



National Simulation Health Service
Patient Admission Details

(Affix Patient Label Here)

URN:

Family Name:

Given Name(s):

Address:

DOB:

Sex:

ADMISSION DETAILS

Date of Admission:

Admitting Details: 32 YO ♀ ADMITTED WITH 10/7 Hx SEVERE HEADACHES, BLURRED VISION AND ATAXIA. PRESENTED TO GP WHO ORDERED MRI BRAIN - LEFT CEREBELLAR LESION WITH MASS EFFECT IDENTIFIED. ADMITTED UNDER CARE OF DR WATSON (NEUROSURGERY) – FOR SURGICAL RESECTION OF LESION.

PATIENT PERSONAL DETAILS

Title:	MS	Surname:	CONNOR	First Name:	BETH
Other Names:		Preferred Name:	BETH		
Address:	16 MAIN AVENUE			Suburb:	NEWTOWN
Home Phone:	1081 3047	Mobile Phone:	0417 293 129	Work Phone:	1081 4436
Religion:	NIL				
Primary Language:	ENGLISH				
Occupation:	PRIMARY SCHOOL TEACHER				
Medicare Number:	6043 15674 3	DVA Number:	N/A	Pension:	N/A
Private Health Fund:	AHM	Membership Number:	123954678		

MEDICAL HISTORY

Medical Conditions: R) ACL RECONSTRUCTIVE SURGERY 2/52 AGO.

Current Medication: ENDONE, DIAZEPAM, NUROFEN, PANADOL, TRAMADOL

Allergies: NIL KNOWN

CONTACTS

First Emergency Contact

Name:	MRS BEVERLEY CONNOR	Relationship to Patient:	MOTHER		
Home Phone:	1081 4239	Mobile Phone:	0416 957 238	Work Phone:	N/A

Second Emergency Contact

Name:	MR TIM ANDERSON	Relationship to Patient:	PARTNER		
Home Phone:	1081 3047	Mobile Phone:	0465 237 496	Work Phone:	0465 237 496

General Practitioner (GP)

Doctor Name:	DR MICHAEL JOHNSON	Practice:	UPTOWN GENERAL MEDICAL PRACTICE
Address:	16/1440 THOMPSON STREET	Suburb:	UPTOWN
Work Phone:	1081 2222	Mobile Phone:	AS PER PRACTICE PHONE NO

