

**\*LIVE-NEW\* Alder Hey Children's**

**RUDAKUBANA,AXEL MUGANWA** Male DOB: 07/08/2006 MedRec# DPA

**10/05/19 09:34 - Std - Outpatient Review by Katerina Prodromou**

Acct Num: V00002156851 DOB: 07/08/2006 Patient Age: 12

Addendum entered and electronically signed by Prodromou,Katerina 10/05/19 13:12:

**Additional information**

**Additional information:** aXEL IS FROM rWANDA BUT HAS NOT BEEN ABROAD RECENTLY.

Original Note:

**Who/When**

**- Specialty**

**Specialty:** Urology

**- Clinician**

**Name of most senior clinician:** Katerina Prodromou

**Most senior person at review:** Registrar or equivalent

**Contact Ext/Bleep Number:** KPRODROMOU

**- Date & Time of review**

-: Now

**Date of review:** 10/05/19

**Time of review:** 13:04

**History & Examination**

**- History & Examination**

**History/Review (Letter):**

2 months dysuria, DPA

DPA

very anxious  
on waiting liust for parensting2000 to discuss his anxiety

DPA

I: Posterior urethritis  
plan biofeedback, uss, opa 2 months

**- Learning Disabilities / ASC**

**Learning disabilities:** No

**Letter**

**Auto-generate letter:** No

**Confirmation of auto-generated letter request:** an automated letter has been declined please complete your own letter

**[Patient Pathway Form](#)**

**Click here to view the previous RTT Status:**

<b>Pathway</b>	Urology
<b>Start Date</b>	01/04/19
<b>Status</b>	Not Yet Known/Determined
<b>RTT Target</b>	05/08/19

**- 18 Week Outcome**

**18 Week Outcome for this visit::** Watchful Wait/Monitoring

**- Future Follow up**

**Future Follow Up:** Same Clinic

**Follow Up Time Frame:** Months

**Follow Up Time Frame:** 2

\*\* Electronically signed by Prodromou,Katerina on 10/05/19 13:09 \*\*  
Initialized on 10/05/19 09:34 - END OF NOTE

**10/05/19 13:45 - OPD PPF Complete Check by Donna Johnstone**

Acct Num: V00002156851 DOB: 07/08/2006 Patient Age: 12

Note verified by Johnstone,Donna 10/05/19 13:45:

Original Note:

**OPD Reception PPF Complete**

**- PPF**

**PPF Complete:** Yes

Initialized on 10/05/19 13:45 - END OF NOTE

**08/07/19 17:20 - Std - Outpatient Review by Katerina Prodromou**

Acct Num: V00002221446 DOB: 07/08/2006 Patient Age: 12

Note verified by Prodromou,Katerina 08/07/19 17:26:

Original Note:

**Who/When**

**- Specialty**

**Specialty:** Urology

**- Clinician**

**Name of most senior clinician:** Katerina Prodromou

**Most senior person at review:** Registrar or equivalent

**Contact Ext/Bleep Number:** KPRODROMOU

**- Date & Time of review**

-: Now

**Date of review:** 08/07/19

**Time of review:** 17:21

**History & Examination**

**- History & Examination**

**History/Review (Letter):**

Dysuria  
Interrupted stream  
Terminal haematuria  
? Posterior urethritis  
Anxiety

It was lovely to meet Axel and his dad. unfortunately he has not had his ultrasound scan yet and I apologise for this. I will try to arrange it for the 22nd July when he will come to the hospital for his first biofeedback session.

He tells me that he has been a little better since we last met. he drinks more and he tries to void more regularly although dad thinks that Axel tends to hold his urine for too long.

**DPA**

I will see Axel in 3 months and hopefully with biofeedback his symptoms will improve.

**- Learning Disabilities / ASC**

**Learning disabilities:** No

**Letter**

**Auto-generate letter:** Yes

**Confirmation of auto-generated letter request:** auto-generated letter will be available shortly

**CC comments:** parents and urology nurses

**Include Home Medications in auto-generated letter:** No

**Patient Pathway Form**

**Click here to view the previous RTT Status:**

<b>Pathway</b>	Urology
<b>Start Date</b>	01/04/19
<b>End Date</b>	10/05/19
<b>Status</b>	
<b>RTT Target</b>	05/08/19

**- 18 Week Outcome**

**18 Week Outcome for this visit::** Watchful Wait/Monitoring

**- Future Follow up**

**Future Follow Up:** Same Clinic

**Follow Up Time Frame:** Months

**Follow Up Time Frame:** 3

**Tolerance (+/-) Consider Clinical Risk:** 1 Week

**- Allergies**

**Allergies:**

**Allergies**

NO KNOWN ALLERGIES Allergy (Verified 10/05/19 13:10)

\*\* Electronically signed by Prodromou,Katerina on 08/07/19 17:26 \*\*  
Initialized on 08/07/19 17:20 - END OF NOTE

**08/07/19 17:29 - OPD PPF Complete Check by Donna Johnstone**

Acct Num: V00002221446 DOB: 07/08/2006 Patient Age: 12

Note verified by Johnstone,Donna 08/07/19 17:29:

Original Note:

**OPD Reception PPF Complete**

**- PPF**

**PPF Complete:** Yes

Initialized on 08/07/19 17:29 - END OF NOTE

**22/07/19 15:43 - Urology Nurse Daycase doc by Kate Thompson**

Acct Num: V00002287679 DOB: 07/08/2006 Patient Age: 12

Note verified by Thompson,Kate 22/07/19 16:02:

Original Note:

**Urology N/S Document**

**- History:**

**Primary condition:**

USS REPORTS NOT YET BACK

ARRIVED TO CLINIC 50 MINUTES LATE UNABLE TO CARRY OUT BIOFEEDBACK AT TODAY'S APPOINTMENT

NEW APPOINTMENT BOOKED FOR TUESDAY 23RD JULY 1700 FOR BIO SESSION REVIEW CARRIED OUT TODAY JUST SESSION OF BIO TOMORROW

FURTHER TWO SESSIONS TO BE BOOKED FOR BIOFEEDBACK

THEN REVIEW

**DPA**

REVIEW WITH FURTHER BIOFEEDBACK

**- Symptoms:**

**DPA**

**Urology Nurse clinic: Intake**

**- Fluid intake:**

**What is drank?:** Cordial (orange), Water

**How much is drank?:** 500

**Urology N/S Daycase Document**

**- Urinary Tract Infection?**

**Has the child had a UTI?:** No

**Urology Nurse Clinic: Bowels**

**DPA**

**Urology N/S Daycase Document**

**- Medication review:**

**Home Medications:**

Home Medications

Medication	Instructions	Status	Recorded	Confirmed	Last Taken	Type
No Home Medications		Active	22/07/19	22/07/19	Unknown	History

**Is the patient currently prescribed bladder or bowel medication?: No**

**Allergies/Adverse Reactions:**

**Allergies**

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
NO KNOWN ALLERGIES	Allergy			Verified	10/05/19 13:10

**Urology N/S Daycase Document**

**- Bladder Instillation:**

**Home medications:**

Home Medications

Medication	Instructions	Status	Recorded	Confirmed	Last Taken	Type
No Home Medications		Active	22/07/19	22/07/19	Unknown	History

**Urology N/S Daycase Document**

**- Intermittent catheterisation (CIC):**

**Home delivery by & how often delivered:**

**Home delivery by:**

**Frequency of delivery:**

\*\* Electronically signed by Thompson, Kate on 22/07/19 16:02 \*\*  
Initialized on 22/07/19 15:43 - END OF NOTE

**23/07/19 17:41 - Nurse note by Emily Dobson**

Acct Num: V00002344275 DOB: 07/08/2006 Patient Age: 12

**Location Balloon Room on 23/07/19 1741.**

**Dysuria**

**Interrupted stream**

**Terminal haematuria**

**? Posterior urethritis**

**Anxiety**

Attended today following appointment with Kate yesterday for biofeedback.

Completed first session of biofeedback,

DPA

DPA

To request more appointments- Kate already done this?

No further concerns.

\*\* Electronically signed by Dobson,Emily on 23/07/19 17:45 \*\*  
Initialized on 23/07/19 17:41 - END OF NOTE

**22/08/19 16:28 - Urology Nurse Daycase doc by Kate Thompson**

Acct Num: V00002347057 DOB: 07/08/2006 Patient Age: 13

Note verified by Thompson,Kate 22/08/19 16:36:

Original Note:

**Urology N/S Document**

**- History:**

**Primary condition:**

Axel RUDAKUBANA D.O.B. 07/08/2006

10 Old School Close Hospital No. DPA

Banks, Southport PR9 8SB NHS No. DPA

Diagnosis Dysuria

Interrupted stream

Terminal haematuria ? posterior urethritis

Anxiety

ATTENDED TODAY WITH DAD 35 MINUTES LATE TO APPOINTMENT

**DPA**

NO CHANGE IN SYMPTOMS

NEW APPOINTMENT IN NEAR FUTURE FULL ASSESSMENT TO BE CARRIED OUT AT THIS APPOINTMENT

UNABLE TO CARRY OUT UROFLOW TODAY AS HAD NOT DRUNK

**Patient problems:** No change

**Urology N/S Daycase Document**

**- Urinary Tract Infection?**

**Has the child had a UTI?:** No

**Urology N/S Daycase Document**

**- Medication review:**

**Home Medications:**

Home Medications

Medication	Instructions	Status	Recorded	Confirmed	Last Taken	Type
No Home Medications		Active	22/07/19	22/08/19	Unknown	History

**Is the patient currently prescribed bladder or bowel medication?: No**

**Allergies/Adverse Reactions:**

**Allergies**

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
NO KNOWN ALLERGIES	Allergy			Verified	10/05/19 13:10

**Urology N/S Daycase Document**

**- Bladder Instillation:**

**Home medications:**

Home Medications

Medication	Instructions	Status	Recorded	Confirmed	Last Taken	Type
No Home Medications		Active	22/07/19	22/08/19	Unknown	History

