A&E Records

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent
Edinburgh EH16 4SU
Telephone: 0131 242 1300
Fax: 0131 242 1344

NHS Lothian

A/E no. E1678770
Previous no. E117750
UHPI no. 700009545V
CHI no. 2706830751

PATIENT INFORMATION

Surname: Wright
Forenames: Christopher
Date of Birth: 27/06/1983
Age: 26 Yrs Sex: M

Address: 5g Wheatsheaf Lane
Dalkeith
Midlothian
Postcode: EH22 1EU
Telephone: 07538838440

Contact: Nicol, Laura
Telephone: 0131 663 2201 H
W
Address: 5g Wheatsheaf Lane
Dalkeith
Midlothian EH22 1EU

Complaint: inj r foot
Allergies:

Attendances in last 12 months: 0
School:

General Practitioner

Name: D Robertson
Address: Dalkeith Medical Practice
The Health Centre
EH22 1AP
Telephone: 0131 561 5500

Date and Time of Attendance: 14/03/2010 19:34
Incident Date & Time:
Mode of Arrival: Private Transport
Source of Referral: Self Referral to A&E

T	P	RR	BP	BM	SpO2	Peakflow	Urinalysis	Alcometer

Nursing Assessment

Pain Assessment Score
Waterlow Score
Pain Score Review
Time
Triage Score
Signature
Time
Print Name

Clinical Notes: 26yr old man playing football hyperflexed (R) foot c/o pain foot able to wt bear taken analgesia.

O/E (R) foot: no swelling bruising wounds or deformity
no BT fb head, LM, MM, calcaneum mid foot 5th MT tib/fib ant ankle
BT 1st 2nd + 3rd MT

Xray (R) foot: no obvious # noted

FROM fully weight bearing

Imp: STI Plan: regular analgesia gentle exercise RICE + see GP if concerned

Diagnosis

Doctor's Name (print) [illegible]
Signature [illegible]

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

Clinical Lead Dr. A. Gray
Clinical Nurse Manager Mr. Neil Boyle
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SU
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

A/E no. E2313318
Previous no. E1678770

UHPI no. 700009545V
CHI no. 2706830751

PATIENT INFORMATION

Surname Wright
Forenames Christopher
Date of Birth 27/06/1983
Age 29 Yrs Sex M

Address 119 WOODBURN DRIVE
Dalkeith
Midlothian
Postcode EH22 2BB
Telephone

Contact Address Dyet, Christoper
Telephone H 07867 623403
W

Complaint neck injury
Allergies

Attendances in last 12 months: 0 School:

General Practitioner

Name
KA Chapman
Address
Dalkeith Medical Centre
St Andrews Street
EH22 1AP
Telephone 01315615500

Date and Time of Attendance
25/09/2012 01:01
Incident Date & Time:
Mode of Arrival
Emergency Ambulance
Source of Referral
999 Emergency

T	P 86	RR 16.	BP 125/79	BM	SpO2 98%	Peakflow	Urinalysis	Alcometer

Nursing Assessment Playing football, jumped up and kicked ball, then fell and landed on back of neck at 2100hrs pins and needles both hands & both feet now resolved c/o Pain in neck. ~~unstable~~ other new visit by SAS

Pain Assessment Score Waterlow Score
Pain Score Review Time Triage Score
Signature Time 0100 Print Name

Clinical Notes took 2 tramadol (which he is on for chronic back pain) no relief.

SEEN

Diagnosis

Doctor's Name (print) Signature

E-Pacer PATIENT REPORT

Time	01:07	Date	25/09/2012

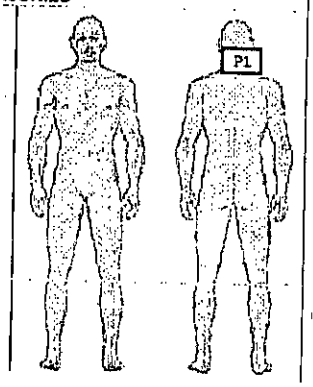
PATIENT AND INCIDENT DETAILS

Incident number	ED003448989.001
Name	CHRISTOPHER LEE WRIGHT
Age	29
Date of birth	27/06/1983
Gender	Male
Incident location	119 WOODBURN DRIVE DALKEITH
Incident post code	EH22 2BB
Incident type	EMG
Call received	24/09/2012, 23:40
Call passed	24/09/2012, 23:39
Crew mobile	24/09/2012, 23:40
Crew at scene	25/09/2012, 00:07
Crew left scene	25/09/2012, 00:43
Patient at hospital	25/09/2012, 00:58
Receiving hospital and department	NERI New Edinburgh Royal Infirmary

