Name: YOUNG, SUZANNE MARIE

Unit #: 1109244 HIN: 6427959512-YW

Address: U101-695 PLAINS RD E

Account #: GX024579/12 DOB: 19641011 Sex: F

Family Doctor: Di Paolo, Bruno Livio

City: BURLINGTON

Prov: ON Postal: L7T 2E8 Home phone: 905-333-2744

Run Date: 20130213 Run Time: 0340

Coded Allergy or Adverse Reaction for Interaction Checks

Allergy

Date of

Туре

Туре

Severity

Last Edit Verified Status Patient Reaction

Uncoded Allergy or Adverse Reaction

Uncoded Allergy

Severity

Date of Last Edit

Patient Reaction

Name: YOUNG, SUZANNE MARIE

Unit #: 1109244

HIN: 6427959512-YW

Address: U101-695 PLAINS RD E

Account #: GF004030/13 DOB: **19641011** Sex: **F**

Family Doctor: Di Paolo, Bruno Livio

City: BURLINGTON

Prov: ON Postal: L7T 2E8 Home phone: 905-333-2744

Run Date: 20130814 Run Time: 0339

Coded Allergy or Adverse Reaction for Interaction Checks

Allergy

Date of

Туре

Severity

Last Edit Verified Status Patient Reaction

PEANUT OIL. (NUTS (INCLUDES PEANUTS))

Allergy

Unknown 13/08/20 Not Verified ANAPHYLAXIS

Penicillins

Allergy

Unknown

13/08/20

Not Verified ANAPHYLAXIS

Uncoded Allergy or Adverse Reaction

Uncoded Allergy

Type Severity Date of

Last Edit

Patient Reaction

Name: YOUNG, SUZANNE MARIE

Unit #: 1109244 HIN: 6427959512-YW

Address: U101-695 PLAINS RD E

Account #: GF004029/13 DOB: 19641011 Sex: F

Family Doctor: Di Paolo, Bruno Livio

City: BURLINGTON

Prov: ON Postal: L7T 2E8 Home phone: 905-333-2744

Run Date: 20130814 Run Time: 0339

Coded Allergy or Adverse Reaction for Interaction Checks

Allergy

Date of

Type

Severity

Last Edit Verified Status Patient Reaction

PEANUT OIL. (NUTS (INCLUDES PEANUTS))

Allergy

Unknown 13/08/20 Not Verified

ANAPHYLAXIS

Penicillins

Allergy

Unknown

13/08/20 Not Verified

ANAPHYLAXIS

Uncoded Allergy or Adverse Reaction

Uncoded Allergy

Type Severity Date of Last Edit

Patient Reaction

Name: YOUNG, SUZANNE MARIE

Unit #: 1109244 HIN: 6427959512-YW

Address: U101-695 PLAINS RD E

Account #: GD006770/13 DOB: 19641011 Sex: F

Family Doctor: Di Paolo, Bruno Livio

City: BURLINGTON

Prov: ON Postal: L7T 2E8 Home phone: 905-333-2744

Run Date: 20130912 Run Time: 0339

Coded Allergy or Adverse Reaction for Interaction Checks

Allergy

Date of

Type

Severity

Last Edit Verified Status Patient Reaction

PEANUT OIL. (NUTS (INCLUDES PEANUTS)) Unknown 13/08/20 Not Verified

Allergy

ANAPHYLAXIS

Penicillins

Allergy

Unknown

13/08/20

Not Verified

ANAPHYLAXIS

Uncoded Allergy or Adverse Reaction

Uncoded Allergy Type

Severity

Date of Last Edit

Patient Reaction

Hamilton Health Sciences

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Psychological Services
General Site – Regional Rehabilitation Centre
300 Wellington Street North
Hamilton, Ontario, Canada
L8L 0A4

Phone No (905) 521-2100, Ext 40983 Fax No (905) 577-8231

September 12, 2013

Psychologist
A Unsal, Ph D , C Psych

Psychometrists
E Pastink, B A
T Cebrat, M A

Neuropsychological Assessment

Name:

Suzanne YOUNG

ID#:

1109244

Date of Birth:

October 11, 1964

Date of Assessment:

August 13, 2013

Age at Testing:

48 years

Education:

Business Administration Diploma + Some University Courses

Occupation:

Unemployed (Formerly in Human Resources)

Referred By:

Dr Rathbone, Neurologist

Examined By:

Ayse Unsal, Ph D, C Psych & Ellen Pastirik, B A

Patient Account # GF00400/13

Background

Reason for Referral

Ms. Young was referred for a neuropsychological assessment to determine her neurocognitive and emotional profile in light of reported cognitive difficulties and mood changes after surgery in November 2012.