**Urology N/S Daycase Document**

**- Intermittent catheterisation (CIC):**

**Home delivery by & how often delivered:**

**Home delivery by:**

**Frequency of delivery:**

\*\* Electronically signed by Thompson,Kate on 22/08/19 16:36 \*\*  
Initialized on 22/08/19 16:28 - END OF NOTE

**05/09/19 18:04 - Urology Nurse Daycase doc by Zoe Kavanagh**

Acct Num: V00002347062 DOB: 07/08/2006 Patient Age: 13

Note verified by Kavanagh,Zoe 05/09/19 18:33:

Original Note:

**Urology N/S Document**

**- History:**

**Primary condition:**

**Diagnosis**

Dysuria

Interrupted stream

Terminal haematuria  
Posterior urethritis  
? anxiety

MEDICATION- NONE TAKEN

ALLERGIES- NONE KNOWN

ATTENDED FOR BIOFEEDBACK TOIDAY. ADMITS TO NOT CARRYING OUT THE EXERCISES AT HOME

# DPA

? DUE FOR REVIEW WITH REPEAT USS AROUND OCTOBER

NO ISSUES WITH WETTING

DYSURIA IS IMPROVING, STILL HURTS SOMETIMES BUT DEFINITELY NOT AS MUCH ACCORDING TO AXEL

DPA

NO FURTHER NURSE LED FOLLOW UP AT THIS POINT

## [Urology Nurse clinic: Intake](#)

### - Fluid intake:

**What is drank?:** Cordial, Water

**How much is drank?:** 1,000

## [Urology N/S Daycase Document](#)

### - Urinary Tract Infection?

**Has the child had a UTI?:** No

## [Urology N/S Daycase Document](#)

### - Medication review:

#### Home Medications:

Home Medications

Medication	Instructions	Status	Recorded	Confirmed	Last Taken	Type
No Home Medications		Active	22/07/19	22/08/19	Unknown	History

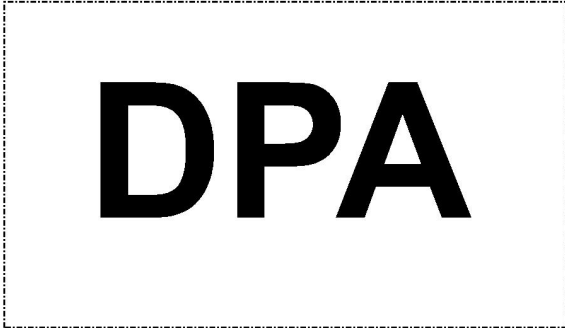
**Is the patient currently prescribed bladder or bowel medication?:** No

**Allergies/Adverse Reactions:**

**Allergies**

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
NO KNOWN ALLERGIES	Allergy			Verified	10/05/19 13:10

**Urology Nurse clinic: Uroflow**



**Urology N/S Daycase Document**

**- Bladder Instillation:**

**Home medications:**

Home Medications

Medication	Instructions	Status	Recorded	Confirmed	Last Taken	Type
No Home Medications		Active	22/07/19	22/08/19	Unknown	History

**Urology N/S Daycase Document**

**- Intermittent catheterisation (CIC):**

**Home delivery by & how often delivered:**

**Home delivery by:**

**Frequency of delivery:**

\*\* Electronically signed by Kavanagh,Zoe on 05/09/19 18:33 \*\*  
 Initialized on 05/09/19 18:04 - END OF NOTE

**07/10/19 16:01 - Std - Outpatient Review by Katerina Prodromou**

Acct Num: V00002320725 DOB: 07/08/2006 Patient Age: 13

Note verified by Prodromou,Katerina 07/10/19 16:09:

Original Note:

## Who/When

### - Specialty

**Specialty:** Urology

### - Clinician

**Name of most senior clinician:** Katerina Prodromou

**Most senior person at review:** Registrar or equivalent

**Contact Ext/Bleep Number:** KPRODROMOU

### - Date & Time of review

-: Now

**Date of review:** 07/10/19

**Time of review:** 16:05

## History & Examination

### - History & Examination

#### **History/Review (Letter):**

#### **Diagnosis**

Dysuria

Interrupted stream

Terminal haematuria

? Posterior urethritis

Anxiety

It was lovely to meet Axel and his dad in clinic. I am happy to report that after his biofeedback sessions, his urethral pain has resolved. He tells me that he practices his pelvic floor exercises at home and I have encouraged him to continue to do so and on a regular basis.

His USS showed normal kidneys, a normal bladder with a volume of 470ml and good emptying.

Once again I explained that posterior urethritis usually self-resolves with time. I believe that biofeedback has indeed helped Axel with his dysfunctional voiding.

I have offered him one last appointment in 6 months and if he remains well I will discharge him back to your care.

### - Learning Disabilities / ASC

**Learning disabilities:** No

## Letter

**Auto-generate letter:** Yes

**Confirmation of auto-generated letter request:** auto-generated letter will be available shortly

**CC comments:** parents and urology nurses

**Include Home Medications in auto-generated letter:** No

## Urol PPF (Urol use only)

**Click here to view the previous RTT Status:**

<b>Pathway</b>	Urology
<b>Start Date</b>	10/05/19
<b>End Date</b>	22/07/19
<b>Status</b>	Treatment Ongoing/has started

**- 18 Week Outcome**

**18 Week Outcome for this visit::** Treatment Already Given

**- Future Follow up**

**Future Follow Up:** Same Clinic

**Follow Up Time Frame:** Months

**Follow Up Time Frame:** 6

**Tolerance (+/-) Consider Clinical Risk:** 2 Weeks

**- Allergies**

**Allergies:**

**Allergies**

NO KNOWN ALLERGIES Allergy (Verified 10/05/19 13:10)

\*\* Electronically signed by Prodromou,Katerina on 07/10/19 16:09 \*\*  
Initialized on 07/10/19 16:01 - END OF NOTE

**07/10/19 16:18 - OPD PPF Complete Check by Danielle Kelly**

Acct Num: V00002320725 DOB: 07/08/2006 Patient Age: 13

Note verified by Kelly,Danielle 07/10/19 16:18:

Original Note:

**OPD Reception PPF Complete**

**- PPF**

**PPF Complete:** Yes

Initialized on 07/10/19 16:18 - END OF NOTE

**16/12/19 09:08 - Comm Paeds ADMIN MP by Olivia Howard**

Acct Num: V00002594987 DOB: 07/08/2006 Patient Age: 13

Note verified by Howard,Olivia 16/12/19 09:09:

Original Note:

**Comm Paeds Admin MP**

**- Information Request/Receive**

**School Information Required:** Yes  
**School Information Date Requested:** 16/12/19  
**Achenbach Questionnaires Parents Required:** Yes  
**Achenbach Questionnaires Parents Date Requested:** 16/12/19  
**Achenbach Questionnaires Teachers Required:** Yes  
**Achenbach Questionnaires Teachers Date Requested:** 16/12/19

\*\* Electronically signed by Howard,Olivia on 16/12/19 09:09 \*\*  
Initialized on 16/12/19 09:08 - END OF NOTE

**18/12/19 11:16 - Comm Paeds ADMIN MP by Olivia Howard**  
Acct Num: V00002594987 DOB: 07/08/2006 Patient Age: 13

Note verified by Howard,Olivia 18/12/19 11:16:

Original Note:

### **Comm Paeds Admin MP**

#### **- Information Request/Receive**

**School Information Required:** Yes  
**School Information Date Requested:** 16/12/19  
**Achenbach Questionnaires Parents Required:** Yes  
**Achenbach Questionnaires Parents Date Requested:** 16/12/19  
**Achenbach Questionnaires Parents Date Received:** 18/12/19  
**Achenbach Questionnaires Teachers Required:** Yes  
**Achenbach Questionnaires Teachers Date Requested:** 16/12/19

\*\* Electronically signed by Howard,Olivia on 18/12/19 11:16 \*\*  
Initialized on 18/12/19 11:16 - END OF NOTE

**02/07/20 11:02 - ADHD Follow-Up Document by Jamuna Acharya**  
Acct Num: V00002594987 DOB: 07/08/2006 Patient Age: 13

Note verified by Acharya,Jamuna 02/07/20 11:10:

Original Note:

### **Consultation**

**Clinician Name:** Jamuna Acharya  
**Area:** North Sefton  
**Appointment Date:** 02/07/20  
**Appointment Time:** 10:30  
**Accompanying Child:** Yes Father

### **Medication History**

**- Allergies/Adverse Reactions**  
**Allergies/Adverse Reactions:**

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
NO KNOWN ALLERGIES	Allergy			Verified	10/05/19 13:10

**- Home Medications**

**Home Medications:**

Medication	Instructions	Status	Recorded	Confirmed	Last Taken	Type
No Home Medications		Active	22/07/19	22/08/19	Unknown	History

**Plan**

**- Medication details**

**Home Medications:**

Home Medications

Medication	Instructions	Status	Recorded	Confirmed	Last Taken	Type
No Home Medications		Active	22/07/19	22/08/19	Unknown	History

**Summary**

**Summary/Impression/Plan:** Under CAMHS. Needs to go to ASD pathway.

**Comm Paeds Pt Pathway Form**

**- 18 Week Outcome**

**18 Week Outcome for this visit::** Discharge

**- Allergies**

**Allergies:**

**Allergies**

NO KNOWN ALLERGIES Allergy (Verified 10/05/19 13:10)

\*\* Electronically signed by Acharya,Jamuna on 02/07/20 11:10 \*\*  
 Initialized on 02/07/20 11:02 - END OF NOTE

**12/07/20 15:41 - ASD Management Form by Janice Wilson**

Acct Num: V00002594987 DOB: 07/08/2006 Patient Age: 13

Note verified by Wilson,Janice 12/07/20 15:41:

Original Note:

