

Dr. M. Rathbone
201 James Street South
PH: 905 574 8630 x2580
FAX: 905 383 3958, FAX FIRST

COMMON REFERRAL FORM

M.R. 11/13

Young, Suzanne Marie BD 3358 695 Plains Road East Unit 101 Burlington, ON L7T 2E8 905-333-2744(H) 905-979-0039(B)	Date of request: DD / MM / YYYY	Language English <input type="checkbox"/> Other <input type="checkbox"/>
	See within: 2[] 4[] 8[] 12[] weeks	Previously seen patient <input type="checkbox"/> WSIB <input type="checkbox"/>
	Consult only <input type="checkbox"/> Consult & F/U <input type="checkbox"/>	Mobility Issues: wheelchair bound <input type="checkbox"/> walker <input type="checkbox"/>

REASON FOR REFERRAL with relevant past history including present symptom time frame
*? Dependent / Optic N.
130315*

PAST INVESTIGATIONS RELATED TO REFERRAL CONDITION/SYMPTOMS

blood work (specify) _____ diagnostic imaging (specify) _____

Other (specify) *MRI*

Copies attached: Yes No To follow Consultant's report attached

Please advise if further tests are required

*Spoke to
Secretary
March 1/13*

CO-MORBID CONDITIONS

cardiovascular diabetes respiratory musculoskeletal renal cancer

psychosocial issues substance abuse

Other (specify) *SAW DR. RODRIGUEZ*

CURRENT MEDICATIONS: patient advised to bring current medications to appointment

RELEVANT ALLERGIES:

Referring Physician Name & Address: **Dr. B.L. DiPaolo**
 755 CONCESSION ST (SUITE 200)
 HAMILTON, ONTARIO L8V 1G4
 TEL (905) 675-2882

Signature: _____
 Billing #: *133454*

THURSDAY, MARCH 21, 2013 @ 11:00 AM
- pt verbally advised of appt on March 15/13
- 201 JAMES ST S.

Thank you,
VICKI



Dr. Michel P. Rathbone, M.B., Ch.B., PhD., FRCP (C)
Neurology, Neuroscience and Neuropharmacology
Department of Medicine - Division of Neurology
McMaster University - JH
1280 Main Street West
Hamilton, ON L8S 4K1

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Thursday, March 21, 2013

Dr. Bruno Di Paolo
Address: 77 Markland Hamilton L8P 2J8
Phone: (905) 575-5173
Fax: (905) 575-9896

Re: Young, Suzanne
OHIP: 6427 959 512 YW
Address: 101-695 Plains Rd E Burlington
Phone: (905) 333-2744
DOB: 1964-10-11

Dear Dr. Di Paolo,

Thank you for asking me to see this 49 year-old right-handed woman in neurological consultation today.
Thank you for your referral note.

Problem:

Post concussion syndrome

Problem description:

Ms. Young was accompanied by her sister today. She had a major surgery of total abdominal hysterectomy at St. Joseph's on November 26, 2012. When she woke up from the surgery she had severe headache, dizziness, nausea with vomiting. She reported that there was a big contusion over her right occipital region. Later she developed blurred vision, photophobia, sensitivity to high pitch sounds and smells, short term memory and concentration difficulties, sleep problems, fatigue, and mood changes. These symptoms were not improving over time. Brain MRI on February 12, 2013 was unremarkable.

Currently, she has constant headache over occipital region radiating up to frontal area, sharp stabbing and pressure in quality and 5-6/10 in severity most the time. Light or noise exacerbates it. She has constant dizziness with nausea, occasionally associated with spinning sensation without head position change. Her sleep is poor that she cannot sleep continuously for more than 1 hour at night. She repeats herself all the time and does not remember what she has talked about or read. She is irritable, anxious, depressed without suicidal ideas. Her sister confirmed these symptoms after the surgery.

Dr. Rodriguez saw her on February 27, 2013 for her blurred vision. Visual field test showed bilateral superior more than inferior arcuate defects and OCT showed thinning of the temporal peripapillary nerve fiber layer OU. Visual evoked potential was set up. Dr. Rodriguez will review her again in followup appointment.

Previous medical and surgical history:

- Total abdominal hysterectomy
- Bronchial asthmatic
- Hypoglycemic
- Hyatus hernia

Current medications:

- Ventolin, qid
- Flovent 250mg, bid
- Soflax, 2 tablets bid
- Tecta, bid
- Naproxen, bid
- Ativan, prn
- Dilaudid, prn
- Prochloroperazine, tid for nausea

Family history:

- Chrones disease, mother
- Colitis, mother
- Cancer, father
- Heart disease, father
- Triple bypass surgery, father
- Cancer, both sides

Social history:

Ms. Young is currently single with 1 child who is generally healthy. She has been off work due to surgery. She works as an executive administrator.

