u3)

Chesterfield Royal Hospital NHS
NHS Foundation Trust

Calow
Chesterfield
S44 5BL

Tel: 01246 277271
Minicom: 01246 512611
www.chesterfieldroyal.nhs.uk

Patient Records Data Office
Ext 3262
Fax 01246 552652

Date 15 December 2006

Our Ref : MRD / LT / 01 / 35070

Ref : RLB.EB.060606/003

Robert L. Bashforth & Co Solicitors
1st Floor, 2-4 Corporation Street
Chesterfield
Derbyshire
S41 7TP

Dear Robert L. Bashforth & Co Solicitors

Re : Martin Glasgow 3 Tansley Court Highfield Lane Chesterfield

Please find enclosed the following item(s) in respect of the above patient.

Photocopies of medical records

I would be pleased if you could complete and return the attached slip, to confirm receipt.

Yours sincerely,
Ann Elliott
Patient Records Data Coordinator

Comments:

To : Patient Records Data Office, Chesterfield Royal Hospital NHS Trust, Calow, CHESTERFIELD. S44 5BL.

Re : Martin Glasgow
Record Number : A-E 025284/06 **Date of Birth :** 10/07/1959

I acknowledge receipt of the following items.

Photocopies of medical records

For Perusal By :

Department / Hospital :

Signed Date

PLEASE DO NOT REMOVE FROM THE ACCIDENT AND EMERGENCY DEPARTMENT

Chesterfield Royal Hospital NHS
NHS Foundation Trust

A&E No. 025284/06 u3)
Hosp. No. G134420
Sex Male
Prev. Att. Yes :

Consultants: Mr. R. BAILEY, Mr. N. AZIZ, Dr. K. LENDRUM

General Practitioner: DR. RA. MEE
WHITTINGTON MOOR SURGERY
SCARSDALE ROAD
WHITTINGTON MOOR
CHESTERFIELD S41 8NA
(01246 452549)

Surname: GLASGOW
Forenames: MARTIN
Address: 3 TANSLEY COURT
HIGHFIELD LANE
CHESTERFIELD
DERBYSHIRE S41 7AW

Telephone No.: 01246 233045
Date of Birth: 10.07.59
Age: 46
Occupation: IT TECHNICIAN
Employment Category :
Employer/School :

Arrived By: Walked in
Referred by: Self
Place of Incident: Public Place
Time Elapsed: Less than 3 hours

Special Cases :
Allergies: None

Date of Arrival : 05.06.06
Time of Arrival : 15:42

Presenting Complaint: INJURY TO LEFT SIDE OF FACE

NP ☐ TRAUMA No. ☐

TREATMENT AREA
S+T

Pain Assessment

Pain relief

Time

TIME CALLED INTO DEPT

4 Hour Waits Reason
- Awaiting Doctor ☐
- Blood Results ☐
- Xray Delay ☐
- Waiting Specialist Review ☐
- Recover Following Treatment ☐
- Awaiting ENP ☐
- Patient Monitoring ☐

TIME SEEN BY PRACTITIONER
15:55

NAME OF PRACTITIONER
Sheila Haslehurst
ENP

Trolley Waits Reason
- No Medical Bed ☐
- No Surgical Bed ☐
- No EAU Bed ☐

TIME DECISION TO ADMIT

REFERRED TO

DISPOSAL
D

DEPARTURE TIME
16.25

Action For X-Ray/Path Reports

NOTES ORDERED

YES ☐ NO ☐

u3)

ACCIDENT AND EMERGENCY EYE CARD

These forms are designed for isolated eye complaints. Please detail other problems on the A&E card

NAME: Martin Glasgow A&E NO: 025284 DATE OF ATTENDANCE: 5/6/06

HISTORY
Eye Affected R ☐ L ☒ Both ☐ Time seen: 1555 Time elapsed:

MECHANISM OF INJURY/HISTORY DETAILS:
involved in fracas in CCU with carothe pts relatives who took offence at something ~~me~~ thought Martin had said. Who was scratched + punched in face/eye broken glasses.