PRIMARY SURVEY

RESPONSE	
AVPU	Alert
AIRWAY	
Airway assessment	Clear
BREATHING	
Breathing rate	Normal
Respiratory rate	
CIRCULATION	
Pulse rate	Normal
Most peripheral pulse found	Radial
Cap refill rate	
Skin colour	Normal
Skin texture	Dry
C-SPINE INJURY	
Suspicion of CSI	C-spine injury cannot be excluded
PATIENT CONSENT	
Patient consent	Treatment benefits explained, Risks of condition explained, Risk of refusal explained, Capacity to understand risks and treatment

INJURIES



AMPDS

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 mmol / l	Pain score	Temp °C	SpO2 %	GCS Total	SEWS	RTS	ECG
00:25	80	Reg	14	127 / 91	<2 secs	-	3.9	7/10	-	100	15	-	7.550	-

EYES AND PUPIL SIZE AND REACTION

	Left	Right
Pupil size	Normal	Normal
Pupil reaction	Normal	Normal

AMPLE

Allergies	
Other allergies	PEPPERS
Medication	DIAZAPALM, TRMDOL, ANOTRAPTINE, DIPLOFENAC, IMMIGRIN
Past history	PANIC ATTACKS, PREVIOUS LOWER SPINE INJURY.
Last eaten	>5 hrs
Events prior	PLAYING FOOTBALL AND TRIED TO KICK THE BALL BY DOING AN OVERHEAD KICK, LANDED ON HIS NECK ON ARTIFICIAL GRASS. ININIALLY NO PAIN, APPROX 5 MIN LATER STARTED TO FEEL PAIN ON BOTH SIDES OF NECK AND CENTRE OF NECK AND FELT PINS AND NEEDLES IN ARMS AND LEGS AND FELT DIZZY. WAS DRIVEN HOME TOOK TRAMADOL FOR THE PAIN IN NECK AND WENT TO BED.

FINAL OBSERVATION AND COMMENTS

999 TO HOME. O/A PT IN BED. C/O NECK PAIN BOTH SIDES AND CENTRAL PAIN. PAIN SCORE 7/10. PINS AND NEEDELS IN ARMS AND LEGS. PT HAS FULL MOBILITY OF LIMBS. OBS NORMAL. COLLAR AND LONGBOARD USED TO TRANSFER TO HOSPITAL. OBS NORMAL.

700009545V/E2313318 M 27/06/1983
Wright, Christopher
119 WOODBURN DRIVE,
Dalkeith,.
Midlothian,
EH22 2BB
CHI 2706830751
77041 KA Chapman

Report ID	97d88ce5-95ee-4a84-8cce-

Clinic Letters & Notes

Ophthalmology

Dr Lewthwaite
Millhill Surgery
87 Woodmill Street
Dunfermline
Fife
KY11 4JW

Date First Created: 21/08/96
Date/Time Printed: 05/06/2026 11:10
Our Ref: 700009545V
CHI: 2706830751

Patient:	Mr Christopher Wright Flat C 9 Craigiebield Grove Midlothian Penicuik EH26 9BD	**UHPI:**	700009545V
		Date of Birth:	27/06/1983
Specialty:	Ophthalmology	**Consultant:**	Dr Brian W Fleck

Diagnosis Left divergent squint

Vision Right 6/5 Left 6/18

Christopher has a marked left divergent squint and he himself initiated the request for surgery due to teasing at school. However, he is very anxious at the prospect of surgery. I have explained the procedure at length to him and that he has decided that he wants to think about it and will let us know what his decision is.

I have left it that he will contact us with his decision but no further follow up has been arranged.