## ASD Management

### - Information

**Speech & Language Therapy:** Not Required  
**Educational Psychology:** Not Required  
**School Information:** Not Required  
**School Observation NDP:** Not Required  
**School Observation Psychologist:** Not Required  
**Psychologist Assessment:** Not Required  
**ND History:** Received  
**ND History Date Requested::** 02/07/20  
**ND History Date Received::** 02/07/20  
**Feedback to Family:** Not Required  
**Paediatric Assessment:** Not Required  
**CAMHS Assessment:** Not Required

\*\* Electronically signed by Wilson,Janice on 12/07/20 15:41 \*\*  
Initialized on 12/07/20 15:41 - END OF NOTE

### 14/07/20 11:42 - ASD Management Form by Katherine Oliver

Acct Num: V00002594987 DOB: 07/08/2006 Patient Age: 13

Note verified by Oliver,Katherine 14/07/20 11:42:

Original Note:

## ASD Management

### - Information

**Speech & Language Therapy:** Not Required  
**Educational Psychology:** Not Required  
**School Information:** Requested  
**School Information Date Requested::** 14/07/20  
**School Observation NDP:** Not Required  
**School Observation Psychologist:** Not Required  
**Psychologist Assessment:** Not Required  
**ND History:** Received  
**ND History Date Requested::** 02/07/20  
**ND History Date Received::** 02/07/20  
**Feedback to Family:** Not Required  
**Paediatric Assessment:** Not Required  
**CAMHS Assessment:** Not Required

\*\* Electronically signed by Oliver,Katherine on 14/07/20 11:42 \*\*  
Initialized on 14/07/20 11:42 - END OF NOTE

### 16/07/20 13:57 - ASD Management Form by Katherine Oliver

Acct Num: V00002594987 DOB: 07/08/2006 Patient Age: 13

Note verified by Oliver,Katherine 16/07/20 13:58:

Original Note:

## **ASD Management**

### **- Information**

**Speech & Language Therapy:** Not Required  
**Educational Psychology:** Received  
**Education Psy Date Received::** 27/05/20  
**School Information:** Received  
**School Information Date Requested::** 14/07/20  
**School Information Date Received::** 16/07/20  
**School Observation NDP:** Not Required  
**School Observation Psychologist:** Not Required  
**Psychologist Assessment:** Not Required  
**ND History:** Received  
**ND History Date Requested::** 02/07/20  
**ND History Date Received::** 02/07/20  
**Feedback to Family:** Not Required  
**Paediatric Assessment:** Not Required  
**CAMHS Assessment:** Not Required

\*\* Electronically signed by Oliver,Katherine on 16/07/20 13:58 \*\*  
Initialized on 16/07/20 13:57 - END OF NOTE

## **05/08/20 14:57 - ASD Management Form by Heather Vanderwerff**

Acct Num: V00002594987 DOB: 07/08/2006 Patient Age: 13

Note verified by Vanderwerff,Heather 05/08/20 14:57:

Original Note:

## **ASD Management**

### **- Information**

**Speech & Language Therapy:** Requested  
**SALT Date Requested:** 05/08/20  
**Educational Psychology:** Received  
**Education Psy Date Received::** 27/05/20  
**School Information:** Received  
**School Information Date Requested::** 14/07/20  
**School Information Date Received::** 16/07/20  
**School Observation NDP:** Not Required  
**School Observation Psychologist:** Not Required  
**Psychologist Assessment:** Not Required  
**ND History:** Received  
**ND History Date Requested::** 02/07/20  
**ND History Date Received::** 02/07/20  
**Feedback to Family:** Not Required

**Paediatric Assessment:** Not Required  
**CAMHS Assessment:** Not Required

\*\* Electronically signed by Vanderwerff,Heather on 05/08/20 14:57 \*\*  
Initialized on 05/08/20 14:57 - END OF NOTE

**25/08/20 10:57 - Generic Communication by Katherine O'Dempsey**

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Note verified by O'Dempsey,Katherine 25/08/20 11:02:

Original Note:

**Who /when communication**

**- Specialty**

**Specialty:** Other

**- Clinician**

**Consultant review:** No

**- Date & Time of contact**

**Date:** 25/08/20

**Time of activity:** 10:57

**Generic Contact**

**- Communication type**

**Contact type:** Made call

**- Contact**

**Contact with:** Parent

**Generic Reason**

**- Reason for contact**

**PCM Generic reason for contact:** Other

**Contact discussion:** Phone call to Dad to organise an online social communication assessment with Dad. Dad stated he was unsure if Axel would agree but will try to encourage him to engage. Assessment to take place on Friday 28/08/20 @ 12:00, as Dad stated morning will be difficult due to Axel's sleep pattern. Email then sent to Dad confirming appointment with communication questionnaire attached.

\*\* Electronically signed by O'Dempsey,Katherine on 25/08/20 11:02 \*\*  
Initialized on 25/08/20 10:57 - END OF NOTE

**26/08/20 11:15 - ASD Management Form by Katherine Oliver**

Acct Num: V00002594987 DOB: 07/08/2006 Patient Age: 14

Note verified by Oliver,Katherine 26/08/20 11:16:

Original Note:

## **ASD Management**

### **- Information**

**Speech & Language Therapy:** Requested  
**SALT Date Requested:** 05/08/20  
**Educational Psychology:** Received  
**Education Psy Date Received::** 27/05/20 (SENT FOR SCANNING 26/08/20)  
**School Information:** Received  
**School Information Date Requested::** 14/07/20  
**School Information Date Received::** 16/07/20  
**School Observation NDP:** Not Required  
**School Observation Psychologist:** Not Required  
**Psychologist Assessment:** Not Required  
**ND History:** Received  
**ND History Date Requested::** 02/07/20  
**ND History Date Received::** 02/07/20  
**Feedback to Family:** Not Required  
**Paediatric Assessment:** Not Required  
**CAMHS Assessment:** Not Required

\*\* Electronically signed by Oliver,Katherine on 26/08/20 11:16 \*\*  
Initialized on 26/08/20 11:15 - END OF NOTE

### **27/08/20 12:45 - ASD Management Form by Katherine Oliver**

Acct Num: V00002594987 DOB: 07/08/2006 Patient Age: 14

Note verified by Oliver,Katherine 27/08/20 12:45:

Original Note:

## **ASD Management**

### **- Information**

**Speech & Language Therapy:** Requested  
**SALT Date Requested:** 05/08/20  
**Educational Psychology:** Received  
**Education Psy Date Received::** 27/05/20 (SENT FOR SCANNING 26/08/20)  
**School Information:** Received  
**School Information Date Requested::** 14/07/20  
**School Information Date Received::** 16/07/20 (SENT FOR SCANNING 19/08/20)  
**School Observation NDP:** Not Required  
**School Observation Psychologist:** Not Required  
**Psychologist Assessment:** Not Required  
**ND History:** Received  
**ND History Date Requested::** 02/07/20  
**ND History Date Received::** 02/07/20  
**Feedback to Family:** Not Required  
**Paediatric Assessment:** Not Required  
**CAMHS Assessment:** Not Required

\*\* Electronically signed by Oliver,Katherine on 27/08/20 12:45 \*\*  
Initialized on 27/08/20 12:45 - END OF NOTE

**29/08/20 15:04 - SLT-Soc. Comm. Assessment by Katherine O'Dempsey**

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Note verified by O'Dempsey,Katherine 29/08/20 15:07:

Original Note:

**Who/When**

**- Specialty**

**Specialty:** SALT

**- Date & Time of contact**

**Date:** 28/08/20

**Time of activity:** 12:00

**Contact**

**- Contact**

**Contact with:** Parent, Patient

**SLT. Soc. Comm. Assessment**

**- Background Information**

**Background Information:**

Axel was aware that the assessment was in relation to Autism. Axel does not think that he has Autism.

Mum reported that her main concerns are around the incident late last year, but Mum feels that Axel has improved since he has been at home. In school Axel is 1:1 with his teacher.

**- Attention & Listening**

**Attention & Listening Skills:**

Axel was mostly focused throughout a long appointment, despite difficulties with the connection

**- Communication**

**Social Communication & Interaction Skills:**

Conversation:

- Axel did not greet or say goodbye to the assessor during the assessment. On one occasion Axel stood up saying "wait a minute" and disappeared, when he returned he gave no explanation why he had got up until he was directly asked.

- Axel would answer direct questions, and was reluctant to give

additional information.

- Axel reported that he likes YouTube and TV, he likes to watch history videos and videos which are factual or "informative".

- Axel demonstrated inconsistent understanding of others emotions when looking at pictures, for example he could recognise that people were "sad" in a funeral scene, but when shown two boys fighting over a game Axel stated "they're playing...they're having fun", the assessor then suggested the boys were fighting and Axel said "well, why are they smiling?". When looking at a picture of a girl who looks worried, Axel was asked how the girl was feeling and said "traumatized... actually I didn't see her other hand, I think just out of breath".

- Axel found it difficult to think of anything that would make him feel happy or excited. Axel feels "worried" about "going outside" he explained, "I don't like being near other people" because "I feel like other people are judging me". Axel stated that he didn't have specific worries about what others thought of him, but felt it was "generally bad things", Axel thinks that most people will think these things except "close friends".

- It was very difficult to engage Axel in two way conversation, though this was impacted by the signal during the video assessment, however a conversation was had with Mum following the assessment via the same platform indicated that in part this difficulty was due to Axels

- Mum reported that Axel struggles with talking to people, because he always wants to "win the debate" and if the conversation does not go his way, he will start arguing.

- Mum reported that Axel will invite her to watch television with him. Axel will enjoy discussing with the other person the topic of the shows he is watching.

- During the assessment Axel was observed to put his head down on the desk while the assessor was speaking because he wanted to change topic.

- Mum stated that if she was talking about something Axel is not interested in then he will ask her to stop. Axel will listen to information about other people, for example about their day

#### Non-verbal communication:

- Axel had a neutral facial expression throughout the assessment.

