequency Defined**	**No duration defined**
Ibuprofen Tablets	**Tablets**	**0**	**MG**	**Oral**		**No duration defined**

Clinician Notes:

Back pain started 5/7 ago after bending over to pick child up. Examination normal. No altered bowel or bladder habits. Discharged with analgesia.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Yan Mei Goh
Doctor

Copies to:

1. DP Meighan (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 02/02/2015

Consultant: Dr Alan Exton

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

Dear DP Meighan

Re: **Palmer Craig D** DOB: **27/07/1968** CHI: **2707683094**
104 Crossmill Avenue
Glasgow G78 1AX

Attended on: **02/02/2015 at 05:26 hrs.** Departed on: **at hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
head injury

Nursing Assessment:
alledgedly hit on head with bottle by aprtner, loc for 5 mins, lac to L side of head, taken alcohol and cocaine tonight

Investigations in ED:
1. XR Skull

Diagnosis:

Diagnosis	Side	Site
Open wound of scalp		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Presents following alleged assault. Patient hit on head with glass bottle with resulting 2cm open laceration to left parietal scalp. Laceration closed with 3 x 4.0 non-absorbable sutures. Patient to attend GP practice in 7-10 days time for suture removal. Head injury advice sheet given. Discharged home.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Calum Blacklock
Doctor

Copies to:

1. DP Meighan (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 08/09/2015

Consultant: Dr Gordon McNaughton

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

Dear DP Meighan

Re: **Palmer Craig D** DOB: **27/07/1968** CHI: **2707683094**
104 Crossmill Avenue
Glasgow G78 1AX

Attended on: **08/09/2015 at 18:11 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
needs stitches removed

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Attention to surgical dressings and sutures		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Daniel Anderton
Emergency Nurse Practitioner

Copies to:

1. DP Meighan (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 01/02/2016

Consultant: Dr Alan Exton

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

Dear DP Meighan

Re: **Palmer Craig D** DOB: **27/07/1968** CHI: **2707683094**
104 Crossmill Avenue
Glasgow G78 1AX

Attended on: **01/02/2016 at 10:54 hrs.** Departed on: **at hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
l leg injury

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Superficial injury of lower leg - calf	**Left**	

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

attended for the ongoing left calf pain started after an injury 2 days ago. ableto bear weight, no analgesia taken. Simmond's test is normal. Achilles tendon intact. imession : soft tissue injury. analgesia and tubigrip given. worsening symptoms advise given. allowed home.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Mohamed Abouelnaga
Doctor

Copies to:

1. DP Meighan (GP)

School Address:

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Dermatology
Contact Tel: 0141 314 6612/7219 (Secretaries)
Enquiries to:

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

Letter Date: 08/08/2014
Reference: CPF/JS
Dictated Date: 08/08/2014
Transcribed Date: 13/08/2014

Dear Dr. DP Meighan,

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

Attendance: Specialty - Dermatology; Clinic - RACFDE9-DR FITZSIMMONS FRI AM
Date and Time of Appointment - 08/08/2014 10:00

Clinical Comments:
Thank you for referring this gentleman with alopecia areata of his scalp and beard area. It came on suddenly overnight three months ago. There is possibly some slight regrowth of fine white hair, so hopefully things may well improve.

I have suggested Clarelux Foam to his scalp nightly and Synalar Gel to the beard area daily. He will be reviewed in 3 months' time. I have given him an information leaflet on alopecia areata.

Yours sincerely

CLARE P FITZSIMONS

CONSULTANT DERMATOLOGIST

Electronically Signed: Dr Clare Fitzsimons, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111
UROLOGY
0141 314 6996
Maureen Gibson

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: 08/01/2015
Reference: RA/SJ
Dictated Date: 05/01/2015
Transcribed Date: 06/01/2015

Dear Dr Meighan,

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

Thank you for referring this man for vasectomy. His relationship is stable and he is happy that his family is complete.

I have explained to him the essentially irreversible nature of the procedure and the need to continue with alternative forms of contraception until he has two clear semen analyses post operatively. He understands and accepts the small risk of failure due to late re-canalisation. I have also explained the risk of chronic post vasectomy pain.

His vasectomy will be done as a day case under anaesthetic on 13 2 15 and he has consented to that.

Kind regards

Yours sincerely

Mr R J T Alexander

Consultant Urologist

Electronically Signed: Mr Ronald Alexander, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: UROLOGY
Contact Tel: 0141 314 6996
Enquiries to: Maureen Gibson
Letter Date: 24/03/2015
Reference: RA/CMcM
Dictated Date: 20/03/2015
Transcribed Date: 23/03/2015

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

Dear Dr Meighan,

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

Diagnosis: Family planning

Operation: Vasectomy

Follow up: x 2 Seminal Analyses

Your patient attended today and underwent bilateral vasectomy under local anaesthetic.