Physical examination:

On neurological examination, significant features were:

- CNs 2-12 grossly normal, no nystagmus, but eyes following examiner's finger triggered dizziness and nausea
- Strength 5/5 through out
- DTRs symmetric
- Plantar response flexor bilaterally
- Finger-to-nose normal
- Cannot stand without support due to dizziness
- Right side greater and lesser occipital neuralgia

Problem formulation:

Ms. Young developed multiple symptoms similar to post concussion syndrome after having surgery in November 2012. She has experienced ongoing symptoms without much improvement over time. She is currently under the care of Dr. Rodriguez regarding her blurry vision. As for her dizziness, I will refer her to Neurotologist Dr. Robertson to examine her inner ear and exclude any vestibular abnormality. Due to her cognitive difficulties and mood changes, I will refer her to Dr. Unsal for a neuropsychological assessment. Examination revealed right-sided greater and lesser occipital neuralgia, so she will be seen again in the Neuro-Physiatry Combined Clinic with Dr. Kumbhare to further manage her headache.

• **Further consultations:**

- Dr. Unsal for a neuropsychological assessment
- Dr. Robertson for a neurotological evaluation

Follow up:

I will follow-up with Ms. Young on May 18, 2013 at 3:00pm in the Combined Neuro-Physiatry Clinic.

With best wishes,
Yours sincerely,

Joy Deng, Neurology Fellow, dictating for:

A handwritten signature in black ink that reads "Michel P. Rathbone". The signature is written in a cursive style with a horizontal line underneath the name.

Michel P. Rathbone, M.B., Ch.B., PhD., FRCP (C)

Professor, Department of Medicine (Neurology, Neuroscience and Neuropharmacology)

McMaster University

CC: Rodriguez, Amadeo R. - 905-573-4858

St. Joseph's Healthcare, Hamilton
King Street Campus
2757 King Street East
Hamilton, Ontario L8G 5E4

Date Format is MM/DD/YYYY

Patient Name: YOUNG, SUZANNE M

MRN: 372533

DOB: 10/11/1964

Account #: 56258980

Admission Date: 02/27/2013

Discharge Date:

Dictated By: AMADEO RAUL RODRIGUEZ

Patient Type/Svc: EYE/EMS

Dictating For:

Location: EYC

Attending Provider: AMADEO RODRIGUEZ

Visit Date: 02/27/2013

Clinic Note - King Campus

NEUROOPHTHALMOLOGY CLINIC

I have been asked to see this patient by Dr. Bahoshy, Optometrist. She has been found to have a recent decline in her best corrected visual acuity. According to Dr. Bahoshy's note the patient had a best corrected visual acuity of 20/20 in the right eye and 20/25 in the left eye in May 2012. The patient has noticed worsening of her visual acuity since November 26, 2012. That day she underwent a hysterectomy and salpingo-oophorectomy at St. Joseph's Hospital. She tells me she woke with a severe headache and there was swelling in the back of her head. She was nauseated and dizzy. She was in bed for two days after surgery and around that time she noticed blurry vision in both eyes, more in the left. She tells me she got glasses before that day, but they do not seem to work now. She says she had a "concussion." She does not know how it happened, but says that the swelling in the back of her head was not there when she in, but it was there when she woke up from surgery. Her sister Theresa, who accompanied her today, says she went missing in the hospital after surgery from recovery to the room.

Otherwise she has a history of asthma and eczema. She is currently on:

1. Ventolin.
2. Flovent.
3. Naproxen.
4. Tecta.
5. Ativan as needed.
6. Hydromorphone as needed.

She is allergic to MORPHINE.

EXAMINATION: Visual acuity without correction is 20/50 OD and 20/70 OS. There is no pinhole improvement with either eye. Color vision is 11/16 OD and 6/16 OS. Pupils are equal and reactive to light with no relative afferent pupillary defect. Slit-lamp examination is unremarkable OU. Intraocular pressure is 17 mmHg OD and 19 mmHg OS. Dilated funduscopy reveals distinct margins of both optic discs. No obvious pallor or edema. Cup-to-disc ratio 0.2 OU. Macula, blood vessels, and peripheral retina within normal limits. Ocular motility seems full. However, the patient became nauseated during the ocular motor exam.

