

Progress	Notes
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Surname:	Puss.		<u>,,,</u>
Given Name: _		, m	
200		Cave	

Ward:	(Affix Patient ID label here)	
Date Time	Progress / Variance Notes	
28/6/28	Codology UR Tilm /He	
1237	DS post agingam TAVI	
	Pt repola feeling overchelmed after tooking	
	Explained working erocen	
	Pf reports Geles cell	
	DE sugged site progressing cell,	
	Plan: O Complete TAVI creeting	
26/6/25	Geniatrics - Hunter for Wannier	
1250		꾸
	Referral = thanks.	PROGRESS
	78M TAVI workup	岩
	PMHx: prostate Ca (hormonal Rx	NO
	recently stopped	_
	metastatio melanona - on insmuno Rx	ES
	Parkinogi's - Ket Prof Aggarwal,	
	stable, due for plu next with	
	CVA (2023) - minimal nesideral	
	CHV	
	Home à dtr	
	Lines in unit = 32 steps!	
	Mobilises = 4WW. Uses SPS for steps.	
	(1) pADLs + meal prep	
	Dr belps shopping/cleaning Cognition OK	71
	Cognition OK	R H C

URN: _



Progress Notes

UKN.		
Surname:		
Given Name:		
DOB:	Sex:	
	(Affix Patient ID label here)	

KN:		
urname:		
iven Name:		
OB:	Sex:	
	(Affix Patient ID label here)	

Ward:	(Affix Patient ID label here)
Date Time	Progress / Variance Notes
	Progress
	Reports As pirtued up incidentally
	Langely asymptometre of same
	ET 500m on a good day, limited
	by Parkinson & not Greathlermess
	Recent falls
	Angio this morning - & deliain
	& Prev delinin à avaesthetie
	Had episode of visual hallumation
	Typ ago related to PD meds
	Thought gypsies broke sinto lus home
	+ called police
	Pepisodes since then
	of 2 to PD meds recently
	1-
	6/ 8 01
	Obs BTF afels sile
TA S	Can do MOYB
	Can do MOYB.
	1 1 do
	AH S.
	Trup
	# No bourse to TAVI from gen perspective
	# MOCA als
	# Should have diarance from regular
	# No barrier to TAVI from geni perspective # MOCA pls # Should have charance from regular neurologist prior to procedure
	0 1
	dut



BINDING MARGIN - DO NOT WRITE