He has been provided with instructions regarding his semen analysis, which will be performed in three and four months' time.

He understands that some other means of contraception must be maintained until two completely clear sperm tests have been examined.

Yours sincerely,

Mr R T J Alexander

Consultant Urologist

Electronically Signed: Mr Ronald Alexander, Consultant

cc.

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:	
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.

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:	
Department:	Acute Medical Unit
Contact Tel:	0141 314 6980
Enquiries to:	Secretary: Joan McCredie
Letter Date:	25/08/2017
Reference:	AG/JMC
Dictated Date:	22/08/2017
Transcribed Date:	22/08/2017

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 an MRI spine of his lumbar and sacral areas. This showed some minor disc bulging at L3/L4 with no root impingement. At L4/L5 there was a disc bulge causing minor contact of the exiting right L4 nerve root and L5/S1 showed minor contact of the disc with the exiting left L5 nerve root.

We are due to see him back in clinic in September. I think we would discuss with him at that point if his symptoms were ongoing, whether or not he would wish referral for more aggressive intervention other than physiotherapy.

If his symptoms deteriorate during that time we can have this discussion earlier.

Yours sincerely

Dr Abigail Gunn
Consultant Physician in Acute Medicine

Clinic appointment: 20/09/17

Electronically Signed: Dr Abigail Gunn, Consultant

cc.

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:	
Department:	Acute Medicine
Contact Tel:	0141 314 9777
Enquiries to:	Theresa.Porter2@ggc.scot.nhs.uk
Letter Date:	12/09/2017
Reference:	GR/AW/WS1986923
Dictated Date:	04/09/2017
Transcribed Date:	07/09/2017

Dear Dr Meighan ,

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

I am pleased to say that a CT chest, abdomen and pelvis for Mr Palmer that was done on 9th August 2017 did not show any suggestion of any malignancy. There was extensive emphysematous changes in both lungs. He also underwent an MRI lumbar and sacral spine on 12th August 2017 that showed spondylotic changes from L3 to L5/S1. However, there was no suggestion of any spinal root or cord compression.

Yours sincerely

DR GAUTAM RAY

Consultant Physician

Acute Medicine and Stroke Medicine

Electronically Signed: Dr Gautam Ray, Consultant

cc.

Clinic Letter

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:
Contact Tel: 0141 314 6612/7219
Enquiries to:
Letter Date: 07/11/2014
Reference: AB/CPF/AG
Dictated Date: 07/11/2014
Transcribed Date: 10/11/2014

Dear Dr. DP Meighan,

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

Attendance: Specialty - Dermatology; Clinic - RACFDE9-DR FITZSIMMONS FRI AM
Date and Time of Appointment - 07/11/2014 10:00

Clinical Comments:
Diagnosis: Alopcia areata

This gentleman attended for review. He has now almost full hair regrowth both on his scalp and his beard area. For his scalp he has been using Clarelux foam nightly and for his beard area Synalar gel. I have asked him to have a trial off both for a month. If he feels these areas have extended or new ones appear then he should restart his topical steroids.

Further review has been made for this clinic in four months.

Yours sincerely

Ann Brown
Dermatology Nurse Specialist

Electronically Signed: Nurse Ann Brown, Nurse Practitioner

cc.

Clinic Letter

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:	
Department:	Orthopaedics
Contact Tel:	0141 314 7107
Enquiries to:	shauna.gemmell@ggc.scot.nhs.uk
Letter Date:	01/09/2015
Reference:	Dr Hadi Akhavan/JC
Dictated Date:	01/09/2015
Transcribed Date:	01/09/2015

Dear Dr. DP Meighan,

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

Attendance: Specialty - Orthopaedics ; Clinic - RAHBOR3-MS BETTS FRACTURE TUES AM
Date and Time of Appointment - 01/09/2015 10:30

Procedures:
25/08/2015 REPAIR OF NAIL BED
25/08/2015 FINGER NEC

Follow Up: One week

Clinical Comments:
Diagnosis: Nail bed injury of left middle finger
Treatment: Nail bed repair - 25.08.15 at Vale of Leven Hospital

On examination today the wound is satisfactory and he has good range of movements of the IP joints. There is a minimal wet area at the ulnar side. I have applied a dry dressing.

He has been advised exercises and he will be reviewed in one week.

Yours sincerely

Dr Hadi Akhavan
Registrar in Orthopaedics

Electronically Signed: ,

cc.