Consent

Ms Suzanne Young consented to undertake a neuropsychological examination to respond to Dr Rathbone's referral question. The content and process of a neuropsychological examination were discussed briefly, namely the administration of a clinical interview, standardized psychological and neuropsychological tests (listed in Appendix A), and review of background documentation (listed in Appendix B). The flow of information was also discussed the report summarizing the results to be placed on the hospital medical chart, and copies to those identified at the end of the report with the information otherwise remaining confidential and requiring a signed consent for release. Limits of confidentiality were also discussed, in particular the requirement to inform if it is judged that there may be a significant likelihood of harm to themselves or another person, and the requirement for the psychologist to comply with any court orders.

Affiliated with the Faculty of Health Sciences, McMaster University

Suzanne YOUNG ID # 1109244 Date September 12, 2013 Patient Account # GF004030/13

History of Presenting Problem

According to Dr Rathbone's Consultation Note (March 21, 2013), Ms. Young reportedly had severe headache, dizziness, nausea with vomiting and a big contusion over her right occipital region following a total abdominal hysterectomy on November 26, 2012. Later, she developed blurred vision (for which she is under the care of Dr. Rodriguez), photophobia, sensitivity to high pitched sounds and smells, short term memory and concentration difficulties, sleep problems, fatigue and mood changes. These symptoms did not reportedly show improvement over time. She reported that her headache is constant, sharp, around the entire top of the head, to the neck and behind the eyes, affected by weather changes and humidity, bright light and emotional state and is associated with nausea. Results of an MRI (February 12, 2013) were reported to be unremarkable. Ms. Young was seen by Dr. Robertson, neurotologist and he reportedly indicated uncompensated right vestibulopathy and although he referred her for therapy sessions, she has limited financial resources. A neurological examination completed on May 13, 2013 was reportedly within normal limits except for bilateral greater and lesser occipital neuralgia. Dr. Rathbone reported her multiple symptoms to be similar to Post-Concussion.

Currently, Ms. Young reports that she becomes easily agitated (for which she tries to meditate to decrease anxiety), irritable (particularly in situations where there is a lot of noise or bright lights) and she has problems with concentration. There are times where she experiences racing thoughts. Previously an avid reader, Ms. Young is having vision problems that impede her. Ms. Young reports waking up with panic attacks, nightmares and that she tends to toss and turn throughout the night. She is reportedly always tired.

Psychiatric History

Ms. Young indicated that she had been abused as a child, however, she preferred not to elaborate. She has not undergone psychotherapy

Medical History

In addition to the above, Ms. Young is hypoglycemic and has diagnoses of hiatus hernia and bronchial asthma. Her hysterectomy in November 2012 was reportedly performed as a result of a discovery of Stage 1 cancer. There is a family history of Crohn's disease and colitis (mother), cancer (both sides) and heart disease (father).

Current medications include Ventolin (qid), Flovent (250 mg/bid), Soflax (2 tablets/bid), Tecta (bid), Cymbalta (30 mg/od), Dilaudid (prn) and Prochloroperazine (tid for nausea)

Psychosocial History

Ms Young is preparing to move in with her and her daughter's fiancé in November. She completed a two-year Business Administration Diploma at college and has taken some university courses. She was working in Human Resources, however, she was laid off due to company restructuring in May 2012. Ms. Young's vocational history also includes private investigation for eight years in the 1980s and she was a singer in a band. Ms. Young plays games on the computer (e.g. cribbage, chess and other puzzle-type activities), sometimes online with others. Although she has never reportedly had hobbies, she used to enjoy playing

Suzanne YOUNG ID # 1109244

Date September 12, 2013

Patient Account # GF004030/13

pool in a league, however, balance difficulties interfere with her ability to engage in it currently Until recently, Ms. Young supported herself with U.I. benefits, and she has been looking for a job