Yours sincerely

Dr M Emond
Clinical Assistant

Ophthalmology

Dr Lewthwaite
Millhill Surgery
87 Woodmill Street
Dunfermline
Fife
KY11 4JW

Date First Created: 17/09/97
Date/Time Printed: 05/06/2026 11:10
Our Ref: 700009545V
CHI: 2706830751

Patient:	Mr Christopher Wright Flat C 9 Craigiebield Grove Midlothian Penicuik EH26 9BD	**UHPI:**	700009545V
		Date of Birth:	27/06/1983
Specialty:	Ophthalmology	**Consultant:**	Dr Brian W Fleck

Diagnosis: "V" pattern exotropia with over action of both inferior oblique muscles and divergent squint, treated by right and left inferior oblique disinsertion
9 September 1997

At review on 17 September 1997 he had very good cosmetic result with a slight left manifest convergent squint with left over right for near and a variable left manifest divergence with slight left over right for distance which varies from minimal to moderate to marked but he is happy with the appearance. His inflammation is settling and he has been advised to continue with Oc Betnesol N nocte right and left eyes for the next two weeks. He has an appointment for review in three months time. He is to contact his own doctor should there be any problems.

Yours sincerely

Dr J Crispin
Clinical Assistant

cc Dr J Cresswell
Community Paediatrics

Ophthalmology

Dr Lewthwaite
Millhill Surgery
87 Woodmill Street
Dunfermline
Fife
KY11 4JW

Date First Created: 31/12/97
Date/Time Printed: 05/06/2026 11:10
Our Ref: 700009545V
CHI: 2706830751

Patient:	Mr Christopher Wright Flat C 9 Craigiebield Grove Midlothian Penicuik EH26 9BD	**UHPI:**	700009545V
		Date of Birth:	27/06/1983
Specialty:	Ophthalmology	**Consultant:**	Dr Brian W Fleck

DIAGNOSIS: Right and left inferior oblique disinsertions

VISUAL ACUITY: Right eye 6/5: Left eye 6/18

MANAGEMENT PLAN/TREATMENT: This boy is delighted following his squint surgery and feels there is no further cosmetic problems. He still does have a slight manifest divergent squint for near and a moderate squint for distance, but he has no diplopia and is quite happy with his appearance. I have therefore not discussed any further surgery but I have warned him that, if the squint becomes more manifest in the future, that further surgery would be an option.

FOLLOW UP: He has been discharged from follow up.

Yours sincerely

M EMOND
Clinical Assistant

cc: Dr J Cresswell
Community Child Health Service
Edinburgh

Ophthalmology

Dr Lewthwaite
Millhill Surgery
87 Woodmill Street
Dunfermline
Fife
KY11 4JW

Date First Created:	31/12/97
Date/Time Printed:	05/06/2026 11:10
Our Ref:	700009545V
CHI:	2706830751

Ear Nose and Throat

Dr Lewthwaite
Millhill Surgery
87 Woodmill Street
Dunfermline
Fife
KY11 4JW

Date First Created: 06/05/99
Date/Time Printed: 05/06/2026 11:10
Our Ref: 700009545V
CHI: 2706830751

Patient:	Mr Christopher Wright Flat C 9 Craigiebield Grove Midlothian Penicuik EH26 9BD	**UHPI:**	700009545V
		Date of Birth:	27/06/1983
Specialty:	Ear Nose and Throat	**Consultant:**	Prof A Maran

I reviewed Christopher in the OPD clinic today following a nasal injury. He reports only minor change in the shape of his nose and good passage of air.

On examination the nasal bones are slightly mobile and slightly prominent on the left but the nose is essentially straight. The septum was slightly deviated to the left but there was no haematoma.

In view of the fact that there is minimal deformity nasal manipulation is not indicated. Should he in the future develop problems, e.g. sinusitis, please feel free to refer him back to us for further management.

