Surname: CONNOR URN: 84603

Given Name(s): BETH

Age: 32 years Sex: F Address: 16 Main Ave, NEWTOWN Surname: CONNOR URN: 84603

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Given Name(s): BETH

Age: 32 years Sex: F
Address: 16 Main Ave, NEWTOWN



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:	CONNC	DR	First	irst Name: BETH				
Other Names:					Preferred Name:	BETH					
Address: 16 MAIN AVENUE				Sub	urb:	NEWTOW	IEWTOWN				
Home Phone: 1081 3047 Mobile Pho			Mobile Phone:	041	7 293 12	29	9 Work Phone: 1081 4436			81 4436	
Religio	Religion: NIL										
Primar	Primary Language: ENGLISH										
Occupation: PRIMARY SCHOOL TEACHER			ΓEACHER								
Medicare Number:		6043 1567	574.3		DVA Nun	nber:	N/A		Pension	ı:	N/A
Private Health Fund:		d: AHM	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

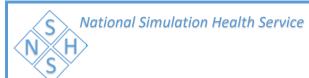
Work Phone:

1081 2222

First Emergency Conta	act
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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:	MRT	IM ANDERSON	Relationship to Patient: PARTN			PARTNER	ĒR		
Home Phone: 1081 3047 Mobile Phone:		0465 237 496 W		Work Phone: 0465 237 496		0465 237 496			
General Practitioner (GP)									
Doctor Name: DR MICHAEL JOHNSON			Practice:	UPTOWN GENERAL MEDICAL PRACTICE					
Address:	ddress: 16/1440 THOMPSON STREET		Suburb:	UPTOWN					

Mobile Phone: | AS PER PRACTICE PHONE NO



PROGRESS NOTES INPATIENT

('Affix	Patient	Label	Here)

URN:

Family Name:

Given Name(s):

Address:

DOB: Sex:

DATE & TIME	MAKE ALL NOTES CONCISE AND RELEVANT Leave no gaps between entries
DD/MM/YY	NURSING: 32yo $\stackrel{\bigcirc}{+}$ admitted this am. HPC - 10/7 severe headaches, blurred vision and
XX:XXhrs	ataxia. GP ordered MRI brain in community – L) cerebellar lesion identified (awaiting
	report). For resection. Under care of Dr Watson. PMHx: R) ACL reconstruction 2/52 ago.
	SHx: full time primary school teacher. Social lifestyle, active (plays netball). Partner: Tim.
	ATOR – tolerating all cares; anxious about surgery. Awaiting review by Physio and Speech
	for pre-op baseline assessments. NBM pre surgery (KIDD) RN.



National Simulation Health Service

PROGRESS NOTES INPATIENT

(Affix I	Patient	Label	Here,
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URN:

Family Name:

Given Name(s):

Address:

DOB: Sex:

DATE & TIME	Add signature, printed name, staff category, date and time to all entries. MAKE ALL NOTES CONCISE AND RELEVANT Leave no gaps between entries