TEST RESULTS

Behavioural Observations

Ms Young presented to her appointment promptly and unaccompanied. She had driven herself to the clinic. Unfortunately, due to a variety of administrative errors, she was left in the waiting room for one hour and was understandably very upset as a result. She indicated that her initial anxiety and nervousness became escalated as she waited, and she tended to respond to questions or conversation in an abrupt manner initially. Over time, she became more at ease, jovial and personable. Ms Young used a cane when walking. During testing, Ms. Young intermittently used one of the two pairs of glasses (prescription and readers) she had brought with her. She was asked to confirm she could see stimulus items that were presented visually. Ms. Young rated her headache to be six (on a ten-point scale of increasing intensity).

Sensory-Perceptual and Motor Skills

Ms Young is right handed Simple motor speed fell in the high average range bilaterally. Fine motor dexterity and grip strength were average bilaterally. There was not consistent expected right hand advantage.

Ms. Young made no errors on bilateral tactile stimulation. Her performance was in the impaired range on bilateral visual and auditory stimulation, with errors lateralized entirely to the left. She was able to correctly identify stimuli at eye level, however, she was unable to identify stimuli below eye level or consistently above eye level.

Attention, Concentration and Processing Speed

Ms Young's ability to attend to basic auditory information fell in the Low Average range (21st percentile). Her performance on a sub-test requiring her to complete mental arithmetic calculations was better (50th percentile), than on one where she repeated or manipulated digit strings (9th percentile). Ms Young's ability to attend to and work with visual information (i e block tapping) was Average (50th percentile).

On visuomotor tests designed to tap processing speed, Ms. Young's performance was slowed $(4^{lh}$ percentile) On another test, where she was required to quickly connect numeric information, her score fell in the average range

Intellectual Functioning

Ms Young's overall intellectual function fell in the low Average range (13th percentile) compared with her age-matched Canadian peers. There was a significant discrepancy between her overall well learned verbal abilities and those more visuoperceptual in nature. A discrepancy of the measured difference occurs in 18 3% of the general population, however, and is therefore not an overly uncommon occurrence.

Suzanne YOUNG ID# 1109244

Date September 12, 2013

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Verbal Functioning

Ms Young's overall well learned verbal abilities fell in the Low Average range (16th percentile) A relative weakness was verbal abstract reasoning, which fell in the Borderline range (2nd percentile) Expressive vocabulary and fund of information scores were Average (25th to 50th percentile)

Verbal fluency, or the ability to quickly generate unique words according to a beginning letter fell in the low average range. When the cue was a category, her score was average.

Visual Spatial/Visual Motor Functioning

Ms Young's overall visuoperceptual reasoning fell in the Average range (45th percentile) Her ability to complete patterns and quickly replicate block designs and analyze puzzles and their components was Average (37th to 50th percentile)

Ms Young's ability to copy a complex figure was average. Her approach to the task was organized and sequential

Memory and Learning

Ms Young's ability to incidentally recall and draw a complex figure she had copied thirty minutes earlier was average

When information was presented verbally, Ms. Young demonstrated an adequate ability to learn a list of words (average). She had difficulty encoding them for later recall (borderline range). Additional structure was not helpful. When information was contextual in nature, that is, where she was required to re-tell short stones she had heard one time, Ms. Young's immediate and delayed recall scores fell in the High Average range (84th percentile).

Integrative Cognitive Functions

On a challenging test requiring an individual to adjust her strategy in light of changing external contingencies, Ms. Young completed all of the required categories with an average number of errors

On a timed visuomotor test requiring her to quickly shift cognitive set between alternating types of well known stimuli, Ms. Young's score fell in the average range

EMOTIONAL FUNCTION

Ms Young's responses on screening measures of mood (Beck Depression Inventory – II and Beck Anxiety Inventory) were suggestive of mild difficulties (e.g. loss of confidence and ability to concentrate and an inability to relax, dizziness and heart pounding). When compared with others with chronic pain, she reports an average level of impact on her life.