Yours sincerely

J SYME-GRANT
SHO IN ENT

Dermatology

Dr Lewthwaite
Millhill Surgery
87 Woodmill Street
Dunfermline
Fife
KY11 4JW

Date First Created: 06/10/99
Date/Time Printed: 05/06/2026 11:10
Our Ref: 700009545V
CHI: 2706830751

Patient:	Mr Christopher Wright Flat C 9 Craigiebield Grove Midlothian Penicuik EH26 9BD	**UHPI:**	700009545V
		Date of Birth:	27/06/1983
Specialty:	Dermatology	**Consultant:**	Dr D Kemmett 1

Thank you for referring this young lad with a long standing lesion on the right shin. Recently this has changed in colour from red to dark, and then back to red again. It gives him no symptoms whatsoever. His general health is good, apart from mild asthma for which takes the occasional inhalers.

Examination revealed a 5 x 2 mm red lesion just below the right patella. Clinically this was a haemangioma and was confirmed by the dermatoscope which showed classic changes of a haemangioma. These things are harmless and should give him no problems. I have reassured him and discharged him from follow up.

Yours sincerely,

DR DANIEL KEMMETT
CONSULTANT DERMATOLOGIST

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Neurology

Dr Lewthwaite
Millhill Surgery
87 Woodmill Street
Dunfermline
Fife
KY11 4JW

Date First Created: 06/08/2012
Date/Time Printed: 05/06/2026 11:10
Our Ref: 700009545V
CHI: 2706830751

Patient:	Mr Christopher Wright Flat C 9 Craigiebield Grove Midlothian Penicuik EH26 9BD	**UHPI:**	700009545V
		Date of Birth:	27/06/1983
Specialty:	Neurology	**Consultant:**	Dr Don J Mahad

Thank you for referring this 29 year old right handed man with around a 5 year history of tremor which is intermittent and is affecting the right more than the left hand. He has a long history of intermittent diplopia and bilateral strabismus corrected aged 13. He has a past history which consists of childhood asthma, strabismus surgery and depression. He takes Venlafaxine, Amitriptyline, and Diazepam. He drinks less than 2 units of alcohol per week. His maternal great uncle had Parkinson's disease.

On examination he had bilateral divergent strabismus, right upper limb physiological tremor greater than 1 hertz. There was no cog wheeling or bradykinesia. There are no other neurological abnormalities.

He also complained of a 3 month history of early morning headaches and I have requested an MRI scan to rule out any structural abnormalities and advised him to keep an eye out for possible alcohol responsiveness to the tremor. I agree this is most likely benign essential type which at present doesn't appear to require treatment.

Many thanks

Yours sincerely

Dr Don Mahad
Consultant Neurologist
Tel No: 0131 537 2088

Progress Notes

Patient & GP Information

UHPI Number	700009545V
CHI Number	2706830751
Episode Number	I0000487397
Surname/Forename	Wright, Christopher
Date of Birth	27/06/1983
Sex	Male
Patient Address.	Flat C 9 Craigiebield GrovePenicuik EH26 9BD
Registered GP	NL Lewthwaite
GP Address.	Millhill Surgery,87 Woodmill Street,Dunfermline,Fife KY11 4JW

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

700009545V
2706830751
I0003223687
Wright, Christopher
27/06/1983
Male
Flat C 9 Craigiebield GrovePenicuik EH26 9BD
NL Lewthwaite
Millhill Surgery,87 Woodmill Street,Dunfermline,Fife KY11 4JW

Surname/Forename	Wright, Christopher
UHPI Number	700009545V

Episode Number	I0000487397

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0000487397 Dr Brian W Fleck 09/09/1997	DIAGNOSIS: V pattern exotropia with over action of both inferior oblique muscles, and divergent squint,,PROCEDURE: Right and left inferior oblique disinsertion,,COMMENT: Surgery to the oblique muscles will reduce the V pattern, however some residual divergent squint may be present, and lateral rectus recession may be needed at some stage in the future.,,TREATMENT ON DISCHARGE: Oc. Betnesol N nocte both eyes,,FOLLOW UP: Clinic 1 week,,Yours sincerely,,,,,,B W FLECK,Consultant Ophthalmologist,,,

Referrals

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Routine
Date of referral	19/04/2012
Date submitted	19/04/2012