PROTECTIVE EYEWEAR WORN Y ☐ N ☐ PRIOR VISION NORMAL ☐
WEARS GLASSES ☒ WEARS CONTACT LENSES ☐ LENSES REMOVED Y ☐ N ☐

Visual Acuity
R 6/ L 6/
Corrected Vision
R ~~6/18~~ 6/9 L ~~6/18~~ 6/9+2.

PEARL Y ☒ N ☐
Pupil Size
R 4 mm
L 4 mm
Consensual light reflex findings

Findings:
Small contusion to (L) eye, lateral corner. not bleeding now. ? abrasion ? glass FB.

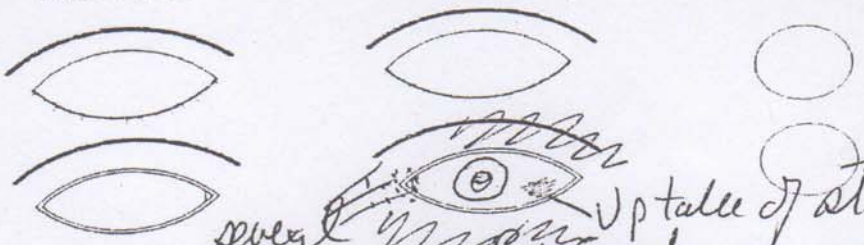
Clinical Findings
Stained – no FB seen. uptake over contusion. no FB sensation. no sign of penetrating injury

Examination Continued **Indicate specific details on the diagram**
Tick boxes if examined with no abnormalities found **A** = Abnormality detected – document details

Conjunctiva	✓	Anterior Chamber	✓	Sub tarsal	✓	Sclera	✓	Facial bones	✓		
Cornea	✓	Iris	✓	Lacrimal Apparatus	✓	Lens/Vitreous	✓	Red Reflex	✓		

Slit Lamp used to aid examination Y ☒ N ☐

RIGHT EYE LEFT EYE



Diagnosis/Differential

Details of Management
chloramphenicol oint

Drugs
SD = Stat dose TTO = To take out

Name/dose/frequency	SD/TTO	Route	Eye	Clinicians Signature	Given By	Time Given
Benoxinate 1 – 2 drops	SD	Topical				
Fluroscein 1 – 2 drops	SD	Topical	(L)			
Chloramphenicol Ointment QDS/for 5 days	TTO	Topical	(L)			
Diclofenac eye drops – QDS/1 day	TTO	Topical				

Disposal/follow-up		Follow-up	
Home with advice	✓	A&E Return Clinic	
Advised to return if concerned		Eye Clinic	
Admitted		Other	

Date/Time: 5/6/06 16.25
Clinicians Signature:
ENP

KP/NL 04/04

SURNAME: Glasgow FIRST NAME: Martin A&E NUMBER: 0252846 u3)

SCRIPTION AND MECHANISM OF INJURIES:

Involved in fracas in CCU. with another pt's relative who punched + scratched Martin in face. broke glasses. Lac. (L) eyebrow + cheekbone Obruising to eye scratches to head + asound eye.

History from: Patient/Child ☐ Other/Who: ☐ Adult Present:

