

William Wykes

## Primitive Reflexes .

### Causes

- Genetic
- Traumatic Brain Injury
- ~~Lack of oxygen to the brain~~
- ~~Near drowning~~
- ~~Sleep apnoea~~
- Concussion
- Hypertension
- Environmental toxins / heavy metals
- ~~Too much alcohol~~
- Infections
- ~~Obesity~~
- ~~High normal blood pressure~~
- ~~Prediabetes, diabetes~~
- ~~High normal blood sugar levels~~
- Sweeteners, artificial colours and preservatives
- ~~Benzodiazepines~~
- Unbalanced hormones (Thyroid)
- Chronic stress/trauma
- ~~Ischemic-hypoxic Conditions (lack of oxygen and blood to the brain)~~
- Developmental abnormality

? Glioma Corpus Callosum  
(low-grade)

Demyelination

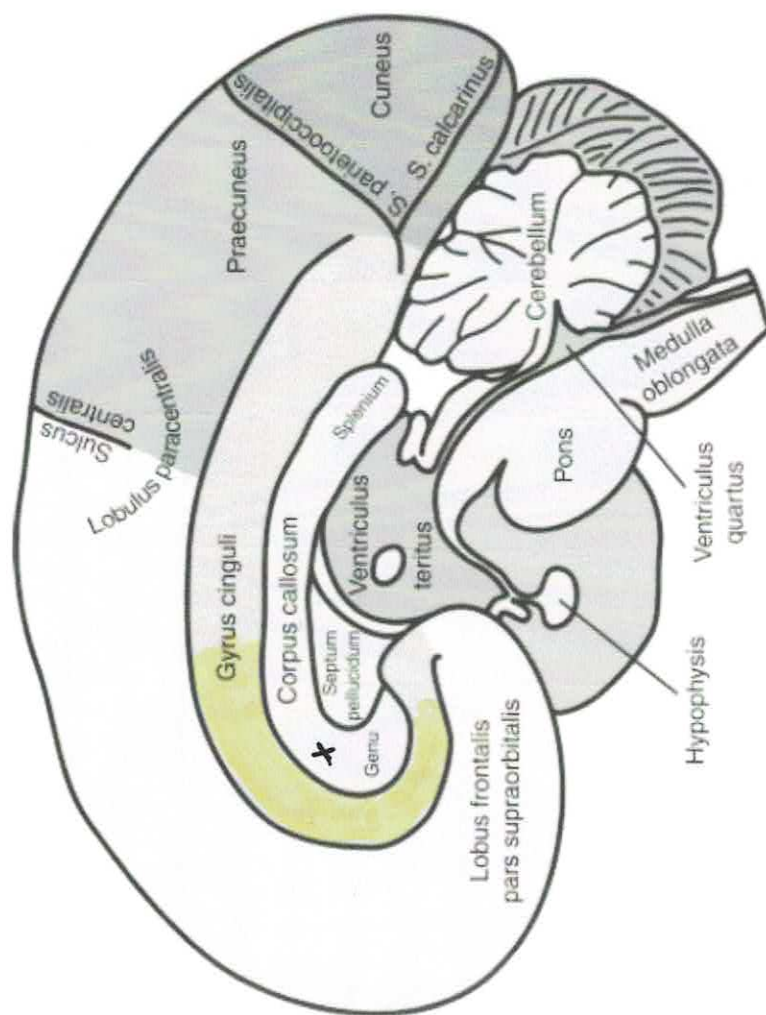
Vaccine Injury

### Medications

Ritalin

Risperadone

Classic w/ Temporal Lobe  
Limbic



## .BLOOD COUNT

Patient: William Wykes 25/08/2014  
To: Dr Ashisha Kallukaran  
From:

Received Date: 10th Sep 2024  
Observation Date: 10th Sep 2024  
CC: Dr Fiona Scoffell

10 year 0 month-old boy, Pre Risperidone bloods

Haemoglobin	125 (g/L)	110-150
Haematocrit	0.38	0.36-0.46
Red cell count	4.4 (10 <sup>12</sup> /L)	4.0-5.6
MCV	86 (fL)	77-95
L White cell count	4.4 (10 <sup>9</sup> /L)	5.0-12.0
Neutrophils	1.86 (10 <sup>9</sup> /L)	1.5-7.5
Lymphocytes	2.09 (10 <sup>9</sup> /L)	1.0-6.5
Monocytes	0.29 (10 <sup>9</sup> /L)	0-1.5
Eosinophils	0.13 (10 <sup>9</sup> /L)	0-0.6
Basophils	0.05 (10 <sup>9</sup> /L)	0-0.20
Platelets	163 (10 <sup>9</sup> /L)	150-600

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196.

