

PHYSIOTHERAPY DEPARTMENT  
ORTHOPAEDIC UNIT, DRI

## PROGRESS REPORT

1-3-95

Consultant: Mr Dent

Patient Name: Stuart Beattie

Date of Birth: 14.11.60/0134

Diagnosis: Acromio clavicular joint reconstruction (right)

## Physiotherapy Report:

This gentleman was referred for muscle strengthening exercises for his right shoulder.

He has progressed well and now has full range of movement, and improving strength. He is continue his exercises with theraband at home.

I believe he is awaiting removal of metal work, and will be happy to see him for further therapy, if necessary, Post-op.

Yours sincerely

*Tansy E. McIntyre*Tansy E McIntyre  
Senior I Physiotherapist*cc. Dr Montgomery  
Tay Cr Surg.  
50 S. TAY St*

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Your Ref.

SS/CW/14 11 60 0134

Dundee Royal Infirmary  
Dundee DD1 9ND  
Telephone 0382 60111

Our Ref.

Mr Dent  
Fracture Clinic

Enquiries to: -

## DIRECTORATE OF ORTHOPAEDICS

Clinic: 28/2/95

Typed: 28/2/95

Dr A Montgomery  
Tay Court Surgery  
50 South Tay Street  
DUNDEE

Dear Dr Montgomery,

Stuart Beattie, 103 Finella Terrace, Dundee

Diagnosis: Acromio-clavicular dislocation right side  
Treatment: Operation 9/11/94  
Procedure: Bosworth screw fixation of the right acromio-clavicular dislocation.

I reviewed him today at the out patient clinic he is still complaining of pain and clicking in his right shoulder with some weakness in the upper limb but there is a full range of movement of the right shoulder joint. I encouraged him to keep an active movement and we will review him again in 3 weeks time.

Yours sincerely,

**S SHALABY**  
**ORTHOPAEDIC REGISTRAR**

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D I S C O V E R   G O O D   H E A L T H   I N   D U N D E E

Chairman: Mr J. Stuart Fair, M.A., LL.B., W.S., N.P.   Chief Executive: Mr T. E. W. Brett, B.Sc.(Hons), M.H.S.M., Dip.H.S.M., A.I.P.M.



## DEPARTMENT OF ORTHOPAEDICS

Your Ref.

Our Ref.

Enquiries to:-

SK/SB/14 11 60 0134

FRACTURE CLINIC - MR DENT

Dundee Royal Infirmary  
Dundee DD1 9ND  
Telephone 01382 660111

Clinic: 17 01 95

Typed: 18 01 95

Dr A Montgomery  
Tay Court Surgery  
50 South Tay Street  
DUNDEE

Dear Dr Montgomery

STUART BEATTIE 103 FINELLA TERRACE, DUNDEE

Diagnosis: acromioclavicular dislocation right side

Treatment: operation 09 11 94 Bosworth Screw through corocoid process

Check x-rays today show that the Bosworth Screw has backed out on the AP view. However, clinically, the AC joint has remained reduced, and he is managing a full range of movements, and continues with physio to increase his strength.

I have simply made arrangements for his review again in 6 weeks time. He should continue with physio, and if the Screw does become a problem, we can arrange for its removal.

Yours sincerely

S KELLY  
ORTHOPAEDIC REGISTRAR

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D I S C O V E R   G O O D   H E A L T H   I N   D U N D E E

Chairman: Mr J. Stuart Fair, M.A., LL.B., W.S., M.P.   Chief Executive: Mr T. E. W. Brett, B.Sc.(Hons), M.H.S.M., Dip.H.S.M., A.I.P.M.



# DEPARTMENT OF ORTHOPAEDICS

Your Ref.

Our Ref.

Enquiries to:-

SS/MS/14 11 60 0134

Fracture clinic - Mr. Dent.

Dundee Royal Infirmary  
Dundee DD1 9ND  
Telephone 0382 601111

Clinic: 15.11.94

Typed: 21.12.94

Dr. a. Montgomery,  
Tay Court Surgery,  
50 South Tay Street,  
DUNDEE.

Dear Dr. Montgomery,

**STUART BEATTIE, 103 FINELLA TERRACE, DUNDEE.**

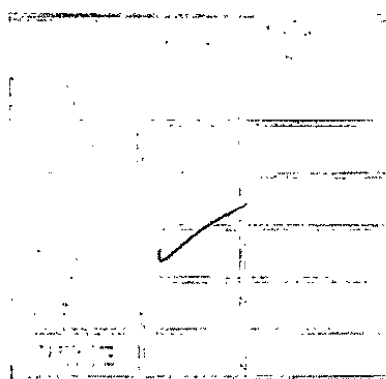
Diagnosis: Grade III right acromio-clavicular dislocation  
right shoulder.  
Operation: Acromio-clavicular joint reconstruction with screw  
fixation.  
Date of operation: 9.11.94

I reviewed this man to-day in the out-patient Fracture clinic with Mr. Dent. There are no signs of inflammation of the wound. He still has some tenderness around the incision with some limitation of movement of the shoulder joint.

We will review him again in a week's time for re-evaluation and removal of the stitch.

Yours sincerely,

  
**S. SHALABY,**  
ORTHOPAEDIC REGISTRAR.



D I S C O V E R G O O D H E A L T H I N D U N D E E

Chairman: Mr J. Stuart Fair, M.A., LL.B., W.S., N.P. Chief Executive: Mr T. E. W. Brett, B.Sc.(Hons), M.H.S.M., Dip.H.S.M., A.I.P.M.





Your Ref.

Our Ref. SS/TW/14 11 60 0134

Enquiries to:-

FRACTURE CLINIC - MR DENT

Dundee Royal Infirmary  
Dundee DD1 9ND  
Telephone 0382 60111

DIRECTORATE OF ORTHOPAEDICS

Clinic : 13.12.94

Typed : 15.12.94

Dr A Montgomery  
Tay Court Surgery  
50 South Tay Street  
DUNDEE

Dear Dr Montgomery

**RE : STUART BEATTIE**  
**103 FINELLA TERRACE**  
**DUNDEE**

Diagnosis : Acromioclavicular dislocation

Operation : Acromioclavicular joint reconstruction, right shoulder

Date of Op. : 9.11.94

I reviewed this man today in the out-patient clinic. He is complaining of pain around the right shoulder and his back. It is merely muscle ache.

On examination, there is mild tenderness over the scar of his operation, with limitation of movement to the shoulder. I have sent him for physiotherapy to improve the movement around the right shoulder and to increase the strength of the muscle, and I think a course of non-steroidal anti-inflammatory drugs will help to overcome the problem of pain in the muscles around the shoulder.

We will see him again in four weeks time for follow-up.

Yours sincerely

  
**S SHALLABY**  
**REGISTRAR TO MR DENT**

|     | FILE | ENTER ON COMPUTER |
|-----|------|-------------------|
| FMG |      |                   |
| IMA |      |                   |
| CF  |      |                   |
| AJM | ✓    |                   |
| GG  |      |                   |
|     |      |                   |

D I S C O V E R   G O O D   H E A L T H   I N   D U N D E E

Chairman: Mr J. Stuart Fair, M.A., LL.B., W.S., N.P.   Chief Executive: Mr T. E. W. Brett, B.Sc.(Hons), M.H.S.M., Dip.H.S.M., A.I.P.M.



## DEPARTMENT OF ORTHOPAEDICS

Your Ref.

Our Ref.

Enquiries to:-- FRACTURE CLINIC - MR DENT

Dundee Royal Infirmary  
Dundee DD1 9ND  
Telephone 0382 60111

Clinic: 22 11 94  
Typed: 05 12 94

Dr A Montgomery  
Tay Court Surgery  
50 South Tay Street  
DUNDEE

Dear Dr Montgomery

STUART BEATTIE 103 FINELLA TERRACE, DUNDEE

Operation: acromioclavicular joint reconstruction right shoulder  
Date of Op: 09 11 94

I reviewed him today in the Clinic. The wound has nicely healed, the stitches were taken out. He still has some tenderness around the scar and limitation of the movement of the shoulder, with mild wasting of the muscles around the right shoulder.

I have advised him to keep on with active movement of the right shoulder, and he will be reviewed again in 2 week's time.

Yours sincerely

  
S SHALABY  
ORTHOPAEDIC REGISTRAR

|          | FILE | ENTER ON COMPUTER |
|----------|------|-------------------|
| 12/11/94 |      |                   |
| 13/11/94 |      |                   |
| 14/11/94 |      |                   |
| 15/11/94 | ✓    |                   |
| 16/11/94 |      |                   |
| 17/11/94 |      |                   |
| 18/11/94 |      |                   |

DISCOVER GOOD HEALTH IN DUNDEE

Chairman: Mr J. Stuart Fair, M.A., LL.B., W.S., N.P. Chief Executive: Mr T. E. W. Brett, B.Sc.(Hons), M.H.S.M., Dip.H.S.M., A.I.P.M.

|                                                                                                                                                                                                                |                                                     |                                                                                                                      |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------|------------|------------------------------------------|----|----|----|----|--------|------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| FOR PHARMACY USE:<br><br>Checked by<br><br>Clinical Pharmacist<br><br>Patient Counsellor<br><br>..... (Initials)                                                                                               | <b>DISCHARGE NOTIFICATION AND PRESCRIPTION FORM</b> |                                                                                                                      | Ward/Clinic/ Hosp. <u>DR116</u> |                                            | Dent <u>Dent</u>                                                                                       |                                              | Cons.      |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                | Hosp./Inf.                                          |                                                                                                                      | Surname <u>Stuart</u>           |                                            | D D M M Y Y <u>14 11 06 13 4</u>                                                                       |                                              | C.H.I. No. |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| To Dr. <u>A. Montgomery</u>                                                                                                                                                                                    |                                                     | First Name <u>Beattie</u>                                                                                            |                                 | Address                                    |                                                                                                        | M. State                                     |            | Sex                                      |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>Tony G. Surgery</u><br><u>57 Tony Street</u>                                                                                                                                                                |                                                     | G.P. & Address (G.P. Requests only)                                                                                  |                                 | USE BLOCK LETTERS OR PATIENT LABEL         |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor)                                                                                                                          |                                                     |                                                                                                                      |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Placed on Waiting List (If appropriate)                                                                                                                                                                   |                                                     |                                                                                                                      |                                 | Date of Admission: <u>8/11/94</u>          |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Delete as appropriate                                                                                                                                                                                         |                                                     |                                                                                                                      |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DISCHARGE DETAILS                                                                                                                                                                                              |                                                     | DATE                                                                                                                 | SPECIALITY                      | CONSULTANT                                 | DISCHARGED TO                                                                                          | TRANSFERRED TO:                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                |                                                     | <u>10/11/94</u>                                                                                                      | <u>ORTHO</u>                    | <u>DENT</u>                                |                                                                                                        | HOSPITAL                                     | SPECIALITY | CONSULTANT                               |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DIAGNOSIS AND OPERATIONS                                                                                                                                                                                       |                                                     | PRINCIPAL DIAGNOSIS:<br><u>Right acromio-clavicular dislocation</u>                                                  |                                 |                                            | PRINCIPAL OPERATION / PROCEDURES:<br><u>acromioclavicular joint reconstruction with Bosworth Screw</u> |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                |                                                     | OTHER CONDITIONS:                                                                                                    |                                 |                                            | OTHER OPERATIONS / PROCEDURES:                                                                         |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MEDICINE TREATMENT ON DISCHARGE                                                                                                                                                                                |                                                     | DOSE                                                                                                                 | STOP DATE                       | Times of Administration (Mark ✓)           |                                                                                                        | DISPENSED BY PHARMACY                        |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Days                                                                                                                                                                                                           | NAME — State Date when Medicines should be stopped  |                                                                                                                      |                                 | 8                                          | 10                                                                                                     | 12                                           | 14         | 16                                       | 18 | 20 | 22 | 24 | Number | Brand Names (for information only) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;"> <p>ENTER ON FILE COMPUTER</p> <p>MAC</p> <p>RMA</p> <p>CF</p> <p>ASMA</p> <p>SC</p> <p>HOUSE</p> </div> |                                                     |                                                                                                                      |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                |                                                     |                                                                                                                      |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                |                                                     |                                                                                                                      |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                |                                                     |                                                                                                                      |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                |                                                     |                                                                                                                      |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION                                                                                                                                                               |                                                     |                                                                                                                      |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CONDITION ON DISCHARGE                                                                                                                                                                                         |                                                     | COMPLETELY AMBULANT <input checked="" type="checkbox"/>                                                              |                                 | CONFINED TO HOUSE <input type="checkbox"/> |                                                                                                        | PARTIALLY BEDRIDDEN <input type="checkbox"/> |            | CONFINED TO BED <input type="checkbox"/> |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FOLLOW-UP APPOINTMENTS                                                                                                                                                                                         |                                                     | DATE                                                                                                                 | TIME                            | CLINIC                                     |                                                                                                        | SPECIALITY                                   |            | DELETE AS APPROPRIATE                    |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                |                                                     | <u>2/52</u>                                                                                                          |                                 | <u>ORTO OP</u>                             |                                                                                                        |                                              |            | GIVEN/TO BE SENT                         |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                |                                                     |                                                                                                                      |                                 |                                            |                                                                                                        |                                              |            | GIVEN/TO BE SENT                         |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                |                                                     |                                                                                                                      |                                 |                                            |                                                                                                        |                                              |            | GIVEN/TO BE SENT                         |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FOR FURTHER INFORMATION CONTACT                                                                                                                                                                                |                                                     | 1. <u>Mr Dent</u> Consultant<br>2. <u>Mr Kelly</u> Sen. Registrar/Registrar<br>3. Ward/Unit Secretary Telephone Ext. |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TO PHARMACY                                                                                                                                                                                                    |                                                     | MEDICINES REQUIRED ON WARD AT (TIME)                                                                                 |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature <u>J. Wright</u>                                                                                                                                                                                     |                                                     | Status <u>JHO</u>                                                                                                    |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| for <u>Mr Dent</u>                                                                                                                                                                                             |                                                     | Consultant Date <u>10/11/94</u>                                                                                      |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dispensed By                                                                                                                                                                                                   |                                                     | Checked By                                                                                                           |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date                                                                                                                                                                                                           |                                                     |                                                                                                                      |                                 |                                            |                                                                                                        |                                              |            |                                          |    |    |    |    |        |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



Your Ref. JAD/WJD/ 14 11 60 0134  
 Our Ref.  
 Enquiries to: - Mr. J. A. Dent  
 Orthopaedic Clinic

Dundee Royal Infirmary  
 Dundee DD1 9ND  
 Telephone 0382 23125

DEPARTMENT OF ORTHOPAEDICS

12th April 1994  
 Clinic: 06.04.94

Dr. A. Montgomery,  
 Taycourt Surgery,  
 50 South Tay Street,  
 DUNDEE

|                |   |
|----------------|---|
| CORRESPONDENCE |   |
| Mr. A.         | ✓ |
| Mr. B.         |   |
| Mr. C.         |   |
| Mr. D.         |   |
| Mr. E.         |   |
| Mr. F.         |   |
| Mr. G.         |   |
| Mr. H.         |   |
| Mr. I.         |   |
| Mr. J.         |   |
| Mr. K.         |   |
| Mr. L.         |   |
| Mr. M.         |   |
| Mr. N.         |   |
| Mr. O.         |   |
| Mr. P.         |   |
| Mr. Q.         |   |
| Mr. R.         |   |
| Mr. S.         |   |
| Mr. T.         |   |
| Mr. U.         |   |
| Mr. V.         |   |
| Mr. W.         |   |
| Mr. X.         |   |
| Mr. Y.         |   |
| Mr. Z.         |   |

Dear Dr. Montgomery, *Antai*

Re: Mr. Stuart Beattie,  
 103 Finella Terrace, DUNDEE

DIAGNOSIS: Grade III right acromio-clavicular joint dislocation.

He has chosen to have surgery to the right AC joint and I will add him to the waiting list for surgery.

Yours sincerely,

*J. A. Dent*  
 J. A. Dent,  
 Senior Lecturer in Orthopaedic Surgery

D I S C O V E R G O O D H E A L T H I N D U N D E E

Chairman: Mr J. Stuart Fair, M.A., LL.B., W.S., N.P. Chief Executive: Mr T. E. W. Brett, B.Sc.(Hons), M.H.S.M., Dip.H.S.M., A.I.P.M.

**DUNDEE HEALTHCARE UNIT**

**KEMBACK STREET CLINIC  
3 KEMBACK STREET  
DUNDEE DD4 6PG  
TEL : 462147  
FAX : 451252**

Our Ref :  
Enquiries : H Clow

Mr J A Dent  
Consultant Orthopaedic Surgeon  
Dundee Royal Infirmary

Dear Mr Dent

Stuart Beattie 14.11.60/0134  
103 Finella Place Dundee DD3 9NE

Thank you for referring the above patient to Kemback Street Clinic for physiotherapy

Mr Beattie failed to attend an appointment for assessment 26th January 1994. As he has not contacted the department we have discharged him.

Yours sincerely

*H. Clow*  
Hilda Clow (Mrs)  
Senior Physiotherapist

cc.  
Dr Montgomery  
Taycourt Surgery  
50 South Tay Street  
Dundee

|                |      |
|----------------|------|
| CORRESPONDENCE |      |
| W.M.G.         | SEEK |
| F.McG.         | TYPE |
| J.A.McK.       |      |
| R.M.A.         |      |
| C.F.           |      |

## TAYSIDE HEALTH BOARD

## DUNDEE GENERAL HOSPITALS UNIT

DEPARTMENT OF ORTHOPAEDICS

Dundee Royal Infirmary  
 Dundee DD1 9ND  
 Telephone 0382 23125

Our Reference: JAD/WJD/1411600134/BELL  
 Enquiries to : Mr. J. A. Dent  
 Orthopaedic Clinic

31st December 1993  
 Clinic: 29.12.93

Dr. A. Montgomery,  
 Taycourt Surgery,  
 50 South Tay Street,  
 DUNDEE

Dear Dr. Montgomery,

Re: Stuart Beattie (D.O.B. 14/11/60)  
 103 Finella Terrace, DUNDEE DD4 9NE

DIAGNOSIS: GRADE III RIGHT ACROMIO-CLAVICULAR JOINT DISLOCATION

This man sustained the above injury when he was involved in an assault and fell down 3 stairs in April of this year. He was admitted to the ward and treated simply by immobilisation. He used to work as a Labourer but has not worked since the incident. He apparently got a job as a window cleaner but found it unable to rest the ladder on his shoulder. He complains of generalised weakness within the shoulder and also some discomfort related to the dislocation.

My impression today is that he also dislikes the appearance of the shoulder. Clinically he has a grade II/III right acromio-clavicular joint dislocation. He has virtually a full range of movement at the shoulder but no obvious distal neurological deficit. Films today show some increase in the deformity on weight lifting which suggests a partial deltoid detachment.

I had a long chat with him today about the pros and cons of surgery and he appears to be under the impression that the operation would solve all his problems. I have warned him that surgery for this condition is not

Contd .....

Dr. A. Montgomery,  
 Taycourt Surgery,  
 50 South Tay Street,  
 DUNDEE

2.

always successful and that a recurrence or failure of the metalwork is a possibility and he will be left with a scar on his shoulder which may cosmetically be as unsightly as the present lump.

I think initially we should send him for a course of physiotherapy and strengthening exercises to see whether he can improve his symptoms without surgery and also give him time hopefully to consider the pros and cons of intervening.

We will see him in 2 months time to make a decision regarding further management.

Yours sincerely,

  
K. Bell,  
SENIOR ORTHOPAEDIC REGISTRAR

|                   |        |          |      |              |       |
|-------------------|--------|----------|------|--------------|-------|
| Hospital use Only | Clinic | Day Date | Time | Hospital No. | GP112 |
|-------------------|--------|----------|------|--------------|-------|

**11058**

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital DRI Date 04.10.93 CHI No. 1 4 1 1 6 0 0 1 3 4

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

Patient's Surname BEATTIE Maiden Surname .....

First Names STUART Single/Married/Widowed/Other .....

Address 103 FINELLA TCE Date of Birth 14.11.60

DUNDEE Patient's Occupation .....

Postal Code DD4 9NE Contact telephone number .....

Has the patient attended hospital before? YES/NO If "YES" please state: .....

Name of Hospital DRI

Year of Attendance 1993 Hospital No. 0134

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

Can patient attend at short notice? YES/NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Dr A.J. Montgomery, MRCPG DR COG  
Town Hall  
50 South Tay Street  
Dundee DD1 1PF  
0382 28228

Please use rubber stamp

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

This gentleman has a small scar between his eyebrows which is quite prominent. The patient is very conscious of it and wondering whether anything can be done to tidy it up. I would be grateful for your opinion.

Yours sincerely

  
A J Montgomery

Diagnosis/provisional diagnosis: .....

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

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

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

Signature .....



11058

PARTICULARS OF PATIENT  
IN BLOCK LETTERS PLEASE

|                                                                                           |        |                                |                                                                      |                                    |                                                                                                                                   |
|-------------------------------------------------------------------------------------------|--------|--------------------------------|----------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Hospital<br>use<br>Only                                                                   | Clinic | Day<br>Date                    | Time                                                                 | Hospital<br>No.                    | GP112                                                                                                                             |
| REQUEST FOR OUT-PATIENT CONSULTATION<br>THE INFORMATION IN THIS SECTION MUST BE COMPLETED |        |                                |                                                                      |                                    | Appointment Category<br>Routine <input checked="" type="checkbox"/> Soon <input type="checkbox"/> Urgent <input type="checkbox"/> |
| Hospital <u>DRI</u>                                                                       |        | Date <u>31.08.93</u>           |                                                                      | CHI No. <u>1 4 1 1 6 0 0 1 3 4</u> |                                                                                                                                   |
| Please arrange for this patient to attend the <u>ORTHOPAEDIC</u> clinic of Dr/Mr .....    |        |                                |                                                                      |                                    |                                                                                                                                   |
| Patient's Surname <u>BEATTIE</u>                                                          |        |                                | Maiden Surname .....                                                 |                                    |                                                                                                                                   |
| First Names <u>STUART</u>                                                                 |        |                                | Single/Married/Widowed/Other .....                                   |                                    |                                                                                                                                   |
| Address <u>103 FINELLA TCE</u>                                                            |        |                                | Date of Birth <u>14.11.60</u>                                        |                                    |                                                                                                                                   |
| <u>DUNDEE</u>                                                                             |        |                                | Patient's Occupation .....                                           |                                    |                                                                                                                                   |
| Postal Code <u>DD4 9NE</u>                                                                |        | Contact telephone number ..... |                                                                      |                                    |                                                                                                                                   |
| Has the patient attended hospital before? YES/NO If "YES" please state:                   |        |                                |                                                                      |                                    |                                                                                                                                   |
| Name of Hospital <u>DRI</u>                                                               |        |                                | Name, Address and Telephone number of<br>MEDICAL/DENTAL PRACTITIONER |                                    |                                                                                                                                   |
| Year of Attendance <u>1993</u>                                                            |        | Hospital No. <u>0134</u>       |                                                                      |                                    |                                                                                                                                   |
| If the patient's name and/or address has/have changed since then please give details:     |        |                                |                                                                      |                                    |                                                                                                                                   |
| Can patient attend at short notice? YES/NO                                                |        |                                |                                                                      |                                    |                                                                                                                                   |
| If YES, minimum notice required ..... days                                                |        |                                |                                                                      |                                    |                                                                                                                                   |
|                                                                                           |        |                                |                                                                      |                                    | Please use rubber stamp                                                                                                           |

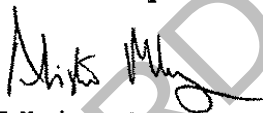
**Dr. A.J. Montgomery, MRCGP, DRCOG**  
**Taycourt Surgery**  
**50 South Tay Street**  
**Dundee DD1 1PF**  
**0382 28228**

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

I would be grateful for your advice on this gentleman who, in April of this year, was assaulted with a baseball bat outside a night club. He was struck across the right shoulder and was admitted to DRI overnight. A diagnosis of dislocation of the acromio-clavicular joint was made and he was discharged. He still has considerable disformity in his right shoulder with restriction of movement. He has been unable to take up the offer as a window cleaner as he is unable to carry the ladders on his shoulder. He is also having difficulty sleeping at night because of the pain.

I would therefore be grateful for your advice concerning his best management.

Yours sincerely

  
A J Montgomery

Diagnosis/provisional diagnosis: .....

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

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

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

Signature .....



**pass**

**Health Promotion  
Data Capture - Bands 1, 2, 3**

|              |                        |               |                    |
|--------------|------------------------|---------------|--------------------|
| Patient Name | <u>STUART BSA THIE</u> | Date of Birth | <u>14/11/60</u>    |
| Address      | <u>103 FINEST PACE</u> | CHI           | <u>141160 0134</u> |
| Date         | <u>15 10 193</u>       |               |                    |

**Band 1  
Information**

Tick ONE Box  
in each section

**Screening  
Result**

**Problem  
Read Code**

**Procedure  
Read Code**

**SMOKING**

|                 |                                     |       |       |
|-----------------|-------------------------------------|-------|-------|
| Never Smoked    | <input type="checkbox"/>            | 1371* |       |
| Stopped Smoking | <input type="checkbox"/>            |       | 137K* |
| Trivial         | <input type="checkbox"/>            | 1372* |       |
| Light           | <input type="checkbox"/>            | 1373* |       |
| Moderate        | <input checked="" type="checkbox"/> | 1374* |       |
| Heavy           | <input type="checkbox"/>            | 1375* |       |
| Very Heavy      | <input type="checkbox"/>            | 1376* |       |
| Offered H.P.    | <input checked="" type="checkbox"/> |       | 6791* |

**Band 2  
Information**

Tick ONE Box  
in each section

**Screening  
Result**

**Problem  
Read Code**

**Procedure  
Read Code**

**BLOOD PRESSURE**

|                           |                                     |       |       |
|---------------------------|-------------------------------------|-------|-------|
| BP Reading <u>130 180</u> |                                     |       |       |
| BP Normal                 | <input checked="" type="checkbox"/> | 2464* |       |
| BP Borderline             | <input type="checkbox"/>            | 2465* |       |
| BP Raised                 | <input type="checkbox"/>            | 2466* |       |
| BP Very High              | <input type="checkbox"/>            | 2467* |       |
| Essential Hypertension    | <input type="checkbox"/>            |       | G20.. |
| Secondary Hypertension    | <input type="checkbox"/>            |       | G24.. |

# Health Promotion Data Capture - Bands 1, 2, 3

## **Band 2 Information**

Tick ONE Box  
in each section

**Screening  
Result**

**Problem  
Read Code**

**Procedure  
Read Code**

### **CORONARY HEART DISEASE**

|                                   |                          |       |
|-----------------------------------|--------------------------|-------|
| Ischaemic Heart Disease           | <input type="checkbox"/> | G3... |
| History of Angina Pectoris        | <input type="checkbox"/> | 14A5* |
| History of Myocardial Infarct <60 | <input type="checkbox"/> | 14A3* |
| History of Myocardial Infarct >60 | <input type="checkbox"/> | 14A4* |

### **STROKE**

|                          |                          |       |
|--------------------------|--------------------------|-------|
| Cerebrovasc.<br>Disease  | <input type="checkbox"/> | G6... |
| History of<br>CVA/Stroke | <input type="checkbox"/> | 14A7* |
| Puerp.<br>Cerbvasc. Dis  | <input type="checkbox"/> | L440. |

## **Band 3 Information**

Tick ONE Box  
in each section

**Screening  
Result**

**Problem  
Read Code**

**Procedure  
Read Code**

### **WEIGHT**

|        |     |       |
|--------|-----|-------|
| Weight | 154 | 22A.* |
|--------|-----|-------|

|        |        |       |
|--------|--------|-------|
| Height | 5' 11" | 229.* |
|--------|--------|-------|

|            |                          |       |
|------------|--------------------------|-------|
| Overweight | <input type="checkbox"/> | 22A4* |
|------------|--------------------------|-------|

|       |                          |       |
|-------|--------------------------|-------|
| Obese | <input type="checkbox"/> | 22A5* |
|-------|--------------------------|-------|

|                          |                          |       |
|--------------------------|--------------------------|-------|
| Offered H.P. on Exercise | <input type="checkbox"/> | 6798* |
|--------------------------|--------------------------|-------|

|                      |                          |       |
|----------------------|--------------------------|-------|
| Offered H.P. on Diet | <input type="checkbox"/> | 6799* |
|----------------------|--------------------------|-------|



*pass*

### Health Promotion Data Capture - Bands 1, 2, 3

|              |                |               |                |
|--------------|----------------|---------------|----------------|
| Patient Name | _____          | Date of Birth | ____/____/____ |
| Address      | _____          | CHI           | _____          |
| Date:        | ____/____/____ |               |                |

#### Band 3 Information

Tick ONE Box  
in each section

#### Screening Result

#### Problem Read Code

#### Procedure Read Code

#### ALCOHOL

|                         |                                     |       |       |       |
|-------------------------|-------------------------------------|-------|-------|-------|
| Teetotaler              | <input type="checkbox"/>            | 1361* |       |       |
| Ex-heavy drinker        | <input type="checkbox"/>            |       | 136D* |       |
| Ex-very heavy drinker   | <input type="checkbox"/>            |       | 136E* |       |
| Trivial                 | <input type="checkbox"/>            | 1362* |       |       |
| Light                   | <input type="checkbox"/>            | 1363* |       |       |
| Moderate                | <input type="checkbox"/>            | 1364* |       |       |
| Heavy                   | <input checked="" type="checkbox"/> | 1365* |       |       |
| Very Heavy              | <input type="checkbox"/>            | 1366* |       |       |
| Offered H.P. on Alcohol | <input type="checkbox"/>            |       |       | 6792* |

#### Band 3 Information

Tick ONE Box  
in each section

#### Screening Result

#### Problem Read Code

#### Procedure Read Code

#### FAMILY HISTORY

|                    |                          |  |       |  |
|--------------------|--------------------------|--|-------|--|
| Heart Disease < 60 | <input type="checkbox"/> |  | 12C2* |  |
| Heart Disease > 60 | <input type="checkbox"/> |  | 12C3* |  |
| CVA/Stroke         | <input type="checkbox"/> |  | 12C4* |  |

## Health Promotion Data Capture - Chronic Disease Management

### CDM Information

Tick ONE Box  
in each section

### Screening Result

### Problem Read Code

### Procedure Read Code

#### ASTHMA

|                                                                                       |                          |                              |
|---------------------------------------------------------------------------------------|--------------------------|------------------------------|
| Extrinsic Asthma                                                                      | <input type="checkbox"/> | H330.                        |
| Intrinsic Asthma                                                                      | <input type="checkbox"/> | H331.                        |
| Asthma (other)                                                                        | <input type="checkbox"/> | H33z.                        |
| Chronic Asthma Bronchitis                                                             | <input type="checkbox"/> | H3120                        |
| Exercise Induced Asthma                                                               | <input type="checkbox"/> | 173A*                        |
| Asthma - Prophylatic Medication <input type="checkbox"/> Practice defined User Marker |                          |                              |
| PFR recorded in last 12 months                                                        | <input type="checkbox"/> | 3395*                        |
| Date    /    /                                                                        |                          |                              |
| Asthma Hospital Admission                                                             | <input type="checkbox"/> | Practice defined User Marker |

### CDM Information

Tick ONE Box  
in each section

### Screening Result

### Problem Read Code

### Procedure Read Code

#### DIABETES

|                            |                          |       |
|----------------------------|--------------------------|-------|
| Diabetic on Oral Treatment | <input type="checkbox"/> | 66A4* |
| Diabetic on Diet Only      | <input type="checkbox"/> | 66A3* |
| Diabetic on Insulin        | <input type="checkbox"/> | 66A5* |

#### Follow-up in last year:

|                               |                          |       |
|-------------------------------|--------------------------|-------|
| Attends Out-Patients          | <input type="checkbox"/> | 66AF* |
| Follow-Up Diabetic Assessment | <input type="checkbox"/> | 66A2* |
| Date    /    /                |                          |       |

Exhibit 2

Exhibit 3

Exhibit 4

Exhibit 5

Exhibit 6

Exhibit 7

Exhibit 8

Exhibit 9

Exhibit 10

Our Ref: BTF/AW/TH/M/B.157

Your Ref:

Date: 20th April, 1993

# Lyall Fitzpatrick

*Solicitors in The Supreme Courts  
Notaries Public*

Dr. McGrory,  
South Tay Street Surgery,  
Dundee.

31 Reform Street,  
Dundee, DD1 1SG

R.E. Box DD24

Tel: (0382) 29981

Fax: (0382) 202233

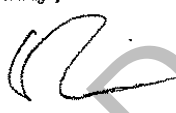
ANDREW F.D. LYALL LL.B., S.S.C., N.P.  
BRIAN T. FITZPATRICK LL.B., N.P.

Dear Dr. McGrory,

Our Client: Stuart Beattie, 103 Finella Terrace, Dundee  
D.O.B. 14.11.60

We act on behalf of the above named. Our client has asked us to Petition the Court to have the disqualification imposed upon him from driving removed. We require to produce to the Court evidence that our client has no alcohol related problems. We should be most obliged if you could furnish us with a report confirming, if appropriate, that our client has no alcohol related problems. We look forward to hearing from you and enclose herewith our client's mandate for the release of this information.

Yours faithfully,



|              |         |
|--------------|---------|
| SEARCHED     | INDEXED |
| SERIALIZED   | FILED   |
| APR 21 1993  |         |
| FBI - DUNDÉE |         |

Also at: 1 West Bell Street, Dundee DD1 1EX

**PROTECTION AGAINST TETANUS  
NOTIFICATION TO GENERAL PRACTITIONER**

**HOSPITAL**

DEI

**HOSPITAL UNIT  
NUMBER**

BEATTIE

**PATIENT'S  
SURNAME**

Street

**\*MR  
\*MRS  
\*MISS**

**FIRST  
NAMES**

103 Fuchsia Tree

**ADDRESS**

De Dee

**TO**

Dr. Montgomery  
60 S. Tay St.  
De Dee

**\* AGED 16 / DATE OF BIRTH  
OR OVER (IF UNDER 16)**

| TETANUS<br>TOXOID | DATE DUE | DATE GIVEN | GIVEN BY |
|-------------------|----------|------------|----------|
| 1st DOSE          |          |            |          |
| 2nd DOSE          |          |            |          |
| 3rd DOSE          | BOOSTER  | 30.4.94    | R        |

**A.T.S. \* HAS/HAS NOT BEEN GIVEN**

**\* DELETE AS NECESSARY**

**CHIEF ADMINISTRATIVE MEDICAL OFFICER**

**HEALTH BOARD**

**FOLD  
BACK**

**FOLD  
BACK**

**DATE**

Dear Doctor,

This patient has begun or completed a course of immunisation at this hospital. If the course has not been completed the patient has been advised to check with you whether he/she has been previously fully immunised. If booster doses are indicated and you do not wish to complete the course yourself please inform the patient accordingly and advise him to contact the Chief Administrative Medical Officer.

Yours faithfully,

**COPY 2**

THIRD PARTY



DR GARDNER

89999 09000

|                       |                         |                                     |
|-----------------------|-------------------------|-------------------------------------|
| X-Ray Number 19 25654 | Date of Request 9.11.79 | Ward/Clinic/Hosp. A+E D.R.I         |
| Waiting               | Previous Operations     | Surname BEATTIE                     |
| Chair                 |                         | First Name Shant                    |
| Trolley               | Previous X-Rays         | Address 191 Carbury Ave             |
| Ward                  |                         | Occupation Dundee                   |
|                       |                         | G.P. & Address (G.P. Requests only) |

14.11.79

USE BLOCK OR HAND IN

IS THIS X-RAY TO BE CARRIED OUT DESPITE POSSIBLE PREGNANCY? YES / NO LMP

|                                               |                           |
|-----------------------------------------------|---------------------------|
| Clinical Details                              | Request                   |
| Assaulted + hit across nose + orbital margins | X-Ray Facial Bones Please |
|                                               | Signature E.H. Shanks     |

REPORT

Facial bones. Crack fracture in the nasal bones, otherwise negative.

GH/KR 9.11.79

PREVIOUS FILMS MUST BE RETURNED WITH PATIENT

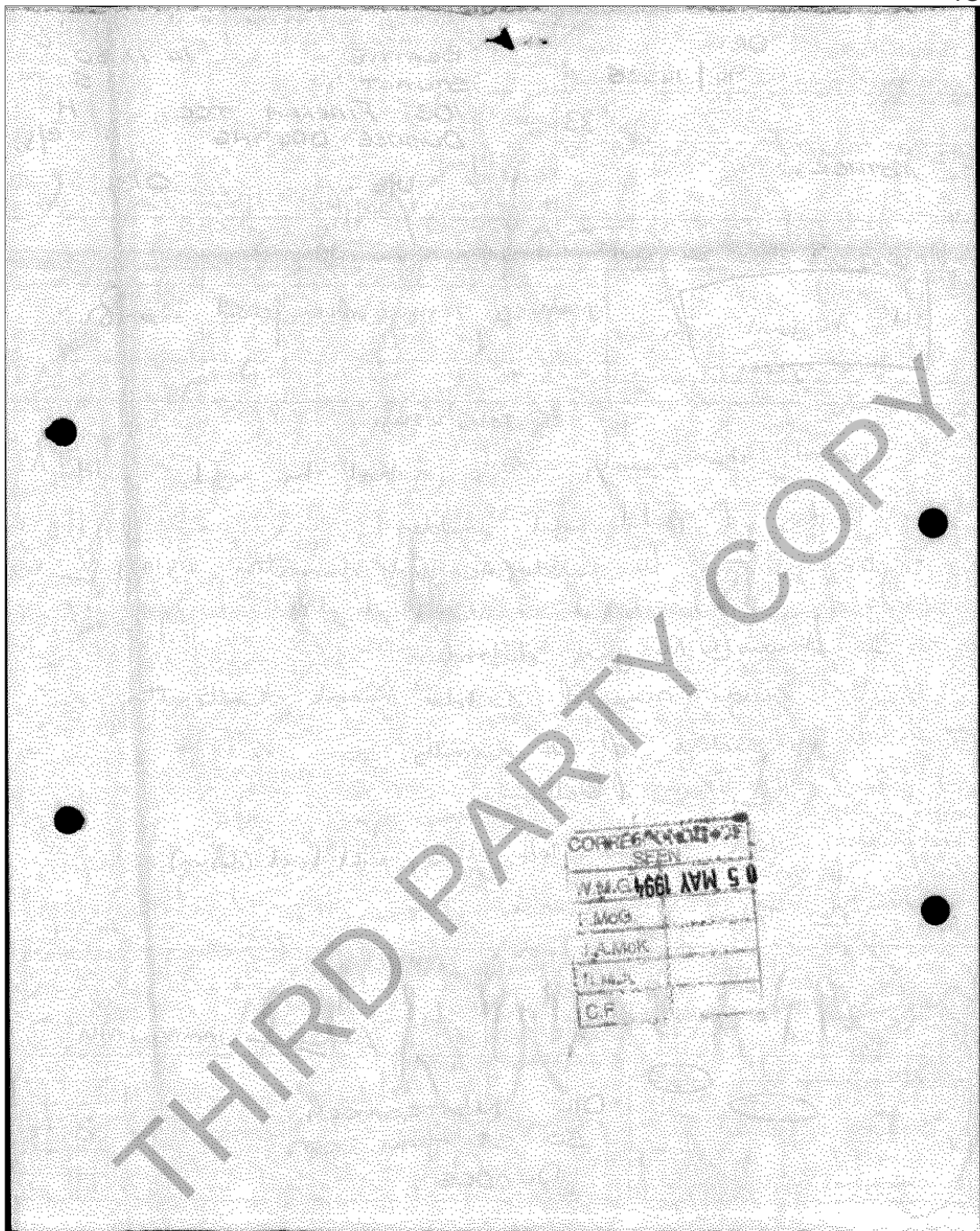
THIRD PARTY COPY

| Tayside Health Board                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  | Hospital                                              |  |  |  | USE BALL POINT PEN AND BLOCK LETTERS              |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|--|--|---------------------------------------------------|--|--|--|
| Accident and Emergency No. <u>94/3883</u>                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | Surname <u>BEATTIE</u>                                |  |  |  | Date and Time of Injury <u>7/10/93 14:11:60</u>   |  |  |  |
| Maiden Name                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | First Name <u>STUART</u>                              |  |  |  | D. of B. <u>14.11.60</u>                          |  |  |  |
| Age <u>33</u>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  | Address <u>103 FINERLA TCE DUNDEE</u>                 |  |  |  | C. State <u>S</u> Sex <u>M</u>                    |  |  |  |
| Next of Kin and Relationship <u>MOTHER SIA</u>                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  | (Contacted YES / NO)                                  |  |  |  | Occupation <u>UNEMP 0134</u>                      |  |  |  |
| Tel. No. <u>PM</u>                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  | Date and Time of Injury <u>31.1.94</u>                |  |  |  | Accident Emergency Casual                         |  |  |  |
| Times (24hr. clock)                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  | Referred by G.P.                                      |  |  |  | Transport                                         |  |  |  |
| Arrival <u>09:58</u> Seen <u>10:15</u> Discharged                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | YES / NO                                              |  |  |  | Ambulance Other                                   |  |  |  |
| Place of Injury: Work School Home (Indoor) Road Traffic                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  | Other (Specify)                                       |  |  |  | Drugs: Penicillin Allergy Insulin Steroids A.T.S. |  |  |  |
| DIAGNOSIS: <u>F.B. in left eye.</u>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  | MEDICINES PRESCRIBED <u>1% Chloramphenicol 1 tube</u> |  |  |  | DOSE <u>4x daily</u>                              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                       |  |  |  | GIVEN BY <u>P.S. Lys</u>                          |  |  |  |
| T. P. B.P.                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                       |  |  |  |                                                   |  |  |  |
| HISTORY / COMPLAINT:                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                       |  |  |  |                                                   |  |  |  |
| <p>Passing dusty building site 2 days ago when got something in his left eye.</p> <p>Acuity 6/5 both eyes.</p> <p>Slit lamp - obvious FB in left eye.  F.B.</p> <p>Right eye normal. Nothing under lids.</p> <p>Removed after 1% Anesthaine.</p> <p>Double pad.</p> <p>Chloramphenicol oint given.</p> <p>Review ophthalmologist 3 days.</p> <p><u>P.S. Lys</u></p> |  |  |  |                                                       |  |  |  |                                                   |  |  |  |
| SITES X-RAYED:                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                       |  |  |  |                                                   |  |  |  |
| X-RAY FINDINGS:                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                       |  |  |  |                                                   |  |  |  |
| TREATMENT:                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                       |  |  |  |                                                   |  |  |  |
| THB(MR)5A (Rev. 2/86)                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                       |  |  |  |                                                   |  |  |  |
| Tetanus Vaccination                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  | Signature <u>P.S. Lys</u>                             |  |  |  |                                                   |  |  |  |
| 1st                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  | Covered 2nd                                           |  |  |  | Booster                                           |  |  |  |
| To: G.P.                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | Name and Address of Family Doctor:                    |  |  |  | CODE                                              |  |  |  |
| OP Clinic                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | DR A. MONTGOMERY                                      |  |  |  | A P V                                             |  |  |  |
| Ward No.                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | 50 S TAY ST                                           |  |  |  | B Q W                                             |  |  |  |
| Other Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  | DUNDEE                                                |  |  |  | C R X                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                       |  |  |  | D S Y                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                       |  |  |  | E T Z                                             |  |  |  |

| CORRESPONDENCE |             |
|----------------|-------------|
| SEEN           |             |
| V.M.G.         | 07 FEB 1994 |
| F.M.G.         |             |
| J.A.M.C.       |             |
| P.M.A.         |             |
| CE             |             |