- Mum reported that when Axel looks at someone he just looks at "one point", and will avoid looking at the person.

- During the assessment Axel appeared to be looking round the room at times, or to the side of the computer.

- Axel was not observed to use gesture during the assessment.

#### Friendships and relationships:

- Axel reported that he doesn't have any friends in his school.

- Axel stated that he had friends in his old school. When asked if

- he had any best friends he said "I don't really know, I don't think so". Axel reported that a best friend is someone you are "always with" and "always talking" to. Axel stated that he wouldn't be allowed to see his friends outside of school, but that he "wasn't really bothered" either way.
- Axel stated that he has not kept in contact with his friends from previous schools, he is unsure why. Axel stated that he doesn't miss these friends.
  - Axel reported that a good friend is being "friends with them" and "you speak to them a lot".
  - Axel stated that his brother is "annoying" because "he just likes to argue". Mum stated that Axel will not tolerate other people "winning" a discussion or argument.
  - Mum reported that Axel will often refuse to go out.
  - Mum stated that when Axel was in primary school he was very popular, and was good with friends. Mum reported that since going to high school Axel did not show much of an interest in others.
  - Axel stated that he is "bullied" by his Dad, because his Dad will say things that are "annoying" on purpose. Axel was asked what kind of thing he finds annoying, but was unable to say what annoys him. The assessor then asked if Axel thought his Dad would know what is "annoying" for Axel, but Axel was unsure. Mum reported that Axel's Dad has been on communication courses because he was finding it difficult to communicate with Axel in a way which wasn't perceived as arguing or bullying.

### **- Patterns of Behaviour**

#### **Restricted, Repetitive Behaviour, Interests or Actions:**

#### **RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOUR, INTERESTS OR ACTIVITIES**

- Mum reported that Axel can often take what has been said as an offence, and struggle to interpret it in a different way.
- Mum reported that Axel is literal.
- Mum stated that Axel will refuse to engage in something that he is not very interested in. This can have an impact on Axel in school, for example Axel can find it very difficult or impossible to engage in an activity or piece of work that he is not actively interested in. Mum is concerned that this will impact Axel academically.
- Mum stated that Axel likes to watch programmes on television which are to do with arts and history. Mum reported that Axel likes watching programmes about entrepreneurs to do with inventing things from nothing which results in a business.
- Mum reported that when Axel was in primary school and the beginning of high school, he would play tennis with other children, enjoyed swimming, gymnastics and other activities. Axel then began quitting everything and stated he didn't like it anymore. Axel preferred to play computer games which was his main interest at the time. Axel has since stopped playing games, and now only tends to watch YouTube and shows on television about History, animals, shows rooted in fact.

## - Summary

### Summary & Recommendations:

Communication between home and school

Social communication support, access to social communication group.

It might be useful if Axel is able to talk about when he feels he is being bullied 1) to spot when it is happening and 2) because he may at times misinterpret people disagreeing with him as bullying

Giving Axel the opportunity to raise concerns at a particular time/ through a diary eg ) if he feels someone is bullying him

Mum was sent a link to SENDIAAS as she expressed concerns around Axel's school. Assessor explained that she couldn't give advice on specific schools and that wouldn't be an outcome of the Panel/MDT, but directed her to SENDIAAS for advice and information.

\*\* Electronically signed by O'Dempsey,Katherine on 29/08/20 15:07 \*\*

Initialized on 29/08/20 15:04 - END OF NOTE

### **07/09/20 09:28 - Std - Outpatient Review by Katerina Prodromou**

Acct Num: V00002471642 DOB: 07/08/2006 Patient Age: 14

Note verified by Prodromou,Katerina 07/09/20 09:38:

Original Note:

## **Who/When**

### - Specialty

**Specialty:** Urology

### - Clinician

**Name of most senior clinician:** Katerina Prodromou

**Most senior person at review:** Registrar or equivalent

**Contact Ext/Bleep Number:** KPRODROMOU

### - Date & Time of review

-: Now

**Date of review:** 07/09/20

**Time of review:** 09:30

## **History & Examination**

### - History & Examination

#### **History/Review (Letter):**

Dysuria

Interrupted stream

Terminal haematuria

Likely Posterior urethritis now resolved after biofeedback training

Anxiety, behavioural issues, now on ASD pathway

I had a telephone consultation with Axel's mum today in view of the covid 19 pandemic. Axel has been well from a urological point of view. He has not had any further symptoms or signs of posterior urethritis.

## DPA

Lately he has been assessed and placed on the ASD pathway. I explained that children with ASD usually have difficulties with toileting and this could explain the mentioned behaviour.

I however have no urological concerns. I would be grateful if you could keep an eye on things and re-refer Axel to us if his symptoms recur.

I have now discharged him back to your care.

### - Learning Disabilities / ASC

**Learning disabilities:** Not known

### Letter

**Auto-generate letter:** Yes

**Confirmation of auto-generated letter request:** auto-generated letter will be available shortly

**CC comments:** parents urology nurses and miss corbett

**Include Home Medications in auto-generated letter:** No

### Urol PPF (Urol use only)

### - Today's Clinic

**Today's Consultation Type is?:** Telephone consultation

**Click here to view the previous RTT Status:**

<b>Pathway</b>	Urology
<b>Start Date</b>	10/05/19
<b>End Date</b>	22/07/19
<b>Status</b>	Treatment Ongoing/has started
<b>RTT Target</b>	13/09/19

### - 18 Week Outcome

**18 Week Outcome for this visit::** Discharge

**Transition to Adult services:** If your patient has a long term condition and is aged 14 years, please go to the transition tab and commence planning for transition to GP or adult services. If your patient is aged 14 and has complex neuro-disabilities please contact the transition team for advice on extension 2823 or by emailing a member of the transition team.

### - Allergies

**Allergies:**

**Allergies**

NO KNOWN ALLERGIES Allergy (Verified 10/05/19 13:10)

\*\* Electronically signed by Prodromou,Katerina on 07/09/20 09:38 \*\*  
Initialized on 07/09/20 09:28 - END OF NOTE

**25/09/20 15:11 - Comm Paeds ADMIN MP by Olivia Howard**

Acct Num: V00002594987 DOB: 07/08/2006 Patient Age: 14

Note verified by Howard,Olivia 25/09/20 15:11:

Original Note:

**Comm Paeds Admin MP**

**- Information Request/Receive**

**School Information Required:** Yes

**School Information Date Requested:** 16/12/19

**Achenbach Questionnaires Parents Required:** Yes

**Achenbach Questionnaires Parents Date Requested:** 16/12/19 (sent to scanning 28/9/20)

**Achenbach Questionnaires Parents Date Received:** 18/12/19

**Achenbach Questionnaires Teachers Required:** Yes

**Achenbach Questionnaires Teachers Date Requested:** 16/12/19

\*\* Electronically signed by Howard,Olivia on 25/09/20 15:11 \*\*

Initialized on 25/09/20 15:11 - END OF NOTE

**27/10/20 11:30 - ASD Management Form by Donna Hamill**

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Note verified by Hamill,Donna 27/10/20 11:30:

Original Note:

**ASD Management**

**- Information**

**Speech & Language Therapy:** Received

**SALT Date Requested:** 28/08/20

**SALT Date Received::** 27/10/20

**Educational Psychology:** Not Required

**School Information:** Not Required

**School Observation NDP:** Not Required

**School Observation Psychologist:** Not Required

**Psychologist Assessment:** Not Required

**ND History:** Not Required

**Feedback to Family:** Not Required

**Paediatric Assessment:** Not Required

**CAMHS Assessment:** Not Required

\*\* Electronically signed by Hamill,Donna on 27/10/20 11:30 \*\*

Initialized on 27/10/20 11:30 - END OF NOTE

**04/11/20 12:32 - ASD Management Form by Autumn Johnson**

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Note verified by Johnson,Autumn 04/11/20 12:33:

Original Note:

### **ASD Management**

#### **- Information**

**Speech & Language Therapy:** Received  
**SALT Date Requested:** 28/08/20  
**SALT Date Received::** 27/10/20  
**Educational Psychology:** Not Required  
**School Information:** Not Required  
**School Observation NDP:** Not Required  
**School Observation Psychologist:** Not Required  
**Psychologist Assessment:** Not Required  
**ND History:** Requested  
**ND History Date Requested::** 17/11/20  
**Feedback to Family:** Not Required  
**Paediatric Assessment:** Not Required  
**CAMHS Assessment:** Not Required

\*\* Electronically signed by Johnson,Autumn on 04/11/20 12:33 \*\*  
Initialized on 04/11/20 12:32 - END OF NOTE

### **04/11/20 12:33 - Generic Communication by Autumn Johnson**

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Note verified by Johnson,Autumn 04/11/20 12:34:

Original Note:

### **Who /when communication**

#### **- Specialty**

**Specialty:** Community Paeds

#### **- Clinician**

**Consultant review:** No

### **Generic Contact**

#### **- Communication type**

**Contact type:** Made call

#### **- Contact**

**Contact with:** Parent (Spoke to dad, happy to do ND over phone scheduled - 17.11.20)

\*\* Electronically signed by Johnson,Autumn on 04/11/20 12:34 \*\*  
Initialized on 04/11/20 12:33 - END OF NOTE

**11/11/20 14:44 - ASD Management Form by Katherine Oliver**

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Note verified by Oliver,Katherine 11/11/20 14:44:

Original Note:

**ASD Management**

**- Information**

**Speech & Language Therapy:** Received

**SALT Date Requested:** 28/08/20

**SALT Date Received::** 27/10/20

**Educational Psychology:** Not Required

**School Information:** Received

**School Information Date Received::** 16/07/20

**School Observation NDP:** Not Required

**School Observation Psychologist:** Not Required

**Psychologist Assessment:** Not Required

**ND History:** Requested

**ND History Date Requested::** 17/11/20

**Feedback to Family:** Not Required

**Paediatric Assessment:** Not Required

**CAMHS Assessment:** Not Required

\*\* Electronically signed by Oliver,Katherine on 11/11/20 14:44 \*\*  
Initialized on 11/11/20 14:44 - END OF NOTE

**17/11/20 10:34 - Neurodevelopment New Pt by Kate Murphy**

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Addendum entered by Murphy,Kate 18/11/20 11:47:

**Additional information**

**Additional Information:** Dad contacted the service and requested that additional information be added to ND history. 1.When he is anxious his saliva increases – the more he thinks about it the worse the saliva. 2.Had an issue with water eyes. 3.Anxious leaving the house and gets frightened leaving the house. 4.He keeps his door closed when sleeping. 5.His clothing or items have to arranged perfectly in a certain way (His way). 6. He has excessive fear of insects and flying insects – he screams and gets very distressed. 7.When using the toilet – he will go not if people are around – he will ask them to leave (if they are upstairs can they comedown). 8.Every task asked (eg a favour) can you print this out for me – he wants a financial payment – dads feels this comes from when he was little and they gave him money for jobs.