Time of injury: 15:15

Time interval since injury: Days Hours

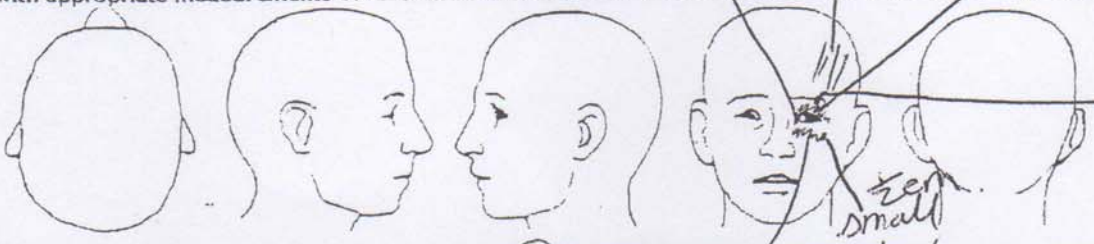
SPECIFIC NEUROLOGY ASSESSMENT FINDINGS

INCIDENT	CIRCLE		Y=Yes N=No U=Unsure					
ver	Y	N	Loss of consciousness	Y	N	U	How Long?	
Passenger	Y	N	Post Traumatic Amnesia	Y	N	U	How long?	
Passenger	Y	N	Seizure since injury	Y	N	U	Describe:	
atbe	Y	N	Headache	Y	N	U	Describe:	
tor st	Y	N	Nausea	Y	N	U		
ion	Y	N	Vomiting	Y	N	U	No. of times:	
dal cyclist	Y	N	Drowsy/unusually tired	Y	N	U	Comment:	
lmet	Y	N	Visual disturbance	Y	N	U	Comment:	
destrian	Y	N	Evidence of alcohol consumption	Y	N	U	Quantity:	Alcohol level: Time:
ll	Y	N	Evidence of drug abuse	Y	N	U	Name:	
ork accident	Y	N	Other neurological symptoms	Y	N	U	If yes, describe below:	
hool accident	Y	N						
me accident	Y	N						
sault or NAI	Y	N						
ort/Play	Y	N						
her	Y	N						

several small scratches to corner of eye.

HEAD INJURY EXAMINATION

strate injuries with appropriate measurements of lacerations and bruises in cms: NO LACERATIONS ☐ NO BRUISES ☐



SPICION OF COMPOUND SKULL ACTURE OR PENETRATING INJURY	Y	N
IDENCE OF BASAL SKULL FRACTURE	Y	N
F LEAK FROM NOSE/EAR	Y	N
IDENCE OF NECK INJURY	Y	N

Comments: Contusion - no bony pain.

EUROLOGICAL EXAMINATION

RIENTATED IN: TIME	Y	N	PLACE	Y	N
IDENCE OF DYSPHASIA	Y	N	PERSON:	Y	N
NAPPROPRIATE/ABNORMAL BEHAVIOUR	Y	N	HEARING LOSS/FACIAL WEAKNESS	Y	N
SS OF VISION/ABNORMAL EYE MOVEMENT	Y	N	EVIDENCE OF ABNORMAL GAIT	Y	N
			EVIDENCE OF ABNORMAL FINE LIMB MOVEMENT	Y	N

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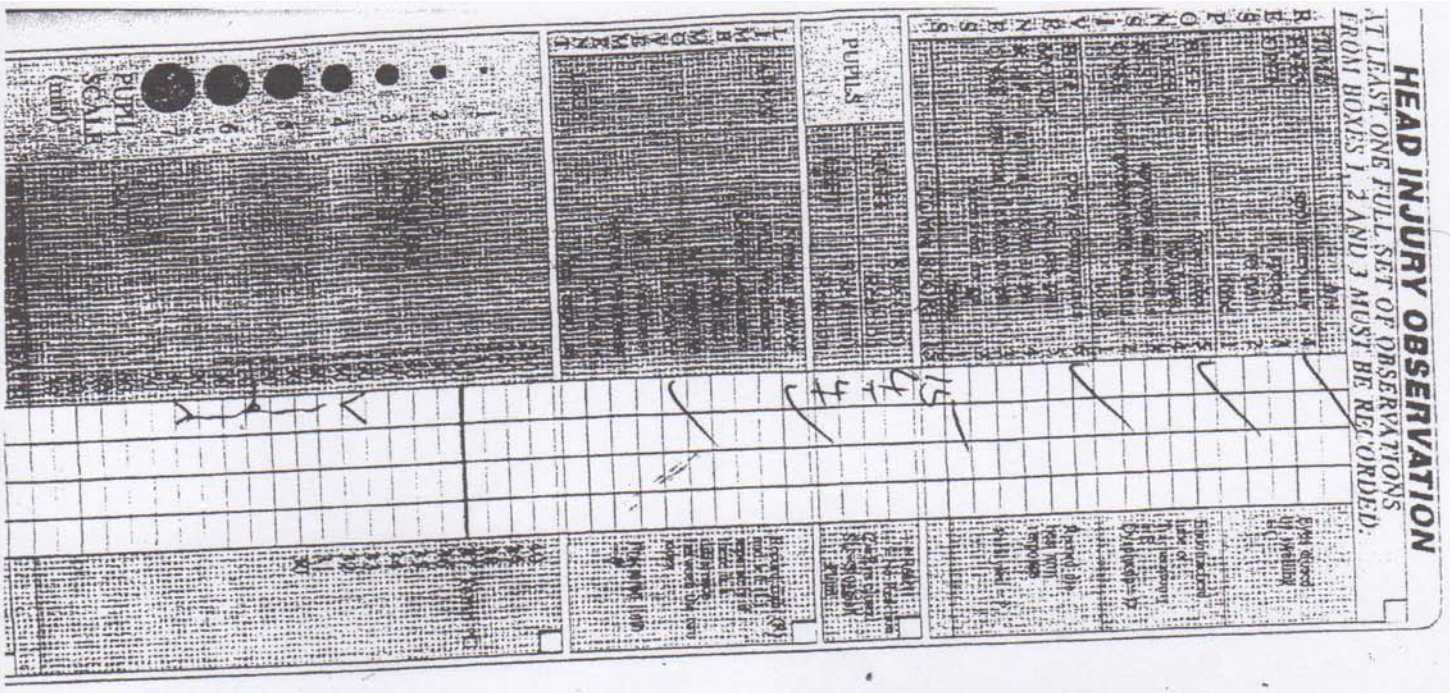


