



FAMILY NAME MAREPEACE	MRN N0xxxxxx
GIVEN NAME IAW	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. 19/07/61	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

Facility:

PROGRESS / CLINICAL NOTES

Date and Time (use 24 hr clock)

Note: All entries must be legible, written in black pen and include the health care provider's printed name, designation and signature.

15.09.18.

Neurosurgery Outpatient clinic

57 ♀ referred from GP

PC - (R) sided hearing loss + tinnitus over 2-4 yrs.
 assoc w/ mild vertigo
 (R) sided facial paraesthesia

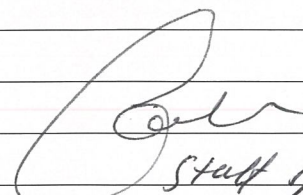
O/E - facial droop
 - (R) sensorineural hearing loss. Webers lateralizes to left. Rinne: AC > BC.
 - (L) ear normal
 - Head impulse test positive
 - Parosmia disturbance of (R) trigeminal, corneal reflex.

- Pure tone audiometry = unilateral (R) sided sensorineural hearing loss, more at high tones. Poor speech discrimination.

Imp. likely (R) vestibular schwannoma
 DDX - cerebellar vascular disease

PLAN

- MRI head
- carotid doppler + cerebral angiography to exclude vascular cause
- ENT opinion


 Staff specialist
 Neurosurgeon

AMO _____ I attest that I have reviewed the notes (signed) _____ Date _____



SMR050001

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH606513 301213

PROGRESS / CLINICAL NOTES

SMR050.001