**DPA**

Original Note:

## Consultation

**Consultation Type:** ASD Developmental History

**Area:** Liverpool

**Venue:** Telephone

**Appointment Date:** 17/11/20

**Appointment Time:** 10:36

**Accompanying Child:** Yes Father (Alphonse Rudakbuana)

## Presenting Problems

### - Problems

**Referral Concern:** Social Communication Difficulties

### - Parent/Carer Concern

**Parent/Carer Concerns:** Behaviour, Feeding, Sleeping, Social Communication

## Medications

**Allergies/Adverse Reactions:**

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
NO KNOWN ALLERGIES	Allergy			Verified	10/05/19 13:10

## Home Medications:

### Home Medications

Medication	Instructions	Status	Recorded	Confirmed	Last Taken	Type
No Home Medications		Active	22/07/19	22/08/19	Unknown	History

## Pregnancy History

### - Maternal Factors

**Pregnancy:** DPA

**Alcohol/Drugs:** DPA

**Antenatal Care:** DPA

**Bleeding:** DPA

**Illness:** DPA

**Liquor Loss:** DPA

**Medication:** DPA

**Mental Health Problems:** DPA

### - Foetal Factors

**Any problems with foetal movements?:** No

**Multiple pregnancy?:** No

**Gestation (wks):** 38

**Delivery Method::** DPA

**If other, give details:** Birth weight unsure

**SCBU admission::** No

### - Neonatal History

**Neonatal History:** Feeding Difficulties: No (Breast then moved onto formula ), Medical Difficulties: No, Infection: No, Cranial U/S Scans: No, Other Neonatal Investigations: No

## **Current Health**

**Problems:** Cardiovascular: No, ENT: No, Dental: No, Pain Discomfort: No, Sleep: No

## **Immunisations**

**Is the child fully immunised for their age?:** Yes

**Please note:** 'Consider influenza annually' and 'The live attenuated influenza vaccine should not be given to children or adolescents who are clinically severely immunodeficient due to conditions or immunosuppressive therapy'

**Additional Vaccines:** No

## **Family/Social History**

### **- Family Tree**

**Family Tree Details:** Mum Laetitia 48 medical scientist, Alphonse dad 45 taxi driver, Brother Dion 16yrs

### **- Family History**

**LD:** No

**Developmental Delay:** No

**Language Delay:** No

**Autism:** No

**ADHD:** No

**Epilepsy:** No

**Mental Health Difficulties:** No

**Cardiac Problems (arrhythmia, BP, faints):** No

**EHAT:** No

**Parenting Course:** No

### **- Family Concern**

**Concerns Guide:**

Concerns

NAS, ED attendances under the influence

**Concern about drugs/alcohol in child:** No

### **- Safeguarding**

**History of domestic violence?:** No

**Name and address of Social Worker and responsible authority:** Axel went to court had problems in school getting bullied - he took a knife into school to protect himself he is serving a sentence in the community with YOT no CSC involvement Social worker was happy that no issues at home and case was closed

**Is/has child or YP subject to child protection?:** No

**History of Social Care Involvement:** Yes

## **Developmental History**

### **- Concerns**

**Concerns about vision:** No

**Concerns about hearing:** Yes

**(Hearing concern) details:** Tinnitus

**What was he/she like as a baby:** Axel was happy content baby

### **- Language (age in months)**

**Early sounds/babble:** Cannot remember him babbling - first words - cannot remember - responded to name being called - language progressed as expected

**Any regression or prolonged cessation of language?:** No

**Echolalia:** No

### - Motor Development

**Enter 2 - 60 months:** The following questions; Rolling to Jumping are set as numerical and require an age in months from 2 to 60.

**Gross motor skills delay:** No

**Additional details:** Crawled hand and knee then walked at normal age - no concerns

### - Fine Motor Skills

**Handedness:** Right

**Fine Motor skills delay:** No

**Additional details:** Can hold a pen and write, can ride a bike, scooter and play football

### - Social Behaviours

**Guide:** Social games e.g. peek-a-boo. What age? Social games e.g. peek-a-boo. What age?

**Behaviours:** Social Games: No (Very serious), Arms up to be lifted: No, Eye contact: Yes, Imaginative play: Yes, Sharing/turn taking: Yes

**(Behaviour) Comments:** Axel gets offended - he gets angry and annoyed he will give warning that he is getting annoyed - he is not physically aggressive but when he is angry he is really upset - he will shout and say horrible things

### - Coordination/Self Care

**Feeding:** Axel can feed himself and use a knife a fork - he is not messy eater. He is a very fussy eater and does not like the food cooked at home - he has a very limited diet - he eats pasta, spaghetti bolognese, pizza, chicken nuggets, he would eat a meal for breakfast like spag bol - he likes papa john or domino pizza Only, nandos, or mcdonalds - He only eats certain brands. He will occasionally have a few grapes. He is fussy about the presentation of food - he researching recipes on line for dad to cook - if they do not like how they do on the internet he gets angry and he will not eat. He will not eat any veg. He will say he hungry when he is anxious or bored

**Dressing:** Axel can dress himself and do buttons and zips - he is not fussy with clothing - he doesn't care how he looks or brands of clothes. He is modest and clothing has to cover his body - he is body conscious and dignified and likes clean pressed clothing -

**Hygiene/toileting:** He does not clean his room but he ensures that there is no dust he likes a clean floor. He was good at toilet training. Axel gets a shower - he is not fussed on getting washed and will do this every 3 days - he decides. Axel is great at brushing his teeth - no issues going to the dentist. Axel complains getting his hair cut he says the clippers hurt his scalp - he really struggles - he has not had a hair cut since lockdown - and it's really long

**Play/leisure (bike, climbing, swimming etc):** Computer games nothing physical

### - Peer Relationships

**Play / Interests:** Fortnite and Minecraft - he can get fixated by ideas e.g. the searching of recipes for dad to cook but they tail off

## Education

### - Pre-School

**Nursery:** Yes

**Details (including concerns):** Went to Acorn Nursery from 1yr until he started reception - no concerns - he followed brother everywhere - he did have some friends but relied on brother and prevented him from mixing with others. Before he could walk he would cry all the time but once he learnt how to walk he was fine

**Attendance Concerns:** No

**Developmental Progress::** on target  
**Global Development Delay:** None  
**Nursery Moves:** No  
**EHAT:** No  
**SENISS/Educational psychology Input:** No  
**EHCP::** No  
**Adaptations in Setting::** No  
**Exclusions::** No

### - Primary School

**School:** Yes  
**School name:** Christ of King moved to St Patricks  
**(School) Comments:** No concerns Christ the king then moved to Holy Family for one term while a place becoe available in St Patricks- concerns about standing up - they would ask him to sit and it took a while for sit - he preferred to stand 0- he had friends - parents ad no concerns  
**Attendance Concerns:** No  
**School Moves:** No  
**Learning Difficulty:** None  
**Extra Help:** No  
**EHAT:** No  
**SENISS/Educational psychology Input:** No  
**EHCP:** No  
**Adaptations in Setting:** No  
**Exclusions:** No

### - Secondary School

**School:** Yes  
**School Name:** Range High -then moved to Acorn school  
**Details (including concerns):** Axel got bullied in range High and there was an incident in school - Axel took a knife into school for his protection and as a result he is serving a scentence in the community under the supervision of YOT. Axel ws not doing enough home and school work he was struggling and he would struggle to stay focused and finish. he did not ask for help - he struggled with fiendships he did not know any children at the school from primary - has has mentioned 2 boys but he never meets them - parents suggest he askes them hoime but he wont - they play on line. He rushes activities and struggles to keep attention - he gets distracted with low level talking and external distractions - he got regular detentions - He struggles to keep still in class- he rubs his hands, fidgeting, moving -he does not apply himself  
**School Moves:** Yes  
**Educational progress (strengths/weaknesses):** Below age related  
**Learning Difficulty:** Possible  
**Extra Help:** Yes  
**EHCP:** Yes

### Social Communication & Rigid/R

#### - Play

**Early play guide:** (What they liked to play with | examples |Imaginative play | Any specific interests | Role Play)  
**Early Play:** Aexl had toys - dad cannot remember anything unusual about Axel's play when he was younger. he likd to stay with his brother. He liked trampolininig, swimming, gymnatsics, Tennis, he did not like football- around 12yrs his behaviour- he changed high school and reported he was not happy  
**Current Play:** Axel playes on the computer alone and watches TV- After the incident in school he does not play with anyone. The Police removed his computer and he lost interested - he likes to learn things about life, educational programmes on TV- he is sensible