AIL OF OTHER INJURIES: None ☐ — See eye proforma.

REFERRAL GUIDANCE REGARDING SIGNIFICANT RISK CRITERIA (NICE 2003) Y = YES N = NO				
ing warfarin/clotting disorder		Significant MOI		Any issues of concern
/post traumatic amnesia		Assessment difficulties e.g. epilepsy, drugs, alcohol		Details:
C/ altered Glasgow Coma ore		Possible child NAI		
sodes of fitting		Evidence of focal neuro deficit		
vious cranial intervention		Suspected skull fracture		None ☐
quent vomiting		Aged 65 or over		
able/altered behaviour		Significant trauma to head		

DIAGNOSIS: *Tick as appropriate*	
	Minor HI, fully orientated, no evidence of skull fracture (on clinical or radiological grounds)
	Minor HI, fully orientated, with skull fracture
	Disorientated/drowsy
	Difficult to assess
	Moderate/severe head injury
	Other diagnosis/injury
MANAGEMENT: *Tick as appropriate*	
Home with head injury instructions	☐
Name of responsible person at home:	Brother
Request opinion of:	
Admit to A&E Observation bed	☐
Admit to other ward	
Reason for admission	
Head injury instructions given and explained	Yes ☐ No ☐

pression:
Lac. to eyebrow (L) & cheekbone.
Bruising to eye.
several abrasions face/head.

an:
clean, glue lac's.
- See eye proforma

RIN.

gnature: ... Designation: ENP Date: 5/6/06 Time: 1625

A & E DIAGNOSTIC CODES

Diagnosis

Code	Classification	1st	2nd
01	Laceration	✓	
02	Contusion/Abrasion	✓	
19	Soft tissue inflammation		
14	Head injury		
06	Dislocation/fracture/joint injury/amputation		
07	Sprain/Ligament		
11	Muscle/Tendon		
12	Nerve Injury		
13	Vascular Injury		
08	Burns and Scalds		
99	Electric Shock		
09	Foreign Body		
99	Bites Stings		
21	Poisoning (include overdose)		
99	Near Drowning		
10	Visceral Injury		
99	Infectious Disease		
99	Local Infection		
99	Septicaemia		
15	Cardiac Condition		
14	Cerebro Vascular		
13	Other Vascular		
99	Haematological		
14	CNS Conditions (Excl Stroke)		
16	Respiratory Conditions		
17	Gastrointestinal Conditions		
18	Urological (include Cystitis)		
18	Obstetric		
18	Gynaecological		
22	Diabetes and Other endocrinological		
99	Dermatological Conditions		
99	Allergy (incl anaphylaxis)		
99	Facio maxillary		
99	ENT		
99	Psychiatric		
99	Ophthalmological conditions		
99	Social problem incl. Alcoholism		
99	Not classifiable		
24	NAD		

