

Jimmy West

Address : 36 St Peters Lane, Brigstow BS3

Social History

Jimmy is a local man who has lived all his life in Brigstow. His mother was from St Vincent in the Caribbean and his father's family from Trinidad. His parents separated and his sister and Jimmy were largely brought up by his mother. He did reasonably well at school without ever excelling and has been in steady employment since leaving school. He currently works as a security guard at a local supermarket, having had a factory job before that which he lost when made redundant.

He has a regular partner who he has been living with for 5 years and a daughter, Ayesha by a previous relationship, who lives with them in a stable family unit.

Medical History

Significant Past Medical History

None

Current Medication

None

Consultations in Last 2 Years (Most recent last)

Consultation 1

Problem: Impetigo

History: Itchy rash on chin for past few days. Increasing in size and not responding to TCP. Unable to shave as it makes it spread. Ayesha had similar rash on her cheek last week and she needed cream from GP.

Examination: Crusted weepy patch on left side of chin, 4cms x 3 cms

Plan: Advised that this is caused by a staphylococcal infection and can be easily passed on to others so hygiene is important and not sharing towels.

Px for Fusidic acid cream to apply three to four times daily

A&E Report

Attended A&E at 2.30am with an injury to left hand

Examination: Swelling and bruising to the right hand, painful to palpate the 4th and 5th MTP joints, unable to make a fist and unable to extend fingers fully

X-ray: fracture of the 5th metacarpal, no other bony injury

Immobilised and appointment made for fracture clinic in 2 days.

Consultation 2

Problem: Headaches

History: Has been suffering with headaches for the last 2 weeks, is normally fit and well and rarely has headaches. The headaches are there constantly and do not respond to paracetamol or other pain relief. It tends to be better in the morning and gets worse as the day goes on. Sometimes it makes him feel sick although he has not vomited. The pain is described as a severe dull ache which starts at the temples and radiates to his forehead. The severity is 6/10. No history of migraine and no other significant past medical history. Not sure what triggered the headaches, no history of trauma and nothing much has changed in the last few weeks. Works as a security guard at the local supermarket, says this work is boring and his new manager seems to be picking on him. Gets breaks and tends to drink coffee and tea in the breaks.

Dietary pattern depends upon which shift he is on. He normally has breakfast before going to work and has sandwiches at lunch time. He usually shares a meal with his partner and their daughter in the evenings. He has a drink most nights and sometimes will drink 5-6 pints in an evening if he is out with his friends. He smokes cigarettes and sometimes shares cannabis. He does not take any other recreational drugs. He says he is not sleeping well and that he notices pain in his head and across his shoulders when he goes to bed.

Examination: BP is 158/95

Score 11 on FAST alcohol screening tool

Gross, motor and cranial neurological examination normal

Plan: Discussed problems with tension, use of cannabis, alcohol consumption and how these may be contributing to the headaches. Is going to try four times daily paracetamol for the next few days and then return to discuss symptoms. Encouraged to keep up fluid intake by drinking water throughout the day. Discussed sources of support available to help with reduction of drinking, smoking and use of cannabis.

Consultation 3

Problem: Ankle pain

History: Tripped over pile of clothes on stairs last night and felt sudden pain in right ankle. It is now swollen, bruised and is causing him to limp when walking. Has not taken any painkillers but appears calm, relaxed and distant.

Examination: Right ankle swelling and bruising evident on outer aspect. Tender to touch. Mid examination became very intense and anxious, asking repetitive questions and demanding pain relief. He then became verbally abusive and left the surgery abruptly.

Plan: Telephone contact later that day –asked to return for full examination but refused.

Consultation 4

Problem: Requesting medical note

History: Has to attend court in the next 2 weeks having been arrested for a public order offence. His defence is that he has no recollection of the events but that he will admit to drinking and cannabis use. He has presented today to ask for a medical note supporting his use of alcohol and drugs to cope with his ongoing problem with headaches. He states that this is the only thing that relieves the pain and he would like confirmation from the practice that he has presented here before with this problem.

Plan: Informed that the practice will write a letter which details his past medical history and his problems with headaches but the request for this letter must come from his solicitor. Emphasised that this will not suggest he has been advised to use cannabis to treat his headaches, it will however, confirm that he has attended the practice with this problem in the past.