## - Social Communication

**Social Communication:** Axel sees things very black and white - lots of argument lots of win or lose - there is always something wrong or he finds fault - He likes things done in his way or the way he thinks -. If told dad had a bad day would overlook this and talk about self not offering much compassion or empathy. Says hello and good Bye but needs prompting or you to initiate. Dominates the conversation with things he likes, wants or needs - this is only with family - he very rarely talks to others - gives one word answers. Talks at length not noticing others are bored - only with family. Does not understand jokes he is very serious. Can take banter but he will feel humiliated and take personal. Eye contact is good with family - with others he looks away, down, at his fingers - he might give a little fleeting eye contact. He rubs his hands. Would not always notice if someone hurt themselves and give appropriate sympathy and affection he needs it pointing out in black and white he cannot pick up himself. He is always serious and looks serious. He can offend people when unintentionally when talking to them. Birthdays and Xmas - he does not really show much emotion dad describes him as a recluse - he does not like the house he is anxious and nervous in public. Responds to pain and has feeling but he is tough. He sits in the fetal position all the time knees to chest. He does not always understand people's facial expression and emotions - he will not follow parents requests at home

**Social Interaction:** He will have a hand shake from dad but will hug mum. He does not like to look at people. He hates the hustle of high school - the noise the pushing and shoving. he is constantly fidgeting and moving. Things have to be his way or how he wants. dad says he gives him no respect and can come across rude and disrespectful. Does not like going out - when out shop or restaurant he asks to come home

**Fondness of Routine/Rigidity:** Axel struggles with change. He does not like to leave the house. he can cope with going out but he has to accept to go in the first place which is not always the case - he is the first to ask to return home and once asked to leave this has to be followed through. Never been abroad. Rubs fingers

**Any unusual behaviours/Mannerisms/Body Movements:** Rubs his hands. he has an unusual walk they way he holds himself - he would be very offended if dad raised this

## Attention/Hyperactivity/Impuls

**ADHD Symptoms:** Enquire about onset, duration, pervasiveness, persistence and impairment. Comment if home or school or both.

## - Inattention

**01. Does the child often fail to give close attention to detail or make careless errors?:** Yes

**Fail close attention to details:** He struggles to keep focused - he is fidgeted - will not ask for help

**02. Does the child often fail to sustain attention in tasks or play activities?:** Yes

**Fail to sustain attention:** Avoids work he does not like - asks dad how he can remember things

**03. Does the child often appear not to listen to what is being said to him or her?:** Yes

**Not listening:** gets distracted easily low level talking, people noise external factors

**04. Does the child often fail to follow through on instructions or to finish tasks?:** Yes

**Fail with instruction/finish task:** Cannot follow instructions- eg go up stairs and get you washing and bring it down - he cannot not

**05. Does the child often appear impaired in organising tasks and activities?:** Yes

**Impaired in organising tasks:** dad does everything

**06. Does the child often avoid or strongly dislike tasks that that require sustained mental effort?**

: Yes

**07. Does the child often lose things necessary for certain tasks or activities?:** Yes

**Loses things often:** He knows where his stuff is but struggles to find it

**08. Does the child often appear easily distracted by external stimuli?:** Yes

**09. Does the child often appear forgetful in the course of daily activities?:** Yes

## - Hyperactivity

**10. Does the child often fidget with their hands or feet or squirm on their seat?:** Yes

**12. Does the child often run about or climb excessively in situations in which it is inappropriate?:**

No

**13. Does the child often appear unduly noisy in playing or have difficulty engaging quietly in leisure activities?:** No

#### **- Impulsivity**

**15. Does the child often blurt out answers before questions have been completed?:** Yes

**16. Does the child often fail to wait in line or await turns in games or group situations?:** Yes

**17. Does the child often interrupt or intrude on others?:** Yes

**18. Does the child often talk excessively without appropriate response to social constraints?:** No

#### **Sensory Difficulties**

**Auditory:** Yes

**(Auditory) Details:** Low level noise can distract him - when he younger he did not like loud noise he would cover his ears and say lower

**Taste:** Yes

**(Taste) Details:** very selective brands only - has limited diet

**Tactile:** Yes

**Vision:** No

**Smell:** Yes

**(Smell) Details:** Smells of foods being prepared can make him sick he will say it smells like 'poo'

**Proprioception/Balance:** Yes

**(Proprio.../Bala...) Details:** Always in fetal position and walks strange way- rubs hands

#### **Sleep**

##### **- Sleep Routine**

**Sleep Difficulties:** Yes

**Sleep Environment:** Own Room: Yes

#### **Behaviour**

**Behaviour:** Aggression to peers: No, Aggression to adults: Yes (verbal), Aggression to siblings: Yes (Verbal), Cruelty to animals: No, Camhs involved: Yes

#### **Mental Health**

**Mood:** Anxiety/depression: Yes, Oppositional Defiance: Yes, Conduct problems: Yes, Post-traumatic stress symptoms: Yes (Incident in school )

#### **Summary**

**Summary/Impression/Plan:** ND history completed with Dad - pathway process and next steps explained - Suggested support services like Advanced Solutions and Isabella trust -

#### **Comm Paeds Pt Pathway Form**

##### **- Today's Clinic**

**Today's Consultation Type is?:** Telephone consultation

##### **- 18 Week Outcome**

**18 Week Outcome for this visit::** Watchful Wait/Monitoring

##### **- Future Follow up**

**Future Follow Up:** Same Clinic

**Future Appointment Consultation Type:** Telephone consultation

**Follow Up Time Frame:** Months

**Follow Up Time Frame:** 12

**Tolerance (+/-) Consider Clinical Risk:** 1 Month

**Transition to Adult services:** If your patient has a long term condition and is aged 14 years, please go

to the transition tab and commence planning for transition to GP or adult services. If your patient is aged 14 and has complex neuro-disabilities please contact the transition team for advice on extension **DPA** or by emailing a member of the transition team.

**- Allergies**

**Allergies:**

**Allergies**

NO KNOWN ALLERGIES Allergy (Verified 10/05/19 13:10)

Initialized on 17/11/20 10:34 - END OF NOTE

**02/12/20 16:46 - ASD Management Form by Heather Vanderwerff**

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Note verified by Vanderwerff,Heather 02/12/20 16:46:

Original Note:

**ASD Management**

**- Information**

**Speech & Language Therapy:** Received

**SALT Date Requested:** 28/08/20

**SALT Date Received::** 27/10/20

**Educational Psychology:** Not Required

**School Information:** Received

**School Information Date Received::** 16/07/20

**School Observation NDP:** Not Required

**School Observation Psychologist:** Not Required

**Psychologist Assessment:** Not Required

**ND History:** Received

**ND History Date Requested::** 17/11/20

**ND History Date Received::** 02/12/20

**Feedback to Family:** Not Required

**Paediatric Assessment:** Not Required

**CAMHS Assessment:** Not Required

\*\* Electronically signed by Vanderwerff,Heather on 02/12/20 16:46 \*\*

Initialized on 02/12/20 16:46 - END OF NOTE

**07/12/20 11:09 - ASD Management Form by Janice Wilson**

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Note verified by Wilson,Janice 07/12/20 11:09:

Original Note:

## ASD Management

### - Information

**Speech & Language Therapy:** Received  
**SALT Date Requested:** 28/08/20  
**SALT Date Received::** 27/10/20  
**Educational Psychology:** Received  
**Education Psy Date Requested::** 16/07/20  
**Education Psy Date Received::** 16/07/20  
**School Information:** Received  
**School Information Date Requested::** 16/07/20  
**School Information Date Received::** 16/07/20  
**School Observation NDP:** Not Required  
**School Observation Psychologist:** Not Required  
**Psychologist Assessment:** Not Required  
**ND History:** Received  
**ND History Date Requested::** 17/11/20  
**ND History Date Received::** 02/12/20  
**Feedback to Family:** Not Required  
**Paediatric Assessment:** Not Required  
**CAMHS Assessment:** Not Required

\*\* Electronically signed by Wilson,Janice on 07/12/20 11:09 \*\*  
Initialized on 07/12/20 11:09 - END OF NOTE

### 18/12/20 13:56 - ASD Management Form by Geoffrey Lyons

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Note verified by Lyons,Geoffrey 18/12/20 13:56:

Original Note:

## ASD Management

### - Information

**Speech & Language Therapy:** Received  
**SALT Date Requested:** 28/08/20  
**SALT Date Received::** 27/10/20  
**Educational Psychology:** Received  
**Education Psy Date Requested::** 16/07/20  
**Education Psy Date Received::** 16/07/20 (SENT FOR SCANNING 15/12/20)  
**School Information:** Received  
**School Information Date Requested::** 16/07/20  
**School Information Date Received::** 16/07/20 (SENT FOR SCANNING 15/12/20)  
**School Observation NDP:** Not Required  
**School Observation Psychologist:** Not Required  
**Psychologist Assessment:** Not Required  
**ND History:** Received  
**ND History Date Requested::** 17/11/20  
**ND History Date Received::** 02/12/20

**Feedback to Family:** Not Required  
**Paediatric Assessment:** Not Required  
**CAMHS Assessment:** Not Required

\*\* Electronically signed by Lyons,Geoffrey on 18/12/20 13:56 \*\*  
Initialized on 18/12/20 13:56 - END OF NOTE

**30/12/20 16:45 - ASD DSM V Criteria by Ruth Mitchell**

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

**ASD DSM V Criteria**

**- Assessment Details**

**Date document completed:** 30/12/20

**Chronological Age:** 14

**Time document completed:** 16:45

**Attends:** Acorns school

**Professionals Completing Doc:** Doctor: Yes (Dr. Sultan), Speech Therapist: Yes (Ruth Mitchell), Other: Yes (Dawn Devine, Physician Associate)

**- Assessment Comprised of**

**1. Review of Previous letters/reports:** Neurodevelopmental history: Yes, Speech therapy report: Yes, Educational psychology report: Yes, School information/report: Yes

**- Assessment**

**\_:** Social Communication and Interaction

**Social Emotional reciprocity:** ND- saliva increases when anxious; gets offended, angry and annoyed easily, not aggressive but shouts and says horrible things. liked to be with brother when younger. Behaviour changed on transition to high school. No compassion or empathy, no social greetings, rarely talks to people outside of family, dominates conversation with his likes, doesnt get jokes and takes banter very personally. Doesn't show emotion or empathy. verbally aggressive to adults.