THIRD PARTY COPY

| Tayside Health Board                                                                                                                                                                                                                                                                                                                                                                |                     |                  |                     | Hospital                                                  |                     |                  |                     | USE BALL POINT PEN AND BLOCK LETTERS                              |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|---------------------|-----------------------------------------------------------|---------------------|------------------|---------------------|-------------------------------------------------------------------|-------|------------|------|-----------|--|----------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------|------|----------|---------------|----------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Accident and Emergency No. <u>94/1456</u>                                                                                                                                                                                                                                                                                                                                           |                     |                  |                     | Surname <u>BEATTIE</u> <u>14.11.60</u> D. of B.           |                     |                  |                     | First Name <u>STUART</u> <u>5</u> C. State                        |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Maiden Name                                                                                                                                                                                                                                                                                                                                                                         |                     |                  |                     | Age <u>33</u>                                             |                     |                  |                     | Address <u>103 FINELLA TCE DUNDEE DD4 9NG</u> <u>9/5</u> Sex      |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Next of Kin and Relationship <u>MOTHER</u> (Contacted YES / NO)                                                                                                                                                                                                                                                                                                                     |                     |                  |                     | Occupation <u>U/E</u> <u>0134</u> MPI No. (last 4 digits) |                     |                  |                     | Date and Time of Injury <u>30/11/94</u> Accident Emergency Casual |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Tel. No.                                                                                                                                                                                                                                                                                                                                                                            |                     |                  |                     | Place of Injury: Work School Home (Indoor) Road Traffic   |                     |                  |                     | Drugs: Penicillin Allergy Insulin Steroids A.T.S.                 |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <table border="1"> <tr> <th>Date</th> <th>Times (24hr. clock)</th> <th>Referred by G.P.</th> <th>Transport Ambulance</th> </tr> <tr> <td>30/11/94</td> <td>10:43</td> <td>00:50</td> <td>0100</td> </tr> <tr> <td></td> <td></td> <td>YES / NO</td> <td>Other</td> </tr> </table>                                                                                                   |                     |                  |                     | Date                                                      | Times (24hr. clock) | Referred by G.P. | Transport Ambulance | 30/11/94                                                          | 10:43 | 00:50      | 0100 |           |  | YES / NO | Other | <table border="1"> <tr> <th>Medicines Prescribed</th> <th>Dose</th> <th>Given By</th> </tr> <tr> <td>Aspirin 100mg</td> <td>0.5ml</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> |  |  |  | Medicines Prescribed | Dose | Given By | Aspirin 100mg | 0.5ml                                                                                              |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Date                                                                                                                                                                                                                                                                                                                                                                                | Times (24hr. clock) | Referred by G.P. | Transport Ambulance |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 30/11/94                                                                                                                                                                                                                                                                                                                                                                            | 10:43               | 00:50            | 0100                |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                     |                     | YES / NO         | Other               |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Medicines Prescribed                                                                                                                                                                                                                                                                                                                                                                | Dose                | Given By         |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Aspirin 100mg                                                                                                                                                                                                                                                                                                                                                                       | 0.5ml               |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                     |                     |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                     |                     |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| DIAGNOSIS: <u>Old AC joint</u><br><u>Ac joint</u>                                                                                                                                                                                                                                                                                                                                   |                     |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| T. P. B.P.                                                                                                                                                                                                                                                                                                                                                                          |                     |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| HISTORY / COMPLAINT: <u>Telas 2 days</u>                                                                                                                                                                                                                                                                                                                                            |                     |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <u>Involved in argument, apparently grabbed by right shoulder</u><br><u>Causing a partial right shoulder</u><br><u>Dislocation of shoulder (AC joint dislocation 4/4/93)</u><br><u>Obvious AC joint dislocation</u><br><u>Good range of shoulder movement despite the</u><br><u>no evidence of fracture</u><br><u>Left arm &amp; elbow</u>                                          |                     |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| SITES X-RAYED:                                                                                                                                                                                                                                                                                                                                                                      |                     |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| X-RAY FINDINGS: <u>Slight grades left elbow, right hand (disin)</u>                                                                                                                                                                                                                                                                                                                 |                     |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| TREATMENT: <u>Pls Telas. Route</u><br><u>subacromial lock</u><br><u>BA3 for neck</u><br><u>same lock</u>                                                                                                                                                                                                                                                                            |                     |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| THB(MR)5A (Rev. 2/86) Signature <u>JAMIE W (MD)</u>                                                                                                                                                                                                                                                                                                                                 |                     |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <table border="1"> <tr> <th>Tetanus Vaccination</th> <th>1st</th> <th>Covered 2nd</th> <th>Booster</th> </tr> <tr> <td>To: G.P.</td> <td></td> <td>Discharged</td> <td></td> </tr> <tr> <td>OP Clinic</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ward No.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other Hospital</td> <td></td> <td></td> <td></td> </tr> </table> |                     |                  |                     | Tetanus Vaccination                                       | 1st                 | Covered 2nd      | Booster             | To: G.P.                                                          |       | Discharged |      | OP Clinic |  |          |       | Ward No.                                                                                                                                                                                                                                          |  |  |  | Other Hospital       |      |          |               | Name and Address of Family Doctor:<br><u>DR MONTGOMERY</u><br><u>50 ST TAY ST</u><br><u>DUNDEE</u> |  |  |  | <table border="1"> <tr> <th colspan="3">CODE</th> </tr> <tr> <td>A</td> <td>P</td> <td>V</td> </tr> <tr> <td>B</td> <td>Q</td> <td>W</td> </tr> <tr> <td>C</td> <td>R</td> <td>X</td> </tr> <tr> <td>D</td> <td>S</td> <td>Y</td> </tr> <tr> <td>E</td> <td>T</td> <td>Z</td> </tr> </table> |  |  |  | CODE |  |  | A | P | V | B | Q | W | C | R | X | D | S | Y | E | T | Z |
| Tetanus Vaccination                                                                                                                                                                                                                                                                                                                                                                 | 1st                 | Covered 2nd      | Booster             |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| To: G.P.                                                                                                                                                                                                                                                                                                                                                                            |                     | Discharged       |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| OP Clinic                                                                                                                                                                                                                                                                                                                                                                           |                     |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Ward No.                                                                                                                                                                                                                                                                                                                                                                            |                     |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Other Hospital                                                                                                                                                                                                                                                                                                                                                                      |                     |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| CODE                                                                                                                                                                                                                                                                                                                                                                                |                     |                  |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| A                                                                                                                                                                                                                                                                                                                                                                                   | P                   | V                |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| B                                                                                                                                                                                                                                                                                                                                                                                   | Q                   | W                |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| C                                                                                                                                                                                                                                                                                                                                                                                   | R                   | X                |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| D                                                                                                                                                                                                                                                                                                                                                                                   | S                   | Y                |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| E                                                                                                                                                                                                                                                                                                                                                                                   | T                   | Z                |                     |                                                           |                     |                  |                     |                                                                   |       |            |      |           |  |          |       |                                                                                                                                                                                                                                                   |  |  |  |                      |      |          |               |                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                              |  |  |  |      |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |





| Tayside Health Board                                                                                                                                                                                                                                                                                           |             |            |                  | Hospital                         |                                                         |         |                  | USE BALL POINT PEN AND BLOCK LETTERS                                                                                                                                                                                                                    |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|------------------|----------------------------------|---------------------------------------------------------|---------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------|------|------------|------------------------------------------------------------------------------------------------------------------------------------------|---|---|----------------|---------------------------|---|------------------------------------|----------|--------|---|------|---|---|---|
| Accident and Emergency No. <u>94/14536</u>                                                                                                                                                                                                                                                                     |             |            |                  | Surname <u>BEATTIE</u>           |                                                         |         |                  | D. of B. <u>14 11 60</u>                                                                                                                                                                                                                                |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| Maiden Name                                                                                                                                                                                                                                                                                                    |             |            |                  | First Name <u>STUART</u>         |                                                         |         |                  | C. State                                                                                                                                                                                                                                                |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| Age <u>33</u>                                                                                                                                                                                                                                                                                                  |             |            |                  | Address <u>103 FINELLA TERN</u>  |                                                         |         |                  | Sex                                                                                                                                                                                                                                                     |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| Next of Kin and Relationship (Contacted YES / NO)                                                                                                                                                                                                                                                              |             |            |                  | Occupation <u>0134</u>           |                                                         |         |                  | MPI No. (last 4 digits)                                                                                                                                                                                                                                 |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| Tel. No. <u>Rpt patient</u>                                                                                                                                                                                                                                                                                    |             |            |                  | Date and Time of Injury          |                                                         |         |                  | Accident Emergency Casual                                                                                                                                                                                                                               |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| <table border="1"> <tr> <th colspan="3">Times (24 hr. clock)</th> <th rowspan="2">Referred by G.P.</th> <th rowspan="2">Transport Ambulance</th> <th rowspan="2">Place of Injury: Work School Home (Indoor) Road Traffic</th> </tr> <tr> <th>Arrival</th> <th>Seen</th> <th>Discharged</th> </tr> </table>     |             |            |                  | Times (24 hr. clock)             |                                                         |         | Referred by G.P. | Transport Ambulance                                                                                                                                                                                                                                     | Place of Injury: Work School Home (Indoor) Road Traffic | Arrival   | Seen | Discharged | <table border="1"> <tr> <th colspan="2">Drugs: Penicillin Allergy</th> <th>Insulin</th> <th>Steroids</th> <th>A.T.S.</th> </tr> </table> |   |   |                | Drugs: Penicillin Allergy |   | Insulin                            | Steroids | A.T.S. |   |      |   |   |   |
| Times (24 hr. clock)                                                                                                                                                                                                                                                                                           |             |            | Referred by G.P. | Transport Ambulance              | Place of Injury: Work School Home (Indoor) Road Traffic |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| Arrival                                                                                                                                                                                                                                                                                                        | Seen        | Discharged |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| Drugs: Penicillin Allergy                                                                                                                                                                                                                                                                                      |             | Insulin    | Steroids         | A.T.S.                           |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| DIAGNOSIS: <u>Return pt</u>                                                                                                                                                                                                                                                                                    |             |            |                  | MEDICINES PRESCRIBED             |                                                         |         |                  | DOSE                                                                                                                                                                                                                                                    |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
|                                                                                                                                                                                                                                                                                                                |             |            |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
|                                                                                                                                                                                                                                                                                                                |             |            |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
|                                                                                                                                                                                                                                                                                                                |             |            |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| T. P. B.P.                                                                                                                                                                                                                                                                                                     |             |            |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| HISTORY / COMPLAINT:                                                                                                                                                                                                                                                                                           |             |            |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| <p>returned as he wants shoulder problem "sorted tonight" found in foyer sitting on floor. No br of head injury no lacerations abrasions or swellings mentaled</p>                                                                                                                                             |             |            |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| SITES X-RAYED: Home = brother                                                                                                                                                                                                                                                                                  |             |            |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| X-RAY FINDINGS:                                                                                                                                                                                                                                                                                                |             |            |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| TREATMENT:                                                                                                                                                                                                                                                                                                     |             |            |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| THB(MR)5A (Rev. 2/86)                                                                                                                                                                                                                                                                                          |             |            |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| Tetanus Vaccination                                                                                                                                                                                                                                                                                            |             |            |                  | Signature <u>Robert SHO OWEN</u> |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| <table border="1"> <tr> <th>1st</th> <th>Covered 2nd</th> <th>Booster</th> </tr> <tr> <td>To: G.P.</td> <td>Discharged</td> <td></td> </tr> <tr> <td>OP Clinic</td> <td></td> <td></td> </tr> <tr> <td>Ward No.</td> <td></td> <td></td> </tr> <tr> <td>Other Hospital</td> <td></td> <td></td> </tr> </table> |             |            |                  | 1st                              | Covered 2nd                                             | Booster | To: G.P.         | Discharged                                                                                                                                                                                                                                              |                                                         | OP Clinic |      |            | Ward No.                                                                                                                                 |   |   | Other Hospital |                           |   | Name and Address of Family Doctor: |          |        |   | CODE |   |   |   |
| 1st                                                                                                                                                                                                                                                                                                            | Covered 2nd | Booster    |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| To: G.P.                                                                                                                                                                                                                                                                                                       | Discharged  |            |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| OP Clinic                                                                                                                                                                                                                                                                                                      |             |            |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| Ward No.                                                                                                                                                                                                                                                                                                       |             |            |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| Other Hospital                                                                                                                                                                                                                                                                                                 |             |            |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
|                                                                                                                                                                                                                                                                                                                |             |            |                  |                                  |                                                         |         |                  | <table border="1"> <tr> <td>A</td> <td>P</td> <td>V</td> </tr> <tr> <td>B</td> <td>Q</td> <td>W</td> </tr> <tr> <td>C</td> <td>R</td> <td>X</td> </tr> <tr> <td>D</td> <td>S</td> <td>Y</td> </tr> <tr> <td>E</td> <td>T</td> <td>Z</td> </tr> </table> |                                                         |           |      | A          | P                                                                                                                                        | V | B | Q              | W                         | C | R                                  | X        | D      | S | Y    | E | T | Z |
| A                                                                                                                                                                                                                                                                                                              | P           | V          |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| B                                                                                                                                                                                                                                                                                                              | Q           | W          |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| C                                                                                                                                                                                                                                                                                                              | R           | X          |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| D                                                                                                                                                                                                                                                                                                              | S           | Y          |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |
| E                                                                                                                                                                                                                                                                                                              | T           | Z          |                  |                                  |                                                         |         |                  |                                                                                                                                                                                                                                                         |                                                         |           |      |            |                                                                                                                                          |   |   |                |                           |   |                                    |          |        |   |      |   |   |   |

THIRD PARTY COPY

|                |  |
|----------------|--|
| CORRESPONDENCE |  |
| SEEN           |  |
| 10 5 MAY 1999  |  |
| McG            |  |
| A.MCK          |  |
| C.F.           |  |

**USE BALL POINT PEN AND BLOCK LETTERS**

**Accident and Emergency No.** 95/24495 **Hospital** DR1

**Maiden Name** SIA **Age** 34

**Next of Kin and Relationship** MOTHER **(Contacted YES / NO)** YES

**Tel. No.** 131115

**Surname** BLATTIE **D. of B.** 14/11/60

**First Name** STUART **C. State** 5

**Address** 103 FINELLA TERR **Sex** M

**Occupation** U/C **MPI No. (last 4 digits)** 0134

**Date and Time of Injury** 13/11/85 0145 **Accident** YES **Emergency** NO **Casual** NO

**Place of Injury:** Work **School** NO **Home (Indoor)** NO **Road Traffic** NO

**Drugs:** Pencillin Allergy **Insulin** NO **Steroids** NO **A.T.S.** NO

**DIAGNOSIS:** SUBSTANCE MISUSE

**MEDICINES PRESCRIBED** **DOSE** **GIVEN BY**

**HISTORY / COMPLAINT:** ASSED

Attended 2 partner. Has been drinking all day. Partner concerned that drink has spiked & 'E'. Apparently behaving badly earlier on. Wants blood test. p/e Orientated. P-80. Alert. Smells of alcohol. Rabinovich.

**SITES X-RAYED:** Advised not possible to test.

**X-RAY FINDINGS:** To see G.P. in morning if wishes to discuss this further

**TREATMENT:**

**Doctors' Signature** [Signature]

**Print Name For Legal Reasons** LEVIN

**THB(MR)5A (Rev.3/94)**

**Tetanus Vaccination** **1st** **Covered 2nd** **Booster**

**To:** G.P. Discharged

**OP Clinic** NO

**Ward No.** NO

**Other Hospital** NO

**Name and Address of Family Doctor:** DR MONTGOMERY  
1111 CRT SURT  
Dundee

**CODE**

|   |   |   |
|---|---|---|
| A | P | V |
| B | Q | W |
| C | R | X |
| D | S | Y |
| E | T | Z |



| FMCG | FILE | EMERGENCY<br>CONTROL |
|------|------|----------------------|
| IMA  |      |                      |
| CF   |      |                      |
| AJIA |      |                      |
| CG   |      |                      |
|      |      |                      |
|      |      |                      |
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THIRD PARTY COPY

**Tayside Health Board - Accident and Emergency Department** ..... **HOSPITAL** 271

Accident & Emergency No. 19/35654 **USE BALL POINT PEN AND BLOCK LETTERS**

Maiden Name Ms. BATTIE Age 18 SURNAME BATTIE UNIT No. 41233

Next of Kin & Relationship Mr. J. BATTIE FIRST NAME STUART D. of B. 14.11.60

103 Finkla TWR ADDRESS 91 CARBURY ST M. STATE S

Edin Tel. No. 477 X UNDIE X M SEX 0134 MPI No. (last 4 digits)

Date 8.11.79 Time of Arrival (24hr. clock) 23.58 OCC. LAB. INJURY REL. TRT.

Date and Time of Injury 8.11.79 Transport AMB Other Other DIAGNOSIS Head Injury

Place of Injury: Work Work School School Home (Indoor) Home Road Traffic Road Traffic

Other (specify) Other

Referred by: G.P. Yes / No No Casual Casual Accident Accident Emergency Emergency

Drugs: Penicillin Allergy No Insulin No Steroids No A.T.S. No T. No P. No B.P. No

10.40pm Assaulted - hit on nose, face  
(L) leg. Not KO'd. Vomited x1 not  
nauseated at present. Headache across  
front of head where hit by attackers  
head

76 Alert, fully conscious. Tender around  
orbital margins + across nose. No  
lacerations or obvious # or bruising.  
PERLA EOM intact. No diplopia/nystagmus.  
Power 3 Normal + equal. Nose appears  
reflexes } Straight.

(L) leg tender over lat aspect of thigh - No  
radial bones - No nasal bones evidence of bony  
injury.

NB. Abdo tender + clasp & side + into groin. Pain on passing  
urine intermittently for past 6/52  
Dip Slider. Septum 2 tabs. See own GP  
Signature EM Shanks

Tetanus Vaccination 1st Covered 2nd Booster Name and Address of Family Doctor DR. GARDINER 15 SOUTH TAY ST. UNDIE

To: G.P. Discharged CODE A P V  
 GP Clinic Discharged B Q W  
 Ward No. Discharged C R X  
 Other Hospital Discharged D S Y  
E T Z

S 11/11/86 USE BALL POINT PEN AND BLOCK LETTERS

Tayside Health Board ..... DRI ..... Hospital

Accident and Emergency No. 9311088

Maiden Name ..... Age 32

Next of Kin and Relationship (Contacted YES/NO)  
Mr. M. Beattie - BROTHER  
H- 509977 5 CAMPBELLSONS  
Tel. No. 25825 DUNDEE

Surname BEATTIE H. 11. 60 D. of B.  
First Name STUART M S. C. State  
Address 10.3. FINELL A TEE M. Sex  
DUNDEE DD4 9NE

Occupation... U/E 0134 MPI No. (last 4 digits)

Date and Time of Injury 4/4. Accident Emergency Casual

Place of Injury: Work School Home (Indoor) Road Traffic  
Other (Specify) ASSAULT

Drugs Penicillin Allergy Insulin Steroids A.T.S.

DIAGNOSIS:  
multiple trauma to  
Rt shoulder & knee.  
joint.

T. P. B.P.

HISTORY / COMPLAINT:  
83/32 yea old, had trauma by ball to his Rt shoulder and knee and neck.  
conc., oriented, no head injury.  
Painful over Rt shoulder + knee joint.  
X-ray: X-ray of Rt shoulder showed dislocation.  
Rt acromioclavicular joint.  
Nearby Registrar Orth. suggest the name and  
need only sling for his joint. / no disloc.  
X-ray of knee & neck no #.

SITES X-RAYED:  
X-RAY FINDINGS:  
Pat very agitated and given Pethidine and metaclopramide  
to relax - R again.

TREATMENT:  
9.05 PM. Pat still anxious. no fixed clinical signs of Post  
disloc. Preferable to be admitted ward 7.  
and reassess tomorrow by Consultant / Treat Pethidine 50mg i.m. on  
need.

THB(MR)5A (Rev. 2/86)

Tetanus Vaccination 1st Covered 2nd Booster  
To: G.P. Discharged  
OP Clinic  
Ward No. 7  
Other Hospital

Name and Address of Family Doctor:  
DR. MONTEOMERY.  
50 STAY ST  
DUNDEE

Signature [Signature]

CODE  
A P V  
B Q W  
C R X  
D S Y  
E T Z

USE BALL POINT PEN AND BLOCK LETTERS

Tayside Health Board ..... Hospital ..... 041233

Accident and Emergency No. 29130063 Surname RATTIE 14 11 60 D. of B.

Maiden Name ..... Age 28 First Name STUART C. State

Next of Kin and Relationship (Contacted YES / NO) ... Address 103 FINELLA TERR. ... Sex

Tel. No. P.M. Occupation LABR U/E. 0134 MPI No. (last 4 digits)

Date 20/8/89 Times (24hr. clock) Referred by G.P. Transport Ambulance YES / NO Other

Place of Injury: Work School Home (Indoor) Road Traffic

Other (Specify) BAR.

Drugs: Penicillin Allergy Insulin Steroids A.T.S.

DIAGNOSIS: ASSAULT LACERATIONS FACE

MEDICINES PRESCRIBED DOSE GIVEN BY

T. P. B.P.

HISTORY / COMPLAINT:

2145 Assaulted in Bar This Evening

Struck Across Face + Neck With Beer

Glass

5cm Laceration Chin

1cm Laceration Nose

Small Superficial Lacerations Forehead

+ Upper Lip

SITES

X-RAY

TREATMENT:

To PROMISE Sutures EAR

PROMISE SUTURE NOSE

DRESSING REMOVE 7 DAY

THB(MR)5A (Rev. 2/86)

Tetanus Vaccination 1st Covered 2nd Booster

To G.P. Discharged

OP Clinic

Ward No.

Other Hospital

Name and Address of Family Doctor:

DR. F. M'GRODY.

1 STAY ST

DUNDEE

Signature

CODE

SEEN

UNDENCE

E T Z



USE BALL POINT PEN AND BLOCK LETTERS

Tayside Health Board D R I Hospital 041233

Accident and Emergency No. 89/8849 Surname BEATTIE D. of B. 14.11.60

Maiden Name S/A Age 28 First Name SHUART, M<sup>c</sup> C. State S

Address 103 F. NELLA TEE Sex M

DUNDEE DD4 99E G/S

Next of Kin and Relationship mother (Contacted YES / NO) S/A

Occupation Unemp MPI No. (last 4 digits) 0134

Tel. No. P 01 Date and Time of Injury 10.3.89 ( ) Accident ( ) Emergency ( ) Casual

Date 17/6/89 Times (24hr. clock) 1330 Referred by G.P. Transport Ambulance Place of Injury: Work ( ) School ( ) Home (Indoor) ( ) Road Traffic

Arrival 1330 Seen 1330 Discharged 1330 YES / NO YES Other ambulance Other (Specify) ambulance Insulin ( ) Steroids ( ) A.T.S. ( )

DIAGNOSIS: bruised knee

T. 98 P. 100 B.P. 100/60

HISTORY / COMPLAINT: knee injury

Medicines Prescribed:

| NAME     | DOSE | GIVEN BY |
|----------|------|----------|
| W.M.G.   |      |          |
| F.McG.   |      |          |
| J.A.McK. |      |          |
| R.M.A.   |      |          |
| C.F.     |      |          |

SITES X RAYED:

X-RAY FINDINGS:

TREATMENT:

THB(MR)5A (Rev. 2/86)

Signature [Signature]

| Tetanus Vaccination | 1st | Covered 2nd | Booster | Name and Address of Family Doctor: | CODE  |
|---------------------|-----|-------------|---------|------------------------------------|-------|
| To: G.P.            |     | Discharged  |         | <u>DR. McGRORY</u>                 | A P V |
| OP Clinic           |     |             |         | <u>1 S. TAY ST</u>                 | B Q W |
| Ward No.            |     |             |         | <u>DUNDEE</u>                      | C R X |
| Other Hospital      |     |             |         |                                    | D S Y |
|                     |     |             |         |                                    | E T Z |

USE BALL POINT PEN AND BLOCK LETTERS

Tayside Health Board ..... 281 Hospital ..... 5041233

Accident and Emergency No. .... 84/9343

Maiden Name ..... Age ..... 26

Next of Kin and Relationship ..... (Contacted YES / NO) ..... MOTHER

Tel. No. .... S/A P.M.

Date ..... 14.11.60

Arrival ..... 16.56

Seen ..... Discharged ..... Referred by G.P. YES / NO ..... Transport Ambulance Other

Place of Injury: Work ..... School ? ..... Home (Indoor) ..... Road Traffic

Drugs: Penicillin Allergy ..... Insulin ..... Steroids ..... A.T.S.

DIAGNOSIS: ..... Plaster fasciitis

MEDICINES PRESCRIBED: ..... Naproxen

DOSE: ..... 250mg

GIVEN BY: ..... X8 WJ 83

T. .... P. .... B.P. ....

HISTORY / COMPLAINT: ..... WE Foot. No history of trauma. C/O severe pain in sole of foot. No history of running or long distance walking. OE: V tender & hyperaemic in sole of foot. Tenderness all superficial. Metatarsals / ankle etc. No bony tenderness. Good ROM. Clinically plantar fasciitis.

SIT X-RAYED: ..... X-RAY FINDINGS: .....

TREATMENT: NSAID, Velband & crepe band, Advice rest and elevation - To see GP L 2/7

THB(MR)5A (Rev. 2/86)

Tetanus Vaccination: 1st ..... Covered 2nd ..... Booster ..... Name and Address of Family Doctor: DR. MC GEORGE

To: G.P. ..... Discharged ..... 1 S. TAY ST

OP Clinic ..... DUNDG

Ward No. ....

Other Hospital: .....

CODE: A P V, B Q W, C R X, D S Y, E T Z

| Tayside Health Board                                                                                                                                                                                                                                                                                                    |  |                                            |  | USE BALL POINT PEN AND BLOCK LETTERS                                                           |  |                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|------------------------------------------------------------------------------------------------|--|--------------------------------------|--|
| Accident and Emergency No. <u>86 2535</u>                                                                                                                                                                                                                                                                               |  |                                            |  | Surname <u>BEATTIE</u> D. of B. <u>14 11 60</u>                                                |  |                                      |  |
| Maiden Name                                                                                                                                                                                                                                                                                                             |  |                                            |  | First Name <u>STUART</u> C. State <u>S</u>                                                     |  |                                      |  |
| Age <u>25</u>                                                                                                                                                                                                                                                                                                           |  |                                            |  | Address <u>306 S. Mace Ave</u> Sex <u>M</u>                                                    |  |                                      |  |
| Next of Kin and Relationship <u>Parent</u> (Contacted YES / NO) <u>YES</u>                                                                                                                                                                                                                                              |  |                                            |  | Occupation <u>Driver</u> MPI No. (last 4 digits) <u>0134</u>                                   |  |                                      |  |
| Tel. No. <u>103 Kincraig Ave</u>                                                                                                                                                                                                                                                                                        |  |                                            |  | Date and Time of Injury <u>11/18</u> Accident <u>YES</u> Emergency <u>YES</u> Casual <u>NO</u> |  |                                      |  |
| Date <u>11/18</u>                                                                                                                                                                                                                                                                                                       |  | Time of Arrival (24hr. clock) <u>11.18</u> |  | Referred by G.P. YES / NO <u>YES</u>                                                           |  | Transport Ambulance Other <u>YES</u> |  |
| Place of Injury: Work <u>YES</u> School <u>NO</u> Home (Indoor) <u>NO</u> Road Traffic <u>NO</u>                                                                                                                                                                                                                        |  |                                            |  | Other (Specify) <u>None</u>                                                                    |  |                                      |  |
| Drugs: Penicillin Allergy <u>NO</u> Insulin <u>NO</u> Steroids <u>NO</u> A.T.S. <u>NO</u>                                                                                                                                                                                                                               |  |                                            |  |                                                                                                |  |                                      |  |
| DIAGNOSIS:                                                                                                                                                                                                                                                                                                              |  |                                            |  | MEDICINES PRESCRIBED                                                                           |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                         |  |                                            |  | DOSE                                                                                           |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                         |  |                                            |  | GIVEN BY                                                                                       |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                         |  |                                            |  |                                                                                                |  |                                      |  |
| T. <u>98.6</u> P. <u>98.6</u> B.P. <u>110/70</u>                                                                                                                                                                                                                                                                        |  |                                            |  |                                                                                                |  |                                      |  |
| HISTORY / COMPLAINT:                                                                                                                                                                                                                                                                                                    |  |                                            |  |                                                                                                |  |                                      |  |
| <p>Pat. presented with a laceration on the right forearm, 2 inches long, 1/4 inch deep, caused by a piece of wood. The wound was cleaned and sutured. No other injuries noted. Patient is in good health, no allergies, no previous surgery. Discharged on painkillers and advised to keep the wound clean and dry.</p> |  |                                            |  |                                                                                                |  |                                      |  |
| SITES X-RAYED:                                                                                                                                                                                                                                                                                                          |  |                                            |  |                                                                                                |  |                                      |  |
| X-RAY FINDINGS:                                                                                                                                                                                                                                                                                                         |  |                                            |  |                                                                                                |  |                                      |  |
| TREATMENT:                                                                                                                                                                                                                                                                                                              |  |                                            |  |                                                                                                |  |                                      |  |
| THB(MR)SA                                                                                                                                                                                                                                                                                                               |  |                                            |  |                                                                                                |  |                                      |  |
| Signature <u>[Signature]</u>                                                                                                                                                                                                                                                                                            |  |                                            |  |                                                                                                |  |                                      |  |
| Tetanus Vaccination                                                                                                                                                                                                                                                                                                     |  | 1st                                        |  | Covered 2nd                                                                                    |  | Booster                              |  |
| To: G.P.                                                                                                                                                                                                                                                                                                                |  | Discharged                                 |  |                                                                                                |  |                                      |  |
| OP Clinic                                                                                                                                                                                                                                                                                                               |  |                                            |  |                                                                                                |  |                                      |  |
| Ward No.                                                                                                                                                                                                                                                                                                                |  |                                            |  |                                                                                                |  |                                      |  |
| Other Hospital                                                                                                                                                                                                                                                                                                          |  |                                            |  |                                                                                                |  |                                      |  |
| Name and Address of Family Doctor:                                                                                                                                                                                                                                                                                      |  |                                            |  | CODE                                                                                           |  |                                      |  |
| <u>Dr. M. G. G. G.</u>                                                                                                                                                                                                                                                                                                  |  |                                            |  | A P V                                                                                          |  |                                      |  |
| <u>1 South Tully St</u>                                                                                                                                                                                                                                                                                                 |  |                                            |  | B Q W                                                                                          |  |                                      |  |
| <u>1 Dundee</u>                                                                                                                                                                                                                                                                                                         |  |                                            |  | C R X                                                                                          |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                         |  |                                            |  | D S Y                                                                                          |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                         |  |                                            |  | E T Z                                                                                          |  |                                      |  |



| Tayside Health Board                                                                                                                                                                                                                                                                                                                                                          |                                     |                           |                           | Hospital                                                |  |                 |  | USE BALL POINT PEN AND BLOCK LETTERS              |  |          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------|---------------------------|---------------------------------------------------------|--|-----------------|--|---------------------------------------------------|--|----------|--|
| Accident and Emergency No. 85/6505                                                                                                                                                                                                                                                                                                                                            |                                     |                           |                           | Surname BENTON                                          |  |                 |  | D. of B. 14.11.60                                 |  |          |  |
| Maiden Name                                                                                                                                                                                                                                                                                                                                                                   |                                     |                           |                           | First Name Susan                                        |  |                 |  | S. C. State                                       |  |          |  |
| Age 24                                                                                                                                                                                                                                                                                                                                                                        |                                     |                           |                           | Address 506, Sandymuir Ave, Dundee                      |  |                 |  | Sex M                                             |  |          |  |
| Next of Kin and Relationship (Contacted YES / NO)                                                                                                                                                                                                                                                                                                                             |                                     |                           |                           | Occupation Nurse                                        |  |                 |  | MPI No. (last 4 digits) 0134                      |  |          |  |
| Tel. No. 0134                                                                                                                                                                                                                                                                                                                                                                 |                                     |                           |                           | Date and Time of Injury                                 |  |                 |  | Accident Emergency Casual                         |  |          |  |
| Date 4.3.85                                                                                                                                                                                                                                                                                                                                                                   | Time of Arrival (24hr. clock) 00.38 | Referred by G.P. YES / NO | Transport Ambulance Other | Place of Injury: Work School Home (Indoor) Road Traffic |  | Other (Specify) |  | Drugs: Penicillin Allergy Insulin Steroids A.T.S. |  |          |  |
| DIAGNOSIS: lacerating scalp                                                                                                                                                                                                                                                                                                                                                   |                                     |                           |                           | MEDICINES PRESCRIBED                                    |  |                 |  | DOSE                                              |  | GIVEN BY |  |
|                                                                                                                                                                                                                                                                                                                                                                               |                                     |                           |                           |                                                         |  |                 |  |                                                   |  |          |  |
|                                                                                                                                                                                                                                                                                                                                                                               |                                     |                           |                           |                                                         |  |                 |  |                                                   |  |          |  |
| T. P. B.P.                                                                                                                                                                                                                                                                                                                                                                    |                                     |                           |                           |                                                         |  |                 |  |                                                   |  |          |  |
| HISTORY / COMPLAINT:                                                                                                                                                                                                                                                                                                                                                          |                                     |                           |                           |                                                         |  |                 |  |                                                   |  |          |  |
| <p>Assaulted in bar. Hit by wine glass in the head.</p> <p>Got knocked out &amp; bleeding from head.</p> <p>Had 3 stitches + 3 mins.</p> <p>0/8. Small lacerating scalp, not gaping.</p> <p>Discharged. No bony tenderness.</p> <p>Subcutaneous bleed.</p> <p>neurot. intact.</p> <p>Some pain left side chest (tender for several days).</p> <p>all bony, the rest - OK.</p> |                                     |                           |                           |                                                         |  |                 |  |                                                   |  |          |  |
| SITES X-RAYED:                                                                                                                                                                                                                                                                                                                                                                |                                     |                           |                           |                                                         |  |                 |  |                                                   |  |          |  |
| X-RAY FINDINGS:                                                                                                                                                                                                                                                                                                                                                               |                                     |                           |                           |                                                         |  |                 |  |                                                   |  |          |  |
| TREATMENT: cleaning, head dressing                                                                                                                                                                                                                                                                                                                                            |                                     |                           |                           |                                                         |  |                 |  |                                                   |  |          |  |
| THB(MR)5A                                                                                                                                                                                                                                                                                                                                                                     |                                     |                           |                           |                                                         |  |                 |  |                                                   |  |          |  |
| Signature: [Signature]                                                                                                                                                                                                                                                                                                                                                        |                                     |                           |                           |                                                         |  |                 |  |                                                   |  |          |  |
| Tetanus Vaccination                                                                                                                                                                                                                                                                                                                                                           | 1st                                 | Covered 2nd               | Booster                   | Name and Address of Family Doctor                       |  |                 |  | CODE                                              |  |          |  |
| To: G.P.                                                                                                                                                                                                                                                                                                                                                                      |                                     | Discharged                |                           | Dr. S. J. [Signature]                                   |  |                 |  | A P V                                             |  |          |  |
| OP Clinic                                                                                                                                                                                                                                                                                                                                                                     |                                     |                           |                           | S. J. [Signature]                                       |  |                 |  | B Q W                                             |  |          |  |
| Ward No.                                                                                                                                                                                                                                                                                                                                                                      |                                     |                           |                           | C. J. [Signature]                                       |  |                 |  | C R X                                             |  |          |  |
| Other Hospital                                                                                                                                                                                                                                                                                                                                                                |                                     |                           |                           | D. J. [Signature]                                       |  |                 |  | D S Y                                             |  |          |  |
|                                                                                                                                                                                                                                                                                                                                                                               |                                     |                           |                           | E. J. [Signature]                                       |  |                 |  | E T Z                                             |  |          |  |

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|                                                             |                                   |                                                                                                       |
|-------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------|
| LAB No.<br><b>W01444 187</b>                                | Ward/Clinic/<br>Hosp. ....        | Cons. ....                                                                                            |
| Surname <b>BEATTIE</b> ..... 14.11.60 D. of b               |                                   | .... M. Sta                                                                                           |
| First Name <b>STUART</b> .....                              |                                   | ....                                                                                                  |
| Address <b>306 STRATHMORE AVE</b> .....                     |                                   | ....                                                                                                  |
| SPECIMEN<br><b>V B</b>                                      | Occupation ... <b>21 APR 1987</b> | .... CHI N<br>Past 4 days                                                                             |
| DATE<br><b>21/4/87</b>                                      | TIME<br><b>9.50</b>               | G.P. & Address (G.P. Requests only) <b>DR MCBRY 1 SOUTH LAY ST</b> USE BLOCK LETTERS OR HAND IMPRINTS |
| CLINICAL NOTES, DIAGNOSIS AND DATE OF ONSET                 |                                   |                                                                                                       |
| TEST REQUIRED (TICK) <input type="checkbox"/>               |                                   |                                                                                                       |
| HIV (HTLV 3) Antibody - <b>NEGATIVE</b>                     |                                   |                                                                                                       |
| <b>28 APR 1987</b>                                          |                                   | <i>[Signature]</i><br>VIROLOGIST                                                                      |
| NINEWELLS HOSPITAL, DUNDEE - Tel. 60111 Ext. 2559/2543/2525 |                                   |                                                                                                       |

**DUPLICATE COPY** Dundee Teaching Hospitals N.H.S. Trust - RADIOLOGY REPORT PAGE 1  
 PAS No: 141160 0134 Comp No. 189863 Att.No 5 Hospital: DUNDEE ROYAL INFIRMARY  
 Name: STUART BEATTIE Referring Clinician: Dr A J MONTGOMERY  
 Address: 103 FINELLA TER Ward: GP  
 DUNDEE GP Practice: TAY COURT SURGERY  
 50 SOUTH TAY ST  
 DUNDEE , DD1 1PF

REQUEST DATE 15/05/96 DD4 9NE

**CHEST - MALE:** The heart is not enlarged and no signs of heart failure or active lung disease. No obvious bony abnormality.

|      | FILE        | ENTER ON COMPUTES |
|------|-------------|-------------------|
| FMcG |             |                   |
| RMA  |             |                   |
| CF   |             |                   |
| AJM  | 20 MAY 1996 |                   |
| CG   |             |                   |
|      |             |                   |

This report is only valid when verified

Exam date 15/05/96  
Exam: CHM RIBR

Date reported 16/05/96  
Radiologist: Dr A K HASAN /SC

Date typed 16/05/96  
VERIFIED

SITY HOSPITALS TRUST - KINGS CROSS HOSPITAL - Radiology Report

Page 1 of 1

Stuart  
MONTGOMERY  
3

CHI: 141160 0134  
Referral Src: GP - Out Patient GP  
Event No: E-1503687

Report by: Dr JAMES D BEGG

23/10/2002

SCOC

23/10/2002

V: 17.10.2002. No 1.

minute prominence between the radius and ulna on the  
eris is a recognised normal variant ("the 3rd  
").

This report is only valid when Verified  
7/10/2002 Examination: ELBOW - RIGHT

|             | INIT.                                                                              |
|-------------|------------------------------------------------------------------------------------|
| FILE        |  |
| REPEAT/DATE |                                                                                    |
| SCRIPT DONE |                                                                                    |
| APPOINTMENT |                                                                                    |
| NOTES       |                                                                                    |
| NURSE       |  |

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Pages:

### "SPECIAL REQUESTS"

Date of request ..... 26/4/06 .....

Patient's name ..... Stuart Beattie .....

Address .....  
.....

DOB/CHI ..... 14/11/60 .....

Item(s) requested ..... Mualox .....  
.....  
.....

Item prescribed ..... yes/no

If no, is patient to make appointment? ..... yes/no

To be added to repeats ..... yes/no

Prescribing doctor's signature .....  .....

Date ..... 26/4/06 .....

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**"SPECIAL REQUESTS"**

Date of request ..... 2/3/06 .....

Patient's name ..... Stuart B. Cuthrie .....

Address .....  
.....

DOB/CHI ..... 14.11.60 .....

Item(s) requested ..... See attached .....  
.....  
.....

Item prescribed ..... ☒ yes ☐ no .....

If no, is patient to make appointment? ..... ☒ yes ☐ no .....

To be added to repeats ..... ☒ yes ☐ no .....

Prescribing doctor's signature .....  .....

Date ..... 2/3/06 .....