Suzanne YOUNG ID# 1109244

Date September 12, 2013

Patient Account # GF004030/13

In terms of everyday function, Ms. Young reports mild difficulty with working memory (e.g. problems with multi-tasking) and more problems with apathy (e.g. getting started on an activity) and executive function (e.g. getting stuck on certain ideas, mixing up sequences) than she did prior to her surgery

SUMMARY OF TEST RESULTS

RELATIVE STRENGTHS

- (1) Visuoperceptual Reasoning (Average)
- (2) Incidental Visual Memory (Average)
- (3) Executive Function Novel Problem Solving & Complex Attention (Average)

RELATIVE WEAKNESSES

- (1) Variable Attention (Affecting Processing Speed Score Ranging from Borderline to Average)
- (2) Verbal Abstract Reasoning (Borderline)
- (3) Visual Perception on Bilateral Stimulation (Left Sided Errors Made Above and Below Eye Level)

SUMMARY AND CONCLUSIONS

Ms Young had a total abdominal hysterectomy on November 26, 2012 and reportedly had a severe headache, dizziness, nausea with vomiting and a big contusion over her right occipital region when she woke up from surgery—Later, she developed blurred vision (for which she is under the care of Dr Rodriguez), photophobia, sensitivity to high pitched sounds and smells, short term memory and concentration difficulties, sleep problems (including nightmares and panic attacks), fatigue, mood changes (e.g. agitation, racing thoughts) and a constant headache—Results of an MRI (February 12, 2013) were reported to be unremarkable—Ms Young was seen by Dr Robertson, neurotologist and he reportedly indicated uncompensated right vestibulopathy and although he referred her for therapy sessions, she has limited financial resources—A neurological examination completed on May 13, 2013 was reportedly within normal limits except for bilateral greater and lesser occipital neuralgia—Dr Rathbone reported her multiple symptoms to be similar to Post-Concussion Syndrome—Ms Young is in the process of looking for a job, having been supported until recently by Employment Insurance

Ms Young demonstrated variability in her attention during testing, which could be secondary to headache (which she rated to be 6 on a 10-point scale during her testing appointment), chronic sleep problems and subsequent fatigue, or a combination of these factors, that seemed to affect processing speed and focus. Verbal abilities, including verbal list learning appear to be reduced. Self-report questionnaires revealed mild to moderate levels of anxious and depressive symptomatology. The profile, overall, is likely associated with post-concussion syndrome, with additional psychological factors and sleep difficulty impacting her performance.

It is our understanding that Ms. Young has been referred to the Acquired Brain Injury Program (HHS) for Outreach Services and that she is followed in the Combined Neuro-Physiatry Clinic for management of headaches

Suzanne YOUNG ID# 1109244 Date September 12, 2013 Patient Account# GF004030/13

Recommendations:

- 1 Referral to physiotherapy in the community (through the ABI Program) that could include vestibular therapy (further to Dr. Robertson's recommendation), as she currently has financial limitations
- 2 Ms Young would benefit from an increase in structure in her day, to include physical exercise (provided it is not contraindicated by her family physician), socializing and continuation with playing games on the computer (for mental stimulation). A review of sleep hygiene and avoiding overstimulation before retiring in the evening is advisable.
- 3 Relaxation training to assist with sleep and anxious rumination
- 4 At this time, Ms. Young is not likely able to work competitively in a manner to support herself.
- 5 Followup neuropsychological assessment in one year

These results and recommendations were communicated in a feedback session on September 11, 2013

Thank you for your referral If you have any questions, do not hesitate to contact us in Psychology Services at (905) 521-2100, Ext. 40983

Eljén Pastirik, B A Psychometrist

Ayse Unsal, Ph D , C Psych

Psychologist

Medical Records

cc Dr Rathbone, Neurologist

Dr Bruno DiPaolo, Family Physician

ABI Program (S Bedard, CIC)

Psychology File

Note: Raw data from tests are kept in files held by Psychology Services

Suzanne YOUNG ID# 1109244 Date September 12, 2013 Patient Account # GF004030/13

Appendix A - Tests Administered

Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV)
Wechsler Memory Scale - IV (WMS-IV) - Logical Memory
Wechsler Memory Scale - III (WMS-III) - Spatial span
Brief Visuospatial Memory Test - Revised (BVMT-R) - Form 1
California Verbal Learning Test - Second Edition (CVLT-II)
Trail Making Tests (A & B)
Verbal Fluency (FAS and Animal Naming)
Rey Osterneth Figure
Finger Tapping Test
Grooved Pegboard
Wisconsin Card Sorting Test (WCST)
Reitan-Klove Sensory Perceptual Examination