**Non-verbal communication:** ND- eye contact good with family but noone else. SALT - Axel had a neutral facial expression throughout the assessment. - Mum reported that when Axel looks at someone he just looks at "one point", and will avoid. looking at the person. - During the assessment Axel appeared to be looking round the room at times, or to the side of. the computer. - Axel was not observed to use gesture during the assessment.

**Friendships and Relationships:** ND - anxious about leaving house; bullied at Range high, took a knife into school and is doing community service. Struggled with friendships at secondary, doesnt invite friends home and doesn't see others outside of school. Dislikes going out. SALT - Axel reported that he doesn't have any friends in his school. - Axel stated that he had friends in his old school. When asked if he had any best friends he. said "I don't really know, I don't think so". Axel reported that a best friend is someone you are. "always with" and "always talking" to. Axel stated that he wouldn't be allowed to see his friends. outside of school, but that he wasn't "really bothered" either way. - Axel stated that he has not kept in contact with his friends from previous schools, he is unsure. why. Axel stated that he doesn't miss these friends. - Axel reported that a good friend is being "friends with them" and "you speak to them a lot". - Axel stated that his brother is "annoying" because "he just likes to argue". Mum stated that. Axel will not tolerate other people "winning" a discussion or argument. - Mum reported that Axel will often refuse to go out. - Mum stated that when Axel was in primary school he was very popular, and was good with. friends. Mum reported that since going to high school Axel did not show much of an interest in. others. - Axel stated that he is "bullied" by his Dad, because his Dad will say things that are "annoying". on purpose. Axel was asked what kind of thing he finds annoying, but was unable to say what. annoys him. The assessor then asked if Axel thought his Dad would know what is "annoying". for

Axel, but Axel was unsure. Mum reported that Axel's Dad has been on communication courses because he was finding it difficult to communicate with Axel in a way which wasn't. perceived as arguing or bullying.

**Stereotyped/ repetitive motor movements::** ND - Struggles to keep still, fidgets. Sits in foetal position a lot. rubs fingers and hands, unusual walk.

**Routines and rigidities:** ND - clothing must be arranged his way, people have to leave when he goes to toilet, Researches recipes for Dad to cook but has to be same way as done on internet. Very black and white, things have to be done his way. Struggles with change.

**Highly fixated interests:** ND- fixated by ideas eg searching for recipes.

**Sensory sensitivities:** ND - excessive fear of flying insects, screams. Very limited diet, only eats certain brands. doesn't care how he looks but likes clean, pressed clothing. likes clean floor and no dust. Dislikes hair cut. Hates noise and pushing/ shoving at school. Hypersensitive to food smells.

### - Summary & Conclusion

**Diagnosis of Autism spectrum disorder:** Yes

**Recommendations:** Needs further assessment for ADHD; diagnosis to be given sensitively at feedback appointment, as Axel does not feel he is autistic.

\*\* Electronically signed by Mitchell,Ruth on 30/12/20 17:24 \*\*  
Initialized on 30/12/20 16:45 - END OF NOTE

### **06/01/21 16:10 - ASD Management Form by Emma Carey**

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Note verified by Carey,Emma 06/01/21 16:11:

Original Note:

### **ASD Management**

#### - Information

**Speech & Language Therapy:** Received

**SALT Date Requested:** 28/08/20

**SALT Date Received::** 27/10/20

**Educational Psychology:** Received

**Education Psy Date Requested::** 16/07/20

**Education Psy Date Received::** 16/07/20 (SENT FOR SCANNING 15/12/20)

**School Information:** Received

**School Information Date Requested::** 16/07/20

**School Information Date Received::** 16/07/20 (SENT FOR SCANNING 15/12/20)

**School Observation NDP:** Not Required

**School Observation Psychologist:** Not Required

**Psychologist Assessment:** Not Required

**ND History:** Received

**ND History Date Requested::** 17/11/20

**ND History Date Received::** 02/12/20

**Feedback to Family:** Not Required

**Paediatric Assessment:** Not Required

**CAMHS Assessment:** Not Required

#### - Diagnosis-PCO to complete

**ASD Comment::** ASD

**Comment:** Concluded report recieved on 06/01/21

\*\* Electronically signed by Carey,Emma on 06/01/21 16:11 \*\*  
Initialized on 06/01/21 16:10 - END OF NOTE

**12/01/21 14:37 - Generic Communication by Emma Carey**

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Note verified by Carey,Emma 12/01/21 14:38:

Original Note:

**Who /when communication**

**- Specialty**

**Specialty:** Community Paeds

**- Clinician**

**Consultant review:** No

**Generic Contact**

**- Communication type**

**Contact type:** Made call

**- Contact**

**Contact with:** Parent (Mum happy to do video feedback appt - scheduled for 20/01/21 - mum stated she doesnt need an interpreter.)

\*\* Electronically signed by Carey,Emma on 12/01/21 14:38 \*\*  
Initialized on 12/01/21 14:37 - END OF NOTE

**20/01/21 17:30 - Generic Communication by Samantha Gaden**

Acct Num: V00003181992 DOB: 07/08/2006 Patient Age: 14

Note verified by Gaden,Samantha 20/01/21 18:06:

Original Note:

**Who /when communication**

**- Specialty**

**Specialty:** Community Child Health

**- Clinician**

**Consultant review:** No

**Generic Reason**

**- Reason for contact**

**PCM Generic reason for contact:** Appointment (telephone call to father as did not book into attend anywhere clinic for feedback appointment as arranged)

**Generic Discussion**

**- Discussion with**

**Discussed with:** Other (discussion with father)

**- Discussion**

**Discussion:** father unable to access the video call, but wanted me to share outcome of autism assessment with him over the phone, and book video call after. informed father that axel had been concluded to have autism spectrum disorder - dad very concerned how axel is going to respond to the diagnosis as does not think he has autism and dad is concerned about axel emotional health. discussed with dad, for dad not to share the news with axel tonight, i will speak to my manager and we will seek further advice and a plan to support axel and dad, advised dad i would speak to him either tonight or tomorrow, depending when i can speak to manager aaron hobson - dad agreed to not share the news with axel until further discussion with myself - telephone call to manager message left for him to contact me

\*\* Electronically signed by Gaden,Samantha on 20/01/21 18:06 \*\*  
Initialized on 20/01/21 17:30 - END OF NOTE

**22/01/21 17:12 - Generic Communication by Samantha Gaden**

Acct Num: V00003181992 DOB: 07/08/2006 Patient Age: 14

Note verified by Gaden,Samantha 22/01/21 17:19:

Original Note:

**Who /when communication**

**- Specialty**

**Specialty:** Community Paeds

**- Clinician**

**Consultant review:** No

**- Date & Time of contact**

**Date:** 22/01/21

**Time of activity:** 17:19

**Generic Discussion**

**- Discussion**

**Discussion:** discussion with camhs duty team (kelly dawber) re providing asd feedback for axel, agree plan with a professional who has met axel and do joint feedback to support father, give camhs crisis number and duty number, also can refer to camhs should emotional health needs be identified for axel. emails to kate o depmsey to confirm joint appointment to feedback, just awaiting confirmation of a date and will contact axel father and offer and complete appointment. to inform axel father monday 25th jan when appointment confirmed.

\*\* Electronically signed by Gaden,Samantha on 22/01/21 17:19 \*\*  
Initialized on 22/01/21 17:12 - END OF NOTE

**28/01/21 11:32 - Generic Communication by Emma Carey**

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Note verified by Carey,Emma 28/01/21 11:33:

Original Note:

**Who /when communication**

**- Specialty**

**Specialty:** Community Paeds

**- Clinician**

**Consultant review:** No

**Generic Contact**

**- Communication type**

**Contact type:** Made call

**- Contact**

**Contact with:** Parent (Spoke to dad happy to redo a video feedback appt, i advised dad that i emailed him last time and he said he didnt know and checked and seen that i had i have resent the email confiming how to get on attend anywhere with the new date and time of 03/02/2021 @ 4pm.)

\*\* Electronically signed by Carey,Emma on 28/01/21 11:33 \*\*  
Initialized on 28/01/21 11:32 - END OF NOTE

**28/01/21 11:46 - Generic Communication by Samantha Gaden**

Acct Num: V00003181992 DOB: 07/08/2006 Patient Age: 14

Note verified by Gaden,Samantha 28/01/21 11:50:

Original Note:

**Who /when communication**

**- Specialty**

**Specialty:** Community Paeds

**- Clinician**

**Consultant review:** No

**- Date & Time of contact**

**Date:** 28/01/21

**Time of activity:** 11:30

## Generic Contact

### - Parent/Carer contact

**Parent/Patient/Carer contact Email address:** telephone conversation with dad, to offer a joint video call with axel and father and Kate o dempsey speech therapist to support dad to share axel asd diagnosis for him, also advised dad i would feedback to him how the adhd assessment would take place. confirmed appointment for 3rd feb 2021 at 4pm on attend anywhere, emma carey to arrnage appointment and explain how to log into appointment to dad

## Generic Discussion

### - Discussion

**Discussion:** appointment to be carried out as planned 3/1/21

\*\* Electronically signed by Gaden,Samantha on 28/01/21 11:50 \*\*  
Initialized on 28/01/21 11:46 - END OF NOTE

## 03/02/21 16:46 - Generic Communication by Katherine O'Dempsey

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Note verified by O'Dempsey,Katherine 03/02/21 18:21:

Original Note:

## Who /when communication

### - Specialty

**Specialty:** Other

### - Clinician

**Consultant review:** No

### - Date & Time of contact

**Date:** 03/02/21

**Time of activity:** 16:00

## Generic Contact

### - Contact

**Contact with:** Parent, Patient

## Generic Reason

### - Reason for contact

**Contact discussion:** Lynsey Boggan and Katherine O'Dempsey gave feedback via attend anywhere to Axel and had discussion with Dad (Alphonse). Family were reminded that they have the right to withdraw consent and not have the decision to be sent out - they said that they wanted to know the results and would be happy for this to be shared with GP, home, school. Axel was offered the opportunity to ask questions after being given the diagnosis, but he did not have any. Dad raised concerns about Axel's anxiety and would like a CAMHS referral to be made. Dad also stated he thought ADHD referral had been done or was going be done. PLAN: Dad has Lynsey's email - he will write to her

with concerns to fill in CAMHS referral. Outcome report to be updated with relevant support + with advice for school to complete ADHD referral.