Clinic Letter

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:	
Department:	Orthopaedics
Contact Tel:	0141 314 7107
Enquiries to:	shauna.gemmell@ggc.scot.nhs.uk
Letter Date:	04/04/2016
Reference:	Mr H Shanker/ LM
Dictated Date:	04/04/2016
Transcribed Date:	06/04/2016

Dear Dr. DP Meighan,

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

Attendance: Specialty - Orthopaedics ; Clinic - RAHHSORI-MR SHANKER EXTRA CLINIC
Date and Time of Appointment - 04/04/2016 14:40

Requested Out-patient Investigations:
Referral to Mr T Hems, Consultant Orthopaedic Surgeon, Victoria Infirmary, Glasgow

Clinical Comments:
I reviewed this 47 year old gentleman who has been under the care of Mr Fazzi and Mr Dreghorn in the past. He gives history of having had recurrent "dislocations" in the past. I do not have any access to the old notes as he was treated in the old Victoria Infirmary in Glasgow. He reports that he had a screw inserted across the joint which subsequently got infected and it was taken out after a period of time. Subsequently he was seen by Mr Dreghorn and the patient reports that Mr Dreghorn had offered shoulder fusion.

At the moment Mr Palmer has ongoing pain. He was also in the recent past seen by Mr Faiz at the Western Infirmary regarding the shoulder

At the moment the main problem is that of ongoing shoulder pain. He also has some tingling in the hand at the distribution of the median nerve. Mr Palmer reports to me that he has had a nerve conduction study which has not shown any significant abnormalities although I do not have access to the original report at this point in time.

Left shoulder shows forward elevation up to 70°, abduction up to 70° and very little external rotation and internal rotation. The range of movement appears to be painful.

X-rays do show complete loss of joint space in the shoulder with large osteophyte formation in the inferior aspect.

I do not usually perform shoulder fusion for complex problems as in this case and this service is not available with me. I would be referring this gentleman to Mr Tim Hems, Consultant Upper Limb Surgeon at Victoria Infirmary, who has huge experience in performing shoulder fusions.

Thanking you.

Yours sincerely

Mr Harish Shanker

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Harish Shanker, Consultant

c.

Clinic Letter

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: Gastroenterology
Contact Tel: 0141 314 6861
Enquiries to: lynne.mellstrom@ggc.scot.nhs.uk
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.

Clinic Letter

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:	
Department:	Acute Medical Unit
Contact Tel:	0141 314 9777
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.

Clinic Letter

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:
Department: Acute Medical Unit
Contact Tel: 0141 314 9777
Enquiries to: Secretary: Theresa Porter
Letter Date: 19/07/2017
Reference: GR/JMC
Dictated Date: 19/07/2017
Transcribed Date: 26/07/2017

Dear Dr. DP Meighan,

raig 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

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

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
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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 9777
Enquiries to:	
Letter Date:	20/09/2017
Reference:	GR/TP
Dictated Date:	20/09/2017
Transcribed Date:	27/09/2017

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 - 20/09/2017 14:30

Clinical Comments:

This patient failed to attend the General Medical Clinic appointment today. Please let us now if he is keen to attend again and we will re-appoint him, otherwise I have discharged him from the clinic.

Yours sincerely

Dr Gautam Ray

Consultant Physician in Acute Medicine and Stroke Medicine

Electronically Signed: Dr Gautam Ray, Consultant

cc.

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: 0141-887-9111
Department: Gastroenterology
Contact Tel: 0141 314 6861
Enquiries to: lynne.mellstrom@ggc.scot.nhs.uk
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,

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

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

Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Inverclyde Royal Hospital Larkfield Road Greenock PA16 0XN	—	**Hospital** and **hospital address** Hospital location code. C313H Email address -

Urgency of referral ROUTINE
Date of referral 08-Oct-2010 **Date sent** 12-Oct-2010

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)
-

1010011044281

Unique Care Pathway Number: 1010011044281

REGISTERED GP DETAILS

Name	Dr David Meighan		
GMC code	3559057	GP code	C38636
Practice name	The Oaks Medical Centre		
Practice code	87108		

Practice address

1 Paisley Rd
Barrhead
Glasgow
G78 1HG

Contact number(s)
Voice: 0141 580 1001
Facsimile: 0141 580 1003

REFERRING GP DETAILS

Name	Dr. Thomas Naven		
GMC code	2697859	GP code	39535
Practice name	1 Paisley Road (87108)		
Practice code	87108		

Practice address

BARRHEAD

Contact number(s)
Voice: 0141 580 1001

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Excessive Perspiration in Right Axilla

Comment: Many thanks for seeing this 42 year old gentleman.

For seven or eight years Craig complains of severe sweating, only in his right axilla as his left axilla is damaged because of infection and damage to his left shoulder joint, for which he is due to have an operation soon.