Self-Report Measures Completed by Ms. Young

Beck Anxiety Inventory
Beck Depression Inventory-II
Behavior Rating Inventory of Executive Function – Adult
Pain Disability Inventory
Frontal Systems Behavior Scale

Suzanne YOUNG ID# 1109244

Date September 12, 2013

Patient Account # GF004030/13

Appendix B - Background Documentation

Request for Consultation Note

Dr Rathbone - March 21, 2013

Consultation Reports

Dr Rathbone - May 13, 2013 & March 21, 2013

HAMILTON HEALTH SCIENCES - DIAGNOSTIC SERVICES REPORT HAMILTON GENERAL HOSPITAL (905) 527-4322 ext. 46906 237 BARTON STREET EAST, HAMILTON, ON. L8L 2X2

This information is directed in confidence solely to the person(s) named below, therefore, this information should be considered strictly confidential. If you receive this report in error, please notify us immediately by telephone. Thank you for your assistance.

YOUNG. SUZANNE MARIE

Sex: F

Age:48

DOB:11/10/1964

Unit #: 1109244

Acct #: GX024579/12 Location: GO-DS-MR Exam Date: 12/02/13

Requisition #: 13-0046118

Order Num Category/Procedure

1202-0059 MRI/MR HEAD SERIES W/O GAD W/3D

Report Status: Signed

MR head.

Blurry vision, dizziness.

Multiple acquisition sequences were obtained.

FINDINGS: The structures of the midline are located centrally. There is no hydrocephalus. The gray-white matter distribution is well-preserved. No signs of areas of recent intracranial hemorrhage are seen. There are no acute infarcts. The cerebellar tonsils are at level of the foramen magnum. Incidental note is made of a pineal cyst, which measures 6.9 x 14.4 mm in its largest dimension

Opinion: Unremarkable MRI of the brain. No signs of intracranial tumor lesions or recent ischemic infarcts are seen. The gray-white matter distribution is preserved.

Dictated by: R. Larrazabal, MD

Dictated for:

Ramiro A. Larrazabal MD

Signed by:

Ramiro A. Larrazabal MD

Date Signed:

13/02/13 1204

CC: Di Paolo, Bruno Livio Report #: 1302-0587

mne.:

Medical Records

Medical Records' copy Page 1 of 1

HEALTH RECORDS COPY

HAMILTON CIVIC HOSPITALS

ALLERGY/MEDICAL ALERT RECORD

INFO P - Patient O - Other
FROM: F - Family C - Chart
PH - Pharmacy N - Nurtition
(Del) - Deleted MP - Med Profile

HEALTH RECORDS COPY

YOUNG.SUZANNE MARIE 1109244 11/10/64 38 GE002630/03 TAYLOR.J.GRANT

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GE 002630/03

Severe Acute Respiratory Syndrome (SARS) SCREENING TOOL For All Ontario Healthcare Settings

Visitor Patient Staff ED*

*send form with patient

SECTION A:
1. Have you had unprotected contact with a person with SARS in the last 10 days? OR □Yes → Quarantine applies, notify Public Health
2. In the last ten days have you been to a health care facility that is closed due to SARS? OR
3. Are you under quarantine, or have you been contacted by public health and put on home isolation?
SECTION B:
Have you been to China, Hong Kong, Vietnam, Singapore or Taiwan in the last 10 days?
SECTION C: Are you experiencing any of the following symptoms?
 Myalgia (muscle aches) OR Malaise (severe tiredness or unwell) OR Severe headache (worse than usual) OR Cough (onset within 7 days) OR Shortness of Breath (worse than what is normal for you) OR Feeling feverish, or have had a fever in the last 24 hours
SECTION D: Please record the temperature if answer to C is yes.
Temperature
If the response is NO to all Sections A through C, then the person passes. Yes If the response is YES to only Section B, then the person passes. Provide education materials about SARS if the answer to Section B is YES. X All persons who do not Pass automatically "FAIL" and must be assessed by the secondary screener.
certify the above information to be correct. (Please print)
Activiewee Name: YOUNG SUZANDE Signature: St. april 1915 50073 dete: April 3603 nterviewer Name Home Phone Number 905 50073 dete: April 3603 nterviewer Name Level Level detected Signature: Signature: Signature: CAHS COMPS CLS HRCC Other