NATA/RCPA Accreditation No 1964

Tests Completed: FBE

Tests Pending : HDL-Cholesterol, Iron  
Studies, E/LFT, TFTH, Vitamin B12, Folate

(Serum), Prolactin, Vitamin D, HbA1c, TTG Abs, Gliadin Abs

Sample Pending :

Clinical Notes : 10 year 0 month-old boy, Pre Risperidone  
bloods

### Haematology

**Haemoglobin** 125 ( 110 - 150 ) g/L

**Haematocrit** 0.38 ( 0.36 - 0.46 )

**Red cell count** 4.4 ( 4.0 - 5.6 ) 10<sup>12</sup>/L

**MCV** 86 ( 77 - 95 ) fL

**White cell count** 4.4 L ( 5.0 - 12.0 ) 10<sup>9</sup>/L

Neutrophils 1.86 ( 1.5 - 7.5 ) 10<sup>9</sup>/L

Lymphocytes 2.09 ( 1.0 - 6.5 ) 10<sup>9</sup>/L

Monocytes 0.29 ( 0 - 1.5 ) 10<sup>9</sup>/L

Eosinophils 0.13 ( 0 - 0.6 ) 10<sup>9</sup>/L

Basophils 0.05 ( 0 - 0.20 ) 10<sup>9</sup>/L

**Platelets** 163 ( 150 - 600 ) 10<sup>9</sup>/L

Comments on Lab Id: 525811756

HA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: FBE

Tests Pending : HDL-Cholesterol, Iron Studies, E/LFT, TFTH, Vitamin B12,  
Folate (Serum), Prolactin, Vitamin D, HbA1c, TTG Abs, Gliadin Abs

Sample Pending :

End of Report :

## S-ROUTINE CHEMISTRY

Patient: William Wykes 25/08/2014  
To: Dr Ashisha Kallukaran  
From:

Received Date: 10th Sep 2024  
Observation Date: 10th Sep 2024  
CC: Dr Fiona Scoffell

10 year 0 month-old boy, Pre Risperidone bloods

Sodium	140 (mmol/L)	132-145
Potassium	3.9 (mmol/L)	3.5-5.5
Chloride	108 (mmol/L)	95-110
Bicarbonate	26 (mmol/L)	21-31
Anion Gap	6 (mmol/L)	<16
Calcium (Corrected)	2.39 (mmol/L)	2.20-2.65
Phosphate	1.38 (mmol/L)	1.00-1.90
Urea	4.6 (mmol/L)	2.5-6.5
Urate	0.222 (mmol/L)	0.130-0.350
Creatinine	52 (umol/L)	40-65
Glucose fasting	4.8 (mmol/L)	3.6-6.0
Total Protein	68 (g/L)	65-80
Albumin	41 (g/L)	35-47
Globulin	27 (g/L)	23-40
Bilirubin	8 (umol/L)	<16
ALP	199 (U/L)	120-350
AST	23 (U/L)	10-40
ALT	12 (U/L)	5-30
GGT	13 (U/L)	5-20
LD	165 (U/L)	<300
Cholesterol	3.8 (mmol/L)	<4.6
Triglyceride	0.5 (mmol/L)	<2.1
Haemolysis Index	1 (mg/dL)	<40

Comment: S-ROUTINE CHEMISTRY

Please note: eGFR cannot be calculated on patients less than 18 years old.

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196.

NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, E/LFT, FBE

Tests Pending : Iron Studies, TFTH, Vitamin B12, Folate (Serum), Prolactin, Vitamin D, HbA1c, TTG Abs, Gliadin Abs

Sample Pending :

Clinical Notes : 10 year 0 month-old boy, Pre Risperidone bloods

Sodium 140 ( 132 - 145 ) mmol/L  
Potassium 3.9 ( 3.5 - 5.5 ) mmol/L  
Chloride 108 ( 95 - 110 ) mmol/L  
Bicarbonate 26 ( 21 - 31 ) mmol/L  
Anion Gap 6 ( <16 ) mmol/L  
Calcium (Corrected) 2.39 ( 2.20 - 2.65 ) mmol/L  
Phosphate 1.38 ( 1.00 - 1.90 ) mmol/L  
Urea 4.6 ( 2.5 - 6.5 ) mmol/L  
Urate 0.222 (0.130 - 0.350) mmol/L  
Creatinine 52 ( 40 - 65 ) umol/L  
Glucose fasting 4.8 ( 3.6 - 6.0 ) mmol/L  
Total Protein 68 ( 65 - 80 ) g/L  
Albumin 41 ( 35 - 47 ) g/L  
Globulin 27 ( 23 - 40 ) g/L  
Bilirubin 8 ( <16 ) umol/L  
ALP 199 ( 120 - 350 ) U/L

## S- ROUTINE CHEMISTRY

Patient: William Wykes 25/08/2014  
To: Dr Ashisha Kallukaran  
From:

Received Date: 10th Sep 2024  
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CC: Dr Fiona Scoffell

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AST 23 ( 10 - 40 ) U/L  
ALT 12 ( 5 - 30 ) U/L  
GGT 13 ( 5 - 20 ) U/L  
LD 165 ( <300 ) U/L  
Cholesterol 3.8 ( <4.6 ) mmol/L  
Triglyceride 0.5 ( <2.1 ) mmol/L  
Haemolysis Index 1 ( <40 )  
Comments on Lab Id: 525811756

Please note: eGFR cannot be calculated on patients less than 18 years old.

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, E/LFT, FBE

Tests Pending : Iron Studies, TFTH, Vitamin B12, Folate (Serum),  
Prolactin, Vitamin D, HbA1c, TTG Abs, Gliadin Abs

Sample Pending :

End of Report :



## S- LIPID PROFILE

Patient: William Wykes 25/08/2014  
To: Dr Ashisha Kallukaran  
From:

Received Date: 10th Sep 2024  
Observation Date: 10th Sep 2024  
CC: Dr Fiona Scoffell

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10 year 0 month-old boy, Pre Risperidone bloods		
Cholesterol	3.8 (mmol/L)	<4.6
Triglyceride	0.5 (mmol/L)	<2.1
HDL	1.64 (mmol/L)	>0.89
LDL	1.9 (mmol/L)	<4.1
Tot Chol/HDL	2.3	<4.6
Non HDLC	2.16 (mmol/L)	<3.81

Comment: S- LIPID PROFILE

LDL is now calculated by the Sampson equation which allows an accurate result at higher triglyceride levels.

### TARGET LEVELS:

The National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:

Total Cholesterol <4.0 mmol/L  
HDL-Cholesterol  $\geq$ 1.00 mmol/L  
Fasting Triglycerides <2.0 mmol/L  
Non-HDL Cholesterol <2.5 mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196.

NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, E/LFT, FBE

Tests Pending : Iron Studies, TFTH, Vitamin B12, Folate (Serum), Prolactin, Vitamin D, HbA1c, TTG Abs, Gliadin Abs

Sample Pending :

Clinical Notes : 10 year 0 month-old boy, Pre Risperidone bloods

### Lipid Profile

Cholesterol 3.8 ( <4.6 ) mmol/L  
Triglyceride 0.5 ( <2.1 ) mmol/L  
HDL 1.64 ( >0.89 ) mmol/L  
LDL 1.9 ( <4.1 ) mmol/L  
Tot Chol/HDL 2.3 ( <4.6 )  
Non HDLC 2.16 ( <3.81 ) mmol/L  
Comments on Lab Id: 525811756

LDL is now calculated by the Sampson equation which allows an accurate result at higher triglyceride levels.