Because of the sweat on his right one he has to change his T-shirt about three times every day.

I was wondering if he would be a candidate for botulinum injections and would be most grateful if you could see him for assessment.

Best wishes.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Vapour-Permeable Adhesive Film Dressing	25	Activheal Film 10cmx12.7cm	-	-	03-Aug-2010	03-Aug-2010
Flucloxacillin	56	CAPS 500MG	1 Cap	4 times daily	03-Aug-2010	03-Aug-2010
Lodine Sr	60	TABS 600MG	1 Tab	At night	27-Jul-2010	27-Jul-2010

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:		05-May-2009
Current smoker:		11-Nov-2008
Current smoker:		21-Aug-2007

Clinical warnings

Additional Support Needs

No known ASN requirements

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

Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Colorectal 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 15-Nov-2012 **Date sent** 16-Nov-2012

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)
-

101004500081B Unique Care Pathway Number: 101004500081B

REGISTERED GP DETAILS

Name	Dr David Meighan		
GMC code	3559057	GP code	38636
Practice name	Oaks Medical Centre (19000)		
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. Thomas Naven		
GMC code	2697859	GP code	39535
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: PR bleeding and faecal incontinence

Comment: Many thanks for seeing this 45 year old gentleman.

Over the past year, Craig has noticed this and it is causing him great embarrassment. In particular, the faecal incontinence usually happens if he can not get to the toilet in time, but occasionally it might happen in bed, without him being aware of it.

About ten years ago, he had a similar problem, during which he had a colonoscopy and said that he had a repair of his sphincter in the RAH. There was a query as to whether he had crohn's, but evidently it cleared up for many years, but now it has come back.

Craig has an ongoing problem with a painful shoulder, and is waiting to get further surgery for a discharging sinus in the joint.

His only medication is cocodomol. He has not taken any inflammatories for over a year.

His weight is stable, and otherwise healthy.

This is causing Craig great concern and embarrassment, and I would be grateful if you could see him for assessment.

Craig's bowels open about three to four times per day, but in the morning it is often preceeded by cramps, at which time he needs to go very quickly.

Best wishes

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Co-Codamol 30/500 Tablets	100	100 tablet	TWO TO BE TAKEN UPTO FOUR TIMES A DAY	-	31-Oct-2012	31-Oct-2012

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 Support Needs

No known ASN requirements

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
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

AVella (Consultant) General Surgery - Colorectal GGC Colorectal	—	**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 Not applicable
Date of referral 29-Apr-2013 **Date sent** 01-May-2013

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)
-

101005267521P

Unique Care Pathway Number: 101005267521P

REGISTERED GP DETAILS

Name	Dr David Meighan		
GMC code	3559057	GP code	38636
Practice name	Oaks Medical Centre (19000)		
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. Thomas Naven		
GMC code	2697859	GP code	39535
Practice name	The Oaks Medical Practice (87108)		

Practice address

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

Practice code	87108

G78 1SW

Contact number(s)

Volce: 0141 800 7085

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: PR bleeding and faecal incontinence

Comment: Many thanks for seeing Craig.

Unfortunately, he was due to attend your clinic on the 19th March last, but due to the fact that his pregnant wife developed quinsy, and was admitted to hospital during that week, he was unable to attend.

The problem persists and Craig is still eager to be seen.

Consequently, I would be grateful if you could see him once more.

Best wishes

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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	56	56 capsule	ONE TO BE TAKEN EACH DAY	-	04-Jan-2013	29-Apr-2013

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ciprofloxacin Tablets 250 mg	10	10 tablet	1 Tab morning and night	-	01-Mar-2013	01-Mar-2013
Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	11-Dec-2012	11-Dec-2012

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

Investigations

Description/Question	Result/Comment	Date
Previous similar problems?:	Yes	-
Family history of colorectal cancer?:	No	-
Duration of current symptoms (weeks):	25	-
Rectal bleeding:	No	-
Rectal bleeding bright red:	No	-
Rectal bleeding dark red:	No	-
Change in bowel habit:	No	-
Pain:	No	-
Abdominal pain:	No	-

Weight loss:	No	-
Weight loss :	No weight loss	-
Abdominal Examination:	No	-
Rectal Examination:	No	-
Haematology:	No	-

Clinical warnings

Additional Support Needs
No known ASN requirements

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
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology 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 30-May-2014 **Date sent** 30-May-2014

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

101007312049R | Unique Care Pathway Number: 101007312049R

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. Thomas Naven		
GMC code	2697859	GP code	39535
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: Alopecia areata

Comment: Many thanks for seeing this 45 year old gentleman.