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|--------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------|------------------------------------------|--|--|
| Surname<br><i>Beattie</i>                                    |                                             | Christian N.<br><i>Stuart McKinstry</i>                             |                                          |  |  |
| National Health Service Number<br><i>5.282' 1960.1914.</i>   |                                             | Date of Birth<br><i>14 11 60</i>                                    | (Note changes and insert year of change) |  |  |
| Address (1)<br><i>103 Finella Terrace</i>                    | Name of Practitioner<br><i>JAMES DALLAS</i> | Executive Council Cipher - Date<br><i>DEE</i><br><i>20 FEB 1961</i> | 19.....                                  |  |  |
| (2)<br><i>Dr. Gutterie's Boys' School</i><br><i>Liberton</i> | (2)<br><i>Dr. Thomas E. Dickson</i>         | (2)<br><i>[Stamp]</i>                                               | 19.....                                  |  |  |
| (3)<br><i>Balgowan School</i>                                | (3)<br><i>G.W. Mills</i>                    | (3)<br><i>[Stamp]</i><br><i>15 NOV 1974</i>                         | Died<br>.....19.....                     |  |  |
| (4)<br><i>03 FINELLA TCE</i>                                 | (4)<br><i>GARDNER</i>                       | (4)<br><i>[Stamp]</i><br><i>24 OCT 1979</i>                         | CAUSE OF DEATH                           |  |  |



[illegible]

MAJOR ALLERGIES AND NOTES OF ANY SERUM ADMINISTRATION:

| Beattie<br>SURNAME                                |                                                          | Savant<br>CHRISTIAN NAMES    |                                     |                                                                                | REPLACEMENT (GP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
|---------------------------------------------------|----------------------------------------------------------|------------------------------|-------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|-------------------------------------|---------|------|--|--|------|-------------------------------------|---------|------|-------------------------------------|----|------|--|--|------|--|--|------|--|--|------|--|--|------|--|--|------|--|--|------|--|--|
| National Health Service Number<br>62821 1960 1917 |                                                          | Single<br>Married<br>Widowed | Date<br>of<br>Birth<br>14 11 60     | 23.1.85 OCCUPATION<br>(Note changes and insert year of change)<br>0134 19..... |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| Address (1)<br>306<br>Strathmore<br>Avenue        | Name of Practitioner<br>Dr Gardiner<br>Dr A J MONTGOMERY |                              | Executive Council<br>Ciphers — Date |                                                                                | <table border="1"> <tr><td>1990</td><td><input checked="" type="checkbox"/></td><td>19.....</td></tr> <tr><td>1991</td><td></td><td></td></tr> <tr><td>1992</td><td><input checked="" type="checkbox"/></td><td>19.....</td></tr> <tr><td>1993</td><td><input checked="" type="checkbox"/></td><td>G.</td></tr> <tr><td>1994</td><td></td><td></td></tr> <tr><td>1995</td><td></td><td></td></tr> <tr><td>1996</td><td></td><td></td></tr> <tr><td>1997</td><td></td><td></td></tr> <tr><td>1998</td><td></td><td></td></tr> <tr><td>1999</td><td></td><td></td></tr> <tr><td>2000</td><td></td><td></td></tr> </table> |  | 1990 | <input checked="" type="checkbox"/> | 19..... | 1991 |  |  | 1992 | <input checked="" type="checkbox"/> | 19..... | 1993 | <input checked="" type="checkbox"/> | G. | 1994 |  |  | 1995 |  |  | 1996 |  |  | 1997 |  |  | 1998 |  |  | 1999 |  |  | 2000 |  |  |
| 1990                                              | <input checked="" type="checkbox"/>                      | 19.....                      |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1991                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1992                                              | <input checked="" type="checkbox"/>                      | 19.....                      |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1993                                              | <input checked="" type="checkbox"/>                      | G.                           |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1994                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1995                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1996                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1997                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1998                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1999                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 2000                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| (2)<br>103, Fallowfield<br>DD4 9NE.               | (2)                                                      |                              | (2)                                 |                                                                                | <table border="1"> <tr><td>1990</td><td></td><td></td></tr> <tr><td>1991</td><td></td><td></td></tr> <tr><td>1992</td><td></td><td></td></tr> <tr><td>1993</td><td></td><td></td></tr> <tr><td>1994</td><td></td><td></td></tr> <tr><td>1995</td><td></td><td></td></tr> <tr><td>1996</td><td></td><td></td></tr> <tr><td>1997</td><td></td><td></td></tr> <tr><td>1998</td><td></td><td></td></tr> <tr><td>1999</td><td></td><td></td></tr> <tr><td>2000</td><td></td><td></td></tr> </table>                                                                                                                          |  | 1990 |                                     |         | 1991 |  |  | 1992 |                                     |         | 1993 |                                     |    | 1994 |  |  | 1995 |  |  | 1996 |  |  | 1997 |  |  | 1998 |  |  | 1999 |  |  | 2000 |  |  |
| 1990                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1991                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1992                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1993                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1994                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1995                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1996                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1997                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1998                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1999                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 2000                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| (3)                                               | (3)                                                      |                              | (3)                                 |                                                                                | <table border="1"> <tr><td>1990</td><td></td><td></td></tr> <tr><td>1991</td><td></td><td></td></tr> <tr><td>1992</td><td></td><td></td></tr> <tr><td>1993</td><td></td><td></td></tr> <tr><td>1994</td><td></td><td></td></tr> <tr><td>1995</td><td></td><td></td></tr> <tr><td>1996</td><td></td><td></td></tr> <tr><td>1997</td><td></td><td></td></tr> <tr><td>1998</td><td></td><td></td></tr> <tr><td>1999</td><td></td><td></td></tr> <tr><td>2000</td><td></td><td></td></tr> </table>                                                                                                                          |  | 1990 |                                     |         | 1991 |  |  | 1992 |                                     |         | 1993 |                                     |    | 1994 |  |  | 1995 |  |  | 1996 |  |  | 1997 |  |  | 1998 |  |  | 1999 |  |  | 2000 |  |  |
| 1990                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1991                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1992                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1993                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1994                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1995                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1996                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1997                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1998                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1999                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 2000                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| (4)                                               | (4)                                                      |                              | (4)                                 |                                                                                | <table border="1"> <tr><td>1990</td><td></td><td></td></tr> <tr><td>1991</td><td></td><td></td></tr> <tr><td>1992</td><td></td><td></td></tr> <tr><td>1993</td><td></td><td></td></tr> <tr><td>1994</td><td></td><td></td></tr> <tr><td>1995</td><td></td><td></td></tr> <tr><td>1996</td><td></td><td></td></tr> <tr><td>1997</td><td></td><td></td></tr> <tr><td>1998</td><td></td><td></td></tr> <tr><td>1999</td><td></td><td></td></tr> <tr><td>2000</td><td></td><td></td></tr> </table>                                                                                                                          |  | 1990 |                                     |         | 1991 |  |  | 1992 |                                     |         | 1993 |                                     |    | 1994 |  |  | 1995 |  |  | 1996 |  |  | 1997 |  |  | 1998 |  |  | 1999 |  |  | 2000 |  |  |
| 1990                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1991                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1992                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1993                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1994                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1995                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1996                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1997                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1998                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1999                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 2000                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| (5)                                               | (5)                                                      |                              | (5)                                 |                                                                                | <table border="1"> <tr><td>1990</td><td></td><td></td></tr> <tr><td>1991</td><td></td><td></td></tr> <tr><td>1992</td><td></td><td></td></tr> <tr><td>1993</td><td></td><td></td></tr> <tr><td>1994</td><td></td><td></td></tr> <tr><td>1995</td><td></td><td></td></tr> <tr><td>1996</td><td></td><td></td></tr> <tr><td>1997</td><td></td><td></td></tr> <tr><td>1998</td><td></td><td></td></tr> <tr><td>1999</td><td></td><td></td></tr> <tr><td>2000</td><td></td><td></td></tr> </table>                                                                                                                          |  | 1990 |                                     |         | 1991 |  |  | 1992 |                                     |         | 1993 |                                     |    | 1994 |  |  | 1995 |  |  | 1996 |  |  | 1997 |  |  | 1998 |  |  | 1999 |  |  | 2000 |  |  |
| 1990                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1991                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1992                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1993                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1994                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1995                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1996                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1997                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1998                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 1999                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 2000                                              |                                                          |                              |                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |
| Form GR53 (Scotland) — MALE                       |                                                          |                              | Signature of Practitioner           |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |                                     |         |      |  |  |      |                                     |         |      |                                     |    |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |      |  |  |

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Musculoskeletal and A & E Services  
Orthopaedic Department  
Acute Services Division  
NHS Tayside  
Ninewells Hospital  
DUNDEE  
DD1 9SY  
Telephone Number (01382) 660111  
Fax Number (01382) 496201  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr A Montgomery  
Tay Court Surgery  
DUNDEE

Date 9 May 2005  
Your Ref  
Our Ref MN/TC 14 11 60 0134  
Enquiries to Mr Nassif's Orthopaedic Clinic 04 05 05  
Extension 35577  
Direct Line (01382) 425577  
Email [toni.culross@tuht.scot.nhs.uk](mailto:toni.culross@tuht.scot.nhs.uk)

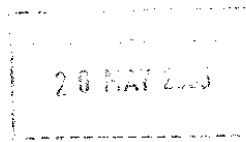
Dear Dr Montgomery

**RE: Stuart Beattie, 36 Whitfield Avenue, Dundee**

Mr Beattie failed to attend his clinic appointment today. No further appointment will be sent. Please refer back as you feel necessary.

Yours sincerely

Mr M Nassif MD, MCh Orth, FRCS Orth  
**CONSULTANT ORTHOPAEDIC SURGEON**



|             | INIT |
|-------------|------|
| FILE        |      |
| REPEAT DATE |      |
| SCRIPT DONE |      |
| APPOINTMENT |      |
| NOTES       |      |
| NURSE       |      |

Headquarters  
King's Cross, Clepington Road, Dundee DD3 8EA

Chairperson, Mr Peter Bates  
Chief Executive, Professor Tony Wells



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**TAYSIDE UNIVERSITY HOSPITALS NHS TRUST  
ACCIDENT & EMERGENCY SERVICES,  
NINEWELLS HOSPITAL**

Date: 28 Jun 2006

**DR. AJ Montgomery**  
TAY COURT SURGERY  
50 SOUTH TAY STREET  
DUNDEE  
DD1 1PF

Dear Doctor Montgomery

Your Patient: **Stuart Beattie**  
36 WHITFIELD AVE  
DUNDEE  
DD4 0BD

Date of Birth: **14 Nov 1960**  
ACHI Number: **1411600134**  
A&E Attendance No: **AE-06-023844-1**  
No. of Previous Attendances: **3**  
Occupation/School: **UNEMPLOYED**

Tel :

The above patient attended the A&E department on 27 Jun 2006 at 00:06. The incident occurred at Home The complaint was foot inj.  
The patient was seen by **Gavin Taylor , A+E SHO.**

| Imaging XR | Site          | Side | Comment                                                                                        |
|------------|---------------|------|------------------------------------------------------------------------------------------------|
| 1. X-ray,  | Ankle,        | Left | Left - Tripped. Awkward twist left led. Swollen tender ankle and tender fibula head ? # Thanks |
| 2. X-ray,  | Tibia/Fibula, |      |                                                                                                |

**Imaging Results**

**Diagnosis**  
Closed fracture, Lateral malleolus, Left

**Treatment**  
Plaster immobilisation

Discharge : With referral to Fracture Clinic  
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

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Ninewells Hospital  
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DD1 9SY  
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Fax Number (01382) 496201  
www.nhstayside.scot.nhs.uk

Dr A Montgomery  
Tay Court surgery  
50 South Tay Street  
DUNDEE

|              |                                      |
|--------------|--------------------------------------|
| Date         | 4 July, 2006                         |
| Your Ref     |                                      |
| Our Ref      | DR/AG 14 11 60 0134                  |
| Enquiries to | Mr Avison - Fracture Clinic 28 06 06 |
| Extension    | 35170                                |
| Direct Line  |                                      |
| Email        |                                      |

Dear Dr Montgomery

Stuart Beattie, 36 Whitfield Avenue, Dundee

Diagnosis: Stable undisplaced Weber B fracture left lateral malleolus

Date of injury: 26 06 06

Mechanism of injury: Foot caught in pothole

Treatment: Conservative in a walking plaster

Outcome: Review six weeks plaster off on arrival

This gentleman was seen two days after he sustained the above injury. He is quite comfortable in his backslab today. There are no neurovascular problems. We will treat him in a below knee walking cast and review him in six weeks with plaster off on arrival. He is allowed to touch weight bear in the first week and build up his weight bearing as able in the subsequent weeks.

Yours sincerely

Mr D Robinson  
Specialist Registrar in Orthopaedics



Headquarters  
King's Cross Clepington Road, Dundee DD3 8EA

Chairperson, Mr Peter Bates  
Chief Executive, Professor Tony Wells

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Fax Number (01382) 496201  
www.nhstayside.scot.nhs.uk

Dr A Montgomery  
Tay Court Surgery  
50 South Tay Street  
DUNDEE  
DD1 1PF

|              |                                               |
|--------------|-----------------------------------------------|
| Date         | 14 August 2006                                |
| Your Ref     |                                               |
| Our Ref      | GA/BM 14 11 60 0134                           |
| Enquiries to | Mr G Avison - Fracture Clinic - 9 August 2006 |
| Extension    | 35170                                         |
| Direct Line  |                                               |
| Email        | carol.stewart@tuht.scot.nhs.uk                |

Dear Dr Montgomery

**Re: Stuart Beattie, 36 Whitfield Avenue, Dundee**

Diagnosis: **Stable undisplaced Weber B fracture left lateral malleolus**

Date of Injury: 26 06 06

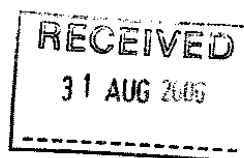
Mechanism: Caught foot in pot-hole

Treatment: Conservative

This gentleman was reviewed in the Fracture Clinic today. His cast has been removed and he is still quite tender over the lateral malleolus. X-rays today show very little in the way of callus though it is early days. I think he will be best in a Moon boot or removable splint for another couple of weeks. We will see him back in four weeks time at which stage we will get him to mobilise free of the boot completely. He should do ankle exercises out of this splint two or three times a day.

Yours sincerely

**Mr G Avison**  
**Consultant Orthopaedic Surgeon**



Headquarters  
King's Cross, Cleington Road, Dundee DD3 8EA

Chairperson, Mr Peter Bates  
Chief Executive, Professor Tony Wells

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Fax Number (01382) 496201  
www.nhstayside.scot.nhs.uk



Dr A Montgomery  
Tay Court Surgery  
50 South Tay Street  
DUNDEE  
DD1 1PF

|              |                                                         |
|--------------|---------------------------------------------------------|
| Date         | 12 September 2006                                       |
| Your Ref     |                                                         |
| Our Ref      | <b>DR/BM 14 11 60 0134</b>                              |
| Enquiries to | <b>Mr G Avison – Fracture Clinic – 6 September 2006</b> |
| Extension    | <b>35170</b>                                            |
| Direct Line  |                                                         |
| Email        | carol.stewart@tuhl.scot.nhs.uk                          |

Dear Dr Montgomery

**Re: Stuart Beattie, 36 Whitfield Avenue, Dundee**

Mr Beattie was once again seen at the clinic. His lateral malleolar fracture has healed nicely and he is mobilising without his Moon boot fully weight bearing. On palpation there is no tenderness. I will allow him to fully weight bear and discharged him from follow up.

Yours sincerely

A handwritten signature in black ink, appearing to be 'D. Robinson'.

**Mr Douglas Robinson**  
**Specialist Registrar in Orthopaedics**



Headquarters  
King's Cross, Clepington Road, Dundee DD3 8EA

Chairperson, Mr Peter Bates  
Chief Executive, Professor Tony Wells

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IB113 01/04

Office stamp

INCAPACITY BENEFIT  
 JOBCENTRE PLUS  
 3 GELLATLY STREET  
 DUNDEE  
 DD1 3DX  
 TEL: 01382 373 000

## Incapacity for work

Dr Montgomery  
 Tay Court Surgery  
 50 South Tay Street  
 Dundee  
 DD1 1PP

Our phone number is

| Code | Number | Ext |
|------|--------|-----|
|      |        |     |

If you have textphone, you can call on

| Code | Number |
|------|--------|
|      |        |

If you get in touch with us, tell us this reference number

|               |
|---------------|
| WA 63 28 31 C |
|---------------|

Date

|          |
|----------|
| 20/10/06 |
|----------|

## About your patient

Surname   
 Other names   
 NI number   
 Date of birth

Address   
  
  
 Postcode

Dear Doctor,

Your patient has claimed benefit due to incapacity and we now have to assess their capacity to perform any work, not just their own job, using the Personal Capability Assessment procedures. People with certain severe medical conditions can be accepted as meeting the threshold of incapacity for benefit purposes without undergoing the Personal Capability Assessment or, if the assessment has to be applied, without undergoing a medical examination.

From the information you have provided on a medical statement (for example form Med 3), or information otherwise available to the medical officer, it appears that this may be such a case. In order to advise the decision maker in accordance with the law, the medical officer requires further factual information. We would be obliged if you would answer the medical officer's questions overleaf clearly indicating on a separate sheet, any medical evidence that you think would be harmful to the patient's health. An example of what may be harmful information is a diagnosis that is not known to your patient such as malignancy, progressive neurological conditions or major mental illness.

Your patient has given written consent on their claim form to allow us to approach you for this information.

If you have agreed to treat this patient under the NHS (General Medical Services) Regulations 1992 as amended March 1998 and equivalent regulations in Scotland, and have issued, or refused to issue, a medical certificate to them, you are obliged by your terms of service to supply clinical information to a medical officer. A similar obligation applies to most hospital and community doctors working within the NHS. You are not obliged to do this if you have not agreed to treat the patient under the NHS but any information you are willing to provide will be much appreciated. Unfortunately, we will be unable to pay you for it.

A reply within 7 days will be appreciated and a business reply envelope is enclosed for your use. If you have any queries about this form please contact the medical officer at your local Medical Services Centre, see leaflet **IB204 Guide for Registered Medical Practitioners** available at [www.dwp.gov.uk/medical](http://www.dwp.gov.uk/medical).

Thank you for your help.

Yours sincerely

On behalf of the Manager  
 For the Medical Officer

**Social Security Office**

Part of the Jobcentre Plus network,  
 Department for Work and Pensions

For official use

DO Ref type

07361 SC

First day of incapacity

16/10/07



## About your patient – continued

### Your reply

Please answer the following questions from the information which is currently available to you.

- 1 Date patient was last seen or examined for the condition(s) causing incapacity.

18/5/06.

- 2 Diagnosis of all relevant conditions and date(s) of onset.

Epilepsy.  
Shoulder pain.  
Low ambition

- 3 Factual details of patient's condition.

Where possible, please include brief factual details of:

- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

on Epilim chrono.

Not been in G.M.H. for quite a while. J. Centre still

## About your patient – continued

- 4 Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

5 Any other information.

- If you have evidence which indicates that, as a result of their medical condition, your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of the medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

**Only complete the section below if you have diagnosed a psychiatric condition at question 2.**

- 6 Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

### Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

### Your signature

Signature

Name IN CAPITALS Dr

Date

6 / 11 / 08.

Practice stamp

DR. A. J. MONTGOMERY GINSEP 0800  
TAY COURT SURGERY  
50 SOUTH TAY STREET  
DUNDEE DD1 1PF  
TEL : 01392 320020  
FAX : 01392 320020

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18/12/0613:52

TAYSIDE UNIVERSITY HOSPITALS TRUST - KINGS CROSS HOSPITAL - Radiology Report

Page 1 of 1

Name: **BEATTIE, Stuart**  
Referrer: DR A J MONTGOMERY  
CRIS No: 189863

CHI: 141160 0134  
Referral Src: GP - Out Patient GP  
Event No: E-2435141

VERIFIED Report by: Dr R I DOULL  
Typed by: ROBJ

15/12/2006  
15/12/2006

ANKLE - LEFT :  
There has been previous oblique fracture of the lower fibula. The fracture line is certainly quite clearly seen on todays exam in part but there is callous formation present. It is likely that this is old rather than representing re-fracture but a lot would depend on the clinical evaluation.

This report is only valid when Verified  
Att No: 2 Date: 12/12/2006 Examination: ANKLE - LEFT

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29/01/0710:13

Date: 25 January 2007

Our Ref: AF/LMcK/B7134

Your Ref:

Dr. Montgomery  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

**Muir  
Myles  
Lavery**

LEGAL SERVICES

Meadowplace Building  
Bell Street  
Dundee  
DD1 1EJ

Tel: 01382 206000  
Fax: 01382 206012  
LP42 - DUNDEE

Criminal Court Dept  
Fax: 01382 228674

Dear Doctor Montgomery

**Our Client: Stuart McKinstry Beattie (d.o.b. 14.11.60)**

We represent Stuart Beattie who was injured in an accident on 26 June 2006 when he fell near his home. We enclose our client's Mandate and would be obliged if you would provide us with a medical report in respect of our client's injuries and the prognosis for recovery, so far as this is known to you. Obviously, we will be responsible for your fee in the usual way.

We are  
Yours faithfully

Enc

(101 words)

EMAIL: [legalservices@muirmyleslavery.co.uk](mailto:legalservices@muirmyleslavery.co.uk)  
INTERNET: [www.solicitorsdundee.com](http://www.solicitorsdundee.com)

Partners  
John C Muir  
James Lavery  
Kevin Hampton  
Alan Fraser  
W. R. Wilson McMichael  
Director of Property Services  
Michael Tippett

29/01/0710:13

DUNDEE January 2007

Dr. Montgomery  
Tay Court Surgery  
50 South Tay Street  
Dundee DD1 1PF

I, STUART McKINSTRY BEATTIE, (d.o.b. 14.11.60), residing at 36 Whitfield Avenue, Dundee, DD4 0BD hereby authorise and instruct you to pass all information as requested relative to my medical records to my Solicitor, Alan Fraser of Muir Myles Lavery, Solicitors. Meadowplace Buildings, Bell Street, Dundee, DD1 1EJ.

Stuart Beattie

THIRD PARTY COPY

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AJM/AM

12 February 07

Muir Myles Laverty  
Meadowplace Buildings  
Bell Street  
Dundee  
DD1 1EJ

Dear Sir/Madam

**Stuart Beattie, 36 Whitfield Avenue, Dundee**

**DOB: 14 11 60**

**Ref: AF/LMcK/B7134**

Thank you for your enquiry concerning this gentleman. I should note that during the course of his treatment for his fracture, all his care was carried out at Ninewells Hospital and none of it at the surgery. There was a casualty sheet reporting an attendance on 27 June at 00.06 hours, after an incident at home where he injured his foot. Apparently he had tripped awkwardly and twisted his left ankle, which was swollen and tender, especially over the fibular heads. X-ray showed a close fracture of the left lateral malleolus and the treatment was plaster and mobilisation and he was discharged with follow up to the fracture clinic. He was then seen on 28 June in the fracture clinic and the letter states that he had been seen two days previously after catching foot in pothole. He was comfortable and there were no neurovascular problems. He was given a below knee walking cast and was to be reviewed in 6 weeks. He was told to crutch weight bear in the first week and build up his weight in the subsequent weeks. When seen on 9 August by Mr Avison, the x-ray showed very little in the way of callus although it was early days and he was still quite tender at the lateral malleolus and was given a moon boot or removable splint and would be reviewed 4 weeks later. He was told to mobilise freely and do his exercises 2-3 times per day. He was seen in the clinic on 6 September and it was reported that his fracture had healed nicely and he was mobilising without his moon boot and fully weight bearing. On palpation there was no tenderness and he was allowed to fully weight bear and was discharged from follow up.

Yours faithfully

**Dr A J Montgomery**

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**NHS****Tayside**

Musculoskeletal and A & E Services  
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Acute Services Division  
NHS Tayside  
Ninewells Hospital  
DUNDEE  
DD1 9SY  
Telephone Number (01382) 660111  
Fax Number (01382) 496201  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr Montgomery  
Tay Court Surgery  
South Tay Street  
Dundee

|              |                                   |
|--------------|-----------------------------------|
| Date         | 31 <sup>st</sup> January 2008     |
| Your Ref     |                                   |
| Our Ref      | ASJ/KMcF/14 11 60 0134            |
| Enquiries to | Mr Jain's Ortho Clinic - 21 01 08 |
| Extension    | 35718                             |
| Direct Line  | (01382) 425718                    |
| Email        | Kate.mcfee@nhs.net                |

Dear Dr Montgomery

**RE: Stuart Beattie, 36 Whitfield Avenue, Dundee**

**Diagnosis: Recurrent Foot Problem After Toe Amputation and Ankle Injury**

This patient of yours has failed to attend the clinic today, therefore no further appointment will be sent.

Yours sincerely

  
**Mr A S Jain**  
**Consultant Orthopaedic Surgeon**



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STUART BEATTIE CHINO: 1411600134 REF ID: T002616414 (COPY)

Page 2 of 2

SPECIALTY: Trauma and Orthopaedic Surgery CLINICIAN: ANY CONSULTANT SOURCE: ALISTAIR MONTGOMERY

### CLINICAL INFORMATION

#### Reason for Referral (including expectation of referral outcome)

FOOT CLINIC - Recurrent foot problems after toe amputation and ankle injury

#### History of presenting complaint/examination findings/Investigation results

This gentleman who happens to be epileptic but reasonably well controlled, had a traumatic amputation of the top of his big toe on his left foot. He seems to have remnants of nail bed with little horns of nail growing through both lateral ends of his former nail bed, causing him problems. He also thinks he has a bit of bone pressing at the end of the amputated tip which is giving him pressure problems on his foot. He also has difficulty stabilising his ankle and frequently falls over and has lots of scratches and bruises on his lower leg. I would be grateful for your advice.

#### Past medical History

Quinine Sulphate, Dihydrocodeine, Trimovate, Epilim Chrono 500mg bd

#### Current and recent medication

#### Clinical Warnings (e.g allergies, blood-borne, viruses)

#### Additional relevant information (including patients issues, social circumstances and special needs)

#### Smoking status / Alcohol consumption

Smoking Status: UNKNOWN

Alcohol Consumption: UNKNOWN

#### Electronic Signature

SIGNATURE: Unsigned at time of printing DATE: 07/12/2007

#### Referral Attachment Summary

PDF DOCUMENTS: 0

IMAGES: 0

TOTAL ATTACHMENTS: 0

PRINTED: 07/12/2007

Referral Management Service



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STUART BEATTIE CHINO: 1411600134 REF ID:T003004547 (COPY)

Page 2 of 2

SPECIALTY: Neurology, Neurology CLINICIAN: ANY CONSULTANT SOURCE: ALISTAIR MONTGOMERY

### CLINICAL INFORMATION

**Reason for Referral** (including expectation of referral outcome)

**History of presenting complaint/examination findings/Investigation results**

This gentleman was diagnosed with epilepsy, I think by the general physicians 4 years ago. He was given a diagnosis of probable generalised tonic seizures. On reviewing him recently and it looks as he has never actually seen a neurologist to confirm this diagnosis. To be fair he does not attend the surgery often so it has been difficult for us to review him regularly. He is still getting one seizure every 3 months so I have increased his Epilim Chrono to 1.5gm daily from his current 500mg bd. As it is now good practice for everyone to see a neurologist to confirm the diagnosis, I would be grateful if he could be assessed and advice given on his management.

**Past medical History**

Various fractures over the years and he also has two brothers who have epilepsy. He is currently waiting for an orthopaedic appointment for a ganglion on the dorsum of his left foot.

**Current and recent medication**

**Clinical Warnings** (e.g allergies, blood-borne, viruses)

**Additional relevant information** (including patients issues, social circumstances and special needs)

**Smoking status / Alcohol consumption**

Smoking Status: UNKNOWN

Alcohol Consumption: UNKNOWN

**Electronic Signature**

SIGNATURE: Unsigned at time of printing DATE: 22/07/2008

**Referral Attachment Summary**

PDF DOCUMENTS: 0

IMAGES: 0

TOTAL ATTACHMENTS: 0

PRINTED:22/07/2008

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STUART BEATTIE CHINO: 1411600134 REF ID:T003004521 (COPY)

Page 2 of 2

SPECIALTY: Trauma and Orthopaedic Surgery CLINICIAN: ANY CONSULTANT SOURCE: ALISTAIR MONTGOMERY

### CLINICAL INFORMATION

**Reason for Referral** (Including expectation of referral outcome)

FOOT CLINIC - re-referral

**History of presenting complaint/examination findings/Investigation results**

This gentleman apparently failed to keep an appointment at the clinic in January of this year with a lump on his left foot. I spoke to him about it recently and he tells me he never received the appointment and in fact came to see me because he had not heard from you. He still has a large, mobile lump on the dorsi-flexion side of his foot which I suspect is some sort of ganglion and I would be grateful for your advice concerning it's removal.

**Past medical History**

**Current and recent medication**

**Clinical Warnings** (e.g allergies, blood-borne, viruses)

**Additional relevant information** (including patients issues, social circumstances and special needs)

**Smoking status / Alcohol consumption**

Smoking Status: UNKNOWN

Alcohol Consumption: UNKNOWN

**Electronic Signature**

SIGNATURE: Unsigned at time of printing DATE: 22/07/2008

**Referral Attachment Summary**

PDF DOCUMENTS: 0

IMAGES: 0

TOTAL ATTACHMENTS: 0

PRINTED:22/07/2008

Referral Management Service

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15/09/0809:25



Musculoskeletal and A & E Services  
Orthopaedic Department  
Acute Services Division  
NHS Tayside  
Ninewells Hospital  
DUNDEE  
DD1 9SY  
Telephone Number (01382) 660111  
Fax Number (01382) 496201  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr A Montgomery  
Tay Court Surgery  
50 South Tay Street  
DUNDEE

Date 03 September 2008  
Your Ref  
Our Ref VK/CS 14 11 60 0134  
Enquiries to Mr Avison - Orthopaedic Clinic - 01 09 08  
Extension 35170  
Direct Line  
Email [carol.stewart3@nhs.net](mailto:carol.stewart3@nhs.net)

Dear Dr Montgomery

**Stuart Beattie, 36 Whitfield Avenue, Dundee**

Diagnosis: Lump left foot

Outcome: Conservative management, discharged

I reviewed your patient today in the clinic who was referred to us for a lump on his foot. Fortunately the lump burst a few days ago and has resolved his problem. I suspect from clinical examination and Mr Montgomery's history it was probably a ganglion or cyst, however as this has resolved there is no further treatment required.

Today he gave a short history of pain over his calf at his tendo-achilles region over the last couple of months and also ankle pain. On examination of his ankle he has got a good range of movements although is painful at the extremes of flexion and extension. His x-rays do not show any evidence of loose body or loss of joint surface or osteoarthritis. Given the fact that he had a fracture of this ankle in the past I was expecting to find pathology however this has not been the case. I have advised him to take some painkillers for the ankle pain. As far as the cyst goes he does not require any surgical intervention. He has been warned that this might recur, for which we would be happy to see him again if need be. He has been discharged from the clinic.

Yours sincerely

  
Mr V Karupiah  
Specialist Registrar in Orthopaedics

Headquarters  
King's Cross, Clepington Road, Dundee DD3 8EA

Chairperson, Mr Sandy Watson OBE DL  
Chief Executive, Professor Tony Wells



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**TAYSIDE UNIVERSITY HOSPITALS NHS TRUST  
ACCIDENT & EMERGENCY SERVICES,  
NINEWELLS HOSPITAL**

08/10/0809:51

Date: 04 Oct 2008

**DR. AJ Montgomery**  
TAY COURT SURGERY  
50 SOUTH TAY STREET  
DUNDEE  
DD1 1PF

Dear Doctor Montgomery

Your Patient: **Stuart Beattie**  
36 WHITFIELD AVE  
DUNDEE  
DD4 0BD

Date of Birth: **14 Nov 1960**  
ACHI Number: **1411600134**  
A&E Attendance No: **AE-08-036669-1**  
No. of Previous Attendances: **4**  
Occupation/School: **UNEMPLOYED**

Tel : pm

The above patient attended the A&E department on 03 Oct 2008 at 08:19. The incident occurred at Other specified The complaint was **R EYE INJURY**. The patient was seen by **Rose Rosario , A+E SHO**.

**Diagnosis**

Corneal Abrasion, Eyes, Right  
got caught by a plant in the eye while gardening yesterday.

**Prescriptions**

Chloramphenicol eye ointment, Ophthalmic, Ointment, Four times a day, 5 days.

Discharge : With referral to Other Clinic  
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

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Dr Montgomery  
Tay Court Surgery  
50 South Tay Street  
Dundee

Department of Neurology  
Acute Services Division  
NHS Tayside  
South Block  
Level 6  
Ninewells Hospital  
DUNDEE  
DD1 9SY  
Telephone Number (01382) 425720  
Fax Number (01382) 425739  
www.nhstayside.scot.nhs.uk



|                |                                      |
|----------------|--------------------------------------|
| Date of clinic | 13 January 2009                      |
| Date Typed     | 21 January 2009                      |
| Your Ref       |                                      |
| Our Ref        | RR/EA 14 11 60 0134                  |
| Enquiries to   | Anne Crosby, Secretary to Dr Roberts |
| Direct Line    | (01382) 740034                       |

Dear Dr Montgomery

**STUART BEATTIE, 36 WHITFIELD AVENUE, DUNDEE, DD4 0BD**

This 48 year old man has failed to attend a new appointment for my epilepsy clinic this morning. He has also previously failed to attend a number of appointments over the last four years (11/11/08, 12/04/05, 7/12/04). It is not clear how he came by this most recent appointment, as no referral letter is filed.

I have not sent a further appointment.

Yours sincerely

*Dr Richard Roberts*  
*Electronically signed, 27 January 2009*

**Dr Richard Roberts**  
**Consultant Neurologist**

Headquarters  
King's Cross, Clepington Road, Dundee DD3 8EA

Chairperson, Mr Sandy Watson OBE, DL  
Chief Executive, Professor Tony Wells



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IB/ESA113


 Jobcentreplus

## Incapacity for work/Employment and Support Allowance


 Atos Healthcare

Dr Montgomery  
 Doctors Surgery  
 50 South Tay Street  
 Dundee  
 UK  
 DD1 1PF

4188 E 1709  
 613

100-1

Our phone number is: 0131 222 5471

If you have a textphone,  
 you can call on: 18001 0131 222 5471

If you get in touch with us, tell us this  
 reference number: WL632831C

Date: 2nd February 2010

### About your patient

Full Name Mr Stuart Beattie

NINo WL632831C

Date of birth 14th November 1960

### Address

36 WHITFIELD AVENUE  
 DUNDEE  
 DD4 0BD

Dear Doctor

Your patient has made a claim for Incapacity Benefit or Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- **A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement.**

### COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following

- Active problems.
- Current medication with last prescribed date.
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

**Please reply within 5 working days.** A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely

Dr John Durkacz

For the Medical Officer

Medical Services PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

[Version 3]



Mr Stuart Beattie

**Client NINo:**  
WL632831C

Client Date of Birth: 14.11.1960

EDINBURGH  
Argyle House  
3 Lady Lawson Street  
Edinburgh  
Edinburgh  
EH3 9SH

### Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please  
continue at Part 7.

**1 When did your patient last see a GP?**

31 / 01 / 10.

**2 Current conditions affecting ability to work:**

Please give us details of those conditions which may have significant effect on the person's capacity to work. Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available
- Past, present and planned investigations and management, including medication, **where relevant**.

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete **both sides** of this form.

**and return the completed form in the supplied envelope - with the above address showing in the window**

| Condition and date of diagnosis | Symptoms and signs                                                                      | Investigations, management & medication                                                                         |
|---------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <p>Epilepsy.<br/>Depression</p> | <p>fit free high melanic rash<br/>num dead unexpectedly for short illness (cancer).</p> | <p>on Epilin chrono 120, 2M.<br/>omeprazole 20mg<br/>Quinine sulphate 300mg<br/>Dile 30, ii am.<br/>Mauhex.</p> |

**About your patient - continued****3 Current conditions not affecting ability to work**

Please list any other relevant conditions that do not affect the ability to work.

If on the 2006 - was unstable.  
Dyspnoea / D4.

**4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities**

Walking  
Rising from sitting  
Picking up objects  
Reaching  
Manual dexterity  
Continence  
Maintaining personal hygiene  
Eating or drinking  
Initiating or completing simple tasks  
Communication

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**5 Does the patient have a history of threatening or violent behaviour?**

No

☒

Yes

☐

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at Part 7

**6 Could your patient travel to an examination centre by public transport or taxi?**

No

☐

Yes

☒**7 Additional information**

Please continue on a separate sheet if necessary.

Mum recently died. Epilepsy is fit free but during on the 4  
occasional 'shaking' turns. Seldom been to surgery  
type has been free since recently after his mum died.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

**Your Signature**

Signature



Name IN CAPITALS

Dr

DR. A. J. MONTGOMERY MRCPsych  
TAY COURT SURGERY  
50 SOUTH TAY STREET  
DUNDEE DD1 1PF  
TEL: 01382 228228  
FAX: 01382 202606

Date

4/2/10.

**Practice stamp**

DR. A. J. MONTGOMERY MRCPsych  
TAY COURT SURGERY  
50 SOUTH TAY STREET  
DUNDEE DD1 1PF  
TEL: 01382 228228  
FAX: 01382 202606



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### "SPECIAL REQUESTS"

Date of request 20/7/10.....

Patient's name Stuart Beattie.....

Address 30 Whitfield Ave.....  
.....

DOB/CHI 14.11.60.....

Item(s) requested ① Citalopram 10mg.....

② Nifedipine 5mg.....

Not to be  
issued until  
attended for  
review.

Rosary Chenist

Item prescribed yes/no

If no, is patient to make appointment? yes/no

Does not appear to have  
been seen since  
Feb 2010

To be added to repeats yes/no

Prescribing doctor's signature .....

Date 220710.....

### Prescription Collection Service

**Bruce Ramsay (Dundee) Ltd**  
**87 Fintry Road**  
**DUNDEE DD4 9JB**

To TAYCOURT Medical Centre:

**I am giving permission for a representative of the above  
 pharmacy to collect my prescriptions from your surgery.  
 I will contact you should I wish to stop this arrangement.**

Signed Stuart Beattie

Printed STUART BEATTIE

**Print patient's name, date of birth & address below**

36 WHITFIELD AVE DD4 0BB

14-11-60

We collect from the following surgeries on Mondays and Thursdays:

|                           |                         |                   |
|---------------------------|-------------------------|-------------------|
| Taycourt Medical Centre   | Hillbank Medical Centre | Ancrum Surgery    |
| Nethergate Medical Centre | Lochee Medical Centre   | Downfield Surgery |
| Coldside Medical Centre   |                         |                   |

We collect from these surgeries most mornings:

|                            |                          |                          |
|----------------------------|--------------------------|--------------------------|
| Fintry Mill Medical Centre | Whitfield Surgery        | Maryfield Medical Centre |
| Terra Nova House           | Stobswell Medical Centre | Wallacetown HC           |
| Park Avenue Medical Centre | Erskine Practice         | Mill Practice            |
| Taybank Medical Centre     | Princes Street Surgery   |                          |

If you wish us to hand in your repeat request to your surgery, make sure it is handed in to the pharmacy the day before we go down. Allow time for the surgery to make up your prescriptions – this is usually 48 hours. Prescriptions are normally prepared and ready to collect from the pharmacy by 3pm on the day we pick them up from your surgery.

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jobcentreplus

Your reference is WL632831C  
Please tell us this number  
if you get in touch with us

DR MONTGOMERY  
TAY COURT SURGERY  
50 SOUTH TAY STREET  
DUNDEE

Clydebank BDC  
Baird Street  
Glasgow  
G90 8BS

Phone 0845 6001506  
TEXTPHONE for the deaf/hard of  
hearing ONLY 0845 6088551

Date 06/10/2010  
FOR MR STUART MCKINSTRY BEATTIE

#### INFORMATION ABOUT YOUR PATIENT

Name MR STUART MCKINSTRY BEATTIE

Date of Birth 14/11/1960

Address 36 WHITFIELD AVENUE  
WHITFIELD  
DUNDEE  
DD4 0BD

Payment of Incapacity Benefits and the award of National Insurance credits are subject to an incapacity assessment. If a person meets, or is treated as meeting, the threshold of incapacity, medical certificates are no longer needed to support their claim.

As the patient shown above meets or is treated as meeting the threshold of incapacity under the Personal Capability Assessment you no longer need to issue NHS medical certificates for this person's claim for benefit. However, we may need to contact you for further information about your patient's incapacity in the future.

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

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity. You can find more information in IB204 'A guide for registered medical practitioners'. It is available on our website at [www.dwp.gov.uk/medical](http://www.dwp.gov.uk/medical).

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.  
IB74

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**TAYSIDE UNIVERSITY HOSPITALS NHS TRUST  
ACCIDENT & EMERGENCY SERVICES,  
NINEWELLS HOSPITAL**

Date: 23 Apr 2011

**DR. A Montgomery**  
TAY COURT SURGERY  
50 SOUTH TAY STREET  
DUNDEE  
DD1 1PF

Dear Doctor Montgomery

Your Patient: **Stuart Beattie**  
36 WHITFIELD AVE  
DUNDEE  
DD4 0BD

Date of Birth: **14 Nov 1960**  
ACHI Number: **1411600134**  
A&E Attendance No: **AE-11-014636-1**  
No. of Previous Attendances: **5**  
Occupation/School: **UNEMPLOYED**

Tel: 07754890133

The above patient attended the A&E department on 22 Apr 2011 at 19:41. The incident occurred at Home The complaint was L EYE INJ. The patient was seen by **Deirdre Conway , A+E SHO**.

**Diagnosis**

Welder's Flash / UV Keratitis,  
12 hours previously was involved in incident where got poked in eye with sharp leaf when out in garden - left eye significantly red globally - vision in left eye 6/24 (significant photophobia) - vision right 6/9 - on examination under fluroscein - corneal scratch noted - chloramphenicol and ophthalmology appt provided with analgesia advice - no other abmnormalities to cranial nerves

**Prescriptions**

Chloramphenicol ointment, Topical, Topical, Three times a day, 4 days.  
No allergies

Discharge : With referral to Other Clinic  
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

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Dr. S. Gardiner  
Dr. A.J. Montgomery  
Dr. Margaretha Badenhorst  
Dr. C. Paton  
Dr. B. Hollins  
Dr. K. MacDonald

**TAY COURT SURGERY**  
Consultation by Appointment  
50 South Thy Street, Dundee. DD1 1PF  
Telephone: 01382 228228 Fax: 01382 202606

Name: Stuart Beattie  
Address: 36 WHITFIELD AVE  
DUNDEE  
DD4 0BD  
Telephone: 07754 890133

Are you still taking medication for Epilepsy?

☒ Yes ☐ No

If you have stopped...  
when did you stop?  
why did you stop?

|  |
|--|
|  |
|  |

Are you happy with your current treatment?  
Any comments?

☒ Yes ☐ No

TREATMENT WORKING FINE

How often are you having  
seizures/fits?

(please tick)

More than 1 per day  
More than 1 per week  
More than 1 per month  
More than 1 per year  
Less than 1 per year

|                                     |
|-------------------------------------|
|                                     |
|                                     |
|                                     |
|                                     |
| <input checked="" type="checkbox"/> |

When was your last seizure/fit?

MAY

RECEIVED  
12 OCT 2011

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**TAYSIDE UNIVERSITY HOSPITALS NHS TRUST  
ACCIDENT & EMERGENCY SERVICES,  
NINEWELLS HOSPITAL**

Taycourt Surgery,  
50 South Tay Street,  
Dundee

Date: 14 Feb 2012

Dear Doctor *Paton.*

Your Patient: **Stuart Beattie**  
36 WHITFIELD AVE  
DUNDEE  
DD4 0BD

Date of Birth: **14 Nov 1960**  
ACHI Number: **1411600134**  
A&E Attendance No: **AE-12-005340-1**  
No. of Previous Attendances: **6**  
Occupation/School: **UNEMPLOYED**

Tel : 07754890133

The above patient attended the A&E department on 12 Feb 2012 at 21:45. The incident occurred at Public highway, street or road The complaint was **HEAD INJURY**. The patient was seen by **Karyn Black , A+E SHO**.

| Imaging XR | Site     | Side                                                               | Comment |
|------------|----------|--------------------------------------------------------------------|---------|
| 1. X-ray,  | Sternum, |                                                                    |         |
| 2. X-ray,  | Chest,   | - alleged assault, chest pain + on movement, tender mid sternum ?# |         |

**Imaging Results**

1. Normal - No bony injury
2. Normal - No bony injury

**Diagnosis**

Laceration, Face, Left  
Below left eye  
Abrasion, Frontal, Right  
Right forehead

Discharge : With no follow up  
Destination : Usual place of residence

**Notes for GP**

Alleged assault, hit on the face with brick. Laceration below left eye and abrasion on right forehead. C/o pain in sternum. X-rays show no bony injury. No follow-up.

Yours sincerely

Accident & Emergency Dept

**"SPECIAL REQUESTS"**

Date of request

12/4/2013

Patient's name

Stuart Beattie

Address

36 Whitfield Avenue  
Dundee

DOB/CHI

14/11/60

Item(s) requested

Nitrazepam 5mg

Item prescribed

yes/no

If no, is patient to make appointment?

yes/no

To be added to repeats

yes/no

1/2 supply only

Has been receiving this  
for last 3 years

Prescribing doctor's signature

Kana

Date

15/4/13

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## "SPECIAL REQUESTS"

Date of request ..... 7/3/2013 .....

Patient's name Shant Bealbe

Address 36 Whitfield Ave  
Dundee

DOB/CHI 14/11/60

Item(s) requested Simple Linchs (has been getting this since 1999)  
Nitrazepam  
Amy M.  
took  
off repeat

|                        |        |
|------------------------|--------|
| <i>Item prescribed</i> | yes/no |
|------------------------|--------|

If no, is patient to make appointment? yes/no

*To be added to repeats* *yes/no*

Prescribing doctor's signature 

Date 08 03 13



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### "SPECIAL REQUESTS"

DR P.