### TARGET LEVELS:

The National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:

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HDL-Cholesterol  $\geq$ 1.00 mmol/L  
Fasting Triglycerides <2.0 mmol/L  
Non-HDL Cholesterol <2.5 mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, E/LFT, FBE  
Tests Pending : Iron Studies, TFTH, Vitamin B12, Folate (Serum),  
Prolactin, Vitamin D, HbA1c, TTG Abs, Gliadin Abs  
Sample Pending :  
End of Report :

## S- PROLACTIN

Patient: William Wykes 25/08/2014  
To: Dr Ashisha Kallukaran  
From:

Received Date: 10th Sep 2024  
Observation Date: 10th Sep 2024  
CC: Dr Fiona Scoffell

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10 year 0 month-old boy, Pre Risperidone bloods  
Prolactin

75 (mIU/L)

<500

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196.

NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron  
Studies, E/LFT, TFTH, Vitamin B12, Folate  
(Serum), Prolactin, HbA1c, FBE

Tests Pending : Active B12, Vitamin D, TTG Abs, Gliadin  
Abs

Sample Pending :

Clinical Notes : 10 year 0 month-old boy, Pre Risperidone  
bloods

### Prolactin

Prolactin 75 ( <500 ) mIU/L

Comments on Collection 525811756

EA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, E/LFT, TFTH, Vitamin B12,  
Folate (Serum), Prolactin, HbA1c, FBE

Tests Pending : Active B12, Vitamin D, TTG Abs, Gliadin Abs

Sample Pending :

End of Report :



## HbA1c

Patient: William Wykes 25/08/2014  
To: Dr Ashisha Kallukaran  
From:

Received Date: 10th Sep 2024  
Observation Date: 10th Sep 2024  
CC: Dr Fiona Scoffell

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10 year 0 month-old boy, Pre Risperidone bloods		
HbA1c (NGSP)	5.4 (%)	<6.5
HbA1c (IFCC)	36 (mmol/mol)	<48

Comment: HbA1c

The currently accepted cut-point for diagnosis of Type 2 Diabetes is an HbA1c level equal to or greater than 6.5% (48 mmol/mol) in patients with normal red blood cell turnover.

An abnormal screening HbA1c equal to or greater than 6.5% (48 mmol/mol) should be confirmed by a repeat HbA1c level as soon as possible, prior to any dietary adjustment or therapeutic intervention.

If the follow up HbA1c is less than 6.5% (48mmol/mol) then the patient does not have diabetes and should be rescreened in 12 months time.

(Ref: MJA 197/4:220-221 (2012))

Patients with HbA1c levels of 5.7 - 6.4% (38 - 46 mmol/mol) may still have a slightly increased risk of microvascular complications according to the AusDiab study.

The Medicare item for HbA1c for diagnosis of Diabetes Mellitus is limited to one test per 12 months; for monitoring Diabetes testing remains unchanged - 4 tests per 12 months.

Further information may be found at MBS online

<http://www9.health.gov.au/mbs/search.cfm>

An alternative test to monitor diabetes such as serum fructosamine is advisable in the presence of altered red cell lifespan.

HbA1c performed on the Sebia Cap3 analyser by capillary electrophoresis.

A PDF version of this report with images is available until 10-09-2025. Copy and paste the following URL into your web browser and use PIN 6983 to access the report.  
[https://sdrviewer.apps.sonichealthcare.com/?GUID=2205D97B-](https://sdrviewer.apps.sonichealthcare.com/?GUID=2205D97B-E8A8-4027-AA4F-2A27CBD7E104&hostCode=SNP&shareType=1)

[E8A8-4027-AA4F-2A27CBD7E104&hostCode=SNP&shareType=1](https://sdrviewer.apps.sonichealthcare.com/?GUID=2205D97B-E8A8-4027-AA4F-2A27CBD7E104&hostCode=SNP&shareType=1)

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NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, E/LFT, HbA1c, FBE

Tests Pending : Iron Studies, TFTH, Vitamin B12, Folate (Serum), Prolactin, Vitamin D, TTG Abs, Gliadin Abs

Sample Pending :

Clinical Notes : 10 year 0 month-old boy, Pre Risperidone bloods

### HbA1c

HbA1c (NGSP) 5.4 ( <6.5 ) %

HbA1c (IFCC) 36 ( <48 ) mmol/mol

Comments on Collection 525811756

The currently accepted cut-point for diagnosis of Type 2 Diabetes is an HbA1c level equal to or greater than 6.5% (48 mmol/mol) in patients with normal red blood cell turnover.

