

The Toronto Western Hospital
CLINICAL NOTES

7 2 83
GOESSERINGER MISS SONYA 16643-B
2 BLOOR ST APT 200 TORONTO
JAN 25-83/003-DR
DOB 28 MAY 54 OH 91422-69 3
F S ST ST

DATE TIME

THE TORONTO WESTERN HOSPITAL

Date Feb 4/83

RELEASE

TO THE EXECUTIVE DIRECTOR:-

This is to certify that I SONYA GOESSERINGER am leaving The Toronto Western Hospital ~~against the advice of~~ with the consent of _____ the Doctor, and will not hold the Doctor or Hospital responsible for anything that may happen ~~subsequent to my discharge~~ during my absence.

Witness Beverly A. Dolbec

Signature S. Goesseringer

FORM 252

4/2/83 1900 She was well but concerned about [unclear] by parents. M [unclear] given [unclear] by [unclear]

6/2/83 2000 Returned in good spirits, accompanied by her parents stating that she had a good time at home.

2000 Since return has been watching T.V. in the CIR. BDolbec RJA

6-2-83 2215 Sonya stated she is anxious for R/C. MSnow RNEC

Feb 7/83 06:15 Sonya appeared to have slept well, all night - has not been up or awake or arounds. K Wake - or

1. 2. 83. 0900 TEAM ROUNDS. Had some time out without problems. Legal issues still to be sorted out. Otherwise seems to be maintaining R/c improvement. L. Klein S.H.S.

TORONTO WESTERN HOSPITAL
ADMISSION SUMMARY SHEET

FEB 23 1983

S. BANDALI

FORM 770 81

ADMITT NO OFFICER

DATE ADMITTED JAN-25-83		TIME ADMITTED 14:20		PATIENT'S FAMILY NAME - FIRST NAME & OTHER INITIAL(S) GOESSERINGER MISS SONYA			TELEPHONE NO. 368-6191		REG. NO. 16643-83																
CMT. HEALTH INSURANCE NUMBER SUPP. CODE 91422469				PATIENT'S HOME ADDRESS, STREET, APT. NO., CITY, TOWN, VILLAGE 2 BLOOR STREET WEST, APT. 200, TORONTO, ONTARIO						POSTAL CODE M4W 3E7															
RELATIONSHIP TO CMT. HOLDER H				COUNTRY OR DISTRICT, PROV. OR OTHER ONTARIO						REG. CODE NO. 79-640															
HOLDERS		SPOUSE		DVP. CHILD		AGE		SEX		BIRTH PLACE		LANG.		REL.		D. OF B.		DAY		MO.		YR.		DATE OF LAST VISIT	
H						28		F		TORONTO		E				28		MAY		54		?			
CERT. INITIAL S				EFFECTIVE DATE NOT SEEN				PREVIOUS ADDRESS (IF LESS THAN 6 MONTHS AT PRESENT ADDRESS)						PATIENT'S OCCUPATION NIL											
NAME OF O.H.I.P. GROUP				IN AN EMERGENCY, NOTIFY TRUDY GOESSERINGER NEAREST RELATIVE OR FRIEND				RELATIONSHIP MOTHER				ADDRESS & TELEPHONE NUMBER R.R. #2, HAWKESTONE, ONTARIO ADDRESS & TELEPHONE NUMBER													
EMPLOYER'S NAME & ADDRESS				ATTENDING PHYSICIAN DR. SANFORD FLEMING				FAMILY PHYSICIAN, INITIALS, NAME, ADDRESS & CITY BATHURST STREET, TORONTO				OTHER INSURANCE NONE													
DATE OF ACCIDENT N.Y.S.				REFERRED IN BY E3194 URG. EMERG. EPOU B				ROOM				BASIC RATE				SUPP. RATE				PH OR TH					
OTHER INSURANCE				FORMER ADMISSION AND TREATMENT AT T.W.H. OR TRANSFERRED FROM T.W.H. NIL				ADMISSION DIAGNOSIS				AMR. CALL NUMBER													
ACCOMMODATION REQUESTED STANDARD <input type="checkbox"/> PRIV. <input type="checkbox"/> NURSERY <input type="checkbox"/> XXX				DISCHARGED OR TRANSFERRED TO (HOUSE OR NAME OF INSTITUTION) D SCH. APPROVED BY K.S.				DATE & TIME OF DISCHARGE 10-83																	
I AGREE TO ASSUME RESPONSIBILITY FOR CHARGES NOT COVERED BY O.H.I.P. OR ANY OTHER AGENCY.				SIGNATURE OF PATIENT OR GUARANTOR																					

MOST RESPONSIBLE DIAGNOSIS: *Anxiety Stress - reactive* CONSULTANTS: *Wright*

PRIMARY DIAGNOSIS: *P.T.S.D.*

SECONDARY DIAGNOSIS: *FATHER - SIEGFRIED GOESSERINGER*

COMPLICATIONS: **ANOREXIA (6 wks.) (attending physician as above)*

(Note: Dr. Fleming was with OMLTHC Ministry in 2010.)

Family (BIRTH HOSPITAL) Doctors ref. Wright/Dr. Clarke/Fleming Nuclear Medicine (mother - Trudy) Edith Cavell Wing 3D-399 Bathurst

DRUG REACTION: Yes No SUSPECTED DRUG(S) *(416) 603-6289 (FAX) (UHW) WARD.*

TRANSFER OF SERVICE TO *[CZECH PSYCH HEAD]* (INPATIENT WARD) HEAD DATE: *28-1-83* TO: DATE:

DATES: *STUDIES: Dr. ALAN LOWE (2000-2013) Dr. Peter Giacoble Dr. Sidney Kennedy*

DICTATED BY: **MICROFILMED TORONTO WESTERN HOSPITAL**

DISCHARGED: ALIVE DECEASED AUTOPSY PERFORMED YES NO CORONER NOTIFIED YES NO

DATE: *16/2* CODED BY: *[Signature]* ABSTRACTED BY: *1108-66* DATE: *MAR 7 1983*

SIGNATURE OF HOUSE STAFF MEMBER: *[Signature]* SIGNATURE OF ATTENDING PHYSICIAN: *[Signature]*