Craig first noticed this on the beard area of his face about six weeks ago. But now there are many such areas on his scalp. But I noticed that the areas of baldness do not have a smooth base. Insofar as Craig is aware there is no family history.

Consequently, I would be most grateful if you could see Craig to offer him advice and support.

Best wishes

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	-	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
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	56	56 capsule	ONE TO BE TAKEN EACH DAY	-	04-Jan-2013	02-Apr-2014

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clobetasone Butyrate Ointment 0.05 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	01-May-2014	01-May-2014
Co-Codamol 30/500 Caplets	100	100 tablet	1 or 2 Tabs 4 times daily	-	29-Apr-2014	29-Apr-2014
Diazepam Tablets 5 mg	14	14 tablet	1 or 2 Tabs Daily	-	25-Apr-2014	25-Apr-2014
	50	50 tablet	2-3 DAILY	-	25-Apr-2014	

Tramadol Hydrochloride M/R tablets 100 mg						25-Apr-2014
Diclofenac Sodium E/c tablets 50 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD	-	25-Apr-2014	25-Apr-2014

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 Support Needs

No known ASN requirements

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Urology 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 13-Oct-2014 **Date sent** 15-Oct-2014

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

1010080477469

Unique Care Pathway Number: 1010080477469

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. Thomas Naven		
GMC code	2697859	GP code	39535
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: Vasectomy

Comment: Many thanks for seeing this 46 year old gentleman.

Craig has eight children, and would like to have a vasectomy.

I would therefore be most grateful if you could see him for assessment.

Best wishes

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	-	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
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
Clobetasol Propionate Cutaneous Foam 500 micrograms/gram	100	100 gram	APPLY AT NIGHT FOR 3 MONTHS	-	08-Aug-2014	12-Sep-2014
Fluoxetine Hydrochloride Capsules 20 mg	56	56 capsule	ONE TO BE TAKEN EACH DAY	-	04-Jan-2013	11-Aug-2014

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluocinolone Acetonide Gel 0.025 %	60	60 gram	APPLY AS DIRECTED	-	08-Aug-2014	08-Aug-2014
Clobetasone Butyrate Ointment 0.05 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	01-May-2014	01-May-2014
	100	100 tablet	1 or 2 Tabs 4 times daily	-	29-Apr-2014	

Co-Codamol 30/500 Caplets — 29-Apr-2014

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 Support Needs

No known ASN requirements

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
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Trauma and Orthopaedic Surgery - 12122013 Clinical Letter 149813
Trauma and Orthopaedic Surgery - 05022013 Clinical Letter 121301
Trauma and Orthopaedic Surgery - 23072013 Clinical Letter 135973

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma and Orthopaedic Surgery 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 01-Sep-2015 **Date sent** 01-Sep-2015

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

1010098838231 Unique Care Pathway Number: 1010098838231

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 **Practice address**

Name	Dr. Fazila Khattak		
GMC code	6084336	GP code	39047
Practice name	The Oaks Medical Practice (87108)		
Practice code	87108		

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: pain and stiffness left shoulder

Comment: This gentleman was see by dr Fazzi, orthopaedics in 2013 , he was unable to attend southern due to travel issues.
Previous letters attached re shoulder problems, he still has lot of pain and stiffness left shoulder, he needs assessment by orthopaedic for further management.
Thankyou.

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	-	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
Clobetasol Propionate Cutaneous Foam 500 micrograms/gram	100	100 gram	APPLY AT NIGHT FOR 3 MONTHS	-	08-Aug-2014	17-Oct-2014
Fluoxetine Hydrochloride Capsules 20 mg	56	56 capsule	ONE TO BE TAKEN EACH DAY	-	04-Jan-2013	02-Jun-2015

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

No recent medications recorded

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 Support Needs
No known ASN requirements

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
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:Yes

Trauma and Orthopaedic Surgery - 12122013 Clinical Letter 149813
Trauma and Orthopaedic Surgery - 05022013 Clinical Letter 121301
Trauma and Orthopaedic Surgery - 23072013 Clinical Letter 135973

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

Gastroenterology - 04042016_Results_221867
Gastroenterology - 04042016_Result_221239
Gastroenterology - 04042016_Result_221238
Gastroenterology - 04042016_Results_221868
Gastroenterology - 04042016_Result_221439
Gastroenterology - 04042016_Result_221236
Gastroenterology - 04042016_Result_221179
Gastroenterology - 04042016_Result_221682
Gastroenterology - 04042016_Results_221870
Gastroenterology - 08042016_Result_221628
Gastroenterology - 04042016_Results_221515
Gastroenterology - 08042016_Result_221629
Gastroenterology - 04042016_Results_221440
Gastroenterology - 04042016_Result_221237
Gastroenterology - 04042016_Results_221779
Gastroenterology - 04042016_Results_221869
Gastroenterology - 04042016_Results_221630