PATIENT DETAILS

CHI number:	2706830751
Name:	MR CHRISTOPHER WRIGHT
Date of birth:	27/06/1983
Sex:	Male

Contact Details

119 WOODBURN DRIVE
DALKEITH
EH22 2BB

Voice (Home) : 07925471675

REFERRING PRACTITIONER DETAILS

Name:	Dr. Catherine Morgan (GMC: 6097375)
Practice:	DALKEITH MEDICAL PRACTICE (77197)
Phone:	Voice : 0131 561 5500

Practice address

THE HEALTH CENTRE
24-26 ST ANDREW STREET
DALKEITH
EH22 1AP

INVESTIGATION REQUESTED

Test Requested:	**Ultrasound Testes**
Reason for Request:	Seen by urology Jan 2011 after presenting with R testicular mass at base of testicle. Scan showed cyst. Seen in Feb 2011 after concerns that lump changing and patient was concerned he had testicular cancer. Urologist Dr Henderson at Glasgow organised USS but patient did not attend. Now moved to Dalkeith and presents as concerned lump at base of R testicle can be tender, keen to now attend for USS for reassurance

CLINICAL INFORMATION

Investigations

Description	Result	Date
Duration of Symptoms :	1 year	
Is the patient diabetic? :	No	
Is the patient allergic to Latex? :	No	
Does this patient weigh more than 20 stone? :	No	
Any previous imaging? :	Yes	
If so, Where? :	Glasgow, results unavailable from patient notes	
When :	2011-01-01	

Additional information

Smoking history (Encounters):Never smoked tobacco Date recorded:26-Sep-2011
Alcohol history (Encounters):Teetotaller Date recorded:26-Sep-2011
Patient Weight in Kilograms:64
Patient Height in Metres:1.89

NHS Lothian - Referral Letter

Referral To	Western General Hospital Neurology L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	04/05/2012
Date submitted	09/05/2012
UCPN	101003579515F

PATIENT DETAILS

CHI number:	2706830751
Name:	MR CHRISTOPHER WRIGHT
Date of birth:	27/06/1983
Sex:	Male

Contact Details

119 WOODBURN DRIVE
DALKEITH
EH22 2BB

Voice (Home) : 07925471675

REFERRING PRACTITIONER DETAILS

Name:	Dr. Catherine Morgan (GMC: 6097375)
Practice:	DALKEITH MEDICAL PRACTICE (77197)
Phone:	Voice : 0131 561 5500

Practice address

THE HEALTH CENTRE
24-26 ST ANDREW STREET
DALKEITH
EH22 1AP

CLINICAL INFORMATION

Reason for Referral: Tremor. ?benign essential tremor.

Main Referral Text:

Dear Doctor

Many thanks for your opinion of this 28-year old who has a PMH of asthma (resolved), anxiety depression and post-traumatic stress disorder. He also has a history of a divergent squint treated by surgery in 1997 with remaining squint.

He presented in mid-April with a history of noticing a tremor for the past two months in his right hand. It is a fine tremor which he notices most when holding a cup of tea, assuming certain positions, but also when lying still watching television. It has not been noticed by his partner. He was concerned as his uncle also had a tremor, but he had Parkinson's disease. He had not noticed any other exacerbating or relieving factors and did not feel it was worse with anxiety. He rarely drinks alcohol and his current medications include Amitriptyline, Diazepam and Venlafaxine. The tremor pre-dated the introduction of these medications. He has no symptoms of headache, fits, paraesthesia or loss of power.

On examination he had a fine tremor in both hands on holding them outstretched, but there was no tremor when his hands were at rest. There was no evidence of intention tremor or past pointing, nor was there rigidity or cerebellar signs. There was no drift and Romberg's test was negative. His pupils were equal and reactive to light and he has an obvious squint, however, a full range of eye movements and his other cranial nerves were intact.

I arranged bloods including FBC, thyroid function, B12 Folate, Glucose, U & Es and LFTs which were all normal. I felt the diagnosis was likely benign essential tremor, but he has some anxieties about this and also feels that the tremor has now extended to involve his left hand and can occasionally occur at rest.

I am grateful for your opinion.

