

Dr Heather McIntyre

202 COMMONWEALTH STREET,
SURRY HILLS. 2010.
PHONE: [REDACTED]

PROVIDER NO. [REDACTED]

13.11.96

Medical report pertaining to Mr. Carl Stockton.
D.O.B. 31.10.44, of P.O. Box [REDACTED] - Surry Hills.

I have been seeing Mr. Carl Stockton as a patient since
July, 1993.

His past medical history as reported to me was as follows:

- (1) Hypercholesterolaemia (dietary management).
- (2) Tonsillectomy
Adenoidectomy
- (3) Hernia Repairs
- (4) Anxiety/ Depression

He gave a family history of Glaucoma and was taking
Anafranil 25mg three tablets daily prescribed by his Psychia-
trist Dr. Ronald Field.

He said that he had given up smoking cigarettes but he was
uncomfortable talking about his alcohol intake, admitting to
4-6 drinks per day. In fact he was in general a very private
man who was reluctant to disclose personal details and preferred
to deal only with matters with which he presented at a cons-
ultation.

Over the period of his attendance here I treated him for
some ENT infections, some per rectal bleeding, supplied
referrals to his Psychiatrist, an eye Specialist (to check for
Glaucoma) and a skin Specialist for skin checks, checked his
serum cholesterol and for treatment of left elbow and left knee
injuries.

More recently, I saw him regarding some injuries apparent-
ly sustained on 5/10/96. When I saw him on 11/10/96 he brought
a letter from St. Vincents Hospital Accident & Emergency Dept,
dated 8/10/96, indicating that he had a fracture of his right
clavicle. Mr. Stockton was reluctant to talk about what had
resulted in this injury, but on 17/10/96 when he returned he

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explained that on the Saturday night (presumably 5/10/96) he had drunk a considerable amount of alcohol and the next time he was aware he found himself in Sydney Hospital. He was discharged from there but developed more shoulder pain so went to a Medical Centre and then onto St. Vincents Hospital where X-Rays showed a fractured clavicle. He said he vomited initially and had severe headaches which had continued in the frontal and parietal regions but were not so severe. He had amnesia for events of Saturday night but denied any ^{other} neurological symptoms. He had slight tenderness over his right temporal region. He requested a referral to a Neurologist, Dr. Ray Garrick, whom he was able to see quite quickly. He also requested referrals to his Dermatologist, his Eye Specialist and his Psychiatrist.

On his visit of 24/10/96, and 31/10/96, he wanted to check progress on his fracture, which showed improvement in bruising/swelling, pain and function and he planned some Physiotherapy.

Contact was made also with the Orthopaedic Registrar at St. Vincents Hospital, who had seen him and was happy with his progress.

I have not seen him since 31/10/96.

Yours faithfully,

Heather J. McIntyre

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