



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: 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:	GLEESON	First Name:	EMILY
Other Names:		Preferred Name:	EMILY		
Address:	185 CENTRAL AVE	Suburb:	MIDDLETON		
Home Phone:	1659 5319	Mobile Phone:	0416 543 669	Work Phone:	0416 543 669
Religion:	ASSEMBLY OF GOD				
Primary Language:	ENGLISH				
Occupation:	MEDICAL RECEPTIONIST				
Medicare Number:	1653 2956 2	DVA Number:	N/A	Pension:	N/A
Private Health Fund:	NIB	Membership Number:	16594 236 57		

MEDICAL HISTORY

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

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

ALLERGIES: NIL KNOWN

CONTACTS

First Emergency Contact

Name:	MRS CATHERINE GLEESON	Relationship to Patient:	MOTHER		
Home Phone:	1081 5634	Mobile Phone:	0467 534 922	Work Phone:	N/A

Second Emergency Contact

Name:	MR SIMON MCMAHON	Relationship to Patient:	PARTNER		
Home Phone:	1659 5319	Mobile Phone:	0436 288 559	Work Phone:	0465 237 496

General Practitioner (GP)

Doctor Name:	DR DAVID MORETON	Practice:	MIDDLETON MEDICAL PRACTICE
Address:	1807 MIDDLE ROAD	Suburb:	MIDDLETON
Work Phone:	1000 6542	Mobile Phone:	AS PER PRACTICE PHONE NO