Date of request Stuart Beattie

Patient's name 31/7/12

Address 36 Whitfield Aven

DOB/CHI 14.11.60 0134

Item(s) requested Nitazepam 5mg

Item prescribed ☒ yes/no

If no, patient to make appointment yes/no

To be added to repeats yes/no

Prescribing doctor's signature [Signature]

Date 01/08/12

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Emergency Medicine Department  
Level4, South Block  
NHS Tayside  
Ninewells Hospital  
Dundee  
DD1 9SY  
Telephone Number – 01382 660111  
Fax Number – 01382 633993  
www.nhstayside.scot.nhs.uk



Dr Montgomery  
Taycourt Surgery  
Dundee

Date 21<sup>st</sup> February 2012  
Dictated 16<sup>th</sup> February 2012  
Your Ref  
Our Ref CD/MMc 141160 0134

Enquiries to Mhairi McLeay  
Extension 40473  
Direct Line 740473  
Email Mhairi.mcleay@nhs.net

Dear Dr Montgomery

**Re: Stuart Beattie DOB/CHI 141160 0134**  
**36 Whitfield Avenue, Dundee, DD4 0BD**

Date of presentation: 12/02/12 Date of discharge: 13/02/12  
Diagnosis: Head Injury/Laceration to right frontal area.

This 51 year old was allegedly assaulted and was hit in the face and head with a brick. He had been under the influence of alcohol at this point and it is unclear whether there was any history of loss of consciousness. On arrival he was GCS 15 with no focal neurological signs, he had an abrasion to the right frontal area and no wounds required closure. He was admitted to our short stay ward for neuro observations and remained well. He was subsequently discharged the following day and no further follow up has been arranged.

Yours sincerely

A handwritten signature in dark ink, appearing to read "Colin Donald".

**Colin Donald**  
**Consultant in Emergency Medicine**

*Working with you for better health and better care*  
Headquarters: Kings Cross, Clepington Road, Dundee DD3 8EA  
Chairman, Mr Sandy Watson OBE DL  
Chief Executive, Mr Gerry Marr



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## MEDICAL SERVICES

Provided on behalf of the Department for Work and Pensions

DR MACDONALD *Stevenson*  
DOCTORS SURGERY  
50 SOUTH TAY STREET  
DUNDEE  
DD1 1PF

40530

2285 E 1131  
317

Client Name: Mr Stuart Beattie

Client Date of Birth: 14th November 1960

Client Address: 36 Whitfield Avenue, Whitfield,  
Dundee, DD4 0BD

Client NINo: WL632831C

Date: 17th October 2013

Your patient has made a claim for benefit and you may have already given us information about his/her history. However, so that we can consider the claim, we need some additional details. Your patient has given consent to allow us to approach you for this information.

### What we need you to do

Please supply a factual report answering the questions listed on the enclosed form. You should base your replies on your knowledge of the patient and on his/her records. A special examination is not required.

Please include in your report any relevant information contained in letters or reports from hospitals or consultants. If you think it is essential to send us originals or copies of any letters from consultants, please obtain the author's consent beforehand. You should also confirm in a covering note that they have agreed to the correspondence being used in connection with this claim.

Please let us know immediately if this patient is no longer under your care.

Please be aware that if you are treating this patient under the NHS, you are obliged by your terms of service to supply clinical information to a medical officer if you have issued or refused to issue a medical certificate to a patient. You are not obliged to do this if you are not treating the patient under the NHS, but any information you are willing to provide would be most appreciated. Unfortunately, we would be unable to pay you for it. Please note that a full and prompt reply may prevent the patient from being required to undergo a medical examination.

### Harmful information

We may need to send a copy of the report to the patient. We can withhold information from the patient that would be harmful to his/her health. Please put any such information on a separate sheet and mark it accordingly. Please note we cannot withhold information on any other grounds.

### What to do next

We would appreciate a reply to the address shown on the enclosed form within seven days. We have enclosed a pre-paid envelope for the return of the report.

Yours Sincerely

Miss Amy Carse

For the Medical Officer



RESTRICTED - MEDICAL

FRR2 10/10

# MEDICAL SERVICES

Provided on behalf of the Department for Work and Pensions

Freepost Plus RSZR-ZSTX-BBBG

Atos Healthcare  
Silvan House  
231 Corstorphine Road  
Edinburgh  
EH12 7AR

Client Name: Mr Stuart Beattie

Client Date of Birth: 14th November 1960

Client NINo: WL632831C

Please return this form in the envelope supplied with the above address showing through the window.

We would like further information regarding the points raised below please:

Dear Doctor,

Can you please clarify current level of condition, medication and input and any severe restriction that may be evident to daily function.

Regards

Amy Carse  
RGN/RMN

Your response:

PATIENT HAD RECONSTRUCTION OF (R) SHOULDER JOINT 1994 AND HAS BEEN ON ANALGESIA (DIHYDROCODEINE) SINCE.

EPILEPSY - HAS 1-2 SEIZURES YEARLY BUT STABLE ON EPILEM CHRONO 1000mg DAILY

INSOMNIA - BEEN ON NITRAZEPAM FOR YEARS.

PATIENT IS NOT UNDER ANY SPECIALIST AND CONDITION IS STABLE AT PRESENT.

I HAVE NO EVIDENCE THAT HE HAS ANY RESTRICTION THAT AFFECTS CAPABILITY TO CARRY OUT DAILY ACTIVITIES

Please continue and sign overleaf...



RESTRICTED - MEDICAL

FRR2 10/10

**MEDICAL SERVICES**

Provided on behalf of the Department for Work and Pensions

*Your response (continued):*

THIRD PARTY COPY

*Please continue on a separate sheet of paper if necessary.*

**Taycourt Surgery**  
50 South Tay Street  
Dundee DD1 1PF  
Tel: 01382 228228

Name: DR R STEVENSONYour signature: *R Stevenson*Date: 01/11/13*Please return this form in the envelope supplied with the address overleaf showing through the window.***RESTRICTED - MEDICAL**

### "SPECIAL REQUESTS"

*Date of request* ..... 21/1/2014 .....

*Patient's name* ..... Stuart Beattie .....

*Address* ..... 36 Whitfield Avenue .....  
..... Dundee .....

*DOB/CHI* ..... 14/11/60 .....

*Item(s) requested* ..... Tinnate Cream .....  
..... → Seems to be  
..... for traumatic  
..... toe amputation  
..... area .....

*Item prescribed* ..... ☒ yes / ☐ no .....

*If no, patient to make appointment* ..... ☐ yes / ☒ no .....

*To be added to repeats* ..... ☐ yes / ☒ no .....

*Prescribing doctor's signature* ..... A.B. Wenz .....

*Date* ..... 23/1/14 .....

DR S

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**"SPECIAL REQUESTS"**

Date of request ..... 18/12/13

Patient's name ..... Strat Seave

Address ..... 36 Whitfield Avenue  
..... Mac

DOB/CHI ..... 14/11/60

Item(s) requested ..... Terminate

Item prescribed ..... yes/no

If no, is patient to make appointment? ..... yes/no

To be added to repeats ..... yes/no

Prescribing doctor's signature ..... km

Date ..... 19/12/13

I'm sorry I cannot  
see indication for this  
→ appt.  
DL MACO  
km



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 Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)  
 -----  
 Name: BEATTIE Stuart Sex: M PID: 1411600134 DoB: 14 Nov 1960  
 Lab No: H142830396  
 Tayside Court Surgery Clinician: Dr S. GARDINER TCS GARSIG  
 -----  

|     |       |                      |               |     |      |                       |              |
|-----|-------|----------------------|---------------|-----|------|-----------------------|--------------|
| HGB | 149   | g/L                  | ( 130-180 )   | WBC | 7.5  | x10 <sup>9</sup> /L   | ( 4.0-11.0 ) |
| RBC | 5.13  | x10 <sup>12</sup> /L | ( 4.5-6.0 )   | NE# | 3.9  | x10 <sup>9</sup> /L   | ( 2.0-7.5 )  |
| HCT | 0.447 |                      | ( 0.40-0.52 ) | LY# | 2.4  | x10 <sup>9</sup> /L   | ( 1.5-4.0 )  |
| MCV | 87.1  | fL                   | ( 85-105 )    | MO# | 0.6  | x10 <sup>9</sup> /L   | ( 0.2-0.8 )  |
| MCH | 29.0  | pg                   | ( 27-32 )     | EO# | 0.54 | H x10 <sup>9</sup> /L | ( 0.0-0.4 )  |
| MCC | 332   | g/L                  | ( 320-360 )   | BA# | 0.1  | x10 <sup>9</sup> /L   | ( 0.0-0.1 )  |
|     |       |                      |               | PLT | 200  | x10 <sup>9</sup> /L   | ( 150-400 )  |

  
 -----  
 Lab.Comments: Note the change in units for HGB and MCHC from 01/10/13  
 Sample is blood unless otherwise stated  
 Sample Date/Time  
 20 Feb 2014 09:31  
 -----  
 Clin.Details: breathless with fatty stools ?steatorrhoea. Smoker with left  
 upper lobe signs.  
 -----  
 Request Entered: 20 Feb 2014 12:06 Report Printed: 20 Feb 2014 12:55  
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07/02/2014 08:49 01382504332

DUNDEE NORTH LAW CEN

PAGE 01/02

01382504332

## DUNDEE NORTH LAW CENTRE

(Registered Office)

101 Whitfield Drive, Whitfield, Dundee DD4 0DX

Tel: 01382 307230 Fax: 01382 504332

Our Ref: TG/14/08/ESA/MR/W/FFS

(Please quote)

Your Ref:

06 February 2014

BY FAX 202606  
 Tay Court Surgery  
 50 South Tay Street,  
 DUNDEE DD1 1PF

Dear Sirs,

**Mr. Stuart Beattie, 36 Whitfield Avenue, Dundee DD4 0BD d.o.b. 14.11.60**  
**Employment & Support Allowance**

I act on behalf of your patient, Stuart Beattie and enclose a mandate confirming my authority. I am assisting Stuart to challenge a decision by Jobcentre Plus that he is fit for work.

Stuart attended a medical examination for his claim for Employment & Support Allowance on 20<sup>th</sup> January, 2014 and scored zero points. As you may or may not be aware Stuart requires 15 points to remain on the benefit.

As I understand it, Stuart suffers from an arm/shoulder problem, epilepsy, which I believe is controlled through medication, insomnia and difficulty with walking and balance due to a missing toe on his left foot. As far as is relevant to the Limited Capability for Work Assessment, he claims to be unable to walk any more than 200 metres on level ground without stopping in order to avoid significant discomfort. He also describes being unable to stand or sit for any longer than one hour without needing to move away in order to avoid significant discomfort in his foot and back.

I would be grateful if you could prepare a brief report providing details of Stuart's medical condition and how his disability affects him day to day. Please also let me have your comments on claims made by Stuart regarding his symptoms. Any additional information or reports which you consider may assist the Tribunal when making their decision would also be greatly appreciated. If Stuart is receiving any treatment or medication, I would be grateful if you could also provide this information.

If you require any additional information please do not hesitate to contact me on 307236. Otherwise, I look forward to receiving your report together with a note of your fee.

Yours faithfully,



Trudy Gill  
 Solicitor  
 enc  
 mandate

tg3.beattie.6.2.14  
 WC/ 334

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 The legal work is carried out by the independent legal practice of DNLC at the above address.



07/02/2014 08:49 01382504332

DUNDEE NORTH LAW CEN

PAGE 02/02

01382504332

**MANDATE/LETTER OF AUTHORITY (October 2013)**To: (1) DL GARDINER  
TAX COURT SURGEON(1) full name, address  
and reference

Your Ref: (1)

I, STUART BEATTIE (d.o.b. 14/11/60) currently residing  
at 36 WHITFIELD AVE, DUNDEE, DD4 0SD.National Insurance No. WL63 2831C

- (a) authorise Peter Kinghorn/Kenneth Marshall/Trudy Gill/Julie McAra, Solicitors, Tom Lamb, Welfare Rights Officer, Gael Cameron, Paralegal, Vicki Skelly, Trainee Solicitor or any other representative of Dundee North Law Centre, 101 Whitfield Drive, Dundee DD4 0DX (01382 307230) to represent me and act on my behalf in connection with the subject matter referred to below.
- (b) authorise you, if requested, to provide copies of documentation, forms and all other papers including correspondence and such other information as required and authorise you to write to and communicate with Peter Kinghorn/Kenneth Marshall/Trudy Gill/Julie McAra, Solicitors, Tom Lamb, Welfare Rights Officer, Gael Cameron, Paralegal, Vicki Skelly, Trainee Solicitor or any other representative of Dundee North Law Centre, 101 Whitfield Drive, Dundee DD4 0DX (01382 307230) in connection with the following subject matter namely:- (2)

my medical records(2) complete  
in full

- (c) If applicable this authority expressly includes the release of all medical and other confidential or protected information in connection with the subject matter referred to above, if requested (3)

(3) delete if  
not applicable

- (d) I wish the undernoted decision to be revised/superseded/reviewed/appealed/or (4)

(4) complete  
in full or  
delete if  
not applicableSigned S. BeattieDated 30/11/14

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|                                                                                              |                                                                    |                           |                                                |                    |        |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------|------------------------------------------------|--------------------|--------|
| Tayside Clinical Laboratory Services                                                         |                                                                    |                           | Telephone 01738 473223 (PRI) 01382 632602 (NW) |                    |        |
| Name: BEATTIE                                                                                | Stuart                                                             | Sex: M                    | PID: 1411600134                                | DoB: 14 Nov 1960   |        |
| Tay Court Surgery                                                                            |                                                                    | Clinician: Dr S. GARDINER |                                                | Lab No: C142830396 |        |
|                                                                                              |                                                                    |                           |                                                | TCS                | GARSIG |
| SODIUM                                                                                       | 136                                                                | mmol/L                    | (                                              | 133-146            | )      |
| POTASSIUM                                                                                    | 4.6                                                                | mmol/L                    | (                                              | 3.5-5.3            | )      |
| UREA                                                                                         | 5.4                                                                | mmol/L                    | (                                              | 2.5-7.8            | )      |
| CREATININE                                                                                   | 76                                                                 | umol/L                    | (                                              | 62-106             | )      |
| ESTIMATED GFR                                                                                | GT60                                                               | mL/min                    |                                                |                    |        |
| CKD Stage                                                                                    | IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA |                           |                                                |                    |        |
| ALT                                                                                          | 17                                                                 | U/L                       | (                                              | 5-55               | )      |
| BILIRUBINS                                                                                   | 8                                                                  | umol/L                    | (                                              | 0-21               | )      |
| ALKALINE PHOSPHATASE                                                                         | 80                                                                 | U/L                       | (                                              | 30-130             | )      |
| ALBUMIN                                                                                      | 37                                                                 | g/L                       | (                                              | 35-50              | )      |
| GLUCOSE (preserved tube)                                                                     | 4.6                                                                | mmol/L                    | (                                              | 3.3-5.8            | )      |
| CREATINE KINASE                                                                              | 91                                                                 | U/L                       | (                                              | 40-320             | )      |
| AMYLASE                                                                                      | 78                                                                 | U/L                       | (                                              | 0-100              | )      |
| C-REACTIVE PROTEIN                                                                           | 6                                                                  | mg/L                      | (                                              | 0-10               | )      |
| GGT                                                                                          | 15                                                                 | U/L                       | (                                              | 3-73               | )      |
| Lab.Comments:                                                                                |                                                                    |                           | Sample is blood unless otherwise stated        |                    |        |
|                                                                                              |                                                                    |                           | Sample Date/Time                               |                    |        |
|                                                                                              |                                                                    |                           | 20 Feb 2014 09:31                              |                    |        |
| Clin.Details: breathless with fatty stools ?steatorrhoea. Smoker with left upper lobe signs. |                                                                    |                           | Page 1 of 2                                    |                    |        |
| Request Entered: 20 Feb 2014 12:06                                                           |                                                                    |                           | Report Printed: 20 Feb 2014 12:59              |                    |        |

-----  
Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)  
-----  
Name: BEATTIE Stuart Sex: M PID: 1411600134 DoB: 14 Nov 1960  
Lab No: C142830396  
Tay Court Surgery Clinician: Dr S. GARDINER TCS GARSIG  
-----  
TOTAL CHOLESTEROL 3.92 mmol/L ( 0.00-5.00 )  
HDL-CHOLESTEROL 1.07 mmol/L ( 0.60-2.50 )  
TOTAL CHOL/HDL-CHOL 3.60 .  
-----  
  
Lab.Comments: Sample is blood unless otherwise stated  
Sample Date/Time  
20 Feb 2014 09:31  
-----  
Clin.Details: breathless with fatty stools ?steatorrhoea. Smoker with left upper lobe signs. Page 2 of 2  
-----  
Request Entered: 20 Feb 2014 12:06 Report Printed: 20 Feb 2014 12:59  
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| NHS Tayside: Clinical Report - Kings Cross Hospital                                                                                                                                   |  | Page 1 of 1                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|
| <b>BEATTIE, STUART</b><br>36 WHITFIELD AVE, DUNDEE, DD4 0BD<br>Ref. Locn.: <b>GENERAL PRACTITIONER</b><br>Referrer: <b>DR S GARDINER</b>                                              |  | DoB: <b>14/11/1960</b><br>Hosp. No.:<br>CRIS No.: <b>189863</b><br>CHI No.: <b>1411600134</b> |
| <b>VERIFIED</b> Verified By : Dr R I DOULL 21/02/14<br>Typed By : GOWF 21/02/14                                                                                                       |  |                                                                                               |
| <b>Clinical History :</b><br>breathless with fatty stools ?steatorrhoea. Smoker with left upper lobe signs.<br>ENTERED BY: Stephen Gardiner (Medical)<br>BLEEP: 01382 228228          |  |                                                                                               |
| <b>XR Chest :</b><br>Old abnormality at right outer clavicle is presumably post traumatic.<br>Lung fields show slight overall coarsening of lung markings but no focal active change. |  |                                                                                               |
| Event Number : E-4348143<br>Copy To :<br>Examinations : <b>XR Chest</b>                                                                                                               |  | Examination Date : <b>21/02/14</b><br>Attendance Number : <b>3</b>                            |

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| NHS Tayside: Clinical Report - Ninewells Hospital                                                                                                                 |                             | Page 1 of 2          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------|
| <b>BEATTIE, STUART</b>                                                                                                                                            |                             | DoB : 14/11/1960     |
| 36 WHITFIELD AVE, DUNDEE, DD4 0BD                                                                                                                                 |                             | Hosp. No. :          |
| Ref. Locn. : GENERAL PRACTITIONER                                                                                                                                 |                             | CRIS No. : 189863    |
| Referrer : DR S GARDINER                                                                                                                                          |                             | CHI No. : 1411600134 |
| <b>VERIFIED</b> Verified By : DR AK KANODIA 10/03/14<br>Typed By : MAUS 09/03/14                                                                                  |                             |                      |
| <b>Clinical History :</b><br><br>severe and worsening headaches in a patient with known epilepsy<br>ENTERED BY: Stephen Gardiner (Medical)<br>BLEEP: 01382 228228 |                             |                      |
| <b>CT Head :</b><br>Performed without IV contrast.<br><br>No definite focal lesion or fresh bleed noted. Normal ventricles and basal cisterns. No midline         |                             |                      |
| Event Number : E-4348428                                                                                                                                          | Examination Date : 03/03/14 |                      |
| Copy To :                                                                                                                                                         | Attendance Number : 13      |                      |
| Examinations : CT Head                                                                                                                                            |                             |                      |

| NHS Tayside: Clinical Report - Ninewells Hospital                 |  | Page 2 of 2                 |
|-------------------------------------------------------------------|--|-----------------------------|
| <b>BEATTIE, STUART</b>                                            |  | DoB : 14/11/1960            |
| 36 WHITFIELD AVE, DUNDEE, DD4 0BD                                 |  | Hosp. No. :                 |
| Ref. Locn. : GENERAL PRACTITIONER                                 |  | CRIS No. : 189863           |
| Referrer : DR S GARDINER                                          |  | CHI No. : 1411600134        |
| shift.                                                            |  |                             |
| There is mild mucosal thickening in several of paranasal sinuses. |  |                             |
| Event Number : E-4348428                                          |  | Examination Date : 03/03/14 |
| Copy To :                                                         |  | Attendance Number : 13      |
| Examinations : CT Head                                            |  |                             |

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

**Transport required?**

## REFERRAL LETTER

MEDICAL IN CONFIDENCE

|                                           |             |                                                                      |          |
|-------------------------------------------|-------------|----------------------------------------------------------------------|----------|
| <b>REFERRAL TO</b>                        |             |                                                                      |          |
| NeurologyAH<br>TAY General Referral       |             | — <b>Consultant / receiving practitioner and/or specialty clinic</b> |          |
| Ninewells Hospital<br>Dundee<br>DD1 9SY   |             | — <b>Hospital and hospital address</b>                               |          |
|                                           |             | Hospital unit no.<br>T101H                                           |          |
|                                           |             | Email address<br>-                                                   |          |
| <b>Date of Referral (set by referrer)</b> | 27-Feb-2014 | <b>Armed Forces Personnel, Immediate Families &amp; Veterans</b>     |          |
| <b>Date referral was submitted</b>        | 04-Mar-2014 | <b>Impairment(s)</b>                                                 |          |
| <b>Urgency of referral</b>                | Routine     | On active service                                                    | Learning |
|                                           |             | Condition related to service                                         | Visual   |
|                                           |             | Immediate family member                                              | Hearing  |
| <b>Miscellaneous</b>                      |             |                                                                      |          |
| Requires support of a translator          |             |                                                                      |          |

|                        |             |                                                       |
|------------------------|-------------|-------------------------------------------------------|
| <b>PATIENT DETAILS</b> |             | <b>Patient's address</b>                              |
| <b>Surname</b>         | BEATTIE     | 36 WHITFIELD AVENUE<br>WHITFIELD<br>DUNDEE<br>DD4 0BD |
| <b>Forename(s)</b>     | STUART      |                                                       |
| <b>Title</b>           | MR          |                                                       |
| <b>Sex</b>             | Male        |                                                       |
| <b>Date of birth</b>   | 14-Nov-1960 | Contact number(s)                                     |
| <b>CHI no.</b>         | 1411600134  | Voice: 500602<br>Voice: 07754890133                   |

|                              |                         |
|------------------------------|-------------------------|
| <b>REGISTERED GP DETAILS</b> | <b>Practice address</b> |
|------------------------------|-------------------------|

|               |                   |               |                               |
|---------------|-------------------|---------------|-------------------------------|
| <b>Name</b>   | Dr Kate Macdonald |               | 50 SOUTH TAY STREET<br>DUNDEE |
| GMC code      | 4641726           | GP code 70491 |                               |
| Practice name | Taycourt Surgery  |               |                               |
| Practice code | 11058             |               |                               |
|               |                   |               | Contact number(s)             |
|               |                   |               | Voice: 01382228228            |

|                                       |                     |               |                                                          |
|---------------------------------------|---------------------|---------------|----------------------------------------------------------|
| <b>REFERRING PRACTITIONER DETAILS</b> |                     |               |                                                          |
| <b>Name</b>                           | Dr Stephen Gardiner |               | <b>Practice address</b><br>50 SOUTH TAY STREET<br>DUNDEE |
| GMC code                              | 3468476             | GP code 70343 |                                                          |
| Practice name                         | Taycourt Surgery    |               |                                                          |
| Practice code                         | 11058               |               |                                                          |
|                                       |                     |               | Contact number(s)                                        |
|                                       |                     |               | Voice: 01382228228                                       |

|                                         |                |
|-----------------------------------------|----------------|
| <b>Periods of Future Unavailability</b> | None provided. |
|-----------------------------------------|----------------|

## CLINICAL INFORMATION

**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Headaches and seizures

Comment: I would welcome your help and diagnosis in the management of this poor attender who has presented to me with a history of worsening headache over the last 6 weeks. His history is rather vague and takes some teasing out, but he seems to have a left periorbital headache with no true migrainous features, no nausea or vomiting, no fortification spectra, although he does report "spots in front of his eyes". When pressed, he says he has some vague visual blurring. The headache is present daily, although he is still able to sleep (he remains on an hypnotic) and the headache does appear to worsen if he is bending etc. The background to this is that he has a vague diagnosis of "epilepsy" which seems to have been made on clinical grounds about 10 years ago with the patient failing to attend Neurology for further investigations of these on multiple occasions. Clinically there was nothing to find on simple neurological testing and I have referred him for a CT scan. Nevertheless I would value a more experienced secondary care opinion on both his headaches and seizure disorder. He has been on medication for this for several years which may have some bearing on his symptoms. Many thanks for your help.

**Examinations and Investigations**

|                   |                                                                                   |            |
|-------------------|-----------------------------------------------------------------------------------|------------|
| Cigarette smoker: | Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 12. | 2014-02-20 |
| Teetotaler:       | Drinking status on eventdate: Life teetotaler.                                    | 2014-02-20 |

**Most recent height, weight, BMI and Blood Pressure**

|                 |                      |                              |
|-----------------|----------------------|------------------------------|
| Height:         | 1.77 m               | Recorded Date: None provided |
| Weight:         | 116 Kg               | Recorded Date: None provided |
| BMI:            | 37 Kg/m <sup>2</sup> | Recorded Date: None provided |
| Blood Pressure: | 119/83 mmHg          | Recorded Date: None provided |

**Reason for referral**

Care type requested: Out Patient  
Expected outcome: Not Specified

**Past medical history****Pre-existing conditions**

| <u>Description</u> | <u>Laterality</u> | <u>Modifier</u> | <u>Extension</u>               | <u>Date of onset</u> |
|--------------------|-------------------|-----------------|--------------------------------|----------------------|
| Abrasion, face     | -                 | -               | frontal, right. Right forehead | 12-                  |

|                                |   |   |                                                            |             |
|--------------------------------|---|---|------------------------------------------------------------|-------------|
|                                |   |   |                                                            | Feb-2012    |
| Laceration NOS                 | - | - | face, left, below left eye                                 | 12-Feb-2012 |
| Eye injury                     | - | - | Welder's Flash/UV Keratitis                                | 22-Apr-2011 |
| Keratitis                      | - | - | welder flash/UV keratitis                                  | 22-Apr-2011 |
| Epilepsy                       | - | - | -                                                          | 05-Dec-2007 |
| CVD Risk assessment Letter 3   | - | - | -                                                          | 08-Jan-2007 |
| CVD Risk assessment Letter 3   | - | - | -                                                          | 01-Dec-2006 |
| CVD Risk Assessment Letter 2   | - | - | -                                                          | 01-Nov-2006 |
| H/O: fracture                  | - | - | Stable undisplaced Weber B fracture left lateral malleolus | 28-Jun-2006 |
| CVD Risk Assessment Letter 1   | - | - | -                                                          | 29-May-2006 |
| Epilepsy                       | - | - | START_DATE=08/06/2004                                      | 23-Jun-2004 |
| [D]Seizure NOS                 | - | - | 'Probable generalised tonic seizures'                      | 16-Jun-2004 |
| Epilepsy                       | - | - | -                                                          | 12-Jan-2004 |
| [V]Removal of orthopaed.screws | - | - | and excision of distal end of clavicle                     | 07-Jan-1996 |
| Arthralgia - shoulder          | - | - | persistant following reconstruction                        | 09-Nov-1994 |
| Cl's traumtc disloctn shoulder | - | - | -                                                          | 04-Apr-1993 |
| H/O: dislocated shoulder       | - | - | -                                                          | 04-Apr-1993 |
| Overdose of drug               | - | - | -                                                          | 14-Dec-1981 |
| [X]Overdose -                  | - | - | -                                                          | 14-         |

deliberate

Dec-  
1981**Past procedures**

| <u>Description</u>             | <u>Laterality</u> | <u>Modifier</u> | <u>Date performed</u> |
|--------------------------------|-------------------|-----------------|-----------------------|
| Self-referral                  | -                 | -               | 12-Feb-2012           |
| Self-referral                  | -                 | -               | 22-Apr-2011           |
| Self-referral to hospital      | -                 | -               | 27-Jun-2006           |
| Pt on max tol anticonvuls ther | -                 | -               | 07-Feb-2005           |
| Nail operations                | -                 | -               | 11-Dec-2003           |
| Removal FB from eye NEC        | -                 | -               | 19-Sep-2003           |
| Other reconstruction joint OS  | -                 | -               | 09-Nov-1996           |
| Other reconstruction of joint  | -                 | -               | 04-Nov-1994           |
| Referral for further care      | -                 | -               | 01-Jan-1900           |

**Current and recent medication****Current repeat medication**

| <u>Drug name</u>                                        | <u>BNF code</u> | <u>Formulation</u> | <u>Dosage</u>                 | <u>Frequency</u> | <u>Course started</u> | <u>Durat</u> |
|---------------------------------------------------------|-----------------|--------------------|-------------------------------|------------------|-----------------------|--------------|
| Nitrazepam 5mg tablets                                  | 58928020        | tablet             | 1 TABLET<br>AT<br>BEDTIME     | -                | 15-Apr-2013           | -            |
| Dihydrocodeine 30mg tablets                             | 62538020        | tablet             | TAKE 1 OR<br>2 3<br>TIMES/DAY | -                | 25-Jan-2008           | -            |
| Co-magaldrox 195mg/220mg/5ml oral suspension sugar free | 56890020        | ml                 | 10 ML 5<br>TIMES<br>DAILY     | -                | -                     | -            |
| Epilim Chrono 500 tablets (Sanofi)                      | 74925020        | tablet             | TAKE TWO<br>TWICE A<br>DAY    | -                | 04-Jul-2011           | -            |

**Recent acute medication (last 30 days)**

| <u>Drug name</u>                          | <u>BNF code</u> | <u>Formulation</u> | <u>Dosage</u>                             | <u>Frequency</u> | <u>Course started</u> | <u>Durat</u> |
|-------------------------------------------|-----------------|--------------------|-------------------------------------------|------------------|-----------------------|--------------|
| Omeprazole 20mg gastro-resistant capsules | 69782020        | capsule            | 1 CAPSULE<br>TWICE A<br>DAY               | -                | 20-Feb-2014           | -            |
| Amoxicillin 500mg capsules                | 59330020        | capsule            | ONE<br>CAPSULE<br>THREE<br>TIMES A<br>DAY | -                | 20-Feb-2014           | -            |

**Clinical warnings****Additional relevant information****Administrative information**

Referred By: Resident GP

---

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

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TS/AM

14 March 14

Ms Trudy Gill  
Dundee North Law Centre  
101 Whitfield Drive  
Dundee  
DD4 0DX

Dear Ms Gill

**Stuart Beattie, 36 Whitfield Avenue, Dundee**  
**DOB: 14 11 60**  
**Ref: illegible on fax**

Thank you for your request for a medical report for the above patient.

Unfortunately Mr Beattie is a very infrequent attender at the surgery and between July 2011 and February 2014 had only been seen twice. We are therefore unfortunately unable to complete a report on his behalf. We would advise though that he has never had a confirmed diagnosis of epilepsy due to his failure to attend numerous Neurology appointments.

Yours sincerely

**Tay Court Surgery**

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| NHS Tayside: Clinical Report - Ninewells Hospital                                                                                                                                            |  | Page 1 of 3                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|
| <b>BEATTIE, STUART</b><br>36 WHITFIELD AVE, DUNDEE, DD4 0BD<br>Ref. Locn.: <b>GENERAL PRACTITIONER</b><br>Referrer: <b>DR S GARDINER</b>                                                     |  | DoB: <b>14/11/1960</b><br>Hosp. No.:<br>CRIS No.: <b>189863</b><br>CHI No.: <b>1411600134</b> |
| <b>VERIFIED</b> Verified By : Rhea Morales 30/03/14<br>Typed By : MORR 30/03/14                                                                                                              |  |                                                                                               |
| <b>Clinical History :</b><br><br>history of ?steatorrhoea. Acid reflux also. Smoker. ?gall bladder disease. AMylase normal.<br>ENTERED BY: Stephen Gardiner (Medical)<br>BLEEP: 01382 228228 |  |                                                                                               |
| <b>US Abdomen :</b><br><br>Degraded images due to patient's body habitus.                                                                                                                    |  |                                                                                               |
| Event Number : E-4361196<br>Copy To :<br>Examinations : <b>US Abdomen</b>                                                                                                                    |  | Examination Date <b>30/03/14</b><br>Attendance Number <b>14</b>                               |

| NHS Tayside: Clinical Report - Ninewells Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Page 2 of 3                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|
| <b>BEATTIE, STUART</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | DoB : 14/11/1960            |
| 36 WHITFIELD AVE, DUNDEE, DD4 0BD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Hosp. No. :                 |
| Ref. Locn. : GENERAL PRACTITIONER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | CRIS No. : 189863           |
| Referrer : DR S GARDINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | CHI No. : 1411600134        |
| <p>The liver appears normal in size but demonstrates diffuse increased parenchymal echogenicity suggestive of fatty changes. No evidence of focal lesion seen.</p> <p>Normal spleen.</p> <p>No adequate view of the pancreas obtained.</p> <p>The gallbladder was contracted (non fasting). Very limited scan performed. No obvious large calculi seen.</p> <p>The CBD is not dilated.</p> <p>Both kidneys appear normal in size and echopattern. No evidence of calculi, mass lesion or pelvicalyceal dilatation seen.</p> |  |                             |
| Event Number : E-4361196                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Examination Date : 30/03/14 |
| Copy To :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Attendance Number : 14      |
| Examinations : US Abdomen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |

| NHS Tayside: Clinical Report - Ninewells Hospital |  | Page 3 of 3                 |
|---------------------------------------------------|--|-----------------------------|
| <b>BEATTIE, STUART</b>                            |  | DoB : 14/11/1960            |
| 36 WHITFIELD AVE, DUNDEE, DD4 0BD                 |  | Hosp. No. :                 |
| Ref. Locn. : GENERAL PRACTITIONER                 |  | CRIS No. : 189863           |
| Referrer : DR S GARDINER                          |  | CHI No. : 1411600134        |
| Rhea Morales, InHealth<br>Sonographer             |  |                             |
| Event Number : E-4361196                          |  | Examination Date : 30/03/14 |
| Copy To :                                         |  | Attendance Number : 14      |
| Examinations : US Abdomen                         |  |                             |

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### "SPECIAL REQUESTS"

Date of request 6/5/14

Patient's name Stuart Beattie

Address 36 Whitfield Ave

DOB/CHI 14/11/60 DR4

Item(s) requested

Item prescribed ☒ yes ☐ no

If no, patient to make appointment yes/no

To be added to repeats yes/no

Prescribing doctor's signature

Date 7/5/14

Dr. G

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|                         |        |             |      |                 |
|-------------------------|--------|-------------|------|-----------------|
| Hospital<br>use<br>only | Clinic | Day<br>Date | Time | Hospital<br>No. |
|-------------------------|--------|-------------|------|-----------------|

Transport required?

## REFERRAL LETTER

MEDICAL IN CONFIDENCE

### REFERRAL TO

GastroenterologyA9  
TAY General Referral

— **Consultant / receiving  
practitioner and/or  
specialty clinic**

Ninewells Hospital  
Dundee  
DD1 9SY

— **Hospital and hospital  
address**

Hospital unit no.

T101H

Email address

**Date of Referral (set  
by referrer)**

11-Apr-2014

**Date referral was  
submitted**

12-Apr-2014

**Urgency of referral**

Routine

**Armed Forces Personnel,  
Immediate Families &  
Veterans**

On active service

Condition related to service

Immediate family member

**Impairment(s)**

Learning

Visual

Hearing

### Miscellaneous

Requires support of a translator

### PATIENT DETAILS

**Surname**

BEATTIE

**Forename(s)**

STUART

**Title**

MR

**Sex**

Male

**Date of birth**

14-Nov-1960

**CHI no.**

1411600134

### Patient's address

36 WHITFIELD AVENUE  
WHITFIELD  
DUNDEE  
DD4 0BD

Contact number(s)

Voice: 500602

Voice: 07754890133

### REGISTERED GP DETAILS

### Practice address

|               |                   |               |                               |
|---------------|-------------------|---------------|-------------------------------|
| <b>Name</b>   | Dr Kate Macdonald |               | 50 SOUTH TAY STREET<br>DUNDEE |
| GMC code      | 4641726           | GP code 70491 |                               |
| Practice name | Taycourt Surgery  |               |                               |
| Practice code | 11058             |               |                               |
|               |                   |               | Contact number(s)             |
|               |                   |               | Voice: 01382228228            |

|                                       |                     |               |                                                          |
|---------------------------------------|---------------------|---------------|----------------------------------------------------------|
| <b>REFERRING PRACTITIONER DETAILS</b> |                     |               |                                                          |
| <b>Name</b>                           | Dr Stephen Gardiner |               | <b>Practice address</b><br>50 SOUTH TAY STREET<br>DUNDEE |
| GMC code                              | 3468476             | GP code 70343 |                                                          |
| Practice name                         | Taycourt Surgery    |               |                                                          |
| Practice code                         | 11058               |               |                                                          |
|                                       |                     |               | Contact number(s)                                        |
|                                       |                     |               | Voice: 01382228228                                       |

|                                         |                |
|-----------------------------------------|----------------|
| <b>Periods of Future Unavailability</b> | None provided. |
|-----------------------------------------|----------------|

## CLINICAL INFORMATION

**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Diarrhoea and fatty liver

Comment: This rather vague historian has presented with a 3 - 4 month history of difficulty in flushing his stool and stating that everything he eats "goes straight through me". He also reports vomiting "brown stuff". However, his weight has been maintained with no loss. He denies alcohol ingestion and, indeed, his liver function tests were normal as was amylase. Likewise, haematology was resoundingly normal. Ultrasound showed images suggestive of fatty liver changes. Pancreas was not visualised. He continues to report that he is passing difficult to flush stools 3/4 times per day although says he no longer has the vomiting. He was given a trial with Creon which did not help his symptoms. I would be grateful for any help and advice in his future diagnosis and management.

**Examinations and Investigations**

|                   |                                                                                   |            |
|-------------------|-----------------------------------------------------------------------------------|------------|
| Cigarette smoker: | Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 12. | 2014-02-20 |
| Teetotaler:       | Drinking status on eventdate: Life teetotaler.                                    | 2014-02-20 |

**Most recent height, weight, BMI and Blood Pressure**

|                 |                      |                              |
|-----------------|----------------------|------------------------------|
| Height:         | 1.77 m               | Recorded Date: None provided |
| Weight:         | 116 Kg               | Recorded Date: None provided |
| BMI:            | 37 Kg/m <sup>2</sup> | Recorded Date: None provided |
| Blood Pressure: | 119/83 mmHg          | Recorded Date: None provided |

**Reason for referral**

Care type requested: Out Patient  
Expected outcome: Not Specified

**Past medical history****Pre-existing conditions**

| Description    | Laterality | Modifier | Extension                      | Date of onset |
|----------------|------------|----------|--------------------------------|---------------|
| Abrasion, face | -          | -        | frontal, right. Right forehead | 12-Feb-2012   |
| Laceration NOS | -          | -        | face, left, below left eye     | 12-Feb-2012   |

|                                |   |   |                                                            |             |
|--------------------------------|---|---|------------------------------------------------------------|-------------|
| Eye injury                     | - | - | Welder's Flash/UV Keratitis                                | 22-Apr-2011 |
| Keratitis                      | - | - | welder flash/UV keratitis                                  | 22-Apr-2011 |
| Epilepsy                       | - | - | -                                                          | 05-Dec-2007 |
| CVD Risk assessment Letter 3   | - | - | -                                                          | 08-Jan-2007 |
| CVD Risk assessment Letter 3   | - | - | -                                                          | 01-Dec-2006 |
| CVD Risk Assessment Letter 2   | - | - | -                                                          | 01-Nov-2006 |
| H/O: fracture                  | - | - | Stable undisplaced Weber B fracture left lateral malleolus | 28-Jun-2006 |
| CVD Risk Assessment Letter 1   | - | - | -                                                          | 29-May-2006 |
| Epilepsy                       | - | - | START_DATE=08/06/2004                                      | 23-Jun-2004 |
| [D]Seizure NOS                 | - | - | 'Probable generalised tonic seizures'                      | 16-Jun-2004 |
| Epilepsy                       | - | - | -                                                          | 12-Jan-2004 |
| [V]Removal of orthopaed.screws | - | - | and excision of distal end of clavicle                     | 07-Jan-1996 |
| Arthralgia - shoulder          | - | - | persistant following reconstruction                        | 09-Nov-1994 |
| Cls traumtc disloctn shoulder  | - | - | -                                                          | 04-Apr-1993 |
| H/O: dislocated shoulder       | - | - | -                                                          | 04-Apr-1993 |
| Overdose of drug               | - | - | -                                                          | 14-Dec-1981 |
| [X]Overdose - deliberate       | - | - | -                                                          | 14-Dec-1981 |

**Past procedures**

| <u>Description</u> | <u>Laterality</u> | <u>Modifier</u> | <u>Date performed</u> |
|--------------------|-------------------|-----------------|-----------------------|
| Self-referral      | -                 | -               | 12-Feb-2012           |



|                                |   |   |             |
|--------------------------------|---|---|-------------|
| Self-referral                  | - | - | 22-Apr-2011 |
| Self-referral to hospital      | - | - | 27-Jun-2006 |
| Pt on max tol anticonvuls ther | - | - | 07-Feb-2005 |
| Nail operations                | - | - | 11-Dec-2003 |
| Removal FB from eye NEC        | - | - | 19-Sep-2003 |
| Other reconstruction joint OS  | - | - | 09-Nov-1996 |
| Other reconstruction of joint  | - | - | 04-Nov-1994 |
| Referral for further care      | - | - | 01-Jan-1900 |

**Current and recent medication****Current repeat medication**

| <u>Drug name</u>                                        | <u>BNF code</u> | <u>Formulation</u> | <u>Dosage</u>           | <u>Frequency</u> | <u>Course started</u> | <u>Durat</u> |
|---------------------------------------------------------|-----------------|--------------------|-------------------------|------------------|-----------------------|--------------|
| Nitrazepam 5mg tablets                                  | 58928020        | tablet             | 1 TABLET AT BEDTIME     | -                | 15-Apr-2013           | -            |
| Dihydrocodeine 30mg tablets                             | 62538020        | tablet             | TAKE 1 OR 2 3 TIMES/DAY | -                | 25-Jan-2008           | -            |
| Co-magaldrox 195mg/220mg/5ml oral suspension sugar free | 56890020        | ml                 | 10 ML 5 TIMES DAILY     | -                | -                     | -            |
| Epilim Chrono 500 tablets (Sanofi)                      | 74925020        | tablet             | TAKE TWO TWICE A DAY    | -                | 04-Jul-2011           | -            |

**Recent acute medication (last 30 days)**

| <u>Drug name</u>                                              | <u>BNF code</u> | <u>Formulation</u> | <u>Dosage</u>              | <u>Frequency</u> | <u>Course started</u> | <u>Durat</u> |
|---------------------------------------------------------------|-----------------|--------------------|----------------------------|------------------|-----------------------|--------------|
| Pregabalin 25mg capsules                                      | 88034020        | capsule            | ONE CAPSULE TWICE A DAY    | -                | 31-Mar-2014           | -            |
| Colestyramine 4g oral powder sachets                          | 61299020        | sachet             | ONE SACHET DAILY.          | -                | 31-Mar-2014           | -            |
| Creon 10000 gastro-resistant capsules (Abbott Healthcare ...) | 86040020        | capsule            | ONE CAPSULE WITH EACH MEAL | -                | 21-Mar-2014           | -            |
| Bambuterol 10mg tablets                                       | 74357020        | tablet             | 1 TABLET ONCE AT           | -                | 21-Mar-               | -            |

|                  |          |         |           |   |      |   |
|------------------|----------|---------|-----------|---|------|---|
|                  |          |         | NIGHT     |   | 2014 |   |
| Metronidazole    | 64676020 | tablet  | 1 TABLET  |   | 13-  |   |
| 400mg tablets    |          |         | THREE     | - | Mar- | - |
|                  |          |         | TIMES     |   | 2014 |   |
|                  |          |         | DAILY     |   |      |   |
| Omeprazole 20mg  | 69782020 | capsule | 1 CAPSULE |   | 13-  |   |
| gastro-resistant |          |         | TWICE A   | - | Mar- | - |
| capsules         |          |         | DAY       |   | 2014 |   |
| Metoclopramide   | 64626020 | tablet  | TAKE ONE  |   | 13-  |   |
| 10mg tablets     |          |         | THREE     | - | Mar- | - |
|                  |          |         | TIMES A   |   | 2014 |   |
|                  |          |         | DAY       |   |      |   |
| Tramadol 50mg    | 75786020 | capsule | 1 CAPSULE |   | 13-  |   |
| capsules         |          |         | THREE     | - | Mar- | - |
|                  |          |         | TIMES A   |   | 2014 |   |
|                  |          |         | DAY       |   |      |   |
|                  |          |         | [more]    |   |      |   |

#### Clinical warnings

#### Additional relevant information

#### Administrative information

Referred By:Resident GP

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

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Dr KE MacDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

|              |                     |
|--------------|---------------------|
| Date         | 30/06/2014          |
| Clinic Date  | 13/06/2014          |
| Your Ref     |                     |
| Our Ref      | GS/WR/ 141160 0134  |
| Enquiries to | Neurology Secretary |
| Extension    |                     |
| Direct Line  | 01382 740048        |
| Email        |                     |

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

Further to my clinic letter, I now have the results of Stuart's blood tests.