INVESTIGATIONS: Humphrey 24-2 visual field test completed today shows bilateral superior more than inferior arcuate defects. Given the glaucomatous appearance of those visual field defects, an optical coherence tomography of the optic nerves was obtained. It showed thinning of the temporal peripapillary nerve fiber layer OU (OS more than OD).

PHYSICIAN'S OFFICE COPY

In summary, this 48-year-old woman has been complaining of decreased visual acuity since November 2012. The details around the onset of her symptoms are not completely clear to me. She tells me she had an MRI at the Hamilton General Hospital, but I could not find the report. I would really appreciate if Dr. Dipaolo could send me a copy of the report. In addition, she did have a visual field test in the past with an optometrist and the patient will try to get a copy for comparison. I am going to obtain visual evoked potentials. Finally, she already has an appointment to see Dr. Rathbone, Neurologist, for evaluation of her ongoing symptoms. I am going to review her again in followup to see how she evolves.

Yours sincerely,

Amadeo Raul Rodriguez, MD

DICTATED BUT NOT READ

*This document will be reviewed by the attending physician/staff,
as per Hospital Policy 009-MED, and any corrections will be forwarded.*

D.D/T: 02/27/2013 12:37:37,AR; T.D/T: 03/05/2013 14:17:59,th
Doc #: 1531574; Job #: 919619

c.c.: Amadeo Raul Rodriguez, MD
Bruno Dipaolo, MD
Michel Rathbone, MD
Louis Bahoshy, OD

Dr. D. Robertson, M.D., F.R.C.S.C.
Otology-Neurotology-Otolaryngology
1 Young Street, Suite 508, Hamilton, Ontario L8N 1T8
Tel: 905-527-0123 Fax: 905-527-3192

April 25, 2013

Dr. Michel Rathbone
711 Concession Street
Hamilton, Ontario

Dear Dr. Rathbone:

Re: Suzanne Young
DOB October 11, 1964

This 48-year-old woman was seen today for otologic review. She presented with complaints of dizziness. She says her circumstances developed November 26, 2012 after having abdominal hysterectomy surgery. The circumstances apparently are unclear at this time. She had the surgery at St. Joseph's Hospital. She awoke with a concussion. She had a swelling at the back of her head. She was noting a headache, dizziness, nausea and vomiting. She was noted to have a right occipital contusion. She subsequently developed photophobia, blurred vision, sound sensitivity, memory issues, concentration difficulty, sleep problems and fatigue. She has had neurologic assessment suggesting these symptoms to be compatible with a post concussion syndrome. She developed some visual loss and has since seen Dr. Rodriguez from neuro-ophthalmology. Visual field testing showed a bilateral superior arcuate defect with thinning of the temporal peri-papillary nerve fiber layer. An MRI scan of the head on February 12 was apparently unremarkable. The vertigo that she had was fairly intense for the first 6 weeks. She was aware of head motion intolerance and positional triggering. The latter aspect appears to have improved but she still persists with head motion intolerance, chronic dizziness and dysequilibrium. She is aware of occasional tinnitus but no concerns of hearing loss, hyperacusis, otorrhea, otalgia, or facial palsy. She does not wear hearing aids. There is no history of otologic surgery.

She indicated her general health prior to this was otherwise satisfactory. She does have some issues with asthma, bronchitis and hypoglycemia. Her medications include Ventolin, Flovent, Tecta, Dilaudid, Prochlorperazine, Soflax, Naproxen and Lorazepam. She indicated no drug allergies.

On examination today, the ears were debrided. The tympanic membranes appeared satisfactory with no atelectasis, perforation, serous effusions, or cholesteatoma. Sinonasal endoscopy was unremarkable. The mouth, pharynx, and neck appeared clear.

A neuro otologic assessment with infra red video oculography identified no spontaneous or gaze nystagmus. Dix-Hallpike testing as well as positional testing appeared negative. She did note head motion intolerance as well as nausea throughout the assessment. Low velocity VOR responses were hypoactive to the right with a left being post head shaking nystagmus. Head impulse testing appeared negative bilaterally. Oculomotor function as well as nystagmus suppression appeared intact. Romberg, tandem Romberg and stance on one leg postural control testing was abnormal with an eyes closed performance restricted to no more than 4, 4, and 2 seconds respectively. Dynamic visual acuity testing was reduced to 0.22 LogMar.

An audiogram was normal. Auditory evoked response studies appeared normal.