Kind regards.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Computer summary updated			25/01/2012	25/01/2012
[X]Depressive episode	New event		23/01/2012	23/01/2012
[X]Depressive episode		Severe	20/07/2009	20/07/2009
Asthma resolved			07/01/2005	07/01/2005
Notes summary on computer			07/01/2005	07/01/2005
Acne, unspecified			10/02/2003	10/02/2003
Anxiety states			04/04/2001	04/04/2001

[X]Post - traumatic stress dis	Possible	15/10/1999	15/10/1999
Atopic dermatitis/eczema		02/07/1999	02/07/1999
Allergic rhinitis - pollens		02/07/1999	02/07/1999
Fracture of nasal bones		26/04/1999	26/04/1999
Disturbance of conduct NEC		05/06/1991	05/06/1991
Enuresis		30/01/1989	30/01/1989
Asthma NOS		22/05/1987	22/05/1987
Constipation - functional		18/12/1984	18/12/1984

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Eye muscle operations	Bilateral		09/09/1997	09/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
AMITRIPTYLINE HCl tabs 10mg	tablet	1-2 TABS AT NIGHT		03/05/2012		03/05/2012
DIAZEPAM tabs 2mg	tablet	TAKE ONE WHEN REQUIRED FOR ANXIETY		19/04/2012		19/04/2012
AMITRIPTYLINE HCl tabs 10mg	tablet	1-2 TABS AT NIGHT		19/04/2012		19/04/2012
VENLAFAXINE tabs 75mg	tablet	TAKE ONE TWICE DAILY		19/04/2012		19/04/2012
AMITRIPTYLINE HCl tabs 10mg	tablet	1-2 TABS AT NIGHT		10/04/2012		10/04/2012
VENLAFAXINE tabs 75mg	tablet	TAKE ONE TWICE DAILY		10/04/2012		10/04/2012
DIAZEPAM tabs 2mg	tablet	TAKE ONE WHEN REQUIRED FOR ANXIETY		12/03/2012		12/03/2012
VENLAFAXINE tabs 75mg	tablet	TAKE ONE TWICE DAILY		12/03/2012		12/03/2012
ACICLOVIR crm 5%	gram	APPLY FIVE TIMES DAILY		21/02/2012		21/02/2012
CLARITHROMYCIN tabs 250mg	tablet	TAKE ONE EVERY TWELVE HOURS		21/02/2012		21/02/2012
FLUOXETINE caps 20mg	capsule	TAKE TWO DAILY		15/02/2012		15/02/2012
AMOXICILLIN caps 250mg	capsule	1 TABLET(S) THREE TIMES A DAY		15/02/2012		15/02/2012

Additional information

Smoking history (Encounters):Never smoked tobacco Date recorded:26-Sep-2011

Alcohol history (Encounters):Teetotaller Date recorded:26-Sep-2011

Patient Weight in Kilograms:64

Patient Height in Metres:1.89

NHS Lothian - Referral Letter

Referral To	Princess Alexandra Eye Pavillion Ophthalmology L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	15/10/2012
Date submitted	17/10/2012
UCPN	101004344039Q

PATIENT DETAILS

CHI number:	2706830751
Name:	MR CHRISTOPHER WRIGHT
Date of birth:	27/06/1983
Sex:	Male

Contact Details

119 WOODBURN DRIVE
DALKEITH
MIDLOTHIAN
EH22 2BB

Voice (Home) : 07925471675

REFERRING PRACTITIONER DETAILS

Name:	Dr. Catherine Morgan (GMC: 6097375)
Practice:	DALKEITH MEDICAL PRACTICE (77197)
Phone:	Voice : 0131 561 5500

Practice address

The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

CLINICAL INFORMATION

Reason for Referral: Squint. Wishing consideration for further surgery.

Main Referral Text:

Dear Doctor

I'd be grateful if you could see this 29-year old gentleman who has a long-standing squint which has previously been operated on. He was initially seen at age 2 at the Southern General for suspected squint and strong family history squint. It was felt that no treatment was needed at this point, but in 1997 he underwent right and left inferior/disc insertations for left divergent squint with moderate left inferior/over action.