His full blood count was within normal limits. His urea and electrolytes and LFT's were normal. His sodium Valproate level was 48mgs/L, this is perhaps lower than one would expect and he had a dose of 1gm only 3 hours beforehand as the levels for a fasting sample should be anywhere between 50-100mgs/L. I wonder whether either the dose is too low or his compliance is poor.

I will take that into consideration along with the results of his investigations and will discuss it with him when I see him again in a few weeks' time.

Yours sincerely

Authorised on 30/06/2014 16:36:16 by Gillian Stewart.

**Dr Gillian Stewart**  
**Consultant Neurologist**



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Chairman, Mr Sandy Watson OBE DL  
Chief Executive, Ms Lesley McLay

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Dr KE MacDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

|              |                       |
|--------------|-----------------------|
| Date         | 19/06/2014            |
| Clinic Date  | 09/06/2014            |
| Your Ref     |                       |
| Our Ref      | GS/JW/CHI/ 1411600134 |
| Enquiries to | Neurology Secretary   |
| Extension    | 40048                 |
| Direct Line  | 01382 740048          |
| Email        |                       |

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

Thank you for referring Mr Beattie, an unemployed labourer who has been seen intermittently in the department over the years. It was difficult to give a clear history of recent events and he said he has been having blackouts and he said the last one was about two months ago but he has had intermittent episodes where he feels they are going to happen. He describes a feeling of nausea, light headedness and dizziness before blacking out and falling to the ground. It is apparently not possible to get a witness account as these have not been witnessed or the witness is not likely to be available. He tells me he has been reported to collapse to the ground and shake violently. He is confused afterwards. He has never bitten his tongue nor has he wet himself during these attacks. As you know he has been on Epilim for many years for a possible diagnosis of generalised tonic clonic seizures although it was always difficult to gather much evidence regarding this. The headaches are intermittent, generally unilateral and throbbing and sound very migrainous. He tells me he currently takes Pregabalin and Epilim as well as Nitrazepam.

Neurological examination was unremarkable today and his heart sounds were pure.

I think we need to start investigations again so I have requested an EEG, ECG and 24 hour tape to rule out the possibility of cardiac dysrhythmia and an MRI brain scan. We also did bloods today including Valproate level. I will let both you and he know the results of his investigations in due course and we will see him for review in about eight weeks time.

Yours sincerely

Authorised on 20/06/2014 19:30:42 by Gillian Stewart.

**Dr Gillian Stewart**  
Consultant Neurologist



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Mr Stuart Beattie  
36 Whitfield Ave  
Dundee  
DD4 0BD

|              |                     |
|--------------|---------------------|
| Date         | 03/07/2014          |
| Clinic Date  | 26/06/2014          |
| Your Ref     |                     |
| Our Ref      | GS/SM/ 1411600134   |
| Enquiries to | Neurology Secretary |
| Extension    | 40048               |
| Direct Line  | (01382) 740048      |

Dear Mr Beattie

I am just writing to let you know that your recent ECG and blood tests were normal and we await the results of your other tests.

Yours sincerely

Authorised on 05/07/2014 20:52:37 by Gillian Stewart.

Dr Gillian Stewart  
Consultant Neurologist

(D) Dr KE MacDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF



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Mr Stuart Beattie  
36 Whitfield Ave  
Dundee  
DD4 0BD

|               |                     |
|---------------|---------------------|
| Date          | 22/07/2014          |
| Date Dictated | 21/07/2014          |
| Your Ref      |                     |
| Our Ref       | GS/SM/ 1411600134   |
| Enquiries to  | Neurology Secretary |
| Extension     | 40048               |
| Direct Line   | (01382) 740048      |

Dear Mr Beattie

Your recent MRI brain scan was normal. I will see you in clinic to discuss further.

Yours sincerely

Authorised on 24/07/2014 14:08:59 by Gillian Stewart.

**Dr Gillian Stewart**  
**Consultant Neurologist**

(D) Dr KE MacDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF



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Dr S Gardiner  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

|               |                     |
|---------------|---------------------|
| Date          | 23/07/2014          |
| Date Dictated | 22/07/2014          |
| Your Ref      |                     |
| Our Ref       | GS/JC/ 1411600134   |
| Enquiries to  | Neurology Secretary |
| Extension     | 40048               |
| Direct Line   | 01382 740048        |
| Email         |                     |

Dear Dr Gardiner

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

I now have the results of Stuart Beattie's 24 hour ECG. It was in sinus rhythm but was only worn for 4 hours 38 minutes which obviously doesn't give us a complete picture. I will discuss this with him when he returns to clinic.

Yours sincerely

Authorised on 24/07/2014 13:55:34 by Gillian Stewart.

**Dr Gillian Stewart**  
**Consultant Neurologist**



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Dr KE MacDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

|               |                     |
|---------------|---------------------|
| Date          | 21/08/2014          |
| Date Dictated | 20/08/2014          |
| Your Ref      |                     |
| Our Ref       | GS/JMCN/ 1411600134 |
| Enquiries to  | Neurology Secretary |
| Extension     |                     |
| Direct Line   | 01382 740048        |
| Email         |                     |

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

I now have the results of Mr Beattie's EEG which falls within normal limits. I will discuss this with him on his return to clinic.

Yours sincerely

Authorised on 24/08/2014 11:21:45 by Gillian Stewart.

**Dr Gillian Stewart**  
**Consultant Neurologist**



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|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|
| <b>BEATTIE, STUART</b><br>36 WHITFIELD AVE, DUNDEE, DD4 0BD<br>Ref. Locn.: <b>GENERAL PRACTITIONER</b><br>Referrer: <b>DR S GARDINER</b>                |  | DoB: <b>14/11/1960</b><br>Hosp. No.:<br>CRIS No.: <b>189863</b><br>CHI No.: <b>1411600134</b> |
| <b>VERIFIED</b> Verified By: Dr R I DOULL 14/11/14<br>Typed By: MARP 14/11/14                                                                           |  |                                                                                               |
| <b>Clinical History :</b><br><br>acute on chronic low back pain<br>ENTERED BY: Stephen Gardiner (Medical)<br>BLEEP: 01382 228228                        |  |                                                                                               |
| <b>XR Lumbar spine :</b><br><br>There are degenerative changes present at several levels with osteophytes present. No malalignment or bone destruction. |  |                                                                                               |
| Event Number : E-4551511<br>Copy To :<br>Examinations : <b>XR Lumbar spine</b>                                                                          |  | Examination Date : <b>14/11/14</b><br>Attendance Number : <b>4</b>                            |

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Gastroenterology Department  
 Medicine Directorate  
 Acute Services Division  
 NHS Tayside  
 Ninewells Hospital  
 Dundee  
 DD1 9SY

01382 425504  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr S Gardiner  
 Tay Court Surgery  
 50 South Tay Street  
 Dundee  
 DD1 1PF

|              |                             |
|--------------|-----------------------------|
| Date         | 19/11/2014                  |
| Clinic Date  | 10/11/2014                  |
| Your Ref     |                             |
| Our Ref      | MG/ND/ 1411600134           |
| Enquiries to | Gillian Hammond/Carrie Mill |
| Extension    | 33118                       |
| Direct Line  | 01382 660111                |
| Email        | ndickson1@nhs.net           |

Dear Dr Gardiner

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

I saw this gentleman in clinic today. He reports a 7 month history of liquid stool with bowels moving 3 to 4 times every morning. Your referral letter talks about malabsorption and whilst he complains that his stool sometimes takes several times to flush he says it is not pale and does not particularly float he just finds it scattered across the pan. He contrasts his bowel motions to a year ago when he moved his bowels once or twice a day with a solid stool every morning. He has not got any alarming symptoms and his weight has actually increased to 20 stone, denying any weight loss.

His past medical history includes epilepsy and back pain and his current medication is Nitrazepam, Epilum, Dihydrocodeine, Loperimide and Omeprazole. He is an unemployed Gardener, drinks limited alcohol and smokes 10 cigarettes a day. He has a strong family history of diabetes and his younger brother recently died of alcoholic liver disease.

Examination shows no abnormality, he is overweight (119kg with a height of 178cm) and there is no evidence of lymphadenopathy. I think we should investigate him given the change in symptoms and I have suggested we do an upper GI endoscopy and flexible sigmoidoscopy and I have also checked his bloods including coeliac serology. If this is negative I would like to scan his pancreas and I will arrange that after negative tests before seeing him back into clinic.

With regards to his fatty liver on ultrasound I have encouraged him with weight loss but there is no other specific treatment required.

Best Wishes,

Yours sincerely

Authorised on 21/11/2014 10:47:59 by Gastro Max Groome.

**Dr Max Groome**  
**Consultant Gastroenterologist**



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2

Stuart Beattie - 1411600134

|                                    |       |                      |             |
|------------------------------------|-------|----------------------|-------------|
| <b>Hb</b>                          | 144   | g/L                  | 130 - 180   |
| <b>WBC</b>                         | 7.9   | x10 <sup>9</sup> /L  | 4.0 - 11.0  |
| <b>PLT</b>                         | 170   | x10 <sup>9</sup> /L  | 150 - 400   |
| <b>RBC</b>                         | 4.83  | x10 <sup>12</sup> /L | 4.5 - 6.0   |
| <b>HCT</b>                         | 0.433 |                      | 0.40 - 0.52 |
| <b>MCV</b>                         | 89.6  | fl                   | 85 - 105    |
| <b>MCH</b>                         | 29.9  | pg                   | 27 - 32     |
| <b>MCHC</b>                        | 333   | g/L                  | 320 - 360   |
| <b>NE#</b>                         | 3.4   | x10 <sup>9</sup> /L  | 2.0 - 7.5   |
| <b>LY#</b>                         | 3.1   | x10 <sup>9</sup> /L  | 1.5 - 4.0   |
| <b>MO#</b> * [HI]                  | 0.9   | x10 <sup>9</sup> /L  | 0.2 - 0.8   |
| <b>EO#</b> * [HI]                  | 0.48  | x10 <sup>9</sup> /L  | 0.0 - 0.4   |
| <b>BA#</b>                         | 0.1   | x10 <sup>9</sup> /L  | 0.0 - 0.1   |
| <b>C-REACTIVE PROTEIN</b>          | 7     | mg/L                 | 0 - 10      |
| <b>SODIUM</b>                      | 142   | mmol/L               | 133 - 146   |
| <b>POTASSIUM</b>                   | 4.8   | mmol/L               | 3.5 - 5.3   |
| <b>UREA</b>                        | 4.3   | mmol/L               | 2.5 - 7.8   |
| <b>CREATININE</b>                  | 77    | umol/L               | 62 - 106    |
| <b>ALT</b>                         | 43    | U/L                  | 5 - 55      |
| <b>BILIRUBINS</b>                  | 4     | umol/L               | 0 - 21      |
| <b>ALKALINE PHOSPHATASE</b>        | 83    | U/L                  | 30 - 130    |
| <b>ALBUMIN</b>                     | 35    | g/L                  | 35 - 50     |
| <b>ESTIMATED GFR</b>               | GT60  | mL/min               |             |
| <b>IgA Tissue Transglutaminase</b> | <0.1  | u/ml                 | 0 - 3       |



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## Gastroscopy Report

|      |                       |         |                                         |              |            |
|------|-----------------------|---------|-----------------------------------------|--------------|------------|
| Name | BEATTIE, STUART       | Address | 36 WHITFIELD AVE,<br>DUNDEE,<br>DD4 0BD | Hospital No. | 1411600134 |
|      | 14-Nov-1960 (54y) (M) |         |                                         | CHI No.      | 1411600134 |

Procedure Date  
Tuesday 2th December 2014 15:57

KATHLEEN MACDONALD,  
Tay Court Surgery,  
50 South Tay Street,  
Dundee,  
DD1 1PF

### Referral Details

|                  |                       |
|------------------|-----------------------|
| Patient Category | NHS/Outpatient/Urgent |
| Referral Date    | 12-Nov-2014           |
| Referral Source  | Out Patients          |
| GP               | KATHLEEN MACDONALD    |

### Procedure Summary

|                |                        |
|----------------|------------------------|
| Endoscopist(s) | Dr Jacqueline Paterson |
| Instrument(s)  |                        |
| Medication     | Throat Spray           |
| Extent of Exam | Second part            |
| Limitations    | None                   |
| Complications  | None                   |

### Referral Reasons

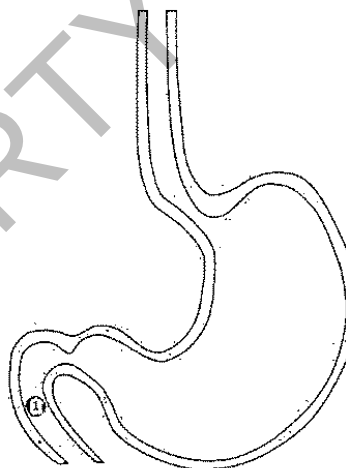
|                    |                        |
|--------------------|------------------------|
| Reasons            | Dysphagia<br>Diarrhoea |
| Co-Morbidities     | None                   |
| Current Medication | None                   |
| ASA Status         | Not assessed           |

### Abnormalities & Procedures

Region: Duodenum  
1 - Second part  
• 4 x Biopsy taken and placed in 1 container

### Diagnosis (recorded at procedure)

Oesophagus - Normal  
Stomach - Normal  
Duodenum - Normal



### Follow Up and Post Pathology Recommendations

|                            |                                |
|----------------------------|--------------------------------|
| Diagnosis (Post Pathology) | Awaiting Results               |
| Follow Up                  | Return to Referring Consultant |

Dr Jacqueline Paterson  
Specialist Registrar

GP

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Ninewells Hospital



## Sigmoidoscopy Report

|      |                              |         |                                                  |              |                   |
|------|------------------------------|---------|--------------------------------------------------|--------------|-------------------|
| Name | <b>BEATTIE, STUART</b>       | Address | <b>36 WHITFIELD AVE,<br/>DUNDEE,<br/>DD4 0BD</b> | Hospital No. | <b>1411600134</b> |
|      | <b>14-Nov-1960 (54y) (M)</b> |         |                                                  | CHI No.      | <b>1411600134</b> |

**KATHLEEN MACDONALD,**  
Tay Court Surgery,  
50 South Tay Street,  
Dundee,  
DD1 1PF

Procedure Date  
**Thursday 18th December 2014 11:37**

### Referral Details

|                  |                               |
|------------------|-------------------------------|
| Patient Category | <b>NHS/Outpatient/Routine</b> |
| Referral Date    | <b>13-Nov-2014</b>            |
| Referral Source  | <b>Out Patients</b>           |
| GP               | <b>KATHLEEN MACDONALD</b>     |

### Referral Reasons

|                    |                                                     |
|--------------------|-----------------------------------------------------|
| Reasons            | <b>Other (Specify=passing looser stool 3/4 day)</b> |
| Co-Morbidities     | <b>None</b>                                         |
| Current Medication | <b>None</b>                                         |
| Preparation        | <b>2 x PicoLax</b>                                  |
| ASA Status         | <b>Not assessed</b>                                 |

### Abnormalities & Procedures

- 3 - Anal margin
  - 2 x Haemorrhoids
- 2 - Rectum
  - 2 x Biopsy taken and placed in 1 container
- 1 - Distal sigmoid colon extending to Proximal descending colon
  - 4 x Biopsy taken and placed in 1 container

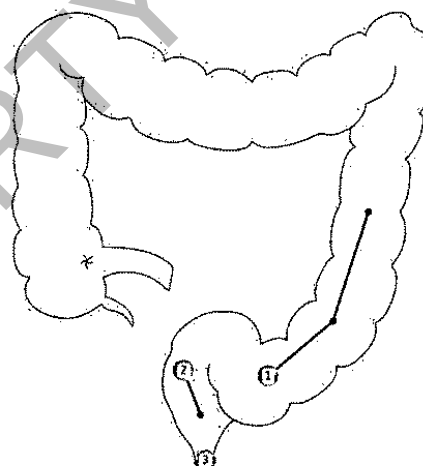
### Diagnosis (recorded at procedure)

### Report Comments

Bx to exclude microscopic colitis. Presumed IBS, patient given written info.

### Procedure Summary

|                |                                  |
|----------------|----------------------------------|
| Endoscopist(s) | <b>Marina Borland</b>            |
| Instrument(s)  |                                  |
| Medication     | <b>None</b>                      |
| Extent of Exam | <b>Proximal descending colon</b> |
| Limitations    | <b>None</b>                      |
| Complications  | <b>None</b>                      |



### Follow Up and Post Pathology Recommendations

|                            |                                       |
|----------------------------|---------------------------------------|
| Diagnosis (Post Pathology) | <b>Awaiting Results</b>               |
| Follow Up                  | <b>Return to Referring Consultant</b> |

Marina Borland  
NURSE ENDOSCOPIST

GP

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Dr KE MacDonald  
 Tay Court Surgery  
 50 South Tay Street  
 Dundee  
 DD1 1PF

Date 15/02/2015  
 Clinic Date 05/02/2015  
 Your Ref  
 Our Ref GS/PK/ 1411600134  
 Enquiries to Neurology Secretary  
 Extension 40048  
 Direct Line 01382 640048  
 Email

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

**Diagnosis: Probable generalised epilepsy**

**Current Medication: Epilim 1000 mg in morning, 1500 mg at night**

**Treatment Plan: Suggest Keppra 250 mg gradually building up every 2 weeks until up to a dose of 1000 mg BD**

Mr Beattie returned to clinic today. As you know he first presented to Neurology back in 2001 with a history of possible seizures for about 12 years preceding that, been on Tegretol Retard for a number of years and there was thought to have been a trigger to the onset of these attacks by a head injury in 1978. It is always difficult to get a clear history of the attacks and eyewitness accounts are almost completely absent. Over the years he has attended intermittently, his Tegretol was stopped and he was started on Epilim.

I last met him in June 2004 and once again he gave a history of an attack without witness account. ECG, EEG and MRI brain scan were normal. His Epilim was probably on the low side for his build and I increased it to 1000 mg in the morning and 1500 mg at night. On this dose he has had no further attacks, the last one having been 2 months before his appointment. However he has developed gastrointestinal symptoms for which he is being investigated by Dr Groom and an intention tremor in his right hand and I suspect both of these are related to increased Epilim dose. He is also gaining weight on the Epilim.

I have given him a prescription for Keppra 250 mg to take at night and I would be grateful if this could be gradually increased by 250 mg increments every 2 weeks until he is on 1000 mg BD, in addition to his current dose of Epilim, at that point I will gradually reduce his Epilim. In the meantime he really needs to be seen by our Epilepsy Nurse Specialist, as there is lots of information about epilepsy I don't believe he has had or if he has had he hasn't retained and I will arrange this.

Yours sincerely  
 Authorised on 20/02/2015 15:58:02 by Gillian Stewart.

**Dr Gillian Stewart**



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 Chief Executive, Ms Lesley McLay

**Consultant Neurologist**

(P) Pauline Smith, Epilepsy Nurse Specialist, Neurology Department, Ninewells Hospital, Dundee, DD1 9SY



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Stuart Beattie  
36 Whitfield Ave  
Dundee  
DD4 0BD

Date 16/02/2015  
Clinic Date 05/02/2015  
Your Ref  
Our Ref GS/PK/ 1411600134  
Enquiries to Neurology Secretary  
Extension 40048  
Direct Line (01382) 740048

Dear Mr Beattie

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

Just to go over what we discussed today I am a bit concerned that some of your tummy problems are related to the increased dose of Epilim. While it has worked for your seizures it might not be the best drug for you and I think we should transfer you over. I have given you a prescription for Keppra, one tablet to take at night which needs to be gradually increased and I have asked your GP to do this to build up to one tablet in the morning and one tablet at night after 2 weeks and then after a further 2 weeks to 250 mg in morning and 500 mg that is 2 tablets, at night, for a further 2 weeks up to 500 mg morning and night. If you are confused about this please let me know or feel free to discuss it with your GP and I will arrange to see you again in the near future.

Yours sincerely

Authorised on 26/02/2015 14:03:07 by Gillian Stewart.

**Dr Gillian Stewart**  
**Consultant Neurologist**

(D) Dr KE MacDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF



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Dr Kathleen MacDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

|              |                     |
|--------------|---------------------|
| Date         | 08/03/2015          |
| Clinic Date  | 04/03/2015          |
| Your Ref     |                     |
| Our Ref      | GS/PK/ 1411600134   |
| Enquiries to | Neurology Secretary |
| Extension    | 40048               |
| Direct Line  | 01382 640048        |
| Email        |                     |

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Avenue, Dundee, DD4 0BD DOB: 14/11/1960**

I managed to get an eyewitness account of Mr Beattie's seizures from his brother Robert. He tells me that Mr Beattie will go pale, his eyes will start to roll in his head and he will fall to the ground and shake for perhaps 2 – 3 minutes. When he comes round he is confused and disorientated. He couldn't give me any information about whether he is rigid or floppy and whether there is any grunting but superficially it does sound like a description of generalised tonic clonic event.

Many thanks

Yours sincerely

Authorised on 09/03/2015 09:21:19 by Gillian Stewart.

**Dr Gillian Stewart**  
Consultant Neurologist



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Tayside Clinical Laboratory Services      BACTERIOLOGY      01382 632559  
Name : BEATTIE, Stuart  
CHI No : 1411600134      Clinician: Dr K. MACDONALD  
DoB : 14 Nov 1960      Sex: M      Tay Court Surgery  
Post Code: DD4 0BD

Symptoms of UTI?: No Test reason: OTHER REASON FOR TESTING Test reason: urinary  
incontinence Extra details: nk eGFR value (last 3 mths): nk urinary  
15B258864 Date/Time of Specimen: 07 Sep 2015 12:48  
Midstream Urine

Urine Culture:  
No Growth

Date of Report: 08 Sep 2015  
TCS      DONK1G

Page 1 of 2

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Tayside Clinical Laboratory Services      BACTERIOLOGY      01382 632559  
Name : BEATTIE, Stuart  
CHI No : 1411600134      Clinician: Dr K. MACDONALD  
DoB : 14 Nov 1960      Sex: M      Tay Court Surgery  
Post Code: DD4 0BD

incontinence

15B258864 Date/Time of Specimen: 07 Sep 2015 12:48  
Midstream Urine

Date of Report: 08 Sep 2015  
TCS      DONK1G

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Dr Kathleen MacDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

|              |                     |
|--------------|---------------------|
| Date         | 08/05/2015          |
| Clinic Date  | 30/04/2015          |
| Your Ref     |                     |
| Our Ref      | GS/BG/ 1411600134   |
| Enquiries to | Neurology Secretary |
| Extension    | 40048               |
| Direct Line  | 01382 740048        |
| Email        |                     |

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Avenue, Dundee, DD4 0BD DOB: 14/11/1960**

**Diagnosis:**

1. Epilepsy
2. Previous head injury
3. New memory impairment

**Current Medication:**

Keppra 500mgs bd  
Epilem 1000mgs in the morning 1500mgs at night

Since I last saw Mr Beattie he had been taking his Keppra but had got into a muddle and had taken them all at once. You have very helpfully sat down with him and written out how he is to take it and he seems to be clearer now.

Unfortunately he does not have an appointment to see our Epilepsy Nurse Specialist until September. I have asked him to contact her by phone to discuss his medication again as he had not really appreciated that he was able to do that.

He tells me that he is about to have to move in with his brother because he is not managing at home with memory impairment, typically leaving things on like his cooker. He does have a background of head injury although I suspect his continued use of alcohol is causing most of the trouble.

I will ask that he is seen by Neuropsychology because of the background of head injury to assess his cognitive function.

I will see him again for review in a few months time.

Yours sincerely

Authorised on 08/05/2015 18:12:05 by Gillian Stewart.

**Dr Gillian Stewart**  
**Consultant Neurologist**

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(Registered Office)

101 Whitfield Drive, Whitfield, Dundee DD4 0DX

Tel: 01382 307230 Fax: 01382 504332

Our Ref: TG/515/OBA/ESA/WAM

(Please quote)

Your Ref:

07 September 2015

By Fax: 202606  
 Dr Karen McDonald  
 Tay Court Surgery  
 50S Tay Street  
 Dundee, DD1 1PF

Dear Karen,

**Stuart Beattie – 36 Whitfield Avenue, Dundee DD4 0BD****Date of birth: 14/11/1960**

I act on behalf of your patient Stuart Beattie and enclose mandate duly completed and signed. I am assisting Stuart to appeal against a decision made by Jobcentre Plus on the 24<sup>th</sup> April 2015 in connection with his claim for Employment and Support Allowance. Jobcentre Plus made the decision that Stuart did not have limited capability for work and therefore did not qualify for the benefit. Stuart attended a medical examination on the 10<sup>th</sup> April 2015, however failed to score enough points to qualify for the benefit.

The Tribunal dealing with the appeal will be looking at Stuart's medical condition and difficulties as of the aforementioned date. The Tribunal will be particularly looking at Stuart's difficulties in relation to his bowel and bladder problems, his epilepsy and his anxiety and depression.

I have enclosed a copy of the descriptors for Employment and Support Allowance and have highlighted the ones that I feel are appropriate to Stuart's medical condition. I would be grateful if you could look through the descriptors and advise me if you feel these apply to Stuart. Please also provide me with details of his diagnosis and medication or treatment that he receives. A

Any additional information that you feel may be helpful to the Tribunal would also be gratefully appreciated. Any fee incurred for preparing this report will be honoured by the Law Centre.

Yours faithfully,

  
 Trudy Gilh

Solicitor  
 ENC Mandate  
 ESA Descriptors

TG.Beattie.7.9.15  
 WC/ 280

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 The legal work is carried out by the independent legal practice of DNLC at the above address.



MA 01382504332 AUTHORITY (MAY, 2014)

To: (1) DR Karen McDonald  
Taycourt Surgery

(1) full name, address  
and reference

Your Ref: (1)

I, STUART BEATTIE (d.o.b. 14/11/60) currently residing  
at 36 WHITFIELD AVENUE, DUNDEE, DD4 0DX

National Insurance No. WL632831C

- (a) authorise Peter Kinghorn/Kenneth Marshall/Trudy Gill/Julie McAra, Solicitors, Tom Lamb, Welfare Rights Officer, Gael Cameron, Paralegal, Vicki McLanders, Trainee Solicitor or any other representative of Dundee North Law Centre, 101 Whitfield Drive, Dundee DD4 0DX (01382 307230) to represent me and act on my behalf in connection with the subject matter referred to below.
- (b) authorise you, if requested, to provide copies of documentation, forms and all other papers including correspondence and such other information as required to include communication by electronic means *inter alia* and authorise you to write to and communicate with Peter Kinghorn/Kenneth Marshall/Trudy Gill/Julie McAra, Solicitors, Tom Lamb, Welfare Rights Officer, Gael Cameron, Paralegal, Vicki McLanders, Trainee Solicitor or any other representative of Dundee North Law Centre, 101 Whitfield Drive, Dundee DD4 0DX (01382 307230) in connection with the following subject matter namely:- (2)

my medical record.

(2) complete  
in full

- (c) If applicable this authority expressly includes the release of all medical and other confidential or protected information in connection with the subject matter referred to above, if requested (3)

(3) delete if  
not applicable

- (d) I wish the undernoted decision to be revised/superseded/reviewed/appealed/or (4)

(4) complete  
in full or  
delete if  
not applicable

Signed Stuart Beattie

Dated 19/15

3 / 5

09:25:53 07-09-2015

01382504332

Dundee North Law Centre

01382504332

### The Limited Capability for Work Assessment (For assessments from 28/01/2017)

(Schedule 2 to the ESA Regulations 2008)

All of the point-scoring descriptors in schedule 2 must be assessed as if the claimant is fitted or wearing any prosthesis which is normally fitted or worn, or wearing or using any aid or appliance which is normally, or could reasonably be expected to be, worn or used.

| Activity                                                                                                                                                               | Descriptions                                                                                                                                                 | Points |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid is normally, or could reasonably be, worn or used. | (a) Cannot either:                                                                                                                                           | 15     |
|                                                                                                                                                                        | (i) mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or                                 |        |
|                                                                                                                                                                        | (ii) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion.                                            |        |
|                                                                                                                                                                        | (b) Cannot mount or descend two steps unaided by another person even with the support of a handrail.                                                         | 9      |
|                                                                                                                                                                        | (c) Cannot either:                                                                                                                                           | 9      |
|                                                                                                                                                                        | (i) mobilise more than 100 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or                                |        |
|                                                                                                                                                                        | (ii) repeatedly mobilise 100 metres within a reasonable timescale because of significant discomfort or exhaustion.                                           |        |
|                                                                                                                                                                        | (d) Cannot either:                                                                                                                                           | 6      |
|                                                                                                                                                                        | (i) mobilise more than 200 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or                                |        |
|                                                                                                                                                                        | (ii) repeatedly mobilise 200 metres within a reasonable timescale because of significant discomfort or exhaustion.                                           |        |
|                                                                                                                                                                        | (e) None of the above apply.                                                                                                                                 | 0      |
| 2. Standing and sitting.                                                                                                                                               | (a) Cannot move between one seated position and another seated position located next to one another without needing physical assistance from another person. | 15     |
|                                                                                                                                                                        | (b) Cannot, for the majority of the time, remain at a work station, either:                                                                                  | 9      |
|                                                                                                                                                                        | (i) standing unaided by another person (even if free to move around); or                                                                                     |        |
|                                                                                                                                                                        | (ii) sitting (even in an adjustable chair); or                                                                                                               |        |
|                                                                                                                                                                        | (iii) a combination of (i) and (ii), for more than 30 minutes, before needing to move away in order to avoid significant discomfort or exhaustion.           |        |
|                                                                                                                                                                        | (c) Cannot, for the majority of the time, remain at a work station, either:                                                                                  | 6      |
|                                                                                                                                                                        | (i) standing unaided by another person (even if free to move around); or                                                                                     |        |
|                                                                                                                                                                        | (ii) sitting (even in an adjustable chair); or                                                                                                               |        |
|                                                                                                                                                                        | (iii) a combination of (i) and (ii), for more than an hour before needing to move away in order to avoid significant discomfort or exhaustion.               |        |
|                                                                                                                                                                        | (d) None of the above apply.                                                                                                                                 | 0      |
| 3. Reaching.                                                                                                                                                           | (a) Cannot raise either arm as if to put something in the top pocket of a coat or jacket.                                                                    | 15     |
|                                                                                                                                                                        | (b) Cannot raise either arm to top of head as if to put on a hat.                                                                                            | 9      |
|                                                                                                                                                                        | (c) Cannot raise either arm above head height as if to reach for something.                                                                                  | 6      |
|                                                                                                                                                                        | (d) None of the above apply.                                                                                                                                 | 0      |
| 4. Picking up and moving by the use of the upper body and arms.                                                                                                        | (a) Cannot pick up and move a 0.5 litre carton full of liquid.                                                                                               | 15     |
|                                                                                                                                                                        | (b) Cannot pick up and move a one litre carton full of liquid.                                                                                               | 9      |
|                                                                                                                                                                        | (c) None of the above apply.                                                                                                                                 | 0      |

|                                                                                                                                                                                                                                               |                                                                                                                                                            |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 5. Manual dexterity.                                                                                                                                                                                                                          | (a) Cannot either:                                                                                                                                         | 15 |
|                                                                                                                                                                                                                                               | (i) press a button, such as a telephone keypad; or                                                                                                         |    |
|                                                                                                                                                                                                                                               | (ii) turn the pages of a book with either hand.                                                                                                            |    |
|                                                                                                                                                                                                                                               | (b) Cannot pick up a £1 coin or equivalent with either hand.                                                                                               | 15 |
|                                                                                                                                                                                                                                               | (c) Cannot use a pen or pencil to make a meaningful mark.                                                                                                  | 9  |
| 6. Making self understood through speaking, writing, typing, or other means which are normally, or could reasonably be used, unaided by another person.                                                                                       | (a) Cannot convey a simple message, such as the presence or absence of a simple message to strangers.                                                      | 15 |
|                                                                                                                                                                                                                                               | (b) Has significant difficulty conveying a simple message to strangers.                                                                                    | 15 |
|                                                                                                                                                                                                                                               | (c) Has some difficulty conveying a simple message to strangers.                                                                                           | 6  |
|                                                                                                                                                                                                                                               | (d) None of the above apply.                                                                                                                               | 0  |
| 7. Understanding communication by:                                                                                                                                                                                                            | (a) Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.                                                   | 15 |
|                                                                                                                                                                                                                                               | (b) Has significant difficulty understanding a simple message from a stranger due to sensory impairment.                                                   | 15 |
|                                                                                                                                                                                                                                               | (c) Has some difficulty understanding a simple message from a stranger due to sensory impairment.                                                          | 6  |
|                                                                                                                                                                                                                                               | (d) None of the above apply.                                                                                                                               | 0  |
|                                                                                                                                                                                                                                               | (e) None of the above apply.                                                                                                                               | 0  |
| 8. Navigation and maintaining safety, using a guide dog or other aid if either or both are normally, or could reasonably be, used.                                                                                                            | (a) Unable to navigate around familiar surroundings, without being accompanied by another person, due to sensory impairment.                               | 15 |
|                                                                                                                                                                                                                                               | (b) Cannot safely complete a potentially hazardous task such as crossing the road, without being accompanied by another person, due to sensory impairment. | 15 |
|                                                                                                                                                                                                                                               | (c) Unable to navigate around unfamiliar surroundings, without being accompanied by another person, due to sensory impairment.                             | 9  |
|                                                                                                                                                                                                                                               | (d) None of the above apply.                                                                                                                               | 0  |
|                                                                                                                                                                                                                                               | (e) None of the above apply.                                                                                                                               | 0  |
| 9. Involuntary episodes of loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder, or substantial leakage of the contents of a collecting device sufficient to require cleaning and a change in clothing. | (a) At least once a month experiences:                                                                                                                     | 15 |
|                                                                                                                                                                                                                                               | (i) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or                                                         |    |
|                                                                                                                                                                                                                                               | (ii) substantial leakage of the contents of a collecting device sufficient to require cleaning and a change in clothing.                                   |    |
|                                                                                                                                                                                                                                               | (b) The frequency of the above is less than once a month.                                                                                                  | 6  |
|                                                                                                                                                                                                                                               | (c) None of the above apply.                                                                                                                               | 0  |
| 10. Consciousness during waking moments.                                                                                                                                                                                                      | (a) At least once a week, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration.     | 15 |
|                                                                                                                                                                                                                                               | (b) At least once a month, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration.    | 6  |
|                                                                                                                                                                                                                                               | (c) None of the above apply.                                                                                                                               | 0  |
|                                                                                                                                                                                                                                               | (d) None of the above apply.                                                                                                                               | 0  |
|                                                                                                                                                                                                                                               | (e) None of the above apply.                                                                                                                               | 0  |



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Dundee North Law Centre

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## Part 2: Mental, cognitive and intellectual disabilities

|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 11. Learning tasks.                                                                                                                   | (a) Cannot learn how to complete a simple task, such as setting an alarm clock.<br>(b) Cannot learn anything beyond a simple task, such as setting an alarm clock.<br>(c) Cannot learn anything beyond a moderately complex task, such as the steps involved in operating a washing machine to clean clothes.<br>(d) None of the above apply.                                                                                                                                                                                                                                                                                                                                                                                         | 15<br>9<br>6<br>0 |
| 12. Awareness of everyday hazards (such as falling, water or sharp objects).                                                          | (a) Reduced awareness of everyday hazards leads to a significant risk of:<br>(i) injury to self or others; or<br>(ii) damage to property or possessions such that they require supervision for the majority of the time to maintain safety.<br>(b) Reduced awareness of everyday hazards leads to a significant risk of:<br>(i) injury to self or others; or<br>(ii) damage to property or possessions such that they frequently require supervision to maintain safety.<br>(c) Reduced awareness of everyday hazards leads to a significant risk of:<br>(i) injury to self or others; or<br>(ii) damage to property or possessions such that they frequently require supervision to maintain safety.<br>(d) None of the above apply. | 15<br>9<br>9<br>0 |
| 13. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks). | (a) Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions, majority of the time.<br>(b) Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions, majority of the time.<br>(c) Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions, majority of the time.<br>(d) None of the above apply.                                                                                                                                                                                                                                                                      | 15<br>9<br>9<br>0 |
| 14. Coping with change.                                                                                                               | (a) Cannot cope with any change to the extent that day to day life cannot be managed.<br>(b) Cannot cope with minor planned change (such as a pre-arranged change to the routine time scheduled for a lunch break), to the extent that overall day to day life is made significantly more difficult.<br>(c) Cannot cope with minor unplanned change (such as the timing of an appointment on the day it is due to occur), to the extent that overall day to day life is made significantly more difficult.<br>(d) None of the above apply.                                                                                                                                                                                            | 15<br>9<br>6<br>0 |
| 15. Coping with change.                                                                                                               | (a) Cannot get to any place outside the claimant's home with which the claimant is familiar.<br>(b) Is unable to get to a specified place with which the claimant is familiar, without being accompanied by another person.<br>(c) Cannot get to any place outside the claimant's home with which the claimant is familiar.<br>(d) None of the above apply.                                                                                                                                                                                                                                                                                                                                                                           | 15<br>9<br>9<br>0 |
| 16. Coping with change.                                                                                                               | (a) Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual.<br>(b) Engagement in social contact with someone unfamiliar to the claimant is always precluded due to difficulty relating to others or significant distress experienced by the individual.<br>(c) Engagement in social contact with someone unfamiliar to the claimant is always precluded due to difficulty relating to others or significant distress experienced by the individual.<br>(d) None of the above apply.                                                                                                                                                              | 15<br>9<br>9<br>0 |
| 17. Coping with change.                                                                                                               | (a) Has, on a daily basis, uncontrollable episodes of aggressive or disturbed behaviour that would be unacceptable in any workplace.<br>(b) Has, on a daily basis, uncontrollable episodes of aggressive or disturbed behaviour that would be unacceptable in any workplace.<br>(c) Has, on a daily basis, uncontrollable episodes of aggressive or disturbed behaviour that would be unacceptable in any workplace.<br>(d) None of the above apply.                                                                                                                                                                                                                                                                                  | 15<br>9<br>9<br>0 |

The Limited Capability for Work Related Activity test (for assessments from 28/09/2013)  
(Schedule 3 of the ESA Regulations 2008)

| Activity                                                                                                                                                                                                                                                                                                      | Description                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid is normally, or could reasonably be, worn or used.                                                                                                                                        | Cannot either:<br>(a) mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or<br>(b) repeatedly mobilise 50 metres within a reasonable timeframe because of significant discomfort or exhaustion.                      |
| 2. Transferring from one seated position to another.                                                                                                                                                                                                                                                          | Cannot move between one seated position and another seated position located next to one another without physical assistance from another person.                                                                                                                                        |
| 3. Reaching.                                                                                                                                                                                                                                                                                                  | Cannot raise either arm as if to put something in the top pocket of a coat or jacket.                                                                                                                                                                                                   |
| 4. Picking up and moving or transferring by the use of the upper body and arms (excluding standing, sitting, bending or kneeling and all other activities specified in the following).                                                                                                                        | Cannot pick up and move a 5.5 litre (jerry) full of liquid.                                                                                                                                                                                                                             |
| 5. Manual dexterity.                                                                                                                                                                                                                                                                                          | Cannot either:<br>(a) press a button, such as a telephone keypad; or<br>(b) turn the pages of a book with either hand.                                                                                                                                                                  |
| 6. Making self understood through speaking, writing, typing, or other means which are normally, or could reasonably be, used, unaided by another person.                                                                                                                                                      | Cannot convey a simple message, such as the presence of a hazard.                                                                                                                                                                                                                       |
| 7. Understanding communication by:<br>(i) verbal means (such as hearing or lip reading) alone;<br>(ii) non-verbal means (such as reading point (print) or Braille) alone; or<br>(iii) a combination of (i) and (ii), using any aid that is normally, or could reasonably be, used, unaided by another person. | Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.                                                                                                                                                                                    |
| 8. Absence or loss of control whilst conducting leading to extensive evacuation of the bowel and/or voiding of the bladder, other than enemas (food-wasting), despite the wearing or use of any aids or appliances which are normally, or could reasonably be, worn or used.                                  | At least once a week experiences:<br>(a) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or<br>(b) substantial leakage of the contents of a collecting device sufficient to require the individual to clean themselves and change clothing. |
| 9. Learning tasks.                                                                                                                                                                                                                                                                                            | Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.                                                                                                                                                             |
| 10. Awareness of hazard.                                                                                                                                                                                                                                                                                      | Reduced awareness of everyday hazards, due to cognitive impairment or mental disorder, leads to a significant risk of:<br>(a) injury to self or others; or<br>(b) damage to property or possessions such that they require supervision for the majority of the time to maintain safety. |
| 11. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks).                                                                                                                                                                         | Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.                                                                                                                                                                          |

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|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. Coping with change.                                                                             | Cannot cope with any change, due to cognitive impairment or mental disorder, to the extent that day to day life cannot be managed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 13. Coping with social engagement, due to cognitive impairment or mental disorder.                  | Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 14. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder. | Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 15. Conveying food or drink to the mouth.                                                           | <p>(a) Cannot convey food or drink to the claimant's own mouth without receiving physical assistance from someone else;</p> <p>(b) Cannot convey food or drink to the claimant's own mouth without repeatedly stopping, experiencing breathlessness or severe discomfort;</p> <p>(c) Cannot convey food or drink to the claimant's own mouth without receiving regular prompting given by someone else in the claimant's physical presence; or</p> <p>(d) Owing to a severe disorder of mood or behaviour, fails to convey food or drink to the claimant's own mouth without receiving:</p> <p>(i) physical assistance from someone else; or</p> <p>(ii) regular prompting given by someone else in the claimant's presence.</p> |
| 16. Chewing or swallowing food or drink.                                                            | <p>(a) Cannot chew or swallow food or drink;</p> <p>(b) Cannot chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort;</p> <p>(c) Cannot chew or swallow food or drink without repeatedly receiving regular prompting given by someone else in the claimant's presence; or</p> <p>(d) Owing to a severe disorder of mood or behaviour, fails to:</p> <p>(i) chew or swallow food or drink; or</p> <p>(ii) chew or swallow food or drink without regular prompting given by someone else in the claimant's presence.</p>                                                                                                                                                     |

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Department of Neurology  
Operational Unit  
NHS Tayside  
Ninewells Hospital  
Dundee  
DD1 9SY

[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr Kathleen MacDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

|              |                     |
|--------------|---------------------|
| Date         | 11/09/2015          |
| Clinic Date  | 07/09/2015          |
| Your Ref     |                     |
| Our Ref      | CC/JC/ 1411600134   |
| Enquiries to | Neurology Secretary |
| Extension    | 32134               |
| Direct Line  | 01382 632134        |
| Email        |                     |

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

**Current Antiepileptic Medication:**

Levetiracetam 1g bd  
Sodium Valproate 1g bd

Stuart attended the nurse led epilepsy clinic on the 7<sup>th</sup> September 2015. He is currently taking the above medication. His medication compliance is good although Stuart reported that he is experiencing side effects from his Levetiracetam such as aggression and anger. Stuart stated since the introduction of Levetiracetam he has a short fuse and can lose his temper easily. This can lead to physical aggression.