## HBA1C

Patient: William Wykes 25/08/2014  
To: Dr Ashisha Kallukaran  
From:

Received Date: 10th Sep 2024  
Observation Date: 10th Sep 2024  
CC: Dr Fiona Scoffell

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An abnormal screening HbA1c equal to or greater than 6.5% (48 mmol/mol) should be confirmed by a repeat HbA1c level as soon as possible, prior to any dietary adjustment or therapeutic intervention.  
If the follow up HbA1c is less than 6.5% (48mmol/mol) then the patient does not have diabetes and should be rescreened in 12 months time.  
(Ref: MJA 197/4:220-221 (2012))  
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Further information may be found at MBS online  
<http://www9.health.gov.au/mbs/search.cfm>  
An alternative test to monitor diabetes such as serum fructosamine is advisable in the presence of altered red cell lifespan.  
HbA1c performed on the Sebia Cap3 analyser by capillary electrophoresis.

HA

### PDF Image Enhanced Report

A PDF version of this report with images is available until 10-09-2025. Copy and paste the URL below into your web browser and use PIN 6983 to access the report.

<https://sdrviewer.apps.sonichealthcare.com/?GUID=2205D97B-E8A8-4027-AA4F-2A27CBD7E104&hostCode=SNP&shareType=1>

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, E/LFT, HbA1c, FBE  
Tests Pending : Iron Studies, TFTH, Vitamin B12, Folate (Serum),  
Prolactin, Vitamin D, TTG Abs, Gliadin Abs  
Sample Pending :  
End of Report :



LAB ID 525811756 DOB 25/08/2014 (10Y Male)

Referring Doctor Dr Ashisha T Kallukaran

Your ref.

Address 15 Morwell Crescent  
NORTH LAKES QLD 4509

Phone 0414 883 886

Dr Ashisha T Kallukaran  
Paedix Specialists Paeds  
Suite 7 Level 5 Morris Towers  
149 Wickham Tce  
BRISBANE QLD 4000

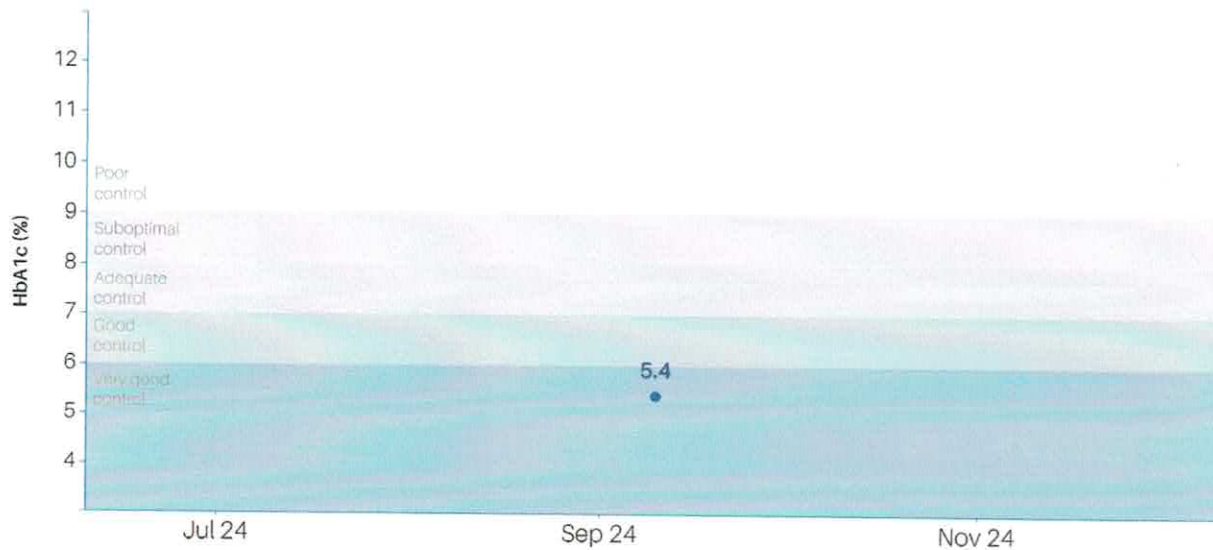
K11851  
LARP/---/---/---

Requested 04 Sep 2024  
Collected 10 Sep 2024 13:02 pm  
Received 10 Sep 2024 13:03 pm  
Reported 10 Sep 2024 19:33 pm