Directives for FAIL:

PATIENT Entry? Yes No RN Signature
If YES in Section A only: 1. EMERGENCY DEPARTMENT PATIENT: • Apply regular surgical mask to patient • Isolate • Contact Infection Control If YES in Section A & C or A & D or A, C & D: • Apply regular surgical mask to patient • Escort patient with form to Emergency Department Triage • Emergency Department to isolate and contact Infection Control
If YES in Section B & C or B & D or B, C & D: Apply regular surgical mask to patient Escort patient with form to Emergency Department Triage Emergency Department to isolate and contact Infection Control If YES to Section C & D or D only: RN to assess re appropriate disposition (i.e. to scheduled appointment or Emergency Department Triage)
STAFF Entry? Yes No RN Signature
Forward form to Employee Health Services Apply regular surgical mask; refuse entry to hospital and send home with instructions to quarantine themselves. Screener to notify Employee Health Services and Infection Control Screener to notify home unit \ department Forward form to Employee Health Services If YES in Section A & C or A & D or A, C & D: Apply regular surgical mask to staff member Escort staff member with form to Emergency Department Triage Emergency Department to isolate, contact Infection Control and notify Home Unit
If YES in Section B & C or B & D or B,C & D: Apply regular surgical mask to staff member Escort staff member with form to Emergency Department Triage Emergency Department to isolate, contact Infection Control and notify Home Unit
If YES in Section C & D or D only: Send home Instruct staff member to contact Employee Health Services or Family Physician Screener to notify home unit \ department Forward form to Employee Health Services
VISITOR Entry? Yes No RN Signature
If YES in Section A only: Apply regular surgical mask; refuse entry to hospital and instruct visitor to quarantine themselves Screener to notify Infection Control

If YES in Section A & C or A & D or A, C & D:

- Apply regular surgical mask to visitor
- Escort visitor with form to Emergency Department Triage
- Emergency Department to isolate and contact Infection Control

If YES in Section B & C or B & D or B, C & D: Apply regular surgical mask to visitor

- Escort visitor with form to Emergency Department Triage
- Emergency Department to isolate and contact Infection Control

If YES in Section C &D or D only:

- Refuse entry to hospital
- Instruct visitor to contact Telehealth or Family Physician

714005 (2000-03)



Hamilton Health Sciences

EMERGENCY TRIAGE RECORD

Buzanne. young 6427 959512 XF DOB 1964-10-11. 14 Webber, ave

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HEALTH RECORDS COPY

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HAMILTON CIVIC HOSPITALS

ALLERGY/MEDICAL ALERT RECORD

INFO P - Patient O - Other FROM: F - Family C - Chart PH - Pharmacy N - Murtition

HEALTH RECORDS COPY

YOUNG, SUZANNE MARIE 1109244 11/10/64 36 GE014268/01 TAYLOR J.GRANT ER-MED

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PAGE 12 No. 0377 P. 3

JE/08/01

- HANTLTON GENERAL CAMPUS -DEPARTMENT OF LABORATORY, MEDICINE

237 Barton Street East, Hamilton, Ontario, LBL 2X2 (905) 527-4322 ext. 46360

Discount Number: GEQ14144/01

Patient's Rage: YOUNG.SUZAMME MARIE

Discharge Loc: ER-SKIN | HIM: 6427953512 | DOG: 11/10/64 | Sex: F | Unit #: 1109244

Attending Dr. :

Family Dr.: TAYLOR, J.GRAMT

Spaciaen Report Status: CONFLETE

Submitted by: SIAPSON, DIANE L.