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gastroenterology 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 15-Apr-2016 **Date sent** 15-Apr-2016

PATIENT DETAILS

Surname	Palmer
Forename(s)	Craig
Title	Mr
Sex	Male

Patient's address

104 Crossmill Avenue
BARRHEAD
G78 1AY

Contact number(s)

Date of birth	27-Jul-1968
CHI no.	2707683094
Area of Residence	-

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 started	Date last 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 Support Needs

No known ASN requirements

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**

Gastroenterology - 04042016 Results 221867
Gastroenterology - 04042016 Result 221239
Gastroenterology - 04042016 Result 221238
Gastroenterology - 04042016 Results 221868
Gastroenterology - 04042016 Result 221439
Gastroenterology - 04042016 Result 221236
Gastroenterology - 04042016 Result 221179
Gastroenterology - 04042016 Result 221682
Gastroenterology - 04042016 Results 221870
Gastroenterology - 08042016 Result 221628
Gastroenterology - 04042016 Results 221515
Gastroenterology - 08042016 Result 221629
Gastroenterology - 04042016 Results 221440
Gastroenterology - 04042016 Result 221237
Gastroenterology - 04042016 Results 221779
Gastroenterology - 04042016 Results 221869
Gastroenterology - 04042016 Results 221630

Referral letter:

NHS
Greater Glasgow and Clyde

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

Mr David Martin
Consultant Orthopaedic Surgeon
Queen Elizabeth University Hospital
1345 Govan Road
GLASGOW
G51 4TF

Main Switchboard:	
Department:	Orthopaedic Surgery
Contact Tel:	0141 347 8916
Enquiries to:	
Letter Date:	16/05/2016
Reference:	TH/JMc
Dictated Date:	03/05/2016
Transcribed Date:	13/05/2016

Dear David ,

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

I would be grateful if you could take on the care of this gentleman. I have received a referral letter from Harish Shanker at Paisley. It appears that he was under the care of Clark Dreghorn previously and had surgery for recurrent dislocations at the shoulder. Unfortunately there are ongoing problems.
I think this type of problem is outside my expertise and I would be grateful if you could help.

Kind Regards

Yours Sincerely

T E J Hems F.R.C.S.

..and & Orthopaedic Surgeon

Electronically Signed: Mr Timothy Hems, Consultant

cc.

Mr Harish Shanker
Consultant Orthopaedic Surgeon
Royal Alexandra Hospital
Corsebar Rd
PAISLEY
PA2 9PN

Dr DP Meighan
Barrhead Health & Care Centre
213 Main Street
Glasgow
G78 1SW

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

General Medicine - 15042016_Referral_221983
General Medicine - 04042016_Result_221238
General Medicine - 20102016_Hospital Clinic Letter_242556
General Medicine - 04042016_Results_221515
General Medicine - 04042016_Result_221237
General Medicine - 14042016_Result_222281
General Medicine - 04042016_Results_221870
General Medicine - 04042016_Results_221867
General Medicine - 04042016_Results_221868
General Medicine - 04042016_Result_221236
General Medicine - 13012017_Clinical Letter_250498
General Medicine - 04042016_Results_221630
General Medicine - 04042016_Result_221682
General Medicine - 04042016_Results_221869
General Medicine - 08042016_Result_221629
General Medicine - 04042016_Results_221440
General Medicine - 08042016_Result_221628
General Medicine - 04042016_Result_221439
General Medicine - 05052016_Result_224905
General Medicine - 04042016_Results_221779
General Medicine - 04042016_Result_221239

Additional Support Needs:
No known ASN requirements

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	-	16-Feb-2017	16-Feb-2017

			(MAXIMUM OF 8 IN 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 Support Needs

No known ASN requirements

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**

General Medicine - 15042016_Referral_221983

General Medicine - 04042016_Result_221238

General Medicine - 20102016_Hospital Clinic Letter_242556

General Medicine - 04042016_Results_221515

General Medicine - 04042016_Result_221237

General Medicine - 14042016_Result_222281

General Medicine - 04042016_Results_221870

General Medicine - 04042016_Results_221867

General Medicine - 04042016_Results_221868

General Medicine - 04042016_Result_221236

General Medicine - 13012017_Clinical Letter_250498

General Medicine - 04042016_Results_221630

General Medicine - 04042016_Result_221682

General Medicine - 04042016_Results_221869

General Medicine - 08042016_Result_221629

General Medicine - 04042016_Results_221440

General Medicine - 08042016_Result_221628

General Medicine - 04042016_Result_221439

General Medicine - 05052016_Result_224905

General Medicine - 04042016_Results_221779

General Medicine - 04042016_Result_221239

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

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 100 micrograms/actuation	200	200 DOSE	ONE OR TWO DOSES TO BE	-	19-Sep-2025	19-Sep-2025