Copy to Dr Fiona A Scoffell (07) 3261 7000

## Glycated Haemoglobin | HbA1c

Diabetes Monitoring



### LEGEND

Poor control (> 9.0)	● Within reference interval
Suboptimal control (8.1 - 9.0)	● Out of reference interval
Adequate control (7.1 - 8.0)	
Good control (6.1 - 7.0)	
Very good control (<6.1)	

Type of primary sample: EDTA

## S-VITAMIN D

Patient: William Wykes 25/08/2014  
To: Dr Ashisha Kallukaran  
From:

Received Date: 11th Sep 2024  
Observation Date: 10th Sep 2024  
CC: Dr Fiona Scoffell

10 year 0 month-old boy, Pre Risperidone bloods

25-OH Vitamin D 87 (nmol/L) 50-150

According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):1-7, 2012, vitamin D status is defined as:

Vitamin D adequacy: >49 nmol/L at the end of winter  
(levels may need to be 10-20 nmol/L higher at the end of summer, to allow for seasonal decrease.)

Mild vitamin D deficiency: 30-49 nmol/L

Moderate vitamin deficiency: 12.5-29 nmol/L

Severe vitamin D deficiency: < 12.5 nmol/L

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196.  
NATA/RCPA Accreditation No 1964  
Tests Completed: HDL-Cholesterol, Iron  
Studies, E/LFT, TFTH, Vitamin B12, Folate  
(Serum), Prolactin, Active B12, Vitamin D, HbA1c, FBE  
Tests Pending : TTG Abs, Gliadin Abs  
Sample Pending :

Clinical Notes : 10 year 0 month-old boy, Pre Risperidone  
bloods

### 25 Hydroxy Vitamin D

25-OH Vitamin D 87 ( 50 - 150 ) nmol/L

Comments on Collection 525811756

According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):1-7, 2012, vitamin D status is defined as:

Vitamin D adequacy: >49 nmol/L at the end of winter  
(levels may need to be 10-20 nmol/L higher at the end of summer, to allow for seasonal decrease.)

Mild vitamin D deficiency: 30-49 nmol/L

Moderate vitamin deficiency: 12.5-29 nmol/L

Severe vitamin D deficiency: < 12.5 nmol/L

EA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, E/LFT, TFTH, Vitamin B12,  
Folate (Serum), Prolactin, Active B12, Vitamin D, HbA1c, FBE

Tests Pending : TTG Abs, Gliadin Abs

Sample Pending :

End of Report :



## S-Coeliac Autoabs

Patient: William Wykes 25/08/2014  
To: Dr Ashisha Kallukaran  
From:

Received Date: 13th Sep 2024  
Observation Date: 10th Sep 2024  
CC: Dr Fiona Scoffell

10 year 0 month-old boy, Pre Risperidone bloods

Tissue Transglutaminase IgA Abs < 1 (U/mL) <7

Gliadin (deamidated) IgG Abs 2 (U/mL) <7

Comment: S-Coeliac Autoabs

The presence of coeliac disease is very unlikely (<5%).

If suggestive symptoms, signs or family history, coeliac tissue typing or endoscopy may help exclude the disease further.

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196.

NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron

Studies, E/LFT, TFTH, Vitamin B12, Folate

(Serum), Prolactin, Active B12, Vitamin D, HbA1c, FBE, TTG

Abs, Gliadin Abs

Tests Pending :

Sample Pending :

Clinical Notes : 10 year 0 month-old boy, Pre Risperidone bloods

### Coeliac Disease Autoantibodies

Tissue Transglutaminase IgA Abs <1 ( <7 ) U/mL

Gliadin (deamidated) IgG Abs 2 ( <7 ) U/mL

Comments on Lab Id: 525811756

The presence of coeliac disease is very unlikely (<5%).

If suggestive symptoms, signs or family history, coeliac tissue typing or endoscopy may help exclude the disease further.

