Surname: GLEESON URN: 763159

Given Name(s): EMILY

Age: 35 years Sex: F

Address: 5/185 CENTRAL AVE, MIDDLETON

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URN:

Family Name:

Given Name(s):

Address:

DOB: Sex:

ADMISSION DETAILS

Date of Admission:

Admitting Details: 35 YO PRESENTED WITH SUDDEN DECLINE IN LOWER LIMB FUNCTION, SWALLOWING DIFFICULTIES AND SLURRED SPEECH ON B/G RELAPSING-REMITTING MS (RRMS). LAST RELAPSE APPROX 1 YEAR AGO -DIFFICULTY WALKING AND PINS AND NEEDLES IN LEGS. FULLY RESOLVED. PT KNOWN TO DR GRAHAM SMITH

(NEUROLOGIST).

PATIENT PERSONAL DETAILS

Title:	MS		Surname:	GLEES	ON	First	: Name:	EMILY	EMILY			
Other Names:		s:	Preferred Name:			EMILY						
Address: 185 CEN		TRAL AVE		Sub	urb:	MIDDLETON						
Home Phone:		: 16	59 5319		Mobile Phone:	0416 543 669 Work Ph		hone:	0416	5 543 669		
Religion	Religion: A		SEMBLY OF G	OD								
Primary	Primary Language:		ENGLISH	ENGLISH								
Occupation:			MEDICAL R	ECEPTIC	NIST							
Medicare Number		mber:	1653 2956 2		DVA Number: N/A			Pension: N/A		N/A		
Private Health Fund:		: NIB	NIB		Membership Number:		16594 236 57					

MEDICAL HISTORY

RELAPSING-REMITTING MULTIPLE SCLEROSIS (RRMS) - DIAGNOSED 12 YEARS AGO. LAST RELAPSE APPROX 1 YEAR AGO -

CURRENT MEDICATION: AVONEX® (INTERFERON BETA-1A) INJECTIONS (WEEKLY)

ALLERGIES: NIL KNOWN

CONTACTS

Work Phone:

First	Em	erge	encv	Con	tac	:1
		~. 6,	,			٠,

1000 6542

First Emergency Contact								
Name:	MRS (CATHERINE GLEESON	Relationship to Patient:			MOTHER		
Home Phone: 1081 5634 M		Mobile Phone:	0467 534 922		Work	Phone:	N/A	
Second Emergency Contact								
Name:	MR SI	MON MCMAHON	Relationship to Patient:		PARTNER			
Home Phone: 1659 5319 Mc		Mobile Phone:	0436 288 559 Wo		Work Phone: 0		0465 237 496	
General Practitioner (GP)								
Doctor Name: DR DA		DR DAVID MORETON		Practice:	MIDDL	MIDDLETON MEDICAL PRACTICE		PRACTICE
Address: 1807 MIDDLE ROAD		Suburb:	MIDDLETON					

Mobile Phone: | AS PER PRACTICE PHONE NO



(Affix Patient	Label Here)
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URN:

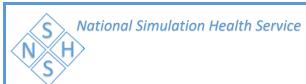
Family Name:

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
DD/MM/YY	NURSING: 35yo admitted 1/7 ago with sudden decline in lower limb function. Known to
XX:XXhrs	Dr Smith. Transferred to neurology ward from ED this AM. Likely 2 nd relapse. Last relapse
	approx. 1 year ago - fully resolved - seen privately at St George's Hospital. Have contacted
	hospital and requested medical notes – to be faxed today. PMHx: Relapsing-remitting MS
	(Dx 12 years ago). Nil other significant med history. SHx: husband – Simon. Works as a
	medical receptionist. Normally independent with ADLs.
	NS handover – pt required some assistance with walking to shower and showering this AM.
	Pt's speech slightly slurred. Pt also having some difficulty drinking thin fluids. Failed swallow
	screen – coughing ++. Spoke to med team – for Speech Path referral. Contacted SLT - they
	will review before lunch. PT and OT referrals also made. Awaiting med team ward round
	(Grayson, RN)



PROGRESS NOTES INPATIENT

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URN:

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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			
	Leave no gapo servicen entries			