Anatomical S

Code	Classification	1st	2nd
1	Brain		
1	Head	✓	
2	Face	✓	
3	Eye	✓	
4	Ear		
5	Nose		
6	Mouth, jaw & Teeth		
9	Throat		
10	Neck		
11	Cervical-spine		
13	Thoracic spine		
18	Lumbar spine		
19	Pelvis		
12	Chest		
14	Breast		
15	Abdomen		
16	Back/Buttocks		
16	Ano-rectal		
17	Genitalia		
20	Shoulder		
21	Axilla		
22	Upper Arm		
23	Elbow		
24	Forearm		
25	Wrist		
26	Hand		
27	Digit		
29	Hip		
29	Groin		
30	Thigh		
31	Knee		
32	Lower Leg		
33	Ankle		
34	Foot		
35	Toe		
36	Multiple Site		

Side

1	Left	✓	
2	Right		

DIAGNOSIS & DETAILS OF INVESTIGATIONS FOR GP LETTER

Assault, Lac. (L) eyebrow & cheek.
Abrasions to head/face.
Contusion to eye(

PATIENT GROUP

- [ ] 1 Accident
- [ ] 2 Self-Harm
- [ ] 3 Assault
- [ ] Al
- [ ] 16 Adult Protection
- [ ] 15 Child Protection
- [ ] 6 Surgical
- [ ] 7 Medical
- [ ] 8 Orthopaedic
- [ ] 9 Psychiatric
- [ ] 10 Obs/Gynae
- [ ] 19 Paediatric
- [ ] 11 BID
- [ ] 12 RTA
- [ ] 13 Sports Injury
- [ ] 14 Firearm Injury
- [ ] 17 Cycle Injury
- [ ] 5 Bites/Stings
- [ ] 99 Other

u3)

INVESTIGATIONS

- [ ] 1 X-Ray
- [ ] 2 ECG
- [ ] 3 Monitoring (Cardiac)
- [ ] 4 Haematology
- [ ] 5 Biochemistry
- [ ] 6 Blood Bank
- [ ] 7 Urine (Routine)
- [ ] 8 Bacteriology
- [ ] 9 Histology
- [ ] 11 Photographs
- [ ] 13 Ultrasound
- [ ] 14 CT Scan
- [ ] 25 Pregnancy Test
- [ ] 27 IVU
- [ ] 26 Slit Lamp
- [ ] 98 None
- [ ] 99 Other, Specify: _____

ALLERGIES

- [ ] 1 Adhesive
- [ ] 2 Elastoplast
- [ ] 3 Iodine
- [ ] 4 Penicillin
- [ ] 5 Tetanus Toxoid
- [ ] 98 None
- [ ] 99 Other, Specify: _____

SPECIAL CASES

- [ ] 1 Asthma
- [ ] 2 Haematological
- [ ] 3 Diabetic
- [ ] 4 Fits
- [ ] 5 Hepatitis Risk
- [ ] 6 Pacemaker
- [ ] 7 ? Fragility Fracture
- [ ] 8 Drug User
- [ ] 9 Hospital Hopper
- [ ] 11 HIV/AIDS
- [ ] 12 MRSA

TREATMENT

- [ ] 1 Bandage/Dressing/Sling
- [ ] 2 Prescription
- [ ] 3 Splint
- [ ] 4 Suturing
- [ ] 15 Wound Closure (Other)
- [ ] 5 Minor Surgery
- [ ] 6 Manipulation/Reduction
- [ ] 7 IV Cannulation
- [ ] 8 Intubation
- [ ] 9 Defibrillation/Pacing
- [ ] 10 Lavage/Charcoal
- [ ] 11 Physio
- [ ] 12 Tetanus
- [ ] 18 Advice/Health Promotion
- [ ] 14 Removal F.B.
- [ ] 16 P.O.P.
- [ ] 18 Incision/Drainage
- [ ] 19 Central Line
- [ ] 20 Chest Drain
- [ ] 21 Urinary Catheter
- [ ] 22 Resuscitation
- [ ] 23 Monitoring
- [ ] 24 General Anaesthesia
- [ ] 25 NG Tube
- [ ] 26 Nebuliser
- [ ] 27 Parenteral Drugs
- [ ] 99 Thrombolysis
- [ ] 98 None
- [ ] 99 Other