\*\* Electronically signed by O'Dempsey,Katherine on 03/02/21 18:21 \*\*  
Initialized on 03/02/21 16:46 - END OF NOTE

**10/02/21 09:56 - Generic Communication by Marilyn Byrne**

Acct Num: V00002926014 DOB: 07/08/2006 Patient Age: 14

Note unverified by Byrne,Marilyn 10/02/21 09:59:

Original Note:

**Who /when communication**

**- Specialty**

**Specialty:** Community Paeds

**- Clinician**

**Consultant review:** No

**- Date & Time of contact**

**Date:** 10/02/21

**Time of activity:** 09:56

**Generic Contact**

**- Communication type**

**Contact type:** In response to answerphone message

**- Contact**

**Contact with:** Parent

**Generic Reason**

**- Reason for contact**

**PCM Generic reason for contact:** Other

**Contact discussion:** Mum called 9th Feb following up report, email to asd queries to follow up

Initialized on 10/02/21 09:56 - END OF NOTE

**07/07/21 10:29 - Neurodevelopment New Pt by Zaffar Sultan**

Acct Num: V00003513926 DOB: 07/08/2006 Patient Age: 14

Note verified by Sultan,Zaffar 07/07/21 10:48:

Original Note:

**Consultation.**

**Consultation Type:** Doctor, General Dev Paeds clinic

**Clinician Name:** Zaffar Sultan

**Area:** North Sefton

**Appointment Date:** 07/07/21

**Appointment Time:** 10:30

### Diagnosis/problems

#### - Diagnosis / Problems

#### Current / Suspected Problems (Letter):

Problem	Status	Category	Onset
Autism spectrum disorder	Acute	Medical	

### Medications.

#### Home Medications:

#### Home Medications

Medication	Instructions	Status	Recorded	Confirmed	Last Taken	Type
No Home Medications		Active	22/07/19	22/08/19	Unknown	History

#### Allergies/Adverse Reactions:

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
NO KNOWN ALLERGIES	Allergy			Verified	10/05/19 13:10

### Presenting Problems.

#### - Problems

**Referral Concern:** Social Communication Difficulties

### Summary.

#### Summary/Impression/Plan:

Video Consultation with Father- Alphonso and Axel. Both did not come on video but on Audio only as Axel does not want to come on Video.

Problems; ASD, Anxiety disorder and Avoidance behaviour.

Medications; Propranolol 10 mgs BD issued by CAMH'S team , not taking it.

Plan: 1. suggested to arrange appt. with CAMH'S Team to discuss about medications., 2. Discharge.

### Patient Pathway Form

#### - Today's clinic

**Today's Consultation Type is?:** Video consultation

**Documenting Clinician:** Sultan,Zaffar

**Click here to view the previous RTT Status:**

<b>Pathway</b>	Community Medicine
<b>Start Date</b>	20/04/21
<b>Status</b>	First Activity in Period
<b>RTT Target</b>	24/08/21

**- 18 Week Outcome**

**18 Wk Outcome:** 34-Discharge/Dec Not to Treat

**- Future Plan**

**Future Plan:** Discharge

**Transition to Adult services:** If your patient has a long term condition and is aged 14 years, please go to the transition tab and commence planning for transition to GP or adult services. If your patient is aged 14 and has complex neuro-disabilities please contact the transition team for advice on extension

**DPA** or by emailing a member of the transition team.

**- Interpreting Services**

**Interpreter required?:** No

**Interpreter Language:** No

**- Allergies**

**Allergies:**

**Allergies**

NO KNOWN ALLERGIES Allergy (Verified 10/05/19 13:10)

\*\* Electronically signed by Sultan,Zaffar on 07/07/21 10:48 \*\*  
Initialized on 07/07/21 10:29 - END OF NOTE

**19/07/21 18:42 - OPD PPF Complete Check by Dianne Powell**

Acct Num: V00003513926 DOB: 07/08/2006 Patient Age: 14

Note verified by Powell,Dianne 19/07/21 18:42:

Original Note:

**PPF Reception Complete**

**18 wk Outcome (Information only):** 34-Discharge/Dec Not to Treat

**Documenting Clinician:** Sultan,Zaffar

**- Future Follow up**

**Future Follow Up:** Discharge

**- Receptionist Cash Up**

**Cash Up Completed:** Yes

**Interpreter required?:** No

**Interpreter Language:** No

\*\* Electronically signed by Powell,Dianne on 19/07/21 18:42 \*\*  
Initialized on 19/07/21 18:42 - END OF NOTE

**09/09/22 14:34 - Patient Pathway form by Elaine Weir**

Acct Num: V00004273378 DOB: 07/08/2006 Patient Age: 16

Note verified by Weir,Elaine 09/09/22 14:35:

Original Note:

**Patient Pathway Form**

**- Todays clinic**

**Today's Consultation Type is?:** Face to Face  
**Documenting Clinician:** Weir,Elaine  
**Click here to view the previous RTT Status:**

<b>Pathway</b>	Ambulatory
<b>Start Date</b>	22/07/22
<b>Status</b>	Act Not Applicable to RTT
<b>RTT Target</b>	25/11/22

**- 18 Week Outcome**

**18 Wk Outcome:** 30-First Definitive Treatment

**- Future Plan**

**Future Plan:** Same Clinic  
**Future Appointment Consultation Type:** Telephone consultation  
**Height Weight required prior to the next Virtual Consult:** Yes  
**Follow Up Time Frame:** Months  
**Follow Up Time Frame:** 4  
**Tolerance (+/-) Consider Clinical Risk:** 1 Month  
**Transition to Adult services:** If your patient has a long term condition and is aged 14 years, please go to the transition tab and commence planning for transition to GP or adult services. If your patient is aged 14 and has complex neuro-disabilities please contact the transition team for advice on extension  DPA or by emailing a member of the transition team.

**- Interpreting Services**

**Interpreter required?:** No  
**Interpreter Language:** No

**- Allergies**

**Allergies:**  
**Allergies**

NO KNOWN ALLERGIES Allergy (Verified 10/05/19 13:10)

\*\* Electronically signed by Weir,Elaine on 09/09/22 14:35 \*\*  
Initialized on 09/09/22 14:34 - END OF NOTE

**09/09/22 16:04 - OPD PPF Complete Check by Janice Roue**

Acct Num: V00004273378 DOB: 07/08/2006 Patient Age: 16

Note verified by Roue,Janice 09/09/22 16:04:

Original Note:

**PPF Reception Complete**

**18 wk Outcome (Information only):** 30-First Definitive Treatment  
**Documenting Clinician:** Weir,Elaine

**- Future Follow up**

**Future Follow Up:** Same Clinic  
**Future Appointment Consultation Type:** Telephone consultation  
**Height Weight required prior to the next Virtual Consult:** Yes  
**Follow Up Time Frame:** Months  
**Follow Up Time Frame:** 4  
**Tolerance (+/-) Consider Clinical Risk:** 1 Month

**- Receptionist Cash Up**

**Cash Up Completed:** Yes  
**Interpreter required?:** No  
**Interpreter Language:** No

Initialized on 09/09/22 16:04 - END OF NOTE

**31/01/23 09:37 - Patient Pathway form by Elaine Weir**

Acct Num: V00004417510 DOB: 07/08/2006 Patient Age: 16

Note verified by Weir,Elaine 31/01/23 09:37:

Original Note:

**Patient Pathway Form**

**- Todays clinic**

**Today's Consultation Type is?:** Telephone consultation  
**Documenting Clinician:** Weir,Elaine  
**Click here to view the previous RTT Status:**

<b>Pathway</b>	Ambulatory
<b>Start Date</b>	22/07/22
<b>End Date</b>	08/09/22
<b>Status</b>	First Definitive Treatment

**- 18 Week Outcome**

**18 Wk Outcome:** 34-Discharge/Dec Not to Treat

**- Future Plan**

**Future Plan:** Discharge

**Transition to Adult services:** If your patient has a long term condition and is aged 14 years, please go to the transition tab and commence planning for transition to GP or adult services. If your patient is aged 14 and has complex neuro-disabilities please contact the transition team for advice on extension **DPA** or by emailing a member of the transition team.

**- Interpreting Services**

**Interpreter required?:** No

**Interpreter Language:** No

**- Allergies**

**Allergies:**

**Allergies**

NO KNOWN ALLERGIES Allergy (Verified 10/05/19 13:10)

\*\* Electronically signed by Weir,Elaine on 31/01/23 09:37 \*\*  
Initialized on 31/01/23 09:37 - END OF NOTE

**31/01/23 14:29 - OPD PPF Complete Check by Pauline Sheridan**

Acct Num: V00004417510 DOB: 07/08/2006 Patient Age: 16

Note verified by Sheridan,Pauline 31/01/23 14:29:

Original Note:

**PPF Reception Complete**

**18 wk Outcome (Information only):** 34-Discharge/Dec Not to Treat

**Documenting Clinician:** Weir,Elaine

**- Future Follow up**

**Future Follow Up:** Discharge

**- Receptionist Cash Up**

**Cash Up Completed:** Yes

**Interpreter required?:** No

**Interpreter Language:** No

Initialized on 31/01/23 14:29 - END OF NOTE