At the present time, her assessment indicates changes consistent with an uncompensated right

peripheral vestibulopathy. Some of her initial history may support benign positional vertigo but there is no active cupulolithiasis nor canalolithiasis for intervention at this time. Given the pattern of vestibular loss that she demonstrates, she may benefit with a trial of vestibular physiotherapy and balance retraining to help foster vestibular compensation, mitigate her dizziness, and help improve vestibular recovery. All of this was discussed with her today. We will provide her with information on the vestibular physiotherapy program. I will leave it to her timing and discretion to pursue. For now I don't think any further vestibular testing would significantly advance her management. Thank you for the opportunity to participate in her care.

Yours sincerely,

Dictated but not proofread

Dr. D. Robertson, M.D., F.R.C.S.C.
DDR:mbb
CC: Dr. DiPaolo

Dr. Michel Rathbone
Department of Medicine - Division of Neurology
McMaster University - JH
Hamilton, ON L8S 4K1
Telephone: (905) 574-8630
FAX: (905) 383-3958

Dr. Dinesh Kumbhare
Physical Medicine Rehabilitation
240 James Street South, Hamilton, Ontario, L8P 3B3
Telephone: (905) 777-9389
FAX: (905) 777-9399

Monday, May 13, 2013

Dr. Bruno Di Paolo
Address: 77 Markland Hamilton L8P 2J8
Phone: (905) 575-5173
Fax: (905) 575-9896
Re: Young, Suzanne
OHIP: 6427 959 512 YW
Address: 101-695 Plains Rd E Burlington
Phone: (905) 333-2744
DOB: 1964-10-11

Dear Dr. Di Paolo,

Thank you for asking me to see this 49 year-old right-handed woman in neurological consultation today. Thank you for your referral note.

Problem:

Post concussion syndrome

Problem description:

Ms. Young was seen for a follow-up today, accompanied by her sister. Her last appointment was March 21, 2013. She had a total abdominal hysterectomy on November 26, 2012 and woke up with a contusion over her left occipital region after the surgery. She developed headache, vertigo, nausea and vomiting, blurred vision, photophobia, cognitive difficulties, sleep problems, fatigue, and mood changes. These symptoms did not improve since last appointment.

She reported her headache is constant, sharp, around the entire top of the head, to the neck and behind the eyes. Her headache is affected by weather changes and humidity as well as light and emotions and is associated with nausea. She states that nothing has provides relief.

Dr. Robertson, neurotologist, saw her on April 25, 2013 and indicated uncompensated right vestibulopathy. She is anxious about her financial situation as she does not have money for the therapy sessions referred to her by Dr. Robertson.

Brain MRI on February 12, 2012 was unremarkable.

Previous medical and surgical history:

- Total abdominal hysterectomy
- Bronchial asthmatic
- Hypoglycemic

Allergies:

- Penicillin
- All nuts

Current medications:

- Ventolin 100mcg, four times a day
- Flovent 125mcg, twice a day
- Soflax 100mg, three times a day
- Tecta 40mg, twice a day
- Lorazepam 1mg, once a day
- Dilaudid 4mg, six times a day
- Prochloroperazine 10mg, three times a day

Discontinued:

- Naproxen
- Ativan

Other specialists:

Dr. Rodriguez

Family history:

- Crohn's disease, mother
- Colitis, mother
- Cancer, father
- Heart disease, father
- Triple bypass surgery, father
- Cancer, both sides

Social history:

Ms. Young is currently single with 1 child who is generally healthy. She has been off work due to surgery. She works as an executive administrator.

Physical examination:

Neurological examination within normal limits except for bilateral greater and lesser occipital neuralgia. She is emotionally labile.

Problem formulation:

Ms. Young developed multiple symptoms after surgery in November. Unfortunately, her symptoms did not improve over time. Regarding the persistent headache, her current medications, especially high dose Dilaudid, could have caused rebound headaches.

I suggest you, Dr. Di Paolo, to adjust her pain medications. We prescribed Cymbalta for her depressed mood and pain.

Regarding her occipital neuralgia, injection treatment is probably the best option. An ultrasound was ordered by Dr. Kumbhare in preparation for the injection. She will be seen again after the test.

Further investigations:

Ultrasound of upper cervical spine, especially for occipital nerves.

Treatment:

- Cymbalta 30mg, once a day

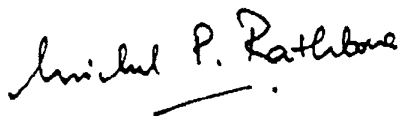
Follow up:

We will follow-up with Ms. Young in the Combined Neuro-Physiatry Clinic. An appointment is currently pending.