INHALED WHEN REQUIRED

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

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:No

Signature of referring doctor (or other professional) **Date**

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

Operation note:

NHS
Greater Glasgow and Clyde
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: UROLOGY
Contact Tel:
Enquiries to:
Letter Date: 24/03/2015
Reference: RA/CMcM
Dictated Date: 20/03/2015
Transcribed Date: 23/03/2015

20.03.2015
ALEXANDER

Royal Alexandra Hospital
Department: UROLOGY

BILATERAL VASECTOMY

PROCEDURE:-

0/5% MARCAIN VASAL BLOCKS AND 2% PLAIN LIGNOCAINE TO SCROTAL SKIN THE RIGHT VAS WAS IDENTIFIED AND DISSECTED OUT. IT WAS DIVIDED AND TIED WITH VICRYL. THE PROXIMAL END WAS BURIED BENEATH A FASCIAL LAYER. A SIMILAR PROCEDURE WAS PERFORMED ON THE LEFT THROUGH THE SAME INCISION. SKIN WAS CLOSED WITH INTERRUPTED VICRYL.

RA/CMCM

NHS
Greater Glasgow and Clyde

CONSENT FOR MALE STERILISATION

Full Name ..... 2707683094 ..... Unit no. .....
Address ..... PALMER Craig, D 104 Crossmill Avenue Barrhead Glasgow G78 1AX M 27/07/196[illegible]
.....
Consultant .... Ward .....

CONSENT OF PATIENT

1. I hereby consent to undergo the operation of VASECTOMY
the nature and effect of which have been explained to me by ~~Dr./~~Mr. Alexander

2. I consent to the administration of a local or other anaesthetic.

3. I understand that the intention of the operation is to render me sterile and incapable of parenthood.

4. I understand that as with any method of sterilisation there is a small failure rate and no absolute guarantee of sterility can be given.

5. I understand that two consecutive negative sperm counts must be obtained before I abandon other methods of contraception.

6. I understand that the operation is intended to be permanent in its effect, and that the success of any later attempt to reverse the operation cannot be guaranteed

7. No assurance has been given that the operation will be performed by a particular surgeon.

Date: 5.1.15 Signature of Patient X Craig Palmer

SIGNATURE OF DOCTOR

I confirm that I have explained to the patient the nature and effect of this operation.

Date 5.1.15 Dr./Mr. [signature]

STY0103N

XR Shoulder Lt

Performed	02-Jun-2011 14:44	Received	03-Jun-2011 18:12
Reported	03-Jun-2011 09:18	Order Number	C418H25928276
Status	Final	Source System	MiSys

XR Shoulder Lt Final
Craig Palmer
Clinical History : Previous shoulder op. Increasing pain.

XR Shoulder Lt : Unfortunately there are no previous images for comparison.
There is marked degenerative change at the glenohumeral joint with superior subluxation of the humeral head, loss of the subacromial space. Lucency within the humeral head may be related to previous surgery.

Reported by: Dr Trudy Coyle
Verified by: Dr Trudy Coyle

XR Skull

Performed	02-Feb-2015 08:24	Received	02-Feb-2015 12:16
Reported	02-Feb-2015 12:14	Order Number	C418H29918538
Status	Final	Source System	MiSys

XR Skull Final
Craig D Palmer
Clinical History :

46 year old man hit with glass bottle to left side of head. Open laceration. Soft tissue view please ?foreign body

XR Skull :
No radio-opaque foreign body.

Reported by: Dr Christopher Pollard (Trainee)
Verified by: Dr Christopher Pollard (Trainee)

XR Chest

Performed	04-Apr-2016 14:43	Received	07-Apr-2016 12:01
Reported	07-Apr-2016 11:59	Order Number	C418H31301734
Status	Final	Source System	MiSys

XR Chest Final
Craig D Palmer
Clinical History : 30yr smoker. Weightloss. Several wks of right posterior chest pain.

XR Chest : There are no recent previous films available for comparison.

Normal heart and mediastinum. Emphysematous lungs are clear.

There is gross degenerative change at the left shoulder girdle as shown on the recent previous XR shoulders. .