ANAESTHETICS

- [ ] 1 G.A.
- [ ] 2 L.A.
- [ ] 3 Sedation
- [ ] 4 Nerve Block
- [ ] 5 Entonox/I.A.
- [ ] 98 None
- [ ] 99 Other, Specify: _____

INITIATOR OF REFERRAL

- [ ] 1 Self
- [ ] 2 GP -with letter
- [ ] 3 GP -without letter
- [ ] 4 Work
- [ ] 5 School
- [ ] 6 Other Hospital
- [ ] 7 Deputising Service
- [ ] 8 Dentist
- [ ] 9 Social Services
- [ ] 10 Police
- [ ] 11 Not Known
- [ ] 12 Optician
- [ ] 13 NHS Direct
- [ ] 99 Other

DISPOSAL

- [ ] 1 Discharged no follow up
- [ ] 2 Discharged GP follow up
- [ ] 3 Out Patient
- [ ] 4 Fracture Clinic
- [ ] 5 IP. CNDRH
- [ ] 6 IP. Elsewhere
- [ ] 7 A&E Clinic
- [ ] 8 DID - Mort
- [ ] 9 BID Mort
- [ ] 10 Did Not Wait
- [ ] 11 Refused Treatment
- [ ] 12 Other Referral
- [ ] 17 Community Bed
- [ ] 18 Police Custody
- [ ] 99 Other, Specify: _____

RECEPTION ONLY

PLEASE DO NOT REMOVE FROM THE ACCIDENT AND EMERGENCY DEPARTMENT

Chesterfield Royal Hospital NHS
NHS Foundation Trust

A&E No. 025284/06 u3)
Hosp. No. G134420
Sex Male
Prev. Att. Yes :

Consultants: Mr. R. BAILEY, Mr. N. AZIZ, Dr. K. LENDRUM

General Practitioner: DR. RA. MEE
WHITTINGTON MOOR SURGERY
SCARSDALE ROAD
WHITTINGTON MOOR
CHESTERFIELD S41 8NA
[redacted]

Surname: GLASGOW
Forenames: MARTIN
Address: [redacted]
Telephone No. [redacted]
Date of Birth: 10.07.59
Age: 46
Occupation: IT TECHNICIAN
Employment Category :
Employer/School :

Arrived By: Walked in
Referred by: Self
Place of Incident: Public Place
Time Elapsed: Less than 3 hours

Special Cases :
Allergies: None

Date of Arrival : 05.06.06
Time of Arrival : 15:42

Presenting Complaint: INJURY TO LEFT SIDE OF FACE

NP ☐ TRAUMA No. ☐

TREATMENT AREA
S+T

TIME CALLED INTO DEPT

Pain Assessment
Treated
Pain relief
Sign | No | Time

TIME SEEN BY PRACTITIONER
15:55

NAME OF PRACTITIONER
Sheila Haslehurst
ENP

4 Hour Waits Reason
- Awaiting Doctor ☐
- Blood Results ☐
- Xray Delay ☐
- Waiting Specialist Review ☐
- Recover Following Treatment ☐
- Awaiting ENP ☐
- Patient Monitoring ☐

Trolley Waits Reason
- No Medical Bed ☐
- No Surgical Bed ☐
- No EAU Bed ☐

TIME DECISION TO ADMIT

REFERRED TO

DISPOSAL
(D)

DEPARTURE TIME
16.25

NOTES ORDERED
YES ☐ NO ☐

Action For X-Ray/Path Reports

PS54

NAME

PMH	ALLERGIES	MEDICATION
(Exzema) None	None	None

TETANUS TOXOID STATUS

TETANUS IMMUNE ☑ NEEDS BOOSTER ☐ IMMUNOGLOBULIN ☐

Assault, Rec. (L) ...
Abrasions to head/face.
Contusion to eye.