Stuart reported that he continues to have generalised tonic clonic seizures. Stuart stated that he had one generalised tonic clonic seizure in February and two generalised tonic clonic seizures in May 2015. Post-ictally he stated he is confused, tired and disorientated. There was not an eye witness account present in clinic to describe Stuart's seizures.

Triggers for seizures were discussed with Stuart including sleep deprivation, stress and anxiety, alcohol, recreational drugs and viral illness. Stuart denies all of the above.

Stuart stated that his mood is low. I took this opportunity to assess Stuart's mood by using the neurology disorder depression inventory for epilepsy tool. Stuart scored 21. I would be grateful if you could assess Stuart's low mood and assess, refer and treat as appropriate.

I discussed Stuart's case with his Consultant Neurologist, Dr Gillian Stewart. Dr Stewart recommends the withdrawal of Levetiracetam. I would be grateful if you could withdraw by 250mg a week until the patient is off it on Dr Stewart's recommendation.

At the same time Dr Stewart recommends the introduction of Lamotrigine. I would be grateful if you can prescribe as follows;

Sodium Valproate doubles the plasma half life of Lamotrigine, necessitating slow dose titration. Please prescribe Lamotrigine as follows:

|              |                         |
|--------------|-------------------------|
| Week 1 & 2   | 25mg alternate days     |
| Week 3 & 4   | 25mg nocte              |
| Week 5 & 6   | 25mg bd                 |
| Week 6 & 7   | 25 mg, mane; 50mg nocte |
| Week 8 & 9   | 50mg bd                 |
| Week 10 & 11 | 50mg mane; 75mg nocte   |
| Week 12 & 13 | 75mg bd                 |

Up to 2 further dose increases of 25mg can be made, at intervals of not less than 2 weeks, and only if further seizures occur.

The patient should be warned to report any rash immediately. If rash does occur, the drug should be withdrawn immediately if the dose is 50mg or less, over 5 days if more. Please let us know if this happens. Irritability and sleep disturbances are also relatively common, and in some patients will pose enough of a problem to require withdrawal of the drug.

Please ensure the same manufacturer/brand is dispensed consistently.

I note that Stuart attended a Medinet clinic on the 16<sup>th</sup> August 2015 and Dr Szabo recommended the withdrawal of Keppra and to start Gabapentin. However, Dr Stewart has overridden this and wishes him to be commenced on Lamotrigine.

Dr Stewart has requested either Dr Morrison or Dr White reviews this patient in the epilepsy clinic in approximately 4 months. I have given Stuart my contact details and he knows to contact me at any stage regarding his epilepsy.

Yours sincerely

Authorised on 14/09/2015 11:32:19 by Mrs Charlene Campbell.

**Mrs Charlene Campbell**  
Epilepsy Specialist Nurse

Tay-UHB.epilepsyadvice@nhs.net

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Dr S Gardiner  
Taycourt Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

Date 23/08/2015  
Clinic Date 16/08/2015  
Your Ref  
Our Ref AS/gw/ 1411600134  
Enquiries to Neurology Secretaries  
Extension 35720  
Direct Line 01382 425720  
Email gillian.watson5@nhs.net

Dear Dr Gardiner

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

Diagnosis: Idiopathic generalised epilepsy  
Migraine

Thank you for referring this gentleman. He has a long history of epileptic seizures, diagnosed with idiopathic generalised epilepsy a long time ago. In the past he has tried Carbamazepine, but for some reason he was swapped to Epilim Chrono. He never achieved full seizure control. The longest seizure free period he has had is up to four months. He keeps having seizures, mainly tonic clonic seizures, once every couple of months. The last seizure he had was May 2015.

He was started on Keppra last year, and has noticed some behavioural changes. He has a short fuse and can lose his temper easily. This can lead to physical aggression. He has lost a few friends as a result, and recently he was in prison as a result of his aggressive behaviour.

He reports frequent left frontal throbbing headaches. He has to lie down. There are no other typical migrainous features.

He had an MRI scan of the brain last year which showed no intracranial abnormality.

Today he looks well. He has normal fundi, normal cranial nerves, no motor deficit, symmetrical reflexes and downgoing toes. There are no cerebellar signs. He had fluent speech and stable mood.

#### Management Plan:

I suggest slowly weaning off the Keppra to reduce the behavioural side effects. Reduce this in 250mg weekly decrements then discontinue. At the same time, please commence Gabapentin 300mg at night. This can be increased in 300mg weekly increments up to 600mg three times per day. If the headaches don't get better, please also start him on Propranolol slow release 80mg once daily. Please continue the Epilim Chrono at the current dose.

I have left Stuart with an open appointment.

Yours sincerely

Authorised on 23/09/2015 17:14:47 by Typist/Secretary Gillian Watson, on behalf of Antal Szabo.

**Dr Antal Szabo**  
**Consultant Neurologist**

(P) Stuart Beattie  
36 Whitfield Avenue  
Dundee  
DD4 0BD

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| NHS Tayside: Clinical Report - Dundee Royal Victoria Hospital                                                                                                                                                                                                                |  | Page 1 of 2                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|
| <b>BEATTIE, STUART</b><br>36 WHITFIELD AVE, DUNDEE, DD4 0BD<br>Ref. Locn. : <b>GENERAL PRACTITIONER</b><br>Referrer : <b>DR KE MACDONALD</b>                                                                                                                                 |  | DoB : <b>14-Nov-1960</b><br>Hosp. No. :<br>CRIS No. : <b>189863</b><br>CHI No. : <b>1411600134</b> |
| <b>VERIFIED</b> Verified By : <b>SHONA McAULEY</b> 29-Sep-2015<br>Typed By : <b>DAWS</b> 29-Sep-2015                                                                                                                                                                         |  |                                                                                                    |
| <b>Clinical History :</b><br><br>urinary urgency and incontinence<br>ENTERED BY: Kate MacDonald (Medical)<br>BLEEP: 01382 228228                                                                                                                                             |  |                                                                                                    |
| <b>US Urinary tract :</b><br><br>Technically very limited examination due to habitus.<br><br>Both kidneys measure approximately 12 cm in bipolar length. Both kidneys are smooth in outline with good parenchymal thickness. No evidence of calculus, mass or hydronephrosis |  |                                                                                                    |
| Event Number : E-4860296<br>Copy To: ,<br>Examinations : <b>US Urinary tract</b>                                                                                                                                                                                             |  | Examination Date : <b>29-Sep-2015</b><br>Attendance Number : 1                                     |

| NHS Tayside: Clinical Report - Dundee Royal Victoria Hospital                                                                                             |  | Page 2 of 2                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|
| <b>BEATTIE, STUART</b>                                                                                                                                    |  | DoB: <b>14-Nov-1960</b>               |
| 36 WHITFIELD AVE, DUNDEE, DD4 0BD                                                                                                                         |  | Hosp. No. :                           |
| Ref. Locn. : <b>GENERAL PRACTITIONER</b>                                                                                                                  |  | CRIS No. : <b>189863</b>              |
| Referrer : <b>DR KE MACDONALD</b>                                                                                                                         |  | CHI No. : <b>1411600134</b>           |
| <p>sonographically. The urinary bladder outlines smoothly. Post micturition there is a residual of approximately 23 ml.</p> <p>S.McAuley, Sonographer</p> |  |                                       |
| Event Number : E-4860296                                                                                                                                  |  | Examination Date : <b>29-Sep-2015</b> |
| Copy To :                                                                                                                                                 |  | Attendance Number : <b>1</b>          |
| Examinations : <b>US Urinary tract</b>                                                                                                                    |  |                                       |



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Dr KE MacDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

|              |                     |
|--------------|---------------------|
| Date         | 02/10/2015          |
| Clinic Date  | 01/10/2015          |
| Your Ref     |                     |
| Our Ref      | GS/JC/ 1411600134   |
| Enquiries to | Neurology Secretary |
| Extension    | 40048               |
| Direct Line  | 01382 740048        |
| Email        |                     |

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

Mr Beattie attended clinic today. I am sorry for the confusion. He seems to have had multiple follow ups.

He is now on Epilim1g bd, a reducing dose of Keppra, and started Lamotrigine. He is still having intermittent seizures and was tremulous in clinic today. He is due to see you later this afternoon and I note that you have very helpfully written out his drugs for him. I think it would be appropriate for us to bring him into hospital for a period of time to try to change his drugs a little quicker and to get him seen by neuropsychology when he is in.

Yours sincerely

Authorised on 02/10/2015 18:18:48 by Gillian Stewart.

**Dr Gillian Stewart**  
**Consultant Neurologist**

(P) Dr I Morrison, Consultant Neurologist, Neurology Department, Level 6, South Block, Ninewells Hospital, DD1 9SY  
(P) Charlene Campbell, Epilepsy Specialist Nurse, Neurology Department, Level 6, Ninewells Hospital, DD1 9SY  
(P) Pauline Smith, Epilepsy Nurse Specialist, Neurology Department, Ninewells Hospital, Dundee, DD1 9SY

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KM/AM

6 October 15

Ms Trudy Gill  
Dundee North Law Centre  
101 Whitfield Drive  
Dundee  
DD4 0DX

Dear Ms Gill

**Stuart Beattie, 36 Whitfield Avenue, Dundee**  
**DOB: 14 11 60**  
**Ref: TG/515/OBA/ESA/W/AM**

Thank you for your request for a medical report on the above named patient. I understand there is to be a tribunal dealing with an appeal regarding his medical condition and difficulties. As you mentioned this is in particular relation to his bowel and bladder problems, his epilepsy and anxiety and depression.

I met Mr Beattie for the first time in September when he attended the surgery with numerous problems. At this time he told me he had been in prison for the previous 6 months. He described chronic mechanical back pain, new onset urinary urge incontinence and a recent flare of epilepsy resulting in a change of medication. The new medication which he was changed to unfortunately led to unpleasant side-effects and he is currently undergoing a further change to a new medication with a hope to control his epilepsy. His compliance with medication appears to be good and recent seizures included a generalised tonic clonic seizure in February and two in May. Post-ictally he was confused, tired and disoriented, although there was no eyewitness account. At Neurology review, he stated that his mood was low and he was advised to see a GP for follow up for this.

Regarding a past history of anxiety and depression, I checked his notes but could not see a great deal of GP contact regarding this condition.

With regards to his bladder problems, he described new onset urge incontinence. There is no evidence of infection and he has recently been trialled on a new medication which he has gained some benefit from.

Regarding bowel symptoms, looking back through his notes he has never had a secondary care referral for this and I can actually see very little mention of problems, which I believe are irritable bowel syndrome, other than a Colonoscopy which was essentially normal from which biopsies were taken and excluded microscopic colitis, therefore symptoms were thought to be due to irritable bowel syndrome. I am unsure and cannot comment on the impact this has on his current lifestyle.

cont/

cont/ - 2 -

**Stuart Beattie**

In summary, his current medical problems are mechanical back pain which I believe would prevent him from doing more manual jobs. Urinary urge incontinence which is under review and treatment. Ongoing epilepsy with a recent flare of symptoms, although I note previously his epilepsy was recorded as being stable from 2004 to 2014. He also has complained of low mood and anxiety although due to his recent release from prison and change in epilepsy medication, this has not been discussed in detail to date. I have now met with Mr Beattie on 3 separate occasions, the last consult being largely related to the change of his medication and I feel unable to comment on how these current conditions would effect his ability to work at present.

Should you require any further information, please do not hesitate to contact me at the practice.

Yours sincerely

**Dr K MacDonald**

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Gastroenterology Department  
Medicine Directorate  
Acute Services Division  
NHS Tayside  
Ninewells Hospital  
Dundee  
DD1 9SY

01382 660111  
01382 425504  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr KE MacDonald  
Tay Court Surgery  
50 South Tay Street  
DUNDEE  
DD1 1PF

|              |                                                                    |
|--------------|--------------------------------------------------------------------|
| Date         | 30/10/2015                                                         |
| Clinic Date  | 19/10/2015                                                         |
| Your Ref     |                                                                    |
| Our Ref      | MG/LLC/ 1411600134                                                 |
| Enquiries to | Ward 2 secretaries                                                 |
| Extension    | 33118                                                              |
| Direct Line  |                                                                    |
| Email        | <a href="mailto:lesley.cushnie@nhs.net">lesley.cushnie@nhs.net</a> |

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

Mr Beattie failed to attend clinic today. I note he has had a normal OGD and flexible sigmoidoscopy, and there is a note in his file that he did not want any further investigation. I presume his symptoms have improved and I have not therefore arranged a CT pancreas, and will leave things in your hands. Obviously if he changes his mind then drop us a note and we can see him back in clinic.

Best wishes,

Yours sincerely

Authorised on 02/11/2015 12:32:36 by Gastro Max Groome.

**Dr Max Groome**  
**Consultant Gastroenterologist**

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**HM Courts  
& Tribunals  
Service**

HM Courts & Tribunals Service  
Social Security & Child Support Appeals  
Wellington House  
134-136 Wellington Street  
GLASGOW, G2 2XL  
Phone: 0141 354 8574  
Fax: 01264 347 981  
<http://www.tribunals.gov.uk/>

Dr. S Gardiner  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

National Insurance number: WL 63 28 31 C  
Reference number: SC948/15/00720  
Date: 28/10/2015

### GP Records

Dear Dr. Gardiner

The HM Courts & Tribunals Service is considering entitlement to benefit for Mr. Stuart Beattie.

Address: 36 Whitfield Avenue, Dundee, DD4 0BD

National Insurance Number: WL 63 28 31 C

Date of Birth: 14/11/1960

I understand that they are a patient of yours. The tribunal needs further medical evidence before a decision can be made about the appeal. Please find enclosed written permission from the patient.

#### What we want you to do

Please provide the information specified on the enclosed adjourned decision notice.

- \* **Please provide copies of any correspondence with the consultant neurologist Dr Gillian Stewart at Ninewells Hospital Dundee.**

The tribunal has requested the information for the **dates specified only**. Releasing any information outside of these dates is a breach of the patient's confidentiality.

If the patient has died or recently moved to another practice, the information should still be provided.

Return the information in the envelope provided by **18<sup>th</sup> November 2015**.

#### Harmful Information

I will send a copy of the records to the patient.

I can only withhold information which can be harmful to their health.

Please indicate if you consider that any information contained within the records may be harmful to the patient.

**Fees**

**If you wish to claim a fee you must complete the enclosed claim form TS 307.** Please note we cannot accept photocopies.

You can claim £17.00 for providing records. It is the policy of the HM Courts & Tribunals Service to make all payments via direct payment into your bank account. Please provide details of the account when you make your claim. We need the name of your bank, the name under which the account is held, the sort code and your account number.

**How to claim your fee**

To claim, please ensure the enclosed expenses form TS 307 is completed and returned in the envelope provided.

Yours sincerely

  
Joanne Hetherington  
Clerk to the Tribunal

THIRD PARTY COPY



# **HM COURTS & TRIBUNALS SERVICE**

## **AUTHORITY FOR FURTHER EVIDENCE**

NAME ..... Mr STUART BOSTLE .....

DATE OF BIRTH 14/11/1963 ..... NINO. WL 63 28 31 C .....

APPEAL REFERENCE SC948/15/00420 .....

ADDRESS 36 WINTHROP AVENUE, DUNDEE .....

DD4 0BD .....

Current contact telephone number..... 0752 683 6962 .....

## **NAME AND POSTAL ADDRESS of GP/CONSULTANT/SCHOOL/OTHER**

..... Dr Gillian Stuart Consultant Neurologist .....

..... ANNONIES HOSPITAL, DUNDEE .....

Telephone number.....

I consent to the clerk obtaining further medical evidence, as specified by the tribunal in the adjournment decision notice or directions notice to inform a decision to be made on my appeal.

I understand that the report and /or case notes obtained will be added to the case papers and will be copied to the Department for Work and Pensions.

Please be aware that the information provided will not normally be subject to any editing before issue.

YOUR SIGNATURE..... S Bostle ..... Date: / / .

PRINT NAME..... STUART BOSTLE .....

136



**FIRST-TIER TRIBUNAL**  
**SOCIAL ENTITLEMENT CHAMBER**

|                                                      |                                    |
|------------------------------------------------------|------------------------------------|
| Held at: Dundee                                      | Appellant: Mr. S Beattie           |
| On: 15/10/2015                                       | NINO: WL 63 28 31 C                |
| Before: Judge S J Brand and Dr M J Morris            | Tribunal Reference: SC948/15/00720 |
| Respondent: Secretary of State for Work and Pensions |                                    |

**Adjournment Notice**

1. The appeal is adjourned for oral hearing at Dundee on the first available date with a time estimate of 30 minutes.
2. Members of this tribunal are not excluded from further involvement in the appeal.
3. The appeal was adjourned today because the appellant's representative has requested and paid for a medical report from the GP which has still not been received, despite requests, the point in issue being that a change in medication has been having an impact on the appellant's behaviour. We have no medical evidence within the papers to consider this issue.

**Directions:**

- (i) HMCTS to obtain the consultant neurologist's correspondence, who is Dr Gillian Stewart, Ninewells Hospital, Dundee.
- (ii) To relist to allow the appellant's representative to receive the GP's reports.

|                                                                                                                |                                                       |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Signed:<br>Judge S J Brand  | Date: 15/10/2015                                      |
| Decision Notice issued to:                                                                                     | Appellant on: 15/10/2015<br>Respondent on: 15/10/2015 |





HM Courts &  
Tribunals Service

For help completing this form, please contact your Regional Office or  
the HMCTS Bristol Finance Support Centre on 0117 916 5010

## Medical report fee(s) claim

Appeal reference number

SC 948 15 00720

### PART 1 – Payee details

(Doctor's surgery, practice, clinic or hospital)

Surname

First name

Address of payee

Postcode

### PART 2 – Payment details

(All payments must be made to a bank account)

Name of bank

Account no.

Sort code

Name of account holder

### PART 3 – Patient details

Surname

BEATTIE

First name

STUART

Date of birth

14 11 1960

### PART 4 – Report types and other expenses

(If you used NHS technical or laboratory facilities, part of these fees are payable to the health authority)

1. GP factual report – A fee is due for a GP factual report **£33.50**

2. Extracts from records – Extracts from records, computer printouts or special investigation **£17 per patient**

3. Consultant report – Specify report type

Patient examined at NHS premises

☐ using NHS technical or laboratory facilities  
**£120 per report**

☐ did not use NHS technical or laboratory  
facilities **£70 per report**

☐ used other NHS technical facilities examination **£70 per report**

☐ patient examined on private premises **£150 per report**

☐ report compiled from NHS records **£10 per report**

4. Other report – Specify report type

Place of examination

5. Postage costs/other expenses (receipts must be attached)

Total amount claimed

### PART 5 – Declaration (If you do not sign this form it will be returned)

#### Declaration

I claim the appropriate fee for my report(s). I confirm that no other claim in respect of this report has been or will be made by me. I understand that if an overpayment occurs, repayment may be requested.

Signature

Date

PLEASE PRINT YOUR NAME

## FOR OFFICAL USE BY REGIONS AND FINANCE OFFICE

## Region

Business Entity No.

TS

Natural Account Code

226411

Amount authorised

I have checked the accuracy of this claim and certify and authorise payment.

Signature

Date

Print name

Band

## Finance

Input by

Date

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This letter replaces all previous discharge letters that have been received relating to this patient's episode of care.



Ninewells Hospital, Dundee  
Discharging Ward: 23A (Neurology)

**IMMEDIATE  
DISCHARGE  
LETTER**

Dr. KATHLEEN MACDONALD  
TAY COURT SURGERY  
50 SOUTH TAY STREET  
DUNDEE  
DD1 1PF

Date: 02/11/2015  
Letter Version: 1.0  
Enquiries to:  
Telephone:  
Email:

**STUART BEATTIE, CHI: 1411600134, DOB: 14/11/1960, 36 WHITFIELD AVE, DUNDEE, DD4 0BD**

| Read Code              | Diagnosis                                         | Date | Laterality | Principal /<br>Other |
|------------------------|---------------------------------------------------|------|------------|----------------------|
|                        | <b>Epilepsy - medication review</b>               |      |            | <b>Principal</b>     |
| Date of Admission:     | <b>28/10/2015</b>                                 |      |            |                      |
| Mode of Admission:     | <b>Elective</b>                                   |      |            |                      |
| Source of Admission:   | <b>Elective</b>                                   |      |            |                      |
| Admission Reason:      | <b>Elective admission for meds r/v</b>            |      |            |                      |
| Admission Ward:        | <b>23A</b>                                        |      |            |                      |
| Admission Speciality:  | <b>Neurology</b>                                  |      |            |                      |
| Discharge Type:        | <b>Discharge from NHS inpatient/day case care</b> |      |            |                      |
| Date Of Discharge:     | <b>02/11/2015</b>                                 |      |            |                      |
| Discharge Destination: | <b>Private Residence - lives alone</b>            |      |            |                      |

CHI: 1411600134, Name: STUART BEATTIE, Discharge Date: 02/11/2015

**Medications**

| Drug                                                 | Dose | Amount To Be Taken   | Frequency                           | Duration | Quantity | Supply            | Additional Information                                                                       |
|------------------------------------------------------|------|----------------------|-------------------------------------|----------|----------|-------------------|----------------------------------------------------------------------------------------------|
| Dihydrocodeine 30mg tablets 224 tablet               |      | 1 or 2 tablets       | As required - 4 - 6 hourly for pain |          |          | Hospital Pharmacy |                                                                                              |
| Epilim Chrono 500 tablets (Sanofi) 224 tablet        |      | TAKE TWO TWICE A DAY |                                     |          |          | POD               |                                                                                              |
| Lamotrigine 25mg tablets 56 tablet                   |      | 1 mane               |                                     |          |          | Hospital Pharmacy | Dose to be increased as per instructions below. please supply 2 weeks go to follow up please |
| Nitrazepam 5mg tablets 28 tablet                     |      | 1 TABLET AT BEDTIME  |                                     |          |          | POD               |                                                                                              |
| Omeprazole 20mg gastro-resistant capsules 56 capsule |      | 1 CAPSULE ONCE A DAY |                                     |          |          | Hospital Pharmacy |                                                                                              |
| Solifenacin 5mg tablets 28 tablet                    |      | 1 TABLET ONCE A DAY  |                                     |          |          | POD               |                                                                                              |
| Lamotrigine 50mg tablets                             |      | 1 tablet             | At night                            |          |          | Hospital Pharmacy | Dose to be increased as per instructions below                                               |
| Paracetamol 500mg tablets                            |      | 2 tablets            | As required - 4 - 6 hourly for pain |          |          | Hospital Pharmacy |                                                                                              |

Medicines reviewed by clinical pharmacist before discharge: Miss Jennifer Gray, 02/11/2015 15:18:49

**Medication Comments / Other Information**

Keppra stopped during admission

Lamotrigine to be increased as follows:  
 Weeks 1 and 2 - 25mg mane, 50mg nocte  
 Weeks 3 and 4 - 50mg BD  
 Weeks 5 and 6 - 50mg mane, 75 mg nocte  
 Weeks 7 and 8 - 75mg BD

**Care Arrangements**

None

**Follow Up Details**

| Follow Up                 | Date | Date To Be Arranged |
|---------------------------|------|---------------------|
| Epilepsy nurse 4-6 months |      | Yes                 |

CHI: 1411600134, Name: STUART BEATTIE, Discharge Date: 02/11/2015

**Communication To Primary Care**

Dear Doctor,

Mr Beattie was admitted to ward 23a for a general review and for adjustment of his AEDs. He has had epilepsy thought to be secondary to a head injury in the 1970s and overall his seizures are generally well controlled. His last tonic clonic seizure was in May. Mr Beattie reports of increased side effects from the keppra mainly aggression and mood swings and puts his recent stint in prison down to the keppra making him feel angry all the time. During his admission his keppra was downtitrated and stopped completely. His lamotrigine has also been increased and should continue to be increased as per the instructions above. No seizures were reported during Mr Beattie's time in ward 23a.

He was also seen by the neuropsychologists (letter to follow) and they felt he may benefit from treatment for his low mood if the changes in his epilepsy medication don't lead to an improvement.

Yours sincerely

Dr Humza A Javed (Position: Doctor. Pager: \_\_\_\_\_)

**Date/Time Signed Off: 02/11/2015 14:21:10**

**Discharge Consultant: IAN MORRISON**

**Appendix**

No items have been appended to this letter.

CHI: 1411600134, Name: STUART BEATTIE, Discharge Date: 02/11/2015

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Clinical Neuropsychology  
Level 6, South Block  
Ninewells Hospital  
DUNDEE  
DD1 9SY  
Telephone Number: 01382 740406  
Fax Number: 01382 496325  
www.nhstayside.scot.nhs.uk



Dr Gillian Stewart  
Consultant Neurologist  
Department of Neurology  
Ninewells Hospital  
Dundee

Date Dictated 4<sup>th</sup> November 2015  
Typed 5<sup>th</sup> November 2015  
Your Ref  
Our Ref MY/LN  
Enquiries to Dr M Yule  
Extension 40406  
Direct Line 01382 740406  
Email louise.neil@nhs.net

Dear Dr Stewart

**Stuart Beattie, 36 Whitfield Avenue, Dundee, DD4 0BD (14 11 60 0134)**

Thank you for referring this 54 year old gentleman to the Department of Clinical Neuropsychology regarding deterioration of memory in the context of epilepsy secondary to a significant head injury in 1978. I met with Mr Beattie for an appointment whilst he was an inpatient on the Neurology ward on 2<sup>nd</sup> November 2015.

Relevant medical history includes a reported head injury in 1978 where he was hit on the head with a pick axe shaft. He has been reviewed by Neurology since 2001 with generalised tonic clonic seizures. I understand recent investigations in June 2014 found his ECG, MRI and EEG all fell within normal limits. I understand he was commenced Keppra in February 2015 however this has recently been titrated down and he has now been commenced on Lamotrigine.

During his appointment, Mr Beattie described a number of difficulties with short term memory, providing examples of leaving the cooker and lights on throughout the night. He often goes to the shop and forgets why he is there. He denied getting lost or forgetting who people are however provided an example of forgetting a distant cousin he had not seen for two years. He reports forgetting to take his medication and having to lay this out so he remembers to take it. In addition to difficulties with memory, he reported he has occasional word finding difficulties, noticing that he has recently developed a stutter and at times feels his speech does not make sense. He denied any significant difficulties with visuospatial skills, gait changes or praxis difficulties.

With regard to mood, Mr Beattie reported his mood is often low and he experiences tearfulness, reduced motivation and loss of pleasure. He reported that his tearfulness is often reactive to memories of his brother who died recently or of his mother who is also dead. He described disturbed sleep reporting that he wakes multiple times through the night and, although he has been prescribed medication for this, he does not think it has helped. He reported his mood is currently 3 or 4 out of 10. He described suicidal ideation reporting he had previously had thoughts of taking an overdose, hanging himself or "jumping in the water" however, reports he has not felt this way for approximately 3 months. When this was explored further, he reported that he felt extremely low in mood approximately three months ago and spent a great deal of time ruminating over how to kill himself however denied currently feeling this way. He reported he does not have any intention to act on this currently and has no plan on this at the current time. He described his mood as being low for approximately one year and attributed this to his medication which reportedly commenced at the same time. In addition to low mood, he described significantly elevated anxiety reporting that he does not leave the house in case anything happens to him. He reported that he received a prison sentence for assault and, following his release from prison this year, he is now frightened to go out

*Everyone has the best care experience possible*  
Headquarters: Ninewells Hospital & Medical School,  
Dundee, DD1 9SY (for mail) DD2 1UB (for Sat Nav)

Chairman, Professor John Connell FMedSci FRSE  
Chief Executive, Ms Lesley McLay



due to fear of being assaulted. This has led to reduced social contact and increasing isolation and withdrawal from previously enjoyed activities.

With regard to family history, he reported that he had six male siblings of which he is the youngest. He reported that three of his brothers have epilepsy and one of his brothers died recently as a result of alcohol misuse. He reported that both parents have died from cancer however reported that he does have contact with two of his brothers in addition to a Housing Support Officer. Mr Beattie reported that he left school at the age of 12 and went to a "school for truancy" in Edinburgh until the age of 14 before returning to Balgowan in Dundee until age 16. He reported having a job working for the council labouring for two years however then discontinued this job and has not worked since that time.

### **Formal Assessment**

Mr Beattie was fully orientated for time, place and person.

The Wechsler Test of Adult Reading estimated his premorbid level of intellectual functioning as falling within the average range.

His auditory attention and working memory spans were adequate however it is likely that his attention span is not representative of his true ability given his working memory span.

His immediate recall of a short passage of prose fell within the borderline range and delayed recall within the impaired range. His new learning over repeated trials fell within the impaired range and there was no evidence of a learning curve on this task. Following a delay, he had no recall however benefited from recognition cues with his performance then falling within the low average range. His visual immediate memory recall fell within the low average range with borderline recall following a delay.

His visuoconstructional skills as assessed by the Block Design fell within the average range and there was no evidence of visuospatial difficulties on a copying task however this drawing lacked global perspective.

His simple processing speed fell within the impaired range and on a more complex task assessing divided attention and set shifting this again fell within the impaired range. His semantic fluency fell within the average range however phonemic fluency fell within the impaired range.

On a task of confrontational naming his performance fell within the low average range and there was no evidence of circumlocutions.

On the Hospital Anxiety and Depression Scale, his anxiety fell within the severe range and depression within the moderate range.

### **Opinion**

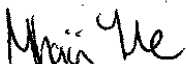
In summary, Mr Beattie is a 50 year old gentleman with a history of epilepsy and recent change in medication from Keppra to Lamotrigine. He reports a two year history of memory problems in addition to significant low mood and elevated anxiety with increased social isolation, withdrawal and avoidance. This is also in the context of two recent bereavements. Neuropsychological assessment demonstrates impairment across cognitive domains particularly evident in new learning and verbal memory. It is likely that this is further impacted upon by significantly slowed processing speed and divided attention. There are a number of potential contributory factors to this presentation including previous head injury, epilepsy, medication, anxiety, depression and previous alcohol misuse. The multifactorial background is reflected in the profile and it is likely this is a reliable reflection of his cognitive functioning.

### **Recommendations**

Mr Beattie did not identify any goals for psychological therapy and reported that he did not wish to engage in any approach to address his avoidance or social isolation therefore he is not likely to

benefit from a psychological approach to his mood. He is however likely to be vulnerable given his low mood, avoidance and suicidal ideation. It therefore is likely to be beneficial if his mood could be treated and I would be grateful if you would consider the possibility of antidepressant medication for this. Additionally, Mr Beattie may benefit from a Social Work referral in order to address his needs in the context of his cognitive impairment and social isolation. Given the neuropsychological profile and his self report there are likely to be risks involved at home including medication compliance due to memory ability to learn and retain a new medication regime and remembering to switch appliances off after use. I have not made any further plans to meet with Mr Beattie for a further assessment or input however, as we now have a baseline of his cognitive functioning he can be re-referred in future for further assessment should his cognition deteriorate. Should you have any further queries or questions regarding this please do not hesitate to contact me.

Yours sincerely



Dr Mhairi Yule  
Clinical Psychologist

Cc: Dr I Morrison, Consultant Neurologist, Department of Neurology, Ninewells Hospital, Dundee

✓ Dr MacDonald, Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF

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Department of Neurology  
Operational Unit  
South Block, Level 6  
NHS Tayside  
Ninewells Hospital  
Dundee  
DD1 9SY

[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr KE MacDonald  
Tay Court Surgery  
50 South Tay Street  
DUNDEE  
DD1 1PF

Date 20/11/2015  
Your Ref  
Our Ref HJ/LM/ 1411600134  
Enquiries to Neurology Secretaries : 10/11/2015  
Extension  
Direct Line 01382 632134  
Email

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

Date of admission: 28<sup>th</sup> October 2015  
Date of discharge: 2<sup>nd</sup> November 2015  
Consultant: Dr Morrison  
Diagnosis: Epilepsy, probably secondary to head injury in the 1970's  
Migraine  
Chronic back pain  
Medication on discharge: Dihydrocodeine 30mgs 4-6 hourly prn  
Epilim chrono 500 2 tablets bd  
Lamotrigine dose to be increased as per instructions below  
Nitrazepam 5mgs nocte  
Omeprazole 20mgs mane  
Solifenacin 5mgs once daily  
Paracetamol 1g as required  
Follow up: Epilepsy nurse specialist 4-6 months

Mr Beattie was admitted to ward 23a for adjustment of his antiepileptic medication and review by the neuropsychologist. He had epilepsy for many years thought to be secondary to head injury he sustained in the 1970's. Overall his seizures appear to be generally well controlled; his last tonic clonic seizure was in May. Mr Beattie feels he has had increased side effects from the Keppra, mainly weight gain, low mood, tremor and physical aggression. He puts his recent stint in prison down to side effects from his Keppra which he felt made him angry all the time. He also has frequent left frontal throbbing headaches. Pain is resolved after lying down and there are no other typical migrainous features. His MRI scan last year showed no intracranial abnormality.

On examination on admission heart sounds were normal. Abdomen was soft and non tender, no rashes or swelling was noted. Cranial nerves were intact. Tone was normal in all 4 limbs, power was 5/5 in the left upper limb and lower limbs bilaterally. Power was 4- in the right upper limb,

examination was limited due to shoulder pain (Mr Beattie has no clavicle on his right side due to previous injury). He had tremulous upper limbs bilaterally more so on the right than the left. Reflexes were present throughout and plantars were down going.

During his time on the ward Mr Beattie had adjustments made to his antiepileptic medication and his Keppra was eventually reduced to stop. His Lamotrigine in the meantime was increased and should continue to be increased in the following manner;

Weeks 1 and 2 – 25mgs mane, 50mgs nocte  
Weeks 3 and 4 – 50mgs bd  
Weeks 5 and 6 50mgs mane, 75mgs nocte  
Weeks 7 and 8 – 75mgs bd

Mr Beattie was also seen by the epilepsy nurse specialist and the neuropsychologists during his admission. The full report from the neuropsychologist will follow.

During his time on the ward Mr Beattie had no seizures. His admission bloods were unremarkable. He was discharged with written instructions on how to increase his Lamotrigine as described above. He has contact details of our epilepsy nurse specialist should he require them in the future. Follow up will be arranged with our epilepsy nurse specialist in 4-6 months.

Best wishes

Yours sincerely

Authorised on 19/02/2016 15:43:22 by Dr Ian Morrison.

**Dr Humza Javed**  
**ST2 in Neurology**

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Dr KE MacDonald  
Tay Court Surgery  
50 South Tay Street  
DUNDEE  
DD1 1PF

|              |                             |
|--------------|-----------------------------|
| Date         | 25/11/2015                  |
| Clinic Date  | 16/11/2015                  |
| Your Ref     |                             |
| Our Ref      | JAT/ND/ 1411600134          |
| Enquiries to | Carrie Mill/Gillian Hammond |
| Extension    | 33118                       |
| Direct Line  | 01382 660111                |
| Email        |                             |

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

I reviewed Mr Beattie in clinic today. He had been previously seen by my colleague Dr Groome. I note that he has had an upper GI endoscopy and a flexible sigmoidoscopy, both of which have not turned up significant pathology and biopsies from D2 and from the colon were normal.

Dr Groome's plan was to go on to do a CT scan of his pancreas.

It has been a year since Mr Beattie has been seen. He has still got loose stools about 1 to 2 times a day, it has difficulty flushing away, needs a couple of flushes, some of it floats and is quite light brown in nature.

His current medication includes Lamotrigine, Epilim chrono, Dihydrocodeine and Nitrazepam and Omeprazole.

Given the above symptoms, I think Dr Groome's thoughts of a CT scan of his pancreas are quite reasonable. I have also asked Mr Beattie to hand in a sample for faecal elastase aswell.

Yours sincerely

Authorised on 01/12/2015 12:41:08 by Gastro John Todd.

**Dr J Todd**  
**Consultant Gastroenterologist**

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Department of Neurology  
 Operational Unit  
 NHS Tayside  
 Ninewells Hospital  
 Dundee  
 DD1 9SY

[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr KE MacDonald  
 Tay Court Surgery  
 50 South Tay Street  
 Dundee  
 DD1 1PF

Date 10/02/2016  
 Clinic Date 19/01/2016  
 Your Ref  
 Our Ref IM/JC/ 1411600134  
 Enquiries to Neurology Secretary  
 Extension 32134  
 Direct Line 01382 632134  
 Email

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

I saw your patient at clinic. As you are aware, he has been attending the service for a number of years. He has a history of possible seizure that started around the age of 12. At that time, he had episodes where he would black out, stare, shake and sweat profusely. On recovery he would be quite dazed.

At the age of 18, he was victim of an alleged assault with a pick axe handle during which he lost consciousness. He didn't have a skull x-ray and had no evidence of traumatic amnesia. After this he had attacks that he describes as "blackouts". He had very presyncopal sounding symptoms at the onset that could occur in any posture. They may occur with micturition. He would be unconscious for a few seconds and would recover with no post-ictal symptoms.

After this, he then developed attacks that were in keeping with generalised tonic clonic seizures. He was given Carbamazepine initially that was switched to Sodium Valproate through lack of efficacy. He has also tried Levetiracetam but stopped this due to behavioural disturbance.

He had an MRI scan of brain previously which showed a number of small high signal T2 hyperintensities in deep white matter of both temporal lobes of doubtful clinical significance. EEG has been unremarkable.

He is currently taking Epilim 1g bd and Lamotrigine 50mg bd.

He was admitted to the ward under Dr Stewart's care in November and had no seizures during that time. His last seizure before that was in May 2015.

His most recent event occurred in December just shortly before Christmas although he can't recall the date specifically. He was coming down the stairs, blacked out and fell to the ground. He was unresponsive for a period of minutes and on recovery was quite sleepy and confused. He thinks that it was precipitated by some confusion over his medication and getting the doses wrong. I understand community dispensing is being considered.

I note he has been seen by neuropsychology who identified memory problems in addition to low mood and anxiety with social isolation withdrawal and avoidance. This occurred in the context of two

recent bereavements. He had impairment in domains including learning and verbal memory. This is further impacted upon by slow processing speed and divided attention. This is thought to be a consequence of previous head injury, epilepsy, medication, anxiety, depression and previous alcohol misuse. He declined to engage with psychology thereafter.

Overall his epilepsy seems relatively stable with very infrequent seizures although clearly, it is difficult to document each of his seizures so we can get an accurate record. In the meantime I would recommend that his Lamotrigine is increased to 75mg this week and I will see him back for review in 2 or 3 months with the nurse specialist to assess his response.

Yours sincerely

Authorised on 11/02/2016 10:59:04 by Dr Ian Morrison.

**Dr I Morrison**  
**Consultant Neurologist**

(P) Pauline Smith, Epilepsy Nurse Specialist, Neurology Department, Ninewells Hospital, Dundee, DD1 9SY

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Gastroenterology Department  
Medicine Directorate  
Acute Services Division  
NHS Tayside  
Ninewells Hospital  
Dundee  
DD1 9SY

Tele: 01382 660111  
Fax: 01382 425504  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Stuart Beattie  
36 Whitfield Ave  
Dundee  
DD4 0BD

|               |                                                                      |
|---------------|----------------------------------------------------------------------|
| Date          | 01/04/2016                                                           |
| Date dictated | 22/03/2016                                                           |
| Our Ref       | JT/gh/ 1411600134                                                    |
| Enquiries to  | Gillian Hammond/Carrie Mill                                          |
| Extension     | 33118                                                                |
| Direct Line   | 01382 660111                                                         |
| Email         | <a href="mailto:gillian.hammond@nhs.net">gillian.hammond@nhs.net</a> |

Dear Mr Beattie

Just a short note to let you know that your faecal elastase, looking at pancreatic function, was normal.

Given this, and your recent CT result, I will not put you through any further investigations or follow-up.

Best wishes.

Yours sincerely

Authorised on 01/04/2016 15:44:24 by Gastro John Todd.

**Dr J Todd**  
**Consultant Gastroenterologist**

(D) Dr KE MacDonald, Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF

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Gastroenterology Department  
Medicine Directorate  
Acute Services Division  
NHS Tayside  
Ninewells Hospital  
Dundee  
DD1 9SY

Tele: 01382 660111  
Fax: 01382 425504  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Stuart Beattie  
36 Whitfield Ave  
Dundee  
DD4 0BD

|               |                                                                      |
|---------------|----------------------------------------------------------------------|
| Date          | 10/03/2016                                                           |
| Date dictated | 03/03/2016                                                           |
| Our Ref       | JT/gh/ 1411600134                                                    |
| Enquiries to  | Gillian Hammond/Carrie Mill                                          |
| Extension     | 33118                                                                |
| Direct Line   | 01382 660111                                                         |
| Email         | <a href="mailto:gillian.hammond@nhs.net">gillian.hammond@nhs.net</a> |

Dear Mr Beattie

Just a short note to let you know that your CT scan, looking specifically at your pancreas, was normal. There were no other abnormalities detected in your tummy.

We still await the result of your faecal elastase and I will be in contact when this comes back.

Yours sincerely

Authorised on 11/03/2016 16:54:26 by Gastro John Todd.

Dr J Todd  
Consultant Gastroenterologist

(D) Dr KE MacDonald, Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF

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Pages:

**FORM CPUS(5)** NATIONAL HEALTH SERVICE (SCOTLAND)

ie **STUART BEATTIE**

ress **36 WATFIELD AVE**  
**DUNDEE**

If under 2 yrs.