Unfortunately, this did not fully correct his squint and he has ongoing issues with feeling self-conscious about the appearance of his squint, particularly when people comment on this. He has suffered from recurrent depression. He has recently been seen by Neurology with regards to a likely benign tremor and had a normal MRI brain. At this point he had described some early morning headaches which start over his nose and then move to the right side of his head. He needs to lie down during these episodes and take Tramadol, but there is no vomiting or visual aura. He tells me that at the Neurology appointment a possible Eye Pavilion referral had been discussed and he would like to proceed with this for your opinion about whether anything further can be done.

Kind regards.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Computer summary updated			25/01/2012	25/01/2012
[X]Depressive episode	New event		23/01/2012	23/01/2012
[X]Depressive episode		Severe	20/07/2009	20/07/2009
Notes summary on computer			07/01/2005	07/01/2005
Asthma resolved			07/01/2005	07/01/2005
Acne, unspecified			10/02/2003	10/02/2003
Anxiety states			04/04/2001	04/04/2001
[X]Post - traumatic stress dis		Possible	15/10/1999	15/10/1999
Allergic rhinitis - pollens			02/07/1999	02/07/1999
Atopic dermatitis/eczema			02/07/1999	02/07/1999
Fracture of nasal bones			26/04/1999	26/04/1999
Disturbance of conduct NEC			05/06/1991	05/06/1991
Enuresis			30/01/1989	30/01/1989

Asthma NOS	22/05/1987	22/05/1987
Constipation - functional	18/12/1984	18/12/1984

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Eye muscle operations	Bilateral		09/09/1997	09/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Venlafaxine 75mg tablets	tablet	TAKE TWO TWICE DAILY		10/10/2012		10/10/2012
Amitriptyline 10mg tablets	tablet	1-2 TABS AT NIGHT		10/10/2012		10/10/2012
Almotriptan 12.5mg tablets	tablet	ONE TABLET AT ONSET THEN REPE[more]		10/10/2012		10/10/2012
Tramadol 50mg capsules	capsule	TAKE 2 FOUR TIMES A DAY		10/10/2012		10/10/2012
Amitriptyline 10mg tablets	tablet	1-2 TABS AT NIGHT		20/09/2012		20/09/2012
Venlafaxine 75mg tablets	tablet	TAKE ONE TWICE DAILY		20/09/2012		20/09/2012
Sildenafil 100mg tablets	tablet	HALF TABLET WHEN REQUIRED		20/09/2012		20/09/2012
Sildenafil 100mg tablets	tablet	HALF TABLET WHEN REQUIRED		22/08/2012		22/08/2012
Venlafaxine 75mg tablets	tablet	TAKE ONE TWICE DAILY		22/08/2012		22/08/2012
Amitriptyline 10mg tablets	tablet	1-2 TABS AT NIGHT		22/08/2012		22/08/2012
Diazepam 2mg tablets	tablet	TAKE ONE WHEN REQUIRED FOR ANXIETY		22/08/2012		22/08/2012
Tramadol 50mg capsules	capsule	TAKE 2 FOUR TIMES A DAY		22/08/2012		22/08/2012
Sumatriptan 100mg tablets	tablet	ONE TABLET AT ONSET THEN REPE[more]		22/08/2012		22/08/2012
Betamethasone valerate 0.025% ointment	gram	APPLY THINLY ONCE DAILY		22/08/2012		22/08/2012
Diazepam 2mg tablets	tablet	TAKE ONE WHEN REQUIRED FOR ANXIETY		02/08/2012		02/08/2012
Amitriptyline 10mg tablets	tablet	1-2 TABS AT NIGHT		02/08/2012		02/08/2012
Venlafaxine 75mg tablets	tablet	TAKE ONE TWICE DAILY		02/08/2012		02/08/2012

Additional information

Smoking history (Encounters):Never smoked tobacco Date recorded:26-Sep-2011

Alcohol history (Encounters):Teetotaller Date recorded:26-Sep-2011

Patient Weight in Kilograms:73.5

Patient Height in Metres:1.89

NHS Lothian - Referral Letter

Referral To	Western General Hospital Urology L Andrology & Erectile Dysfunc
Urgency of referral	Routine
Date of referral	03/05/2016
Date submitted	03/05/2016
UCPN	101011316688K