CLINICAL NOTES (Medical & Nursing)

DAY AND TIME DISCHARGED	A & E CLINICAL NOTES	INITIALS
	@ 3.30pm involved in discussion with cousin pt's relative in CC. Punching + scratching – broke spectacles. Cut to (L) cheek + (L) eyebrow	
P: 114. BP: 148/84 GCS 15/15		[signature]

RECEPTION ONLY

1 Discharged no follow up	5 IP. CNDRH	9 BID Mort	17 Community Bed
2 Discharged GP follow up	6 IP. Elsewhere	10 Did Not Wait	18 Police Custody
3 Out Patient	7 A&E Clinic	11 Refused Treatment	99 Other, Specify:
4 Fracture Clinic	8 DID - Mort	12 Other Referral	

PRESCRIPTION	DOSE	ROUTE	TIME	SIGNATURE	GIVEN BY	TIME GIVEN

u3)

ACCIDENT AND EMERGENCY EYE CARD

These forms are designed for isolated eye complaints. Please detail other problems on the A&E card

NAME: Martin Glasgow | A&E NO: 025284 | DATE OF ATTENDANCE: 5/6/06

HISTORY
Eye Affected R ☐ L ☒ Both ☐ Time seen: 1555 Time elapsed:

MECHANISM OF INJURY/HISTORY DETAILS:
involved in fracas in CCU with another pts relatives, who took offence at something ~~me~~ thought Martin had said. Who was scratched + punched in face/eye broken glasses.

PROTECTIVE EYEWEAR WORN Y ☐ N ☐ PRIOR VISION NORMAL ☐
WEARS GLASSES ☒ WEARS CONTACT LENSES ☐ LENSES REMOVED Y ☐ N ☐

Visual Acuity
R 6/ L 6/
Corrected Vision
R ~~3/18~~ L 3/9+2.

PEARL Y ☒ N ☐
Pupil Size
R 4 mm
L 4 mm
Consensual light reflex findings

Findings:
Small contusion to (L) eye, lateral corner. not bleeding now. ? abrasion ? glass FB.

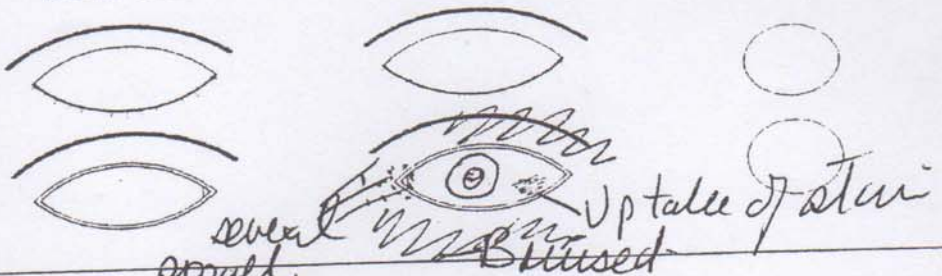
Clinical Findings
Stained – no FB seen. uptake over contusion. no FB sensation. no sign of penetrating injury

Examination Continued **Indicate specific details on the diagram**
Tick boxes if examined with no abnormalities found **A** = Abnormality detected – document details

Conjunctiva ☒	Anterior Chamber ☒	Sub tarsal ☒	Sclera ☒	Facial bones ☒	
Cornea ☒	Iris ☒	Lacrimal Apparatus ☒	Lens/Vitreous ☒	Red Reflex ☒	

Slit Lamp used to aid examination Y ☒ N ☐

RIGHT EYE **LEFT EYE**



Diagnosis/Differential

Details of Management
chloramphenicol oint

Drugs
SD = Stat dose **TTO** = To take out

Name/dose/frequency	SD/TTO	Route	Eye	Clinicians Signature	Given By	Time Given
Benoxinate 1 – 2 drops	SD	Topical	(L)			
Fluroscein 1 – 2 drops	SD	Topical	(L)			
Chloramphenicol Ointment QDS/for 5 days	TTO	Topical				
Diclofenac eye drops – QDS/1 day	TTO	Topical				