Postcode **DD4 0BD**

5706  
Bruce Ramsay  
(Dundee) Ltd  
87 Fintry Road  
06/05/2016

Dispensing Pack Sizes

Pack Sizes Numbers Only

**100**  
**040**  
**Dihydrocode**  
**ine 30mg**  
**tabs**

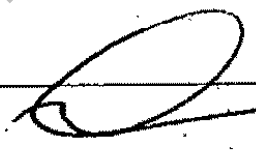
Pack Sizes Numbers Only

**URGENT supply**

**40 x**  
**Dihydrocode**  
**30**

**As Directed**  
**By Doctor**

Pack Sizes Numbers Only

Signature of Pharmacist 

Date **6.5.**

PS Contractor Code **5706**

GPhc Reg Number **2028065**

GP Ref Number **70491**

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# DUNDEE NORTH LAW CENTRE

(Registered Office)

101 Whitfield Drive, Whitfield, Dundee DD4 0DX

Tel: 01382 307230 Fax: 01382 504332

Our Ref: KM/516/OB/PIP/MR/W/TW

(Please quote)

Your Ref:

19 May 2016

## Recorded Delivery

Department for Work and Pensions  
 Personal Independence Payment 5  
 Post Handling Site B  
 Wolverhampton  
 WV99 1AB

Dear Sirs,

**Mr Stuart Beattie, 36 Whitfield Avenue, Dundee, DD4 0BD**

**National Insurance Number: WL 63 28 31 C**

**Personal Independence Payment**

**Mandatory Reconsideration**

**Date of Decision: 03/05/2016**

I act for Stuart and attach a letter of authority signed by him in which you will see he specifically states that he wishes the decision dated 3<sup>rd</sup> May 2016 refusing him Personal Independence Payment to be reviewed and reconsidered so that an award is made both of the Daily Living Component and the Mobility Component.

Regarding the Daily Living Component the following descriptors apply:-

- 1(b) or 1(c) in that there is a risk of an accident with the cooker due to memory loss and epilepsy.
- 3(b) in that he requires an aid to remind him to take his medication.
- 6(d) in that he needs assistance to get on his trousers, underwear and shoes. That is due to lower back pain for which he has been to hospital. He has apparently been told that this is wear and tear which cannot be operated on.
- 9(b) or 9(c) in that he experiences significant distress in meeting people due to depression and severe anxiety.
- 10(b) or 10(c) in that his budgeting skills are very poor because of memory problems. He also finds it difficult to go out to make payments, for instance at the local Post Office.

Regarding the Mobility Component the following descriptors apply:-

- 1(b) in that he has difficulty in getting out due to anxiety and depression. He needs prompting to undertake a journey to avoid overwhelming psychological distress.
- 2(c) in that he could not move more than 50 metres at least not reliably, safely and repeatedly due to back pain.

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I attach hereto a letter from Dr Mhairi Yule, Clinical Psychologist to Dr Gillian Stewart, Consultant Neurologist dated 4<sup>th</sup> November 2015 which I ask is considered as evidence in this Mandatory Reconsideration request.

I look forward to hearing from you.

Yours sincerely,

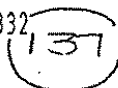
Kenneth Marshall  
Senior Solicitor

Encl. – Mandate  
Letter from Dr Yule

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16 NOV 2015

Clinical Neuropsychology  
Level 6, South Block  
Ninewells Hospital  
DUNDEE  
DD1 9SY  
Telephone Number: 01382 740406  
Fax Number: 01382 496325  
www.nhstayside.scot.nhs.uk



Dr Gillian Stewart  
Consultant Neurologist  
Department of Neurology  
Ninewells Hospital  
Dundee

Date Dictated 4<sup>th</sup> November 2015  
Typed 5<sup>th</sup> November 2015  
Your Ref  
Our Ref MY/LN  
Enquiries to Dr M Yule  
Extension 40406  
Direct Line 01382 740406  
Email louise.neil@nhs.net

Dear Dr Stewart

**Stuart Beattie, 36 Whitfield Avenue, Dundee, DD4 0BD (14 11 60 0134)**

Thank you for referring this 54 year old gentleman to the Department of Clinical Neuropsychology regarding deterioration of memory in the context of epilepsy secondary to a significant head injury in 1978. I met with Mr Beattie for an appointment whilst he was an inpatient on the Neurology ward on 2<sup>nd</sup> November 2015.

Relevant medical history includes a reported head injury in 1978 where he was hit on the head with a pick axe shaft. He has been reviewed by Neurology since 2001 with generalised tonic clonic seizures. I understand recent investigations in June 2014 found his ECG, MRI and EEG all fell within normal limits. I understand he was commenced Keppra in February 2015 however this has recently been titrated down and he has now been commenced on Lamotrigine.

During his appointment, Mr Beattie described a number of difficulties with short term memory, providing examples of leaving the cooker and lights on throughout the night. He often goes to the shop and forgets why he is there. He denied getting lost or forgetting who people are however provided an example of forgetting a distant cousin he had not seen for two years. He reports forgetting to take his medication and having to lay this out so he remembers to take it. In addition to difficulties with memory, he reported he has occasional word finding difficulties, noticing that he has recently developed a stutter and at times feels his speech does not make sense. He denied any significant difficulties with visuospatial skills, gait changes or praxis difficulties.

With regard to mood, Mr Beattie reported his mood is often low and he experiences tearfulness, reduced motivation and loss of pleasure. He reported that his tearfulness is often reactive to memories of his brother who died recently or of his mother who is also dead. He described disturbed sleep reporting that he wakes multiple times through the night and, although he has been prescribed medication for this, he does not think it has helped. He reported his mood is currently 3 or 4 out of 10. He described suicidal ideation reporting he had previously had thoughts of taking an overdose, hanging himself or "jumping in the water" however, reports he has not felt this way for approximately 3 months. When this was explored further, he reported that he felt extremely low in mood approximately three months ago and spent a great deal of time ruminating over how to kill himself however denied currently feeling this way. He reported he does not have any intention to act on this currently and has no plan on this at the current time. He described his mood as being low for approximately one year and attributed this to his medication which reportedly commenced at the same time. In addition to low mood, he described significantly elevated anxiety reporting that he does not leave the house in case anything happens to him. He reported that he received a prison sentence for assault and, following his release from prison this year, he is now frightened to go out

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Dundee, DD1 9SY (for mail) DD2 1UB (for Sat Nav)

Chairman, Professor John Connell FMedSci FRSE  
Chief Executive, Ms Lesley McLay



due to fear of being assaulted. This has led to reduced social contact and increasing isolation and withdrawal from previously enjoyed activities.

With regard to family history, he reported that he had six male siblings of which he is the youngest. He reported that three of his brothers have epilepsy and one of his brothers died recently as a result of alcohol misuse. He reported that both parents have died from cancer however reported that he does have contact with two of his brothers in addition to a Housing Support Officer. Mr Beattie reported that he left school at the age of 12 and went to a "school for truancy" in Edinburgh until the age of 14 before returning to Balgovan in Dundee until age 16. He reported having a job working for the council labouring for two years however then discontinued this job and has not worked since that time.

### Formal Assessment

Mr Beattie was fully orientated for time, place and person.

The Wechsler Test of Adult Reading estimated his premorbid level of intellectual functioning as falling within the average range.

His auditory attention and working memory spans were adequate however it is likely that his attention span is not representative of his true ability given his working memory span.

His immediate recall of a short passage of prose fell within the borderline range and delayed recall within the impaired range. His new learning over repeated trials fell within the impaired range and there was no evidence of a learning curve on this task. Following a delay, he had no recall however benefited from recognition cues with his performance then falling within the low average range. His visual immediate memory recall fell within the low average range with borderline recall following a delay.

His visuoconstructional skills as assessed by the Block Design fell within the average range and there was no evidence of visuospatial difficulties on a copying task however this drawing lacked global perspective.

His simple processing speed fell within the impaired range and on a more complex task assessing divided attention and set shifting this again fell within the impaired range. His semantic fluency fell within the average range however phonemic fluency fell within the impaired range.

On a task of confrontational naming his performance fell within the low average range and there was no evidence of circumlocutions.

On the Hospital Anxiety and Depression Scale, his anxiety fell within the severe range and depression within the moderate range.

### Opinion

In summary, Mr Beattie is a 50 year old gentleman with a history of epilepsy and recent change in medication from Keppra to Lamotrigine. He reports a two year history of memory problems in addition to significant low mood and elevated anxiety with increased social isolation, withdrawal and avoidance. This is also in the context of two recent bereavements. Neuropsychological assessment demonstrates impairment across cognitive domains particularly evident in new learning and verbal memory. It is likely that this is further impacted upon by significantly slowed processing speed and divided attention. There are a number of potential contributory factors to this presentation including previous head injury, epilepsy, medication, anxiety, depression and previous alcohol misuse. The multifactorial background is reflected in the profile and it is likely this is a reliable reflection of his cognitive functioning.

### Recommendations

Mr Beattie did not identify any goals for psychological therapy and reported that he did not wish to engage in any approach to address his avoidance or social isolation therefore he is not likely to

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benefit from a psychological approach to his mood. He is however likely to be vulnerable given his low mood, avoidance and suicidal ideation. It therefore is likely to be beneficial if his mood could be treated and I would be grateful if you would consider the possibility of antidepressant medication for this. Additionally, Mr Beattie may benefit from a Social Work referral in order to address his needs in the context of his cognitive impairment and social isolation. Given the neuropsychological profile and his self report there are likely to be risks involved at home including medication compliance due to memory ability to learn and retain a new medication regime and remembering to switch appliances off after use. I have not made any further plans to meet with Mr Beattie for a further assessment or input however, as we now have a baseline of his cognitive functioning he can be re-referred in future for further assessment should his cognition deteriorate. Should you have any further queries or questions regarding this please do not hesitate to contact me.

Yours sincerely



Dr Mhairi Yule  
Clinical Psychologist

Cc: Dr I Morrison, Consultant Neurologist, Department of Neurology, Ninewells Hospital, Dundee  
✓ Dr MacDonald, Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF

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Department of Neurology  
Operational Unit  
NHS Tayside  
Ninewells Hospital  
Dundee  
DD1 9SY

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Dr KE MacDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

Date 02/10/2015  
Clinic Date 01/10/2015  
Your Ref  
Our Ref GS/JC/ 1411600134  
Enquiries to Neurology Secretary  
Extension 40048  
Direct Line 01382 740048  
Email

Dear Dr MacDonald

Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960

Mr Beattie attended clinic today. I am sorry for the confusion. He seems to have had multiple follow ups.

He is now on Epilim1g bd, a reducing dose of Keppra, and started Lamotrigine. He is still having intermittent seizures and was tremulous in clinic today. He is due to see you later this afternoon and I note that you have very helpfully written out his drugs for him. I think it would be appropriate for us to bring him into hospital for a period of time to try to change his drugs a little quicker and to get him seen by neuropsychology when he is in.

Yours sincerely

Authorised on 02/10/2015 18:18:48 by Gillian Stewart.

Dr Gillian Stewart  
Consultant Neurologist

(P) Dr I Morrison, Consultant Neurologist, Neurology Department, Level 6, South Block, Ninewells Hospital, DD1 9SY  
(P) Charlene Campbell, Epilepsy Specialist Nurse, Neurology Department, Level 6, Ninewells Hospital, DD1 9SY  
(P) Pauline Smith, Epilepsy Nurse Specialist, Neurology Department, Ninewells Hospital, Dundee, DD1 9SY

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**DUNDEE NORTH LAW CENTRE**

(Registered Office)

101 Whitfield Drive, Whitfield, Dundee DD4 0DX

Tel: 01382 307230 Fax: 01382 504332

Our Ref: KM/516/OB/PIP/MR/W/TW

(Please quote)

Your Ref:

31 May 2016

BY FAX 202 606  
FAO Dr McDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee, DD1 1PF

Dear Dr McDonald,

**Mr Stuart Beattie (DOB - 14/11/60) of 36 Whitfield Avenue, Dundee, DD4 0BD**

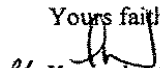
I act on behalf of your patient Mr Stuart Beattie and enclose mandate. My client applied for Personal Independence Payment but was turned down. He has challenged this decision. I would be grateful if you could prepare a report outlining my client's medical condition as at 15<sup>th</sup> February 2016.

Firstly, please could you confirm my client's diagnoses and details of his medication. If there are any specialist reports which might assist the Department for Work and Pensions or a Tribunal I would be grateful if you could forward these.

I enclose a copy of the grounds of the Mandatory Reconsideration where my client has detailed his symptoms. I would be very grateful if you could read through this and if, in your report, you could comment on my client's symptoms and state whether, in your view, they are consistent with his diagnoses.

I look forward to hearing from you with your report and a note of your fee.

Yours faithfully,

  
81 **Kenneth Marshall**  
Senior Solicitor

Encl. - Mandate  
Grounds of MR

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WC/ 216

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The legal work is carried out by the independent legal practice of DNLC at the above address.



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**MANDATE/LETTER OF AUTHORITY (FEBRUARY 2016)**

To: (1) Dr M'Dodd. Tay Court Surgery.

(1) full name, address and reference

Your Ref: (1)

I Stuart Beattie. (d.o.b. 14.11.60) currently residing at 36 Whitfield Ave. Dundee DD4 0DX.

National Insurance No.....

- (a) authorise Peter Kinghorn / Kenneth Marshall / Trudy Gill / Julie McAra / Vicki McLanders, Solicitors, Gael Cameron, Paralegal, or any other representative of Dundee North Law Centre, 101 Whitfield Drive, Dundee DD4 0DX (01382 307230) to represent me and act on my behalf in connection with the subject matter referred to below.
- (b) authorise you, if requested, to provide copies of documentation, forms and all other papers including correspondence and such other information as required to include communication by electronic means *inter alia* and authorise you to write to and communicate with Peter Kinghorn / Kenneth Marshall / Trudy Gill / Julie McAra / Vicki McLanders, Solicitors, Gael Cameron, Paralegal, or any other representative of Dundee North Law Centre, 101 Whitfield Drive, Dundee DD4 0DX (01382 307230) in connection with the following subject matter namely:- (2)

My medical records.

(2) complete in full

- (c) If applicable this authority expressly includes the release of all medical and other confidential or protected information in connection with the subject matter referred to above, if requested (3)

(3) delete if not applicable

- (d) I wish the undemoted decision to be revised/superseded/reviewed/appealed (4)

(4) complete in full or delete if not applicable

Signed Stuart Beattie  
Dated 18.6.16



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Department of Neurology  
Operational Unit  
South Block, Level 6  
NHS Tayside  
Ninewells Hospital  
Dundee  
DD1 9SY

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Dr KE MacDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

Date 17/06/2016  
Date Dictated 14/06/2016  
Your Ref  
Our Ref GS/EC/ 1411600134  
Enquiries to Neurology Secretary  
Extension 40048  
Direct Line 01382 740048  
Email

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

Mr Beattie's neuropsychology report from November has just come to my attention - I suspect this is because Mr Beattie has been being seen in other settings. I note the suggestion of low mood and the advice to consider treatment, however I note that subsequently Mr Beattie has been seen on a number of occasions in the epilepsy clinic. I am happy to discuss this further with you at any point by phone or email on [gillian.stewart1@nhs.net](mailto:gillian.stewart1@nhs.net). I haven't arranged to see Mr Beattie again myself at the moment.

Yours sincerely

Authorised on 21/06/2016 10:03:49 by Gillian Stewart.

**Dr Gillian Stewart**  
**Consultant Neurologist**

(P) Dr Ian Morrison, Consultant Neurologist, Department of Neurology, Ninewells Hospital, Dundee, DD1 9SY

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14-July-2026 ACOYLE  
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KM/AM

20 June 16

Mr K Marshall  
Dundee North Law Centre  
101 Whitfield Drive  
Dundee  
DD4 0DX

Dear Mr Marshall

**Stuart Beattie, 36 Whitfield Avenue, Dundee**  
**DOB: 14 11 60**  
**KM/516/OB/PIP/MR/W/TW**

Thank you for your request for a medical report on the above named patient.

I can confirm that Mr Beattie has a diagnosis of epilepsy. He was last seen in the Neurology clinic in January 2016. He has been attended Neurology for a number of years and has seizures dating back to possibly around the age of 12. At the age of 18 he was the victim of an alleged assault and from this time on he had attacks that he describes as "blackouts". Following this he developed episodes that were in keeping with generalised tonic clonic seizures.

He is currently taking Epilim 1g bd and Lamotrigine 50mg twice daily.

He was admitted to Ninewells under the care of Dr Stewart in October 2015 and had no seizures during this time. His last seizure was May 2015. His most recent event occurred in December 2015, where he was coming down the stairs, blacked out and fell to the ground. He was unresponsive for a period of minutes and on recovery was quite sleepy and confused. He thinks it was precipitated by some confusion over his medication and getting the doses wrong. I understand community dispensing is being considered.

He has been seen by Clinical Neuropsychology. This identified memory problems in addition to low mood and anxiety with social isolation withdrawal and avoidance. I would certainly concur with this on my recent reviews with him. However he has had 2 recent bereavements which may also have impacted on his mood. It is stated that he had impairment in domains including learning and verbal memory. It further impacted upon by slow processing speed and divided attention. This was thought to be a consequence of previous head injury, epilepsy, medication, anxiety, depression and previous alcohol misuse. Unfortunately he did not attend thereafter.

Cont/

Cont/ - 2 -

**Stuart Beattie**

From a neurological point of view, his epilepsy was deemed stable although clearly he has other significant health issues.

His medication currently is Lamotrigine 75mg twice, Solifenacin 5mg once daily, Epilim Chrono 500 2 twice a day, Dihydrocodeine prn, Nitrazepam 5mg at night and Omeprazole 1 capsule daily.

I believe that Mr Beattie's current symptoms are very much in keeping with the findings at his Neurology review in January. Bearing this in mind I would support his application for PIP.

Yours sincerely

**Dr K Macdonald**

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EMERGENCY DEPARTMENT  
NINEWELLS HOSPITAL  
01382 425744**

**DR. K MACDONALD**  
TAY COURT SURGERY  
50 SOUTH TAY STREET  
DUNDEE  
DD1 1PF  
S4641726

Date: 13 Jul 2016

Dear Doctor MACDONALD

Your Patient: **Stuart Beattie**  
36 WHITFIELD AVE  
DUNDEE  
DD4 0BD

Tel : 07526836962

Date of Birth: **14 Nov 1960**  
ACHI Number: **1411600134**  
A&E Attendance No: **NW-16-025092-1**  
No. of Previous Attendances: **7**  
Occupation/School: **UNEMPLOYED**  
Responsible Consultant: **C. Donald**

The above patient was admitted to the Emergency Department on 12 Jul 2016 at 08:31 and discharged 12 Jul 2016 10:35 The complaint was **BACK PAIN**. The letter was compiled by **Kirsty Tonge**, A+E Consultant.

**ICE requests**

**Diagnosis**

Redirection - this patient was redirected after review by a senior doctor.,  
Acute on chronic back pain. No red flag features. Redirected to own GP

Discharge : With follow up by own Primary Care team  
Destination : Usual place of residence

Yours sincerely

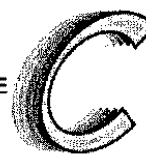
Accident & Emergency Dept

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# SCOTLAND-WIDE FREE BUS TRAVEL FOR OLDER AND DISABLED PEOPLE

## CERTIFICATE OF ELIGIBILITY - EPILEPSY



Transport Scotland operates Scotland-Wide Free Bus Travel for older and disabled people. Anyone with epilepsy who has had a seizure within the past 12 months and:

- \* does not hold a current driving licence (licence revoked or surrendered on medical grounds)

**OR**

- \* has never had a driving licence

**AND**

- \* would be refused a driving licence on medical grounds if they applied for one

may be eligible to apply.

If you would like to apply for a National Entitlement Card to access free bus travel, please fill in **section A** of this form and ask your **Hospital Consultant, Epilepsy Specialist Nurse or GP** to fill in **section B** (overleaf). Once the form is completed, take it in person to your local authority or local concessionary travel office.

If you do not currently have a National Entitlement Card you also need to fill in an NCT001 form.

If this is to renew your Card, there is no need for you to fill in an NCT001 form.

### Section A (to be completed by applicant)

STUART BEATTIE

Name: 36 WHITFIELD AVE

Address:

Post Code: DD4 03D Date of birth: 14.11.60

**Declaration:** I do not currently hold a driving licence and I am not banned from driving. If I am given a National Entitlement Card and then apply for and receive a driving licence, I will notify my local authority / local concessionary travel office immediately, and give up my right to free bus travel across Scotland. If I have given false information on this form, my entitlement to free bus travel will be taken away.

Signature: Stuart Beattie Date: 28-07-2016

**FOR OFFICIAL USE ONLY**

Section B (to be completed by the applicant's Hospital Consultant, Epilepsy Specialist Nurse or GP)

Applicant Name

STUART BATTIE

Date of Birth

14/11/60

Please read the statements below and sign the declaration if you agree with **ALL THREE** statements. Please also ensure that the certificate is stamped before you return it to the applicant.

I confirm the following:

- \* The applicant named overleaf has epilepsy and receives regular treatment.

**AND**

- \* The applicant named overleaf has had a seizure in the past 12 months.

**AND**

- \* If the applicant named overleaf were to apply for a licence to drive a motor vehicle under Part 3 of the Road Traffic Act 1988, they would have their licence application refused in accordance with section 92 of that Act (physical fitness) but not on the grounds of persistent misuse of drugs or alcohol.

Please use this space for any other relevant information

Name

Dr C Paton

Signature

Position

GP

Date

08/08/16

Dr C Paton  
Taycourt Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

Please stamp this space with your official hospital / departmental stamp.



Department of Neurology  
Operational Unit  
NHS Tayside  
Ninewells Hospital  
Dundee  
DD1 9SY

01382 632134  
(01382) 425739  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr KE MacDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

|              |                     |
|--------------|---------------------|
| Date         | 10/10/2016          |
| Clinic Date  | 26/09/2016          |
| Your Ref     |                     |
| Our Ref      | PS/AC/ 1411600134   |
| Enquiries to | Neurology Secretary |
| Extension    |                     |
| Direct Line  | 01382 632134        |
| Email        |                     |

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

**Current anti-epileptic medication:**

Epilim 1 gram bd.

Lamotrigine 75 mg bd.

*Stuart attended the nurse led epilepsy clinic on 26 September 2016. As you are aware he has symptomatic focal onset epilepsy characterised by focal seizures and secondary generalised tonic clonic seizures. He presents having had a generalised tonic clonic seizure approximately one week ago where he fell down the stairs and as a consequence of his ongoing seizure frequency I would be grateful if you could increase his dose of Lamotrigine as outlined below. Stuart also reports low mood and anxiety and I would be grateful if you could formally assess, treat and refer on as necessary.*

Stuart did not come with an accurate seizure record today however he did state that he had a presumed generalised tonic clonic seizure on Thursday last week. He was coming down the stairs, felt dizzy and flushed and fell to the bottom of the stairs. There was no witness available as he lives alone. His next recollection was feeling groggy and confused which lasted several hours. This is indicative of generalised tonic clonic seizure.

Stuart also reports that since his last review appointment in January he has had two further events which are in keeping with focal seizure. He feels dizzy and flushed. He remains fully aware. He was not able to tell me when these were.

We took the opportunity to discuss triggers for seizures including sleep deprivation and stress and anxiety. Stuart says that his sleep pattern is poor and he is finding it difficult to fall over to sleep. He also states that he is low in mood, anxious, is isolating himself socially and has a lack of motivation. I appreciate he was seen by the neuropsychologists approximately one year ago who diagnosed depression and anxiety. I would be grateful if you could meet with your patient to formally assess, treat and refer on as necessary for his low mood and anxiety. It is thought that the prescriptions of SSRIs are felt to be safe in people with epilepsy.

Stuart is keen to try and improve his seizure control although his epilepsy does appear quite stable. He is currently taking Sodium Valproate 1 gram bd. and Lamotrigine 75 mg bd. He is tolerating these

medications well although he does appear to have a tremor of his right hand which could well be related to his Sodium Valproate.

In an attempt to improve his epilepsy further I would be grateful if you could increase his dose of Lamotrigine to 100 mg bd. This increase should be made by 25 mg per week and I would be grateful if you could provide a prescription for this.

Stuart also complains of ongoing back pain although I appreciate he is being treated for this with Dihydrocodeine and had a recent x-ray which showed wear and tear.

I offered Stuart additional social support and a referral to the social work department however he states he has good support from his relatives in respect to shopping and cooking and one of his neighbours is helpful in terms of setting out his medication.

Stuart has my contact details and knows he can get in contact with me if he has any concerns. Otherwise he will be reviewed in this clinic in approximately 4-6 months time.

Yours sincerely

Authorised on 25/10/2016 12:41:50 by Mrs Pauline Smith.

**Mrs Pauline Smith**  
**Epilepsy Specialist Nurse**  
**Non Medical Prescriber**  
**NMC no: 9310689S**

Tay-UHB.epilepsyadvice@nhs.net



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# NHS Tayside Interim Out-Patient Communication

|                    |                           |                   |                                                               |
|--------------------|---------------------------|-------------------|---------------------------------------------------------------|
| <b>Ward/Clinic</b> | Nurse led epilepsy clinic | <b>CHI</b>        | 1411600134                                                    |
| <b>Hospital</b>    | Ninewells Hospital        | <b>Surname</b>    | BEATTIE                                                       |
| <b>Clinician</b>   | Pauline Smith             | <b>First Name</b> | STUART                                                        |
| <b>Date</b>        | 26/09/2016                | <b>Address</b>    | 36 WHITFIELD AVE<br>DUNDEE<br>DD4 0BD                         |
|                    |                           | <b>GP/Address</b> | Tay Court Surgery<br>50 South Tay Street<br>Dundee<br>DD1 1PF |

Dear Doctor,

The above patient visited my clinic today; please accept this as the interim communication in respect to this visit.

Provisional/Diagnosis is: Epilepsy characterised by infrequent generalised tonic clonic seizures and focal dyscognitive seizures.

Comment/Recommendations: Currently taking Lamotrigine 75mg bd. Please increase dose of Lamotrigine to 100mg bd.  
 No change to dose of Sodium Valproate is recommended.

Follow up by clinic required: Yes

Follow up by clinic required: Will be reviewed in nurse led epilepsy clinic in 4-6 months

Specific Monitoring Required: No

The following treatment is recommended:

|    | Medication  | Dose  | Frequency   | Indication | Duration |
|----|-------------|-------|-------------|------------|----------|
| 1. | Lamotrigine | 100mg | twice daily | see above  | ongoing  |

Is any Medication to be discontinued: No

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Operational Unit  
NHS Tayside  
Ninewells Hospital  
Dundee  
DD1 9SY

[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr KE MacDonald  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

|              |                       |
|--------------|-----------------------|
| Date         | 16/03/2017            |
| Clinic Date  | 02/03/2017            |
| Your Ref     |                       |
| Our Ref      | PS/EC/ 1411600134     |
| Enquiries to | Neurology Secretaries |
| Extension    | 32134                 |
| Direct Line  | 01382 632134          |
| Email        |                       |

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

Stuart was due to attend the nurse led epilepsy clinic on the 2<sup>nd</sup> March 2016. Unfortunately, he has failed to attend this appointment. If he would like to be seen again in the epilepsy service in the future, he should get in contact with the Department of Neurology on the above phone number within 4 weeks of receipt of this letter. Otherwise, he will be discharged with an open appointment.

Yours sincerely

Authorised on 20/03/2017 11:49:12 by Mrs Pauline Smith.

Mrs Pauline Smith  
Epilepsy Specialist Nurse  
Non Medical Prescriber  
NMC no: 9310689S

Tay-UHB.epilepsyadvice@nhs.net

(P) Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD

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Department of Neurology  
 Operational Unit  
 NHS Tayside  
 Ninewells Hospital  
 Dundee  
 DD1 9SY

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Dr KE MacDonald  
 Tay Court Surgery  
 50 South Tay Street  
 Dundee  
 DD1 1PF

Date 20/06/2017  
 Clinic Date 08/06/2017  
 Your Ref  
 Our Ref VG/EC/ 1411600134  
 Enquiries to Neurology Secretaries  
 Extension 40034  
 Direct Line 01382 740034  
 Email

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, DD4 0BD DOB: 14/11/1960**

I reviewed this patient in the nurse led epilepsy clinic on the 8<sup>th</sup> June 2017. He is a patient with epilepsy, presenting with focal seizures and also generalised tonic clonic seizures. He doesn't recollect when he has his seizures. He usually blacks out during which he can feel dizzy and he can fall over. He doesn't remember the last one and really can't tell me the actual frequency of these blackouts. Last October, his medication Lamotrigine was increased.

At the moment, he is taking Epilim 1g bd and Lamotrigine 100mg bd.

In terms of his seizures, he can't really say the frequency of his seizures, what happens and when he had last seizures. He feels that since he has started to increase the Lamotrigine, he has been sick saying that the Lamotrigine makes him feel odd, more anxious more dazed. I note that he has already had a history of a mood disorder with depression and anxiety. He told me that he had a mental breakdown last January when he was hallucinating and was seeing someone outside the house trying to get in his house; he called the police and he doesn't remember anything what happened afterwards. Today he told me some stories related to men keep following him, for this reason he lives in fear, he is really scared to leave the house. I am not sure if he is developing paranoid thoughts.

*Imp/Reccomendation:* I am not sure that Lamotrigine increased his mood disorders, I would be really grateful if you could refer him to the psychiatry team for further input, he would probably need an antidepressant/antipsychotic medication. At the moment, I would not suggest any changes in terms of his AED medication and encourage him to take a diary of his seizures.

We will review him in 4 months time.

Yours sincerely

Authorised on 13/07/2017 14:49:58 by Dr Valentina Gnoni.

**Dr Valentina Gnoni**

SpR Neurology

(P) Pauline Smith, Epilepsy Nurse Specialist, Neurology Department, Ninewells Hospital, Dundee,  
DD1 9SY

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

Transport required?

## REFERRAL LETTER

MEDICAL IN  
CONFIDENCE

**Unique  
Care  
Pathway  
Number**

101014537855C

### REFERRAL TO

DermatologyA7  
TAY General Referral

Consultant / receiving  
practitioner and/or  
specialty clinic

Ninewells Hospital  
Dundee  
DD1 9SY

Hospital and hospital  
address

Hospital unit no.

T101H

Email address

-

Date of Referral (set  
by referrer) 22-Sep-2017

Date referral was  
submitted 22-Sep-2017

Urgency of referral Urgent -  
suspected  
cancer

as above

**Armed Forces Personnel,  
Immediate Families &  
Veterans**

On active service  
Condition related to service  
Immediate family member

**Impairment(s)**

Learning  
Visual  
Hearing

### Miscellaneous

Interpreter Required: No  
Details of "Other" Language: None

### PATIENT DETAILS

Surname BEATTIE

Forename(s) STUART

Title MR

### Patient's address

36 WHITFIELD AVENUE  
WHITFIELD  
DUNDEE  
DD4 0BD

|               |             |                    |
|---------------|-------------|--------------------|
| Sex           | Male        |                    |
| Date of birth | 14-Nov-1960 | Contact number(s)  |
| CHI no.       | 1411600134  | Voice: 07526836962 |

|                              |                   |                         |
|------------------------------|-------------------|-------------------------|
| <b>REGISTERED GP DETAILS</b> |                   | <b>Practice address</b> |
| Name                         | Dr Kate Macdonald |                         |
| GMC code                     | 4641726           | GP code 70491           |
| Practice name                | Taycourt Surgery  |                         |
| Practice code                | 11058             |                         |
|                              |                   | Contact number(s)       |
|                              |                   | Voice: 01382228228      |

|                                       |                   |                         |
|---------------------------------------|-------------------|-------------------------|
| <b>REFERRING PRACTITIONER DETAILS</b> |                   | <b>Practice address</b> |
| Name                                  | Dr Catriona Cross |                         |
| GMC code                              | 6134540           | GP code 70343           |
| Practice name                         | Taycourt Surgery  |                         |
| Practice code                         | 11058             |                         |
|                                       |                   | Contact number(s)       |
|                                       |                   | Voice: 01382228228      |

|                                         |                |
|-----------------------------------------|----------------|
| <b>Periods of Future Unavailability</b> | None provided. |
|-----------------------------------------|----------------|

## CLINICAL INFORMATION

**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: ? Malignant melanoma

Comment: I would be grateful if you could see this 56 year old gentleman who presents with a new mole on his left lower leg. It has been present for about 4 months but in the last month has been getting bigger and more raised. A "scab" keeps coming off it but then, thereafter, it becomes more raised again. He tells me that both his mum and dad died of skin cancer ? melanoma. He, himself, has no past history of skin cancer but is quite fair skinned and admits to never wearing sun cream.  
On examination there is a 4x4mm raised brown lesion on the left lower shin the bottom of which looks slightly darker in colour. It is slightly tender to touch.  
I have taken a picture of the lesion for your further information and would be most grateful for your further assessment. Many thanks.

**Examinations and Investigations**

Cigarette smoker: Smoking status on date of event: Smoker. 2016-01-22

Drinks rarely: Drinking status on eventdate: Current drinker. 2016-01-22

**Most recent height, weight, BMI and Blood Pressure**

|                 |        |                   |                              |
|-----------------|--------|-------------------|------------------------------|
| Height:         | 1.77   | m                 | Recorded Date: None provided |
| Weight:         | 116    | Kg                | Recorded Date: None provided |
| BMI:            | 37     | Kg/m <sup>2</sup> | Recorded Date: None provided |
| Blood Pressure: | 119/83 | mmHg              | Recorded Date: None provided |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history****Pre-existing conditions**

| <u>Description</u> | <u>Laterality</u> | <u>Modifier</u> | <u>Extension</u>               | <u>Date of onset</u> |
|--------------------|-------------------|-----------------|--------------------------------|----------------------|
| Laceration NOS     | -                 | -               | face, left, below left eye     | 12-Feb-2012          |
| Abrasion, face     | -                 | -               | frontal, right. Right forehead | 12-Feb-              |

|                                |   |   |                                                            |          |
|--------------------------------|---|---|------------------------------------------------------------|----------|
|                                |   |   |                                                            | 2012     |
|                                |   |   |                                                            | 22-      |
| Keratitis                      | - | - | welder flash/UV keratitis                                  | Apr-2011 |
|                                |   |   |                                                            | 22-      |
| Eye injury                     | - | - | Welder's Flash/UV Keratitis                                | Apr-2011 |
|                                |   |   |                                                            | 05-      |
| Epilepsy                       | - | - | -                                                          | Dec-2007 |
|                                |   |   |                                                            | 08-      |
| CVD Risk assessment Letter 3   | - | - | -                                                          | Jan-2007 |
|                                |   |   |                                                            | 01-      |
| CVD Risk assessment Letter 3   | - | - | -                                                          | Dec-2006 |
|                                |   |   |                                                            | 01-      |
| CVD Risk Assessment Letter 2   | - | - | -                                                          | Nov-2006 |
|                                |   |   |                                                            | 28-      |
| H/O: fracture                  | - | - | Stable undisplaced Weber B fracture left lateral malleolus | Jun-2006 |
|                                |   |   |                                                            | 29-      |
| CVD Risk Assessment Letter 1   | - | - | -                                                          | May-2006 |
|                                |   |   |                                                            | 23-      |
| Epilepsy                       | - | - | START_DATE=08/06/2004                                      | Jun-2004 |
|                                |   |   |                                                            | 16-      |
| [D]Seizure NOS                 | - | - | 'Probable generalised tonic seizures'                      | Jun-2004 |
|                                |   |   |                                                            | 12-      |
| Epilepsy                       | - | - | -                                                          | Jan-2004 |
|                                |   |   |                                                            | 07-      |
| [V]Removal of orthopaed.screws | - | - | and excision of distal end of clavicle                     | Jan-1996 |
|                                |   |   |                                                            | 09-      |
| Arthralgia - shoulder          | - | - | persistant following reconstruction                        | Nov-1994 |
|                                |   |   |                                                            | 04-      |
| H/O: dislocated shoulder       | - | - | -                                                          | Apr-1993 |
|                                |   |   |                                                            | 04-      |
| Cls traumtc disloctn shoulder  | - | - | -                                                          | Apr-     |



|                          |   |   |   |             |
|--------------------------|---|---|---|-------------|
|                          |   |   |   | 1993        |
| [X]Overdose - deliberate | - | - | - | 14-Dec-1981 |
| Overdose of drug         | - | - | - | 14-Dec-1981 |

**Past procedures**

| Description                    | Laterality | Modifier | Date performed |
|--------------------------------|------------|----------|----------------|
| Self-referral                  | -          | -        | 12-Feb-2012    |
| Self-referral                  | -          | -        | 22-Apr-2011    |
| Self-referral to hospital      | -          | -        | 27-Jun-2006    |
| Pt on max tol anticonvuls ther | -          | -        | 07-Feb-2005    |
| Nail operations                | -          | -        | 11-Dec-2003    |
| Removal FB from eye NEC        | -          | -        | 19-Sep-2003    |
| Other reconstruction joint OS  | -          | -        | 09-Nov-1996    |
| Other reconstruction of joint  | -          | -        | 04-Nov-1994    |
| Referral for further care      | -          | -        | 01-Jan-1900    |

**Current and recent medication****Current repeat medication**

| Drug name                                 | BNF code | Formulation | Dosage                        | Frequency | Course started | Duration |
|-------------------------------------------|----------|-------------|-------------------------------|-----------|----------------|----------|
| Lamotrigine 100mg tablets                 | 66060020 | tablet      | 1 TABLET<br>TWICE<br>DAILY    | -         | 28-Sep-2016    | -        |
| Omeprazole 20mg gastro-resistant capsules | 69782020 | capsule     | 1 CAPSULE<br>ONCE A<br>DAY    | -         | 24-Apr-2015    | -        |
| Epilim Chrono 500 tablets (Sanofi)        | 74925020 | tablet      | TAKE TWO<br>TWICE A<br>DAY    | -         | 04-Jul-2011    | -        |
| Nitrazepam 5mg tablets                    | 58928020 | tablet      | 1 TABLET<br>AT<br>BEDTIME     | -         | 15-Apr-2013    | -        |
| Solifenacin 5mg tablets                   | 88205020 | tablet      | 1 TABLET<br>ONCE A<br>DAY     | -         | 29-Jan-2016    | -        |
| Dihydrocodeine 30mg tablets               | 62538020 | tablet      | TAKE 1 OR<br>2 3<br>TIMES/DAY | -         | 25-Jan-2008    | -        |
| Loperamide                                | 64043020 | tablet      | 1 TABLET                      | -         | 22-            | -        |

2mg tablets

TWICE A  
DAYFeb-  
2017**Recent acute medication (last 30 days)**

| <u>Drug name</u>             | <u>BNF code</u> | <u>Formulation</u> | <u>Dosage</u>              | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> |
|------------------------------|-----------------|--------------------|----------------------------|------------------|-----------------------|-----------------|
| Lamotrigine<br>100mg tablets | 66060020        | tablet             | 1 TABLET<br>TWICE<br>DAILY | -                | 28-<br>Sep-<br>2016   | -               |

**Clinical warnings****Additional relevant information****Administrative information**

Referred By:Resident GP

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

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Head and Neck Tumours  
Cleft Lip and Palate  
Laser  
Congenital Anomalies  
Hypospadias/Genital Abnormalities  
Facial Palsy Reconstruction  
Hand Surgery  
Limb Trauma  
Skin and Soft Tissue Tumour  
Breast Reconstruction  
Burns

Department Plastic Surgery  
Reconstructive Hand Surgery  
Acute Services  
NHS Tayside  
Ninewells Hospital  
Dundee  
DD1 9SY

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Dr C Cross  
Tay Court Surgery  
50 South Tay Street  
Dundee  
DD1 1PF

Date 25/10/2017  
Date Dictated 11/10/2017  
Your Ref  
Our Ref PMcG/ 1411600134  
Enquiries to Laura Tyrie  
Extension 40054  
Direct Line 01382 740054  
Email [laura.tyrie@nhs.net](mailto:laura.tyrie@nhs.net)

Dear Dr Cross

**Stuart Beattie, 36 Whitfield Ave, Dundee, Angus, DD4 0BD DOB: 14/11/1960**

Many thanks for referring Mr Beattie to the one stop clinic today with regards to the lesion on his left lower leg. The lesion is a long standing which intermittently crusts and fall off. Mr Beattie complains of significant pain in the leg and foot and he states he has "snapped the ankle" twice before. He has a past medical history of epilepsy and mental health problems. His regular medication includes Omeprazole, anticonvulsants and analgesics.

On examination there is a smooth lesion on the lateral border of his left leg. It is uniformly pigmented and has the clinical appearance of a seborrheic keratosis. He is keen to have the lesion excised today and I have explained that this will not help with his foot pain. The lesion has been excised with a 2mm clinical margin wound closed directly. He should attend the treatment room in 7-10 days time for removal of the non-absorbable sutures that were sited today. We will review him in the clinic in 3 months time.

Yours sincerely

Authorised on 26/10/2017 18:38:44 by Pauline McGee.

**Pauline McGee**  
**Specialist Registrar in Plastic Surgery**

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Dr Paton.  
**TAYSIDE PLASTIC SURGERY UNIT**



DD4 08D

Dear Dr. **BEATTIE STUART**  
36 WHITFIELD AVE  
DUNDEE  
DD4 08D

Kathleen MacDonald  
1411600134  
Kathleen, MacDonald

Date 11/10/17

Wed 18/10/17  
at 10:30

This patient underwent Local Anaesthetic Day Case Surgery at Ninewells P.R.I. / Stracathro / St. Andrews  
on 11/10/17 (date)

**OPERATION PERFORMED:**

Excision B10 P57 LEFT LEG.

- The sutures were absorbable and do not require removal
- The patient has been asked to attend their GP for removal of the sutures in 7-10 days
- An out-patient appointment has been made for removal of sutures in ..... days
- A review appointment has been made for 3/12
- Pathology taken YES - Result can be viewed on Clinical Portal  
- NO

Enquiries to: Plastic Surgery Secretary,  
Level 5,  
Ninewells Hospital and Medical School  
Dundee  
DD1 9SY

Phone: (01382) 425643

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 NHS Tayside  
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 DD1 9SY

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Dr KE MacDonald  
 Tay Court Surgery  
 50 South Tay Street  
 Dundee  
 DD1 1PF

Date 30/10/2017  
 Clinic Date 26/10/2017  
 Your Ref  
 Our Ref PS/EC/ 1411600134  
 Enquiries to Neurology Secretaries  
 Extension 32134  
 Direct Line 01382 632134  
 Email

Dear Dr MacDonald

**Stuart Beattie, 36 Whitfield Ave, Dundee, Angus, DD4 0BD DOB: 14/11/1960**

**Current Antiepileptic Medication:** Lamotrigine 100mg bd  
 Sodium Valproate 1000mg bd

Stuart attended the nurse led epilepsy clinic on the 26<sup>th</sup> October 2017. It is very difficult to get an accurate seizure history from Stuart. He thinks that it is approximately 6 months since his last presumed focal seizure although as he lives alone, there is nobody to corroborate this.

He does state that he continues to have symptoms which have been present for the past 4-5 months of dizzy turns affecting the right side of his head which go along with a thumping sensation and his arm goes limp. He thinks these last approximately 30-40 minutes and occur every 2-3 weeks. He is not sure if these events feel similar to his previous focal seizures although he does state they are related to his anxiety. These could be non-epileptic in nature.

Stuart's overriding concern today in clinic was low mood and anxiety and poor sleep pattern. He states that he is having auditory hallucinations during the night which waken him from sleep. He is also having visual hallucinations which have led him to contact the police on several occasions. He also states that he is regularly overdosing on his Nitrazepam 5mg in order to help him sleep. I would be grateful if you could do an urgent review of his mental health.

Stuart states that he is taking Lamotrigine 100mg bd and Sodium Valproate 1000mg bd. He doesn't report any significant side effects to his medication but freely admits that his medication compliance is poor. He states that his poor memory causes him to miss individual doses regularly and approximately two weeks ago, he stopped his antiepileptic medication completely for one week although he was unable to give a reason why he did this. I would be grateful if you could consider a venalink for administration of his medicines in an attempt to improve medication compliance.