With best wishes,

Yours sincerely,

Joy Deng, Neurology Fellow, dictating for:



Michel P. Rathbone, M.B., Ch.B., PhD., FRCP (C)
Professor, Department of Medicine (Neurology, Neuroscience and Neuropharmacology)
McMaster University



Dinesh Kumbhare
FRCPC, PhysMed & Rehab - St. Joseph's Hospital

CC: Rodriguez, Amadeo R. - 905-573-4858

St. Joseph's Healthcare, Hamilton
King Street Campus
2757 King Street East
Hamilton, Ontario L8G 5E4

Date Format is MM/DD/YYYY

Patient Name: YOUNG, SUZANNE M

MRN: 372533

DOB: 10/11/1964

Account #: 56397737

Admission Date: 05/30/2013

Discharge Date: 05/30/2013

Dictated By: AMADEO RAUL RODRIGUEZ

Patient Type/Svc: EYE/EMS

Dictating For:

Location:

Attending Provider: AMADEO RODRIGUEZ

Visit Date: 05/30/2013

Clinic Note - King Campus

NEUROPTHALMOLOGY CLINIC

FOLLOWUP NOTE

This patient was initially seen on February 27, 2013. At that time, she was found to have decreased visual acuity. Visual field testing did show some defects. Optical coherence tomography showed thinning of the nerve fiber layer.

Since her last visit, she feels her vision is about the same. She still has problems reading and finds it frustrating. She complains of severe headaches and nausea. She was seen by Dr. Robertson who found evidence of right vestibulopathy.

On examination, visual acuity without correction is 20/40 OD and 20/70 OS. There is no pinhole improvement in either eye. Pupils are equal and reactive to light with no relative afferent pupillary defect. Slit lamp examination is unremarkable OU. Intraocular pressure is 10 mm of mercury OU. Fundoscopy reveals distinct margins of both optic discs. There is no obvious pallor. Maculae within normal limits. Ocular motility is full. Eye movements make her dizzy.

Visual evoked potentials were normal bilaterally.

New Humphrey 24-2 Visual Field Test completed today shows a small superonasal defect in the right eye. Both eyes look certainly better than the previous visual field test completed in February 2013.

IMPRESSION: Visual fields seem better. Her vision remains about the same. I am going to review her again in a followup in six months.

Yours sincerely,

Amadeo Raul Rodriguez, MD

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*This document will be reviewed by the attending physician/staff,
as per Hospital Policy 009-MED, and any corrections will be forwarded.*

D.D/T: 05/30/2013 14:37:50,AR; T.D/T: 06/12/2013 07:50:06,jj

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St. Joseph's Hospital

50 CHARLTON AVENUE EAST
HAMILTON, ONTARIO L8N 4A6
(905) 522-1155

RADIOLOGY
Ext. 36009

UNIT NO.0000372533 ODP

Patient Name YOUNG,SUZANNE MARIE
695 PLAINS RD E

BURLINGTON, ON L7T2E8
ONTARIO HEALTH NO. 6427-959-512 YW
DOB: 64/10/11 SEX F

EXAM DATE 13/06/07 0937 Check-in No. 3752915 Account # 56403233

ORDERED BY	KUMBHARE,DINESH	Fax# (905)777-9399
ATTENDING PHYS.	KUMBHARE,DINESH	Fax# (905)777-9399
FAMILY PHYS.	DIPAULO,BRUNO L	Fax# (905)575-9896
REFERRING PHYS.	RATHBONE,MICHEL P	Fax# 905-383-3958

Chk-in #	Exam
3752915	US-EXTREMITIES-PER LIMB*L

TARGETED ULTRASOUND POSTERIOR NECK

INDICATION: 48-year-old female with headache after concussion in November 2012 with large contusion of the upper cervical spine. Bilateral occipital neuralgia. Assess for hematoma. Assess occipital nerves.

COMPARISON: None.

FINDINGS:

No hematoma is demonstrated. No mass or cyst.
The occipital nerves were too small to be accurately assessed by ultrasound.

- DR SRINIVASAN HARISH
Reading Physician- DR SRINIVASAN HARISH
Releasing Physician- DR SRINIVASAN HARISH
Released Date Time- 13/06/09 1030
Reading Resident- DR KATAYOUN RICHARD

THE ULTRASOUND FACILITY OF ST. JOSEPH'S HEALTHCARE HAMILTON IS ACCREDITED
BY THE AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE (AIUM)

COMPLETE

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DIAGNOSTIC IMAGING