PATIENT DETAILS

CHI number:	2706830751
Name:	MR CHRISTOPHER WRIGHT
Date of birth:	27/06/1983
Sex:	Male

Contact Details

9C CRAIGIEBIELD GROVE
PENICUIK
EH26 9BD

Voice (Mobile) : 07925 471675

REFERRING PRACTITIONER DETAILS

Name:	Dr Clair Clark (GMC: 7420983)
Practice:	Penicuik Medical Practice (77111)
Phone:	Voice : 01968 672612

Practice address

The Health Centre
37 Imrie Place
Penicuik
EH26 8LF

CLINICAL INFORMATION

Reason for Referral: Erectile dysfunction

Main Referral Text: Thank you for seeing this young gentleman who has been troubled with ED for approximately two years. He describes being able to establish an erection for short periods of times on occasions during intercourse with his partner but is frequently unable to maintain it and usually cannot ejaculate. He has used sildenafil intermittently over the last two years, initially with some success in terms of maintaining his erection. However more recently this failed to have any benefit and he has not seen any benefit from tildenafil either.

Mr Wright has a complex mental health history and is currently on venlafaxine which has stabilised his mood well and consequently he is reluctant to stop. He describes his partner as being understanding and patient however he feels his inability to perform sexually is now negatively impacting his mood and their relationship.

I do not yet have results from blood tests but these have been requested.

Yours sincerely

Dr Clair Clark (FY2) with Dr Sheila Bird (GP)

Investigations

Description	Result	Date
Diagnosis :	Yes	
Treatment :	Yes	
Duration of ED :	2 years	
Single / Married / other comment on partner :	Long term female partner	
If abnormal, what is abnormality :	Genitalia not examined, no abnormality reported by patient.	
Has a trial of medical treatment been completed :	Yes	
Sildenafil :	Yes	
Tadalfil :	Yes	
Vardenafil :	No	
Medical treatment success :	Limited	
Severe distress category :	Yes	
Smoking :	Yes	
Alcohol :	Yes	
Weight Reduction :	Yes	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Psychosexual dysfunction			28/10/2015	28/10/2015
[X]Depressive episode, unspecified	New event		20/07/2009	20/07/2009
Anxiety states			04/04/2001	04/04/2001
[X]Post - traumatic stress disorder			15/10/1999	15/10/1999
Allergic rhinitis due to pollens			02/07/1999	02/07/1999
Atopic dermatitis/eczema			02/07/1999	02/07/1999
Fracture of nasal bones			26/04/1999	26/04/1999
Disturbance of conduct NEC			05/06/1991	05/06/1991
Enuresis			30/01/1989	30/01/1989

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Eye muscle operations	LEFT		05/06/2013	05/06/2013

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ibuprofen 200mg tablets	tablet	2 TABLETS THREE TIMES DAILY		03/05/2016		03/05/2016
Sildenafil 50mg tablets	tablet	2 TABLET WHEN REQUIRED. NO MO[more]		15/04/2016		15/04/2016
Ibuprofen 200mg tablets	tablet	1 TABLET THREE TIMES DAILY		15/04/2016		15/04/2016
Amitriptyline 25mg tablets	tablet	3 AT NIGHT		16/03/2016		16/03/2016
Ibuprofen 200mg tablets	tablet	1 TABLET THREE TIMES DAILY		16/03/2016		16/03/2016
Venlafaxine 75mg modified-release capsules	capsule	1 CAPSULE ONCE DAILY. PLEASE [more]		16/03/2016		16/03/2016
Venlafaxine 150mg modified-release capsules	capsule	2 CAPSULES ONCE DAILY. PLEASE[more]		16/03/2016		16/03/2016
Ibuprofen 200mg tablets	tablet	1 TABLET THREE TIMES DAILY		17/02/2016		17/02/2016

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Food allergy	Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. NOTES: PEPPERS.			13/08/2015

Additional information

Smoking history (Encounters):Never smoked tobacco Date recorded:11-Aug-2015