Stuart has my contact details and knows he can get in contact with me if he has any concerns, otherwise he will be reviewed in this clinic in due course.

Yours sincerely

Authorised on 30/10/2017 16:29:58 by Mrs Pauline Smith.

Mrs Pauline Smith  
Epilepsy Specialist Nurse  
Non Medical Prescriber  
NMC no: 9310689S

Tay-UHB.epilepsyadvice@nhs.net

THIRD PARTY COPY

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| Hospital use only | Clinic | Day Date | Time | Hospital No. |
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Transport required?

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

## Unique Care Pathway Number

101014831067Q

### REFERRAL TO

Dundee Community Mental Health West  
TeamG1TW  
TAY General Referral

Consultant / receiving practitioner and/or specialty clinic

Wedderburn House  
1 Edward Street  
Dundee  
DD1 5NS

Hospital and hospital address

Hospital unit no.

T333C

Email address

Date of Referral (set by referrer) 06-Nov-2017  
Date referral was submitted 06-Nov-2017  
Urgency of referral Urgent

Armed Forces Personnel, Immediate Families & Veterans

|                              |          |
|------------------------------|----------|
| On active service            | Learning |
| Condition related to service | Visual   |
| Immediate family member      | Hearing  |

### Miscellaneous

Interpreter Required: No  
Details of "Other" Language: None

### PATIENT DETAILS

Surname BEATTIE  
Forename(s) STUART  
Title MR  
Sex Male  
Date of birth 14-Nov-1960

### Patient's address

36 WHITFIELD AVENUE  
WHITFIELD  
DUNDEE  
DD4 0BD

Contact number(s)

|         |            |                    |
|---------|------------|--------------------|
| CHI no. | 1411600134 | Voice: 07526836962 |
|---------|------------|--------------------|

|                              |                       |                               |
|------------------------------|-----------------------|-------------------------------|
| <b>REGISTERED GP DETAILS</b> |                       | <b>Practice address</b>       |
| <b>Name</b>                  | Dr Kate Macdonald     | 50 SOUTH TAY STREET<br>DUNDEE |
| GMC code                     | 4641726 GP code 70491 |                               |
| Practice name                | Taycourt Surgery      |                               |
| Practice code                | 11058                 |                               |
|                              |                       | Contact number(s)             |
|                              |                       | Voice: 01382228228            |

|                                       |                       |                               |
|---------------------------------------|-----------------------|-------------------------------|
| <b>REFERRING PRACTITIONER DETAILS</b> |                       | <b>Practice address</b>       |
| <b>Name</b>                           | Dr Christine Cormack  | 50 SOUTH TAY STREET<br>DUNDEE |
| GMC code                              | 4310093 GP code 70343 |                               |
| Practice name                         | Taycourt Surgery      |                               |
| Practice code                         | 11058                 |                               |
|                                       |                       | Contact number(s)             |
|                                       |                       | Voice: 01382228228            |

|                                         |                |
|-----------------------------------------|----------------|
| <b>Periods of Future Unavailability</b> | None provided. |
|-----------------------------------------|----------------|



## CLINICAL INFORMATION

**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Depression

Comment: I would be grateful for your urgent assessment of this socially isolated man with depression. He has a long standing history of epilepsy and when he was at neurology last week they identified his depression . He describes low mood, poor sleep, poor concentration and lack of enjoyment. He lives alone in a house where drug dealers live next door- he is aware of drug dealing going on around him. Because of this he cannot leave his flat for fear of being burgled but he also describes paranoid thoughts with visual and auditory hallucinations

He regularly thinks about suicide and I have given him the phone number for Samaritans and nhs 24. I do not feel he is at risk of this today but he is high risk for this

Unfortunately all SSRIs come up as interacting with his epilepsy medication by lowering seizure threshold so I have not started him on anything

I feel he needs urgent mental health review within the next few days

Many thanks

**Examinations and Investigations**

Cigarette smoker: Smoking status on date of event: Smoker. 2016-01-22

Drinks rarely: Drinking status on eventdate: Current drinker. 2016-01-22

**Most recent height, weight, BMI and Blood Pressure**

|                 |        |                   |                              |
|-----------------|--------|-------------------|------------------------------|
| Height:         | 1.77   | m                 | Recorded Date: None provided |
| Weight:         | 116    | Kg                | Recorded Date: None provided |
| BMI:            | 37     | Kg/m <sup>2</sup> | Recorded Date: None provided |
| Blood Pressure: | 119/83 | mmHg              | Recorded Date: None provided |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history****Pre-existing conditions**

| <u>Description</u> | <u>Laterality</u> | <u>Modifier</u> | <u>Extension</u>           | <u>Date of onset</u> |
|--------------------|-------------------|-----------------|----------------------------|----------------------|
| Laceration NOS     | -                 | -               | face, left, below left eye | 12-Feb-              |

|                                   |   |   |                                                               |      |
|-----------------------------------|---|---|---------------------------------------------------------------|------|
|                                   |   |   |                                                               | 2012 |
|                                   |   |   |                                                               | 12-  |
| Abrasion, face                    | - | - | frontal, right. Right forehead                                | Feb- |
|                                   |   |   |                                                               | 2012 |
|                                   |   |   |                                                               | 22-  |
| Keratitis                         | - | - | welder flash/UV keratitis                                     | Apr- |
|                                   |   |   |                                                               | 2011 |
|                                   |   |   |                                                               | 22-  |
| Eye injury                        | - | - | Welder's Flash/UV Keratitis                                   | Apr- |
|                                   |   |   |                                                               | 2011 |
|                                   |   |   |                                                               | 05-  |
| Epilepsy                          | - | - | -                                                             | Dec- |
|                                   |   |   |                                                               | 2007 |
|                                   |   |   |                                                               | 08-  |
| CVD Risk<br>assessment Letter 3   | - | - | -                                                             | Jan- |
|                                   |   |   |                                                               | 2007 |
|                                   |   |   |                                                               | 01-  |
| CVD Risk<br>assessment Letter 3   | - | - | -                                                             | Dec- |
|                                   |   |   |                                                               | 2006 |
|                                   |   |   |                                                               | 01-  |
| CVD Risk<br>Assessment Letter 2   | - | - | -                                                             | Nov- |
|                                   |   |   |                                                               | 2006 |
|                                   |   |   |                                                               | 28-  |
| H/O: fracture                     | - | - | Stable undisplaced Weber B<br>fracture left lateral malleolus | Jun- |
|                                   |   |   |                                                               | 2006 |
|                                   |   |   |                                                               | 29-  |
| CVD Risk<br>Assessment Letter 1   | - | - | -                                                             | May- |
|                                   |   |   |                                                               | 2006 |
|                                   |   |   |                                                               | 23-  |
| Epilepsy                          | - | - | START_DATE=08/06/2004                                         | Jun- |
|                                   |   |   |                                                               | 2004 |
|                                   |   |   |                                                               | 16-  |
| [D]Seizure NOS                    | - | - | 'Probable generalised tonic<br>seizures'                      | Jun- |
|                                   |   |   |                                                               | 2004 |
|                                   |   |   |                                                               | 12-  |
| Epilepsy                          | - | - | -                                                             | Jan- |
|                                   |   |   |                                                               | 2004 |
|                                   |   |   |                                                               | 07-  |
| [V]Removal of<br>orthopaed.screws | - | - | and excision of distal end of<br>clavicle                     | Jan- |
|                                   |   |   |                                                               | 1996 |
|                                   |   |   |                                                               | 09-  |
| Arthralgia -<br>shoulder          | - | - | persistant following<br>reconstruction                        | Nov- |
|                                   |   |   |                                                               | 1994 |
|                                   |   |   |                                                               | 04-  |
| H/O: dislocated<br>shoulder       | - | - | -                                                             | Apr- |

|                               |   |   |   |             |
|-------------------------------|---|---|---|-------------|
|                               |   |   |   | 1993        |
| Cls traumtc disloctn shoulder | - | - | - | 04-Apr-1993 |
| [X]Overdose - deliberate      | - | - | - | 14-Dec-1981 |
| Overdose of drug              | - | - | - | 14-Dec-1981 |

**Past procedures**

| Description                    | Laterality | Modifier | Date performed |
|--------------------------------|------------|----------|----------------|
| Self-referral                  | -          | -        | 12-Feb-2012    |
| Self-referral                  | -          | -        | 22-Apr-2011    |
| Self-referral to hospital      | -          | -        | 27-Jun-2006    |
| Pt on max tol anticonvuls ther | -          | -        | 07-Feb-2005    |
| Nail operations                | -          | -        | 11-Dec-2003    |
| Removal FB from eye NEC        | -          | -        | 19-Sep-2003    |
| Other reconstruction joint OS  | -          | -        | 09-Nov-1996    |
| Other reconstruction of joint  | -          | -        | 04-Nov-1994    |
| Referral for further care      | -          | -        | 01-Jan-1900    |

**Current and recent medication****Current repeat medication**

| Drug name                                    | BNF code | Formulation | Dosage                     | Frequency | Course started | Duration |
|----------------------------------------------|----------|-------------|----------------------------|-----------|----------------|----------|
| Solifenacin<br>5mg tablets                   | 88205020 | tablet      | 1 TABLET<br>ONCE A<br>DAY  | -         | 29-Jan-2016    | -        |
| Lamotrigine<br>100mg tablets                 | 66060020 | tablet      | 1 TABLET<br>TWICE<br>DAILY | -         | 28-Sep-2016    | -        |
| Omeprazole<br>20mg gastro-resistant capsules | 69782020 | capsule     | 1 CAPSULE<br>ONCE A<br>DAY | -         | 24-Apr-2015    | -        |
| Epilim Chrono<br>500 tablets<br>(Sanofi)     | 74925020 | tablet      | TAKE TWO<br>TWICE A<br>DAY | -         | 04-Jul-2011    | -        |
| Nitrazepam<br>5mg tablets                    | 58928020 | tablet      | 1 TABLET<br>AT<br>BEDTIME  | -         | 15-Apr-2013    | -        |
| Dihydrocodeine                               | 62538020 | tablet      | TAKE 1 OR                  | -         | 25-            | -        |

30mg tablets

2 3  
TIMES/DAYJan-  
2008Loperamide 64043020 tablet  
2mg tablets1 TABLET  
TWICE A  
DAY22-  
Feb-  
2017**Recent acute  
medication  
(last 30  
days)**No recent  
acute  
medications  
recorded**Clinical warnings****Additional relevant information**  
**Administrative information**

Referred By:Resident GP

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

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Crisis Resolution and Home Treatment Team  
 Carseview Centre  
 4 Tom McDonald Avenue  
 Dundee  
 DD2 1NH  
 01382 878753

Date: 10/11/2017

Referrer: GP

Registered GP: Kathleen MacDonald

Name: STUART BEATTIE

CHI: 1411600134

#### Assessment

Diagnosis:

Situation:

Referred to CRHTT on 6/11/17 for urgent assessment, assessed at Carseview centre on 10/11/17 by SMHN Hayley Cosgrove and CMHN Ashleigh Begg. Referral due to identification of depression and auditory and visual hallucinations at neurology appointment last week. Referral from GP on an urgent basis. Stuart identified the problems including low mood, anxiety and perceptual disturbances to have started around 1 year ago, although he appears to be a poor historian. Stuart cannot identify any triggers or precipitants of his worsening mental state. Currently, Stuart rates his mood as 2/10 (10 being best he has felt and 1 being worst). He states that prior to last November (2016) he would have rated his mood as 10/10 and describes this as gradually declining. Stuart appears to be suffering from both auditory and visual hallucinations. He describes hearing the voice of "Rab" (a man he has fixed beliefs is dealing drugs from the bushes outside his house) shouting his name and trying to break through the floor boards with a sledge hammer and axe, in order to harm him. He also describes seeing shadows in his home. Due to Stuart's fixed beliefs, he is sitting in his home in complete darkness, not carrying out his domestic activities as he feels "Rab" will hear him hovering and know he is there, subsequently coming to harm him. Stuart is turning his television off when it gets dark in order to hide from "Rab" and is sitting with a large knife across his lap in case he is attacked by "Rab".

**Forensic History:** Has had one prior charge for serious assault a number of years ago due to being under the influence.

**Premorbid Personality:** Describes himself before his period of worsened mental health as a happy go luck guy who would do anything for anybody and would have rated his mood to be 10/10 most of the time.

**Child/Adult Protection issues:** No

**Gender Based Violence/Domestic Abuse Issues:** No

#### Assessment:

##### Mental State Examination at Interview:

**Appearance and Behaviour:** Stuart is a 56 year old white male, appeared overweight, around average height. Had short balding dark hair. Dressed appropriately for age, gender and weather. Appeared unwashed and slightly malodorous.

Sat well throughout appointment, no signs of agitation or anxiety. Reports reduced activity and has been spending all of his time within his house. Reports reduced motivation and a fear of "Rab" being out to get him.

Reports intermittent contact with his brother and friend. Today engaged well, poor historian and couldn't remember certain events detailed in his notes. Rapport easily established, humour evident throughout. Incongruous at times when discussing suicidal thoughts. Good eye contact.

**Speech:** No issues with speech, normal in rate, rhythm, tone and volume, spoke with a Dundonian accent.

##### Thoughts:

Appears to be suffering from delusional beliefs in relation to "Rab" being out to get him. Believes "Rab" is a drug dealer, that he deals drugs from the bushes outside Stuart's flat, he believes this man will attack him and has been living in fear for around a year. States he sits up at nights in the dark with a knife in order to protect himself. Believes he can hear "Rab" when he is at home, can hear him shouting in the street, has also experienced this at his brothers house. Has contacted the police and council in regards to this, states they don't believe him. States he has been experiencing suicidal thoughts, thoughts to overdose or slit his wrists. Reports he has been switching off all appliances when it gets dark to avoid "Rab". Is scared Rab is going to harm him, has boarded up every possible entrance into his house, has bought chains for his doors and has contacted the council about "Rab" tampering with his locks, also believes his epilepsy medication smells like cannabis and thinks this may have been planted.

? obsessional thoughts around "Rab", difficult to divert away from conversations about him.

##### Perceptions:

Appears to be experiencing both auditory and visual hallucinations, reports having seen shadows and can hear noises while in his flat, states he spends most of the night looking out his peep hole when he hears a noise.

##### Cognitive Function:

## Background:

**Previous Mental Health History:** Stuart has had no previous contact with mental health services. Has had no previous admissions or previous treatment. States he has never engaged in DSH, he has however taken an overdose of Paracetamol in 1981.

**Medication & Treatment History:**

Stuart's current medications include;

Solifenacin 5mg- 1 tablet daily

Lamotrigine 100mg- 1 tablet twice daily

Omeprazole 20mg GR- 1 capsule once daily

Epilim Chrono 500 tablets- 2 tablets twice daily

Nitrazepam 5mg- 1 tablet at bedtime

Dihydrocodeine 30mg- 1 or 2 tablets three times daily

Loperamide 2mg- 1 tablet twice daily.

**Past Medical History (and any physical needs):** Stuart states he does not have any allergies, reports to have not had any significant operations or recent infections. Stuart suffers from epilepsy which appears to have been diagnosed in 2004. Stuart attends regular neurology appointments in regards to his epilepsy which he has suffered for many years. During his neurology appointments, dating back to around November 2016, it had been highlighted that Stuart had been suffering from low mood and anxiety, neurology queried a full mental health assessment after they had seen him in their clinic. There was discussion around commencing Stuart on an SSRI for his depressive symptoms from his GP, however through investigation it was apparent that all SSRI's had come up as interacting with his epilepsy medication and so same had not been commenced.

**Family History:**

Reports his brother to also suffer from epilepsy, 7 another brother suffering from same. No identification of mental illness in Stuart's immediate family. No previous inpatient admissions, no family history of suicide.

**Personal History:**

56 year old man, lives on his own and not currently in a relationship. Born and brought up in Dundee, has 5 brothers. Mum passed away when Stuart was 21, dad passed away 6 years ago and 1 brother passed away 4 years ago. Stuart went to primary and secondary school, went to Linlathen secondary for 2 weeks before being moved to a school which he describes was for "bad boys" in Edinburgh, was there for 2 years before returning to Balgovan for a further 2 years, did not leave school with any qualifications. Stuart reports he worked for the council for 2 months after leaving school, since leaving this job he has not had any further employment. Does not socialise much, sees his brother Robert when he comes to visit him and a friend Mark when he comes to cook for Stuart and help him with his medications.

**Drug & Alcohol Use:** Reports to have never taken any illicit substances. States he has not consumed alcohol for around 4 years due to negative effects it has had on him.



Appeared disorientated, however was orientated to place and person. Knew the date and month however struggled with the year (2020), also reports concentration and memory have been problematic. Issues with recall and a poor historian.

**Insight:**

Limited insight into mental health currently, repeatedly stating "i feel fine", however did not appear to be able to distinguish between hallucinations and reality. Refusing to return to his home address and states he would be sleeping rough.

**Recommendation:**

Stuart is a 56 year old male, today he reports a deterioration in mood, he also reports what appear to be delusional ideation in relation to a man called "Rab". Stuart Struggling to manage at home and as such has been relying on his brother and friend in order to manage his normal daily functioning. States living in fear and as such is sitting in his flat in the dark with a long knife, due to the fear "Rab" will attack him. Has taken steps to prevent this, has hired a joiner to block off possible entrances and has contacted the council in relation to locks being tampered with. He has also contacted the police, he states they have told him this is due to his mental health problems.

Assessment discussed with Dr Sam Wilson, Locum Consultant.

**Plan:**

Admission to ward 2 Carseview Centre, due to level of concern and potential risk in the community.

**Hayley Cosgrove/Ashleigh Begg**

**SMHN/CMHN**

c.c.



## Perth and Kinross Health and Social Care Partnership



Crisis Resolution Home Treatment Team  
 Carseview Centre  
 4 Tom McDonald Avenue  
 Dundee, DD2 1NH  
 Telephone Number: 01382 878753  
 Fax Number: 01382 878800  
 Date Dictated: 11 November 2017  
 Date received: 13 November 2017  
 Date Typed: 13 November 2017  
 Our Ref: HC/MJW  
 Enquiries to: Hayley Cosgrove  
 Extension: 58253  
 Direct Line: 01382878753

Dr Kathleen MacDonald  
 Tay Court Surgery  
 50 South Tay Street  
 DUNDEE  
 DD1 1PF

## Assessment

Dear Dr MacDonald

**Re: STUART BEATTIE DOB / CHI 14.11.60 0134**  
**36 Whitfield Avenue, Dundee, DD4 0BD**

**Referrer: GP**

**Situation:**

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**Background:**

Previous Mental Health History: Stuart has had no previous contact with mental health services. Has had no previous admissions or previous treatment. States he has never engaged in DSH, he has however taken an overdose of Paracetamol in 1981.

**Medication & Treatment History:**

Stuart's current medications include;  
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**Past Medical History (and any physical needs):** Stuart states he does not have any allergies, reports to have not had any significant operations or recent infections. Stuart suffers from epilepsy which appears to have been diagnosed in 2004. Stuart attends regular neurology appointments in regards to his epilepsy which he has suffered for many years. During his neurology appointments, dating back to around November 2016, it had been highlighted that Stuart had been suffering from low mood and anxiety, neurology queried a full mental health assessment after they had seen him in their clinic. There was discussion around commencing Stuart on an SSRI for his depressive symptoms from his GP, however through investigation it was apparent that all SSRI's had come up as interacting with his epilepsy medication and so same had not been commenced.

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Reports his brother to also suffer from epilepsy, ? another brother suffering from same. No identification of mental illness in Stuart's immediate family. No previous inpatient admissions, no family history of suicide.

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**Drug & Alcohol Use:** Reports to have never taken any illicit substances. States he has not consumed alcohol for around 4 years due to negative effects it has had on him.

**Forensic History:** Has had one prior charge for serious assault a number of years ago due to being under the influence.

**Premorbid Personality:** Describes himself before his period of worsened mental health as a happy go-lucky guy who would do anything for anybody and would have rated his mood to be 10/10 most of the time.

**Child/Adult Protection issues:** No

**Gender Based Violence/Domestic Abuse Issues:** No

**Assessment:**

**Mental State Examination at Interview:**

**Appearance and Behaviour:** Stuart is a 56 year old white male, appeared overweight, around average height. Had short balding dark hair. Dressed appropriately for age, gender and weather. Appeared unwashed and slightly malodorous. Sat well throughout appointment, no signs of agitation or anxiety. Reports reduced activity and has been spending all of his time within his house. Reports reduced motivation and a fear of "Rab" being out to get him. Reports intermittent contact with his brother and friend. Today engaged well, poor historian and couldn't remember certain events detailed in his notes. Rapport easily established, humour evident throughout. Incongruous at times when discussing suicidal thoughts. Good eye contact.

**Speech:** No issues with speech, normal in rate, rhythm, tone and volume, spoke with a Dundonian accent.

**Thoughts:**

Appears to be suffering from delusional beliefs in relation to "Rab" being out to get him. Believes "Rab" is a drug dealer, that he deals drugs from the bushes outside Stuart's flat, he believes this man will attack him and has been living in fear for around a year. States he sits up at nights in the dark with a knife in order to protect himself. Believes he can hear "Rab" when he is at home, can hear him shouting in the street, has also experienced this at his brothers house. Has contacted the police and council in regards to this, states they don't believe him. States he has been experiencing suicidal thoughts, thoughts to overdose or slit his wrists. Reports he has been switching off all appliances when it gets dark to avoid "Rab". Is scared Rab is going to harm him, has boarded up every possible entrance into his house, has bought chains for his doors and has contacted the council about "Rab" tampering with his locks, also believes his epilepsy medication smells like cannabis and thinks this

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may have been planted. ? obsessional thoughts around "Rab", difficult to divert away from conversations about him.

**Perceptions:**

Appears to be experiencing both auditory and visual hallucinations, reports having seen shadows and can hear noises while in his flat, states he spends most of the night looking out his peep hole when he hears a noise.

**Cognitive Function:**

Appeared disorientated, however was orientated to place and person. Knew the date and month however struggled with the year (2020), also reports concentration and memory have been problematic. Issues with recall and a poor historian.

**Insight:**

Limited insight into mental health currently, repeatedly stating "I feel fine", however did not appear to be able to distinguish between hallucinations and reality. Refusing to return to his home address and states he would be sleeping rough.

**Recommendation:**

Stuart is a 56 year old male, today he reports a deterioration in mood, he also reports what appear to be delusional ideation in relation to a man called "Rab". Stuart struggling to manage at home and as such has been relying on his brother and friend in order to manage his normal daily functioning. States living in fear and as such is sitting in his flat in the dark with a long knife, due to the fear "Rab" will attack him. Has taken steps to prevent this, has hired a joiner to block off possible entrances and has contacted the council in relation to locks being tampered with. He has also contacted the police, he states they have told him this is due to his mental health problems. Assessment discussed with Dr Sam Wilson, Locum Consultant.

**Plan:**

Admission to ward 2 Carseview Centre, due to level of concern and potential risk in the community.

Yours Sincerely



**Hayley Cosgrove / Ashleigh Begg**  
Community Mental Health Nurse / Community Mental Health Nurse  
Crisis Resolution and Home Treatment Team

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Head and Neck Tumours  
Head and Congenital Anomalies  
Hypospadias/General Anomalies  
Facial Palsy/Reconstruction  
Hand Surgery  
Limb Trauma  
Skin and Soft Tissue Tumours  
Breast Reconstruction  
Microsurgery  
Cleft Lip and Palate  
Burns

Department Plastic Surgery  
Reconstructive Hand Surgery  
Acute Services  
NHS Tayside  
Ninewells Hospital  
Dundee  
DD1 9SY

01382 660111

[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Stuart Beattie  
36 Whitfield Ave  
Whitfield  
Dundee  
Angus  
DD4 0BD

Date 24/11/2017  
Date Dictated 12/11/2017  
Your Ref  
Our Ref KM/HM/ 1411600134  
Enquiries to Heather McAnespie, Medical Secretary  
Extension 35182  
Direct Line  
Email [heather.mcanespie@nhs.net](mailto:heather.mcanespie@nhs.net)

Dear Mr Beattie

You underwent excision of a lesion from your left lower leg on the 11<sup>th</sup> October 2017.

I am pleased to report that the pathology has confirmed that this is a seborrhoeic keratosis. This is a benign lesion with no concerning features.

No further follow-up is required and I am therefore discharging you back to the care of your GP. Should you have any questions or concerns please do not hesitate to contact us.

Kind regards

Yours sincerely

Authorised on 28/11/2017 16:58:33 by Kirsty Munro.

**Ms Kirsty Munro**  
**Consultant in Plastic Surgery**

(D) Dr KE MacDonald, Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF

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Dundee Health & Social Care Partnership  
 Community Mental Health Team West  
 Wedderburn House  
 1 Edward Street  
 Dundee  
 DD1 5NS

Chief Officer: David W Lynch

If calling, please ask for  
 Community Mental Health Team West  
 Telephone Number 01382 346050/5  
 Fax Number 01382 346040

Dr KE MacDonald  
 Tay Court Surgery  
 50 South Tay Street  
 Dundee

Date Dictated: 21 November 2017  
 Date Received: 21 November 2017  
 Date Typed: 13 December 2017  
 Our Ref: JF/LS/CHI  
 Enquiries to: Team West  
 Extension: 30251

Dear Dr MacDonald

**Re: Stewart Beattie 1411600134**  
**36 Whitfield Avenue, Dundee, DD4 0BD**

**Diagnosis:** Psychoisis unspecified

**Medication:** Amisulpiride 200mg bd (due to co-morbidity of epilepsy)

I met with Mr Stewart Beattie on 8<sup>th</sup> January 2018 at my general adult psychiatry clinic at Wedderburn House. I understand that this gentleman has recently had an admission to ward 2 at Carseview due to his delusional belief structures. It would appear that he is primarily concerned with harassment/physical threats to him by a gentleman he refers to as Rab.

Mr Beattie can identify this person, however, I believe that he bases his entire delusional structure on the identification of someone with whom he has had minimal interaction with. Unfortunately, he has included his brother in his delusional pattern of thinking and seems to be gaining some reinforcement for his ideas from him, despite the lack of concrete evidence to corroborate any of these claims.

Mr Beattie has been taking measures to protect himself, including additional locks on his doors as well as paying for joinery services to re-enforce certain aspects of his home.

Mr Beattie informs me that from Christmas Eve he has been living in the Apex hotel Dundee due to concerns about him being harassed by his neighbours. I understand from documents that he has provided me with from the local housing authority that his claims of harassment have no evidential basis. However he is persistent in attempting to change his accommodation to that of a sheltered nature. He is particularly focused on attaining accommodation with warden assistance to ensure his security. I understand that he has a current referral to social services and I have been informed by his social worker Julie that she has taken on his case.

Cont/2



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**Stewart Beattie 1411600134**

As mentioned previously Mr Beattie had an admission to ward 2 which was instigated by yourselves and the crisis resolution home treatment team. I understand that Mr Beattie was on the ward for several weeks but unfortunately discharged himself against the medical advice. It remains unclear as to why he discharged himself against medical advice. However he does inform me in the clinic that he felt completely well at this point with no auditory hallucinations being present.

On examination Mr Beattie presented as appropriately dressed for the inclement weather conditions outside.

He is a gentleman of approximately five foot seven in height with an increased BMI dark hair and appears to be biologically slightly older than his chronological age. His behaviour throughout the consultation was appropriate. He brought his brother in to the consultation room with him who was able to corroborate some of the information being given by Mr Beattie.

His mood was objectively euthymic and subjectively euthymic and he did show a reactive affect at times. His thought content was preoccupied with ideas of harassment which are based on his delusional schema of events. He did not have any thoughts of self harm or harm to others at this point.

I specifically enquired about his intentions to defend himself with regards to his mention of harassment, which he believes is being perpetrated by a Glaswegian male who is identified only as Rab. Mr Beattie stated quite clearly that he would not consider attacking this gentleman nor has he made any plans to attack him at this point. He did however mention that prior to the Christmas period he had spent a significant period of time sitting awake on the side of his bed holding a knife which he was prepared to use in a defensive capacity only. He now informs me that he is no longer practising this behaviour as he felt he would not be capable of defending himself with an implement of this nature.

Perceptions – Mr Beattie gives a good account of auditory hallucinations which take the form of banging and chipping. He makes specific references to concerns that a sledgehammer is being used in his basement to access his property through the neighbours adjoining property. I understand that he's had this looked into by the local constabulary who have attended adjoining property but have no evidence to corroborate his concerns. Mr Beattie seems particular significance in certain forms of dress and has identified his harasser as wearing an all black tracksuit and puma trainers. He states that this outfit is characteristic of the gentleman identified as his harasser. At the present time he does not specifically identify the location nor the actual appearance of this person who he refers to as Rab.

At the present time his speech is of normal rate, tone and volume.

His cognition although not formally tested appeared to be in keeping with that of normality and he was orientated in time place and person.

Insight: I have discussed the possibility of him suffering from a mental illness. Mr Beattie seems relatively accepting of this, although there was some initial resistance to the idea, which may have been reinforced by the presence of his brother who appears to have bought into some of the delusional aspects of Mr Beattie's thoughts. I wonder if this represents an element of *folie à deux*.

Given that Mr Beattie denies any use of illicit substances or alcohol I think that this can be regarded as a *de novo* psychotic illness. However, it will require further work to ascertain the most likely diagnosis for his condition. At the present time Mr Beattie is unmedicated and a diagnosis has not been assigned to him. I propose that we try a low dose of anti-psychotic medication in the first instance in an attempt to reduce the intensity of his delusional thoughts.

Cont/3

**Stewart Beattie 1411600134**

I have discussed possible admission to hospital should his condition worsen and have made his brother aware and himself that he may Contact the duty community psychiatric team via Wedderburn House during working hours as well as the crisis resolution team based at Carseview out of hours. I would look to getting this gentleman a community psychiatric nurse for short term support as I feel this would benefit his significantly. I also feel that his continuing interaction with social work will be very useful as I do have concerns about whether Mr Beattie is able to correctly manage his affairs. I believe it would be prudent to review this gentleman in 2 months time if the appointment system will allow this. Should you require any further information about this patient please do not hesitate to contact myself.

With kind regards,

Yours sincerely

*Electronically signed: 05.02.18*

**Dr Jonathan Fish**  
**CT1 in Psychiatry**

Cc CMHN, CMHT West - For allocation of a CPN to the team. As it is a de novo presentation I believe this would be the most suitable course of action. Any meetings should be held at Wedderburn house.

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## Perth and Kinross Health and Social Care Partnership



Enhancing Lives,  
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CARSEVIEW CENTRE  
4 TOM McDONALD AVENUE  
MEDIPARK  
DUNDEE  
DD2 1NH  
www.nhstayside.scot.nhs.uk

## CONFIDENTIAL

Dr McDonald  
Tay Court Surgery  
50 South Tay Street  
DUNDEE  
DD1 1PF

Date Dictated 6<sup>th</sup> December, 2017  
Date Typed 14<sup>th</sup> December, 2017  
Your Ref  
Our Ref ZH/MW  
Enquiries to Dr Zoe Hasler  
Extension 58297  
Direct Line 01382 878797  
Fax Line 01382 878804

Dear Dr McDonald

## DISCHARGE LETTER

Re: **Stuart Beattie DOB/CHI 14.11.60 0134**  
**36 Whitfield Avenue, Dundee, DD4 0BD**

**Date of Admission:** 10.11.2017

**Date of Discharge:** 28.11.2017

**Status:** Informal

**Care Programme Approach** Not initiated, as does not meet criteria

**Consultant** Dr Brian R. Timney

**Diagnosis on Discharge**  
1. Epilepsy  
2. No psychiatric diagnosis

**Medication on Discharge**  
Nitrazepam 5mg nocte.  
Sodium Valproate in the form of Epilim Chrono 500 1g bd.  
Lamotrigine 100mgs bd.  
Sulfasalazine 5mg mane.  
Omeprazole 20mgs mane.  
Laxido 1 sachet bd.  
Dihydrocodeine 30mgs tds.  
Furosemide 40mgs at 8.00 a.m. and 2.00 p.m.

Stuart was able to self-administer medication from a Venalink with no issues during his admission. Furosemide had recently been started for peripheral oedema.

**Follow Up:** Ongoing input with neurology service and referral to social work.  
No follow up required from secondary mental health services.

## CIRCUMSTANCES OF ADMISSION

Stuart Beattie is a gentleman who was referred to the Crisis Team for apparent paranoid and delusional beliefs as well as visual and auditory hallucinations. He was considered initially for input from the Crisis Team; however, it was felt that admission for assessment and potential treatment would be more appropriate for him. Stuart himself is a man with a history of epilepsy for a number of years following a closed head injury due to being assaulted.

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2 Re: Stuart Beattie DOB/CHI 14.11.60 0134

He has had ongoing contact with Neurology but has not been taking his anti-epileptic medication properly at home. There is a 1 year history of what appeared to be worsening mental health, with Stuart being withdrawn and odd at home, with symptoms of visual hallucinations and paranoia. He has been quite vague on a number of occasions about the precise nature of his symptoms. No EEG had been requested by Neurology in the last year prior to his admission to Carseview. Stuart has been living alone with minimal collateral information about how he was managing there. He had been complaining of psychotic symptoms including an apparent belief that a man named "Rab" was dealing drugs outside his house. He also reported low mood and anxiety and described hearing voices and seeing shadows including things moving in the corners of his eyes and of "elves" with pointed ears and faces. As a result of his paranoid beliefs, he was reported to be sitting at home with a knife in his hand in case he is attacked by these individuals.

### **PAST PSYCHIATRIC HISTORY**

Stuart does not have much in the way of psychiatric history. He was seen in 1981 in Ninewells following an overdose of Paracetamol and alcohol at what appeared to be an adjustment reaction and triggered by his father's recent death. He was thereafter referred to ourselves in 2000 by his GP after an apparent amnesic episode on New Year's Eve of that year, where he had been under the influence of alcohol as well as his Dihydrocodeine, Temazepam and Tegretol for chronic back pain. At the time, he had apparently assaulted his girlfriend; however, he had no memory of this event. On further questioning by his GP, it appeared that he wanted to discuss a number of traumatic events in his life. As a result, he was offered an appointment in early 2000 to see the Community Mental Health Team; however, he never attended this appointment and was therefore discharged. There was no further contact with psychiatry aside from these minor events.

### **PAST MEDICAL HISTORY**

As mentioned, Mr Beattie has a history of epilepsy since 2004, but no other significant health conditions diagnosed at the time of admission. Whilst he has been in hospital, he has suffered from fairly marked peripheral oedema and we have begun to investigate this. He has been started on Furosemide which had perhaps very mildly improved this oedema, and he was also referred for an echocardiogram. Unfortunately, however, he did not attend the echocardiogram due to a mix up in his understanding of the appointments. Instead attending for his EEG on that same day. This was therefore going to be rearranged by the echocardiology department.

### **FAMILY HISTORY**

Stuart denies any family history of mental health problems, although stated that his brother does suffer from epilepsy.

### **PERSONAL AND SOCIAL HISTORY**

Mr Beattie is a 56 year old man who lives on his own and is not currently in a relationship. He was born and brought up in Dundee and has 5 brothers. His father passed away from a malignant disease in 1981 and his mother has also passed away since then. One of his brothers also passed away 4 years ago. A number of friends in his life have passed away over the years. In 1996, he was part of a wedding party which was gate-crashed and one of his friends was stabbed by one of the gate-crashers and died. In 1998, he woke in bed to find his girlfriend was dead beside him. Also in the 1990s, he apparently lost 3 friends who were working in a building site at West Park Halls where a wall collapsed and they were killed by falling masonry.

In terms of schooling, Stuart went to primary and secondary school attending Linlathen for 2 weeks before being moved to a school which he describes as being for "bad boys" in Edinburgh. He was there for 2 years before returning to Balgovan for a further 2 years. He left school without any qualifications. He worked for the Council for 2 months subsequently; however, did not have any further employment after this. At present, he does not socialise much, but sees primarily his brother, Robert and his friend Mark. Both these people have been coming to help him out at home by cooking and helping with his medications.

### **DRUG, ALCOHOL AND FORENSIC HISTORY**

Stuart states he has never taken any illicit substances and said that he has not consumed alcohol for about 4 years. He has one prior charge for serious assault whilst under the influence of alcohol and prescribed medication in 2000 as mentioned above.

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3 Re: Stuart Beattie DOB/CHI 14.11.60 0134

### **MANAGEMENT AND PROGRESS ON ADMISSION**

Completed by Hayley Cosgrove, CMHN.

Stuart is a 56 year old white male who appeared overweight and around average height. He had short, balding, dark hair. He was dressed appropriately for his age, gender and weather, although appeared unwashed and slightly malodorous. He was settled throughout the appointment with no signs of agitation or anxiety. He engaged well, although was a poor historian and could not remember certain events which were detailed in his notes. Rapport was easily established and was evident throughout. His affect was incongruous at times when discussing suicidal thoughts. Eye contact was good. Speech was normal in all modalities. He rated his mood as low with reduced motivation and activity. He appeared to be suffering from delusional beliefs in relation to a drug dealer called Rab being out to get him. He states that he had been living in fear for around a year. There are beliefs that he could hear Rab when he is at home shouting in the street and he had also experienced this at his brother's house. He also gave a history of experiencing suicidal thoughts, primarily thoughts of overdosing, or slitting his wrists. There was evidence of various obsessional and delusional beliefs around Rab and that he was in danger from this man. He reported apparently both auditory and visual hallucinations, reporting having seen shadows and can hear noises while in his flat and stated he spend most of the night looking out of his peephole when he hears a noise. Cognition was not formally tested; however, Stuart appeared disorientated overall. He was orientated to place and person, knew the date and the month; however, struggled with the year. He was a poor historian. He had limited insight into his mental health repeatedly stating "I feel fine"; however, he did not appear to be able to distinguish between hallucinations and reality. He stated that he would not return to his home address and would sleep rough instead. He did agree to informal admission to hospital however.

### **PROGRESS ON THE WARD**

Stuart was admitted on the Friday evening and reported various chronic pains and nausea over the weekend. He was noted to be eating well on the ward, although continued to complain of poor concentration and of broken sleep. When he was seen on the ward round on 13<sup>th</sup> December, by Consultant, Dr Timney, Stuart said that his mood had been about 5/10 and he had been feeling "okay" since his admission. He again gave a history of seeing and hearing things and that a number of frightening individuals were present around his house. He reported seeing shadows, dancing spots and stars occurring every few days night and day. He reported these "elves" at night in the dark, but these were not detailed visuals, but out of the corner of the eye. In terms of auditory hallucinations, he reported hearing a threatening voice which he said he had heard a couple of times on the ward. At that point he denied any suicidal ideation. He was not orientated to day, month, date or year. Two days later, Stuart was seen by the Duty Doctor as he appeared to have reduced consciousness. This was felt to be most likely an opiate toxicity, secondary to constipation related to his opiate use. He was given 2 doses of Naloxone and recovered well for this. His Loperamide was stopped and Laxido initiated and his Dihydrocodeine dose was halved. When he was seen on the ward round the next day, Stuart reported himself to be feeling 100% better and stated that he was no longer experiencing any auditory or visual hallucinations.

Stuart did abscond from the ward on one occasion prior to his eventual discharge against medical advice. This appeared to have been triggered by the plan to move him from Ward 2 to Ward 1, which would have been his appropriate treatment ward due to belonging to the West Dundee, CMHT. On being informed about this transfer, Stuart left the ward without discussion with staff. Police were informed and located Stuart with his brother who returned him to the ward in the late evening. By that point the bed in Ward 1 had been filled so Stuart was not transferred.

Due to concerns that epilepsy, particularly the potential temporal lobe epilepsy, or complex partial seizures might be related to Stuart's presentation, an EEG was arranged and he was also reviewed by his Neurology Consultant. This appointment with Neurology occurred on 17<sup>th</sup> and Stuart appeared to be quite well at that time. Subsequent to this, Stuart continued to present on the ward as very well. He rated his mood as much improved, denied any kind of suicidal ideation and stated that his visual and auditory hallucinations had not recurred at any point.

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**4 Re: Stuart Beattie DOB/CHI 14.11.60 0134**

Indeed his main complaints were physical ones particularly regarding painful legs which appeared to be due to increase in peripheral oedema. This resulted in starting Furosemide and on the advice of Cardiology this was increased to 40mgs bd. There was very little in the way of actual improvement in his peripheral oedema on this dose and therefore I imagine he will need to continue on this dose for some time until this really improves. I would not recommend cutting it down without a physical examination of his legs. An echo was arranged; however, he failed to attend this as noted above. This should be rescheduled.

In terms of discharge planning for Stuart we had intended to get him home with support from social work referral and a further OT assessment at home, however, in the end a further bed became available in Ward 1 which we had intended to transfer Stuart to; however, he did not wish to go and took his discharge against medical advice from the ward. He did not meet any criteria for detention under the Mental Health Act at that time, nor could he be persuaded to stay. He did not even stay to get his medications sorted out.

Subsequent to his discharge, Stuart's EEG was reported. This report stated that he was sleepy on arrival to his appointment and was unable to keep awake during the recording. As a result most of the EEG captures light sleep; however, when awake the background rhythms appeared mildly diffusely slowed which they state raised the possibility of mild encephalopathy. No epileptiform activity was seen. The physiologists recording the study noted perfuse snoring and gasping during Stuart's sleep suggesting that it might be worth considering investigation of sleep apnea with him. Stuart is certainly clinically obese and reports chronic problems with poor sleep. This would certainly potentially be an area worth investigating as well as following up from the cardiology point of view. He does not require any follow-up with mental health services but I believe the social work referral in the works at the point of discharge.

If you have any further questions, comments or concerns, please do not hesitate to get in touch

Regards,

Yours sincerely,

Dr Zoe Hasler,  
CT in Psychiatry

  
Dr Brian R. Timney,  
Consultant Psychiatrist

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This letter replaces all previous discharge letters that have been received relating to this patient's episode of care.



**Carseview Centre**

Discharging Ward: DECANT (General Psychiatry (Mental Illness))

**IMMEDIATE  
DISCHARGE  
LETTER**

Dr. KATHLEEN MACDONALD  
TAY COURT SURGERY  
50 SOUTH TAY STREET  
DUNDEE  
DD1 1PF

Date: 28/11/2017  
Letter Version: 1.0  
Enquiries to:  
Telephone:  
Email:

**STUART BEATTIE, CHI: 1411600134, DOB: 14/11/1960, 36 WHITFIELD AVE, DUNDEE, DD4 0BD**

| Read Code | Diagnosis                | Date | Laterality | Principal / Other |
|-----------|--------------------------|------|------------|-------------------|
| F25..     | Epilepsy                 |      |            | Principal         |
|           | no psychiatric diagnosis |      |            | Principal         |

Date of Admission: 10/11/2017

Mode of Admission: Emergency

Source of Admission: CRHTT

Admission Reason: delusional beliefs

Admission Speciality: General Psychiatry (Mental Illness)

Discharge Type: Patient discharged himself/herself against medical advice

Date Of Discharge: 28/11/2017

Discharge Destination: Private Residence - lives alone

| Read Code | Operations, Procedures, Investigations and Complications | Date       | Laterality | Principal / Other |
|-----------|----------------------------------------------------------|------------|------------|-------------------|
|           | Urine drug screen                                        | 15/11/2017 |            | Principal         |

**Operations, Procedures, Investigations and Complications Comments**

Urine screen positive for cocaine, Stuart adamant not taken any illicit substances, was given a 'sleeping tablet' by another patient.

CHI: 1411600134, Name: STUART BEATTIE, Discharge Date: 28/11/2017