Reported by: Dr Alexander Maclennan
Verified by: Dr Alexander Maclennan

XR Shoulder Lt

Performed	04-Apr-2016 14:44	Received	19-May-2016 16:50
Reported	19-May-2016 16:48	Order Number	C418H31301746
Status	Final	Source System	MiSys

XR Shoulder Lt Final
Craig D Palmer
Clinical History :

left shoulder stiffness due to previous sepsis. Ap, LAt and axial views if possible

XR Shoulder Lt :
Gross deformity with secondary degenerative change at the glenohumeral joint. Appearances have deteriorated compared with 2013.

Reported by: Dr Marzi Davies
Verified by: Dr Marzi Davies

XR Chest

Performed	17-May-2017 14:07	Received	06-Jul-2017 08:03
Reported	06-Jul-2017 08:01	Order Number	C418H32654752
Status	Final	Source System	MiSys

XR Chest Final
Craig D Palmer
Clinical History :

smoker, ongoing weight loss. To exclude neoplasm

XR Chest :
Comparison with April 2016.

Normal mediastinum and cardiac contours. The heart is not enlarged. The lungs are clear. Background emphysematous changes - no acute pulmonary pathology. No pleural effusions. Normal bony thorax.

Reported by: Dr Kirsty Slaven
Verified by: Dr Kirsty Slaven

CT Thorax abdomen pelvis with contrast

Performed	09-Aug-2017 15:42	Received	25-Aug-2017 08:59
Reported	25-Aug-2017 08:57	Order Number	C418H32862207
Status	Final	Source System	MiSys

CT Thorax abdomen pelvis with contrast Final
Craig D Palmer
Clinical History :

Smoker. Weight loss of about 6 kgs in last 4 months. Raised alkaline phosphatase. ? malignancy

CT Thorax abdomen pelvis with contrast :
No mediastinal mass or lymphadenopathy demonstrated.
Extensive emphysematous change present.
No concerning pulmonary nodules present.
Minor areas of atelectasis present within the lingula and right lower lobe.

No significant focal liver lesions seen.
Solid organs of the upper abdomen are normal.
No mass lesion present within the unprepared large bowel.
Satisfactory appearances of the prostate and bladder.
No destructive bony lesions seen. The left shoulder joint is markedly arthritic.

Conclusion: Scan confirms extensive emphysematous change. No convincing CT evidence of malignancy identified throughout the chest, abdomen or pelvis.

Reported by: Dr John Morrison
Verified by: Dr John Morrison

MRI Spine lumbar and sacral

Performed	12-Aug-2017 09:13	Received	14-Aug-2017 21:26
Reported	14-Aug-2017 21:23	Order Number	C418H32655180
Status	Final	Source System	MiSys

MRI Spine lumbar and sacral Final
Craig D Palmer
Clinical History :
4 months history of low back pain and weight loss. No injury. Constant right buttock and thigh neuralgia. Reduced knee jerk and ankle jerk. Power 4/5 right leg flexion. ?multi level nerve root compression. Has claustrophobia but has tolerated MRI before.

MRI Spine lumbar and sacral :
Date of Examination: 12/8/17
Technique: Lumbar spine: Sagittal T2, T1, STIR, axial T2.
Findings: Lumbar lordosis is preserved. Vertebral heights are maintained. STIR sequences are normal.
On the axial sequences:
L3/4: Minor broad-based diffuse disc bulge. Facet joint degeneration and hypertrophy. No convincing nerve root impingement.
L4/5: Broad-based diffuse disc bulge extending to both exit canals. Bilateral facet joint degeneration and hypertrophy. Minor contact of the exiting right L4 nerve root with the disc bulge at the exit canals.
L5/S1: No significant abnormality with minor contact of the disc at the exiting left L5 nerve root.
Opinion: Lumbar spondylotic change as described.

Report Date : 14/8/17
Reporting Consultant: Dr. R. Sinha . Consultant MSK Radiologist
Medica Reporting Ltd
GMC Regn No: 5192056

Reported by: Dr Rajendranath Sinha
Verified by: Dr Rajendranath Sinha

XR Chest

Performed	18-Jun-2025 11:13	Received	07-Jul-2025 13:15
Reported	07-Jul-2025 13:13	Order Number	C418H42362286
Status	Final	Source System	MiSys

XR Chest Final
Craig D Palmer
Clinical History :

Weight loss. Smoker. Chnages in bowel habits

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.

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

CT Thorax abdomen pelvis with contrast

Performed	19-Aug-2025 12:16	Received	03-Sep-2025 06:15
Reported	03-Sep-2025 06:13	Order Number	C418H42428515
Status	Final	Source System	MiSys

CT Thorax abdomen pelvis with contrast Final
Craig D Palmer
SEE REPORT FOR CLINICAL INFORMATION

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)
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Reported by: TELECONSULT
Verified by: TELECONSULT