Date/Time: 5/6/06. 16.25

Disposal/follow-up		Follow-up	
Home with advice	✓	A&E Return Clinic	
Advised to return if concerned		Eye Clinic	
Admitted		Other	

Clinicians Signature: ENP

KP/NL 04/04

SURNAME: Glasgow FIRST NAME: Martin A&E NUMBER: 0252840 (u3)

SCRIPTION AND MECHANISM OF INJURIES:

Involved in fracas in CCU. with another pt's relative who punched + scratched Martin in face. broke glasses. Lac. (L) eyebrow + cheekbone @bruising to eye scratches to head + around eye.

History from: Patient/Child ☐ Other/Who: ☐ Adult Present:

Time of injury: 15:15

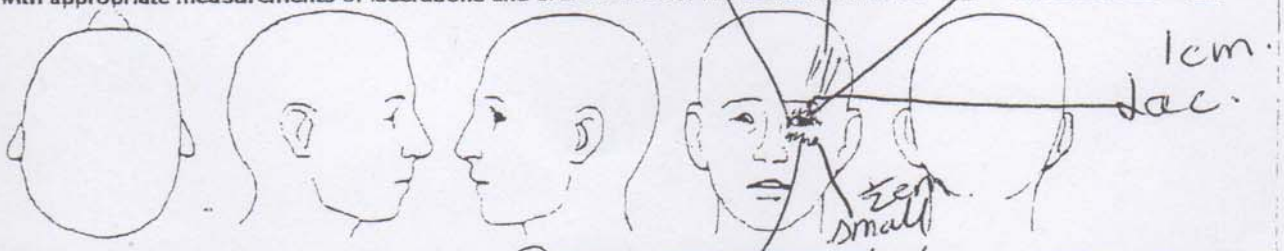
Time interval since injury: Days Hours

SPECIFIC NEUROLOGY ASSESSMENT FINDINGS

INCIDENT	CIRCLE		Y=Yes N=No U=Unsure					
ver	Y	N	Loss of consciousness	Y	N	U	How Long?	
Passenger	Y	N	Post Traumatic Amnesia	Y	N	U	How long?	
Passenger	Y	N	Seizure since injury	Y	N	U	Describe:	
at	Y	N	Headache	Y	N	U	Describe:	
tor cyclist	Y	N	Nausea	Y	N	U		
ion	Y	N	Vomiting	Y	N	U	No. of times:	
dal cyclist	Y	N	Drowsy/unusually tired	Y	N	U	Comment	
met	Y	N	Visual disturbance	Y	N	U	Comment	
destnan	Y	N	Evidence of alcohol consumption	Y	N	U	Quantity:	Alcohol level: Time:
l	Y	N	Evidence of drug abuse	Y	N	U	Name:	
rk accident	Y	N	Other neurological symptoms	Y	N	U	If yes, describe below:	
hool accident	Y	N						
me accident	Y	N						
sault or NAI	Y	N						
ort/Play	Y	N						
ner	Y	N						

HEAD INJURY EXAMINATION

strate injuries with appropriate measurements of lacerations and bruises in cms: NO LACERATIONS ☐ NO BRUISES ☐



SPICION OF COMPOUND SKULL ACTURE OR PENETRATING INJURY	Y	N
IDENCE OF BASAL SKULL FRACTURE	Y	N
F LEAK FROM NOSE/EAR	Y	N
IDENCE OF NECK INJURY	Y	N

Comments: Contusion - no bony pain.

EUROLOGICAL EXAMINATION

RIENTATED IN: TIME	Y	N	PLACE	✓	N
IDENCE OF DYSPHASIA		✓	PERSON:	✓	N
NAPPROPRIATE/ABNORMAL BEHAVIOUR		✓	HEARING LOSS/FACIAL WEAKNESS		✓
SS OF VISION/ABNORMAL EYE MOVEMENT		✓	EVIDENCE OF ABNORMAL GAIT		✓
			EVIDENCE OF ABNORMAL FINE LIMB MOVEMENT		✓