

*E-Mail
File JP 17/6/03*

Hospital Use only	Clinic	Day Date	Time	Hospital No:
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Ambulance required?

No

~ REFERRAL LETTER ~

- Medical in Confidence -

REFERRAL TO:

--	WOOLMANHILL HOSPITAL
Medical	
Hosp email:	
Hospital Unit No: 0182396	

URGENCY OF REFERRAL:

URGENT

PATIENT DETAILS:

Laing	6 Hilton St ABERDEEN ABERDEEN
Alexander	
Previous surnames:	
Title: Mr	
Male	
07/12/1923	AB24 4QX
0712232036	-

REFERRING PRACTITIONER DETAILS:

Dr Janice Stewart	Calsayseat Medical Group 2 Calsayseat Road Aberdeen AB25 3UY
Tel: 01224 634345	
Fax: 01224 562220	

REGISTERED GP DETAILS:

Dr M Johnston	Calsayseat Medical Group 2 Calsayseat Road Aberdeen AB25 3UY
Practice No: 30701	
GP No: N67326	
Fax: 01224 562220	Tel: 01224 634345

History of Presenting Complaint

Reason for Referral (& Expectation of Outcome)

I would be most grateful if you would see this very pleasant gentleman who has undergone some investigations recently firstly for gynaecomastia which was thought to be due to his Psoriasis and secondly with regard to his weight loss and loss of appetite plus nausea and vomiting recently. When he was seen in March at Dr Fraser's Clinic, no abnormality was found. However, over the past couple of months the nausea and vomiting have continued and got worse. He has ankle swelling and abdominal distension and has become more unsteady on his feet. He has also developed an increasing tremor in his (R) hand (he has had a tremor in his (L) hand for some years and this has got worse but the (R) hand tremor is a new development). He has become more unsteady on his feet and this is limiting his ability to leave the house.

His relevant PMH is that he is HCV +ve from a blood transfusion in 1992. He had a colonic CA resected in 1993. He has had Helicobacter eradicated in the past.

On examination he is jaundiced, he has indeed got a tremor in both hands particularly on the (R) which increases on intentional movement. His abdomen is distended although no liver, kidneys or spleen were detected. This may be due to the distension making this difficult, with no sign of abdominal fluid and the distension may be gaseous. He had slight epigastric tenderness. On walking he was very unsteady on his feet. He had a +ve Romberg's sign. His pupils were = and reacting to light in accommodation and eye movements were normal and, he demonstrated dysdiadokinesis.

I wonder if he has some cerebellar dysfunction or if there is some intracranial reasons for these neurological symptoms and that this may also explain the nausea and vomiting. In the meantime I have given him Buccastem 1 or 2 tabs bd to control the nausea.

Past Medical History

01/01/1961 Acute peptic ulcer NOS (J130z)
 01/01/1965 Anxiety state NOS (E200z)
 06/04/1967 Pat. GP7B/GP8B card from HB (9124.)
 01/01/1973 Backache, unspecified (N145.)
 01/01/1984 Ligation of varicose vein of leg NOS (7A67z)
 01/01/1984 Obesity due to excess calories (C3800)
 01/01/1990 Malignant neoplasm of rectum (B141.)
 21/07/1993 Avoids even trivial exercise (1382.)
 21/07/1993 FH: CVA/stroke (12C4.)
 21/07/1993 FH: Ischaemic heart dis. >60 (12C3.)
 01/01/1995 Viral hepatitis C without mention of hepatic coma (A7050)
 10/12/1998 Influenza vaccination (65E..)
 03/11/2000 Cervical spondylosis (N110.)
 05/12/2001 Gallstones (J64..) [1st]

Current and Recent Medication

Gaviscon sf peppermint liq 10 ml take as required
 Quinine Sulphate tabs 200mg 1 tab at night

Clinical Warnings (eg allergies blood-borne viruses)