Speciaen: 0508:H091760 Dollasted: 05/08/01 - 0335 Received: 05/08/01 - 0502

Griered: CBC

Test	Result	Flag	Reference
	COCIS SISTANCS ###	COUNT ***	·
> HELKESHR	3.0		4.0-11.0 X10 9/L
F EEC3	1. 23		3.8-5.8 x1012/L
kangka	146		11S-165 g/L
FAHCLES	D.429		0.370-0.470
ACA	93.3		82-99 (L
· KCH	31,7		27-32 pg
acac .	340		300-350 g/L
£03	13.6		11.5-16.0
safiles	3#9		150-400 x10 9/L
KAY .	7.3		IL.
RELATIVE LYMPHS	Q.22		•
RELATIVE HOROS	0.05		
RELATIVE DRAMS	0.63		
RELATIVE EOS	0.04		
RELATIVE BASOS	16.6		
AASOLUTE LYMPHS	2.0		1.5-4.0 x10 3/L
ABSCLUTE MONOS	0.5		0.2-0.8 x10 9/L
- AESOLUTE GRANS	6.1		2.0-7.5 x10 9/L
AESOLUTE EDS	0.30		0.04-0.40 x10 9/L
AZSOLUTE BASOS	0.10		0.02-0.10 H10 9/L
FLASGED DIFF	ND		

Please mode reference interval changes, effective March 5, 2001 ; Symbol following a result indicates test was referred out - Address available upon request > Symbol prefixing the test name indicates a new result for this reporting

^{**} END OF REPORT **

HAMILTON CIVIC HOSPITALS

ALLERGY/MEDICAL ALERT RECORD

HEALTH RECORDS COPY

YOUNG.SUZANNE MARIE 1109244 11/10/64 36 GE014223/01 TAYLOR,J.GRANT

F ER-MED

INFO P FROM: F	'- Patient O '- Family C	- Other - Chart		TAYL	DR.J.GRANT				
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YOUNG, SUZANNE MARIE 11109244 F 36 6427959512-XF GE014144/01

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TAYLOR, J.GRAN
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INTERDISCIPLINARY PATIENT CARE NOTES

PATIENT CARE NOTES AUG SIO 1 (2012) BP-135 BA(B). HR= Tubopm. Spoz=94/ Temp=36 val. Patient vas Ve-vanstrato than se Pit in ERP Clo migaine- Totalin NE. aid not fill thirty. IV site Demony. 2230 D. H. Wishing to blane at this time. Explained that pet to fell the leave agained realizable church. Duided to stan but unhappy that Ale has not not all alwased to a dash. Cholained that she is to the liver rip Walt the to be sela. I the liver rip Walt the to be sela. I the liver the Dis way that to going on Explained that the BD is way that and that she must want to at sela as the otes as. It is lathed 176 At the super Explained that the Dhald Norm at 0530 for Inether hoe The Chalanythan - (1881). It Shelled "well sele about that is explained that if she delication but that we cannot believe that medically y she did not write to replained that it she delication but that we cannot believe that medically of which the said dry of hore with the school of the walked out. I she had the so not wish arrived for antibodic treatment Masorialer. And the back at this time! the not with arrived for antibodic treatment Masorialer.		1/2
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HAMILTON CIVIC HOSPITALS

ALLERGY/MEDICAL ALERT RECORD

INFO P - Patient FROM: F - Family PH - Pharmacy

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HEALTH RECORDS COPY

YOUNG SUZANNE MARIE 1109244 11/10/64 36 GE014144/01 TAYLOR J GRANT

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HAMILTON HEALTH SCIENCES

N YOUNG SUZANNE (3 1109244 06/05/2001 0242 DUE*RIGHT FOREARM 2 VIEWS

DIAGNOSTIC RESULTS FOLLOW UP FORM

COPY DISTRIBUTION: PART 1 (WH	(Charge Nurse)	DATE: (yyyy/mm/dd)		(hti:mm)
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Patient Identification Number	09244	•	(3) 3 3 1111111	·***/
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MUMC Campus		iscrepant X-ray		
General Campus	Radiology S	•	Other	

HAMILTON CIVIC HOSPITALS

ALLERGY/MEDICAL ALERT RECORD

INFO P - Patient O - Other FROM: F - Family C - Chart PH - Pharmacy N - Nurtition

HEALTH RECORDS COPY

YOUNG.SUZANNE 1109244 11/10/64 36 GE004073/01 TAYLOR.J.GRANT ER-MUS/SKE

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HAMILTON	CIVIC	HOSPITALS	
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HEALTH RECORDS COPY

YOUNG, SUZANNE 1109244 11/10/64 36 GE003987/01 TAYLOR, J. GRANT

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