IA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, E/LFT, TFTH, Vitamin B12,

Folate (Serum), Prolactin, Active B12, Vitamin D, HbA1c,

FBE, TTG Abs, Gliadin Abs

Tests Pending :

Sample Pending :

End of Report :

## William Wykes



### Questions

1. At what age was William when you began to suspect ADHD? – I thought he may have had it around 3 years old but was repeatedly told that his behaviour was normal for a boy of that age. It was also the age he was when Indi was born.
2. What are the symptoms you most notice with the ADHD? – hyperactivity. This is also when he stated exhibiting ASD symptoms (sensory – liked soft clothes; repetitive behaviour) but at the time didn't think anything of it.
3. Has William's Dad and/or paternal line been diagnosed with ADHD OR do they exhibit symptoms which might suggest ADHD? – William's half brother Dillon (30yrs) was diagnosed with ADHD when he was a child but was never treated for it ☺ I believe that William's Dad and 2 uncles (on his Dad's side) also have it.
4. Is there anyone in your family (generally males but not exclusively) that has been diagnosed with ADHD or exhibiting symptoms which might suggest ADHD? – No
5. Did you suffer from Preeclampsia while you were pregnant with William? - No
6. Were you under a great deal of stress while you were pregnant with William? – No. I was actually very happy during the pregnancy.
7. Was William born prematurely? – No, he was 9 days late
8. Was William breech or a shoulder first delivery? - No
9. Were forceps used in delivery? - No
10. Were there any issues with the umbilical cord during pregnancy or delivery ie. wrapped around the neck. - No
11. Have you had any issues around too little oxygen in your blood before or during birth of William? - No
12. Were there any issues with the placenta separating from the womb too soon? - No
13. Was your labour very long or difficult – Not sure what "long" is considered. I went into labour about 3.30pm and he was born at 8.30 the next morning. I had one shot of morphine as pain relief then was refused anymore when I asked.
14. Was William born vaginally or via C-Section - Vaginally
15. Were there any issues with William's oxygen levels at birth – No, he did swallow some meconium but wasn't distressed (not sure if this is relevant!)
16. Did William experience any airway blockages, airway not formed properly when born? - No
17. Did William experience any respiratory distress when born? - No



18. Did you smoke or drink alcohol during your pregnancy? - No

19. Can you please list any incidents where William has received a decent impact to the head.

These could include car accidents, blows to the head, injuries, lacerations. Please include age, details of the incident, outcome ie. Stitches, concussions, loss of consciousness etc.

- 5 years; Dillon "accidentally" tripped William making him lose balance and slam the back of his head on the concrete. I was inside at the time but heard the impact!

- 5 years; slipped on rocks and split top left-hand side of head near forehead and received 5 stitches

- 5 years; slipped and hit back of head. This was at kindy so not sure of anything other than a big bump

- 5 years; fell off scooter and split under chin receiving glue and 10 stitches

- 7 years; fell off trampoline onto concrete and hit back of his head

FYI - William was born with jaundice but they weren't concerned as he was fine after going under the heat lamps for a little while.

## S- THYROID FUNCTION

Patient: William Wykes 25/08/2014  
To: Dr Ashisha Kallukaran  
From:

Received Date: 10th Sep 2024  
Observation Date: 10th Sep 2024  
CC: Dr Fiona Scoffell

10 year 0 month-old boy, Pre Risperidone bloods

Free T4 12.1 (pmol/L) 9.0-19.0

TSH 1.3 (mIU/L) 0.3-4.8

Comment: S- THYROID FUNCTION

Euthyroid

Please note that the reference intervals for fT4 have recently changed for patients over 70 years of age and pregnant women.

Please contact the laboratory on 3377 8530 if you require further information.

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196.

NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron

Studies, E/LFT, TFTH, Vitamin B12, Folate

(Serum), Prolactin, HbA1c, FBE

Tests Pending : Active B12, Vitamin D, TTG Abs, Gliadin Abs

Sample Pending :

Clinical Notes : 10 year 0 month-old boy, Pre Risperidone bloods

### Thyroid Function Tests

Free T4 12.1 ( 9.0 - 19.0 ) pmol/L

TSH 1.3 ( 0.3 - 4.8 ) mIU/L

Comments on Collection 525811756

Euthyroid

Please note that the reference intervals for fT4 have recently changed for patients over 70 years of age and pregnant women.

Please contact the laboratory on 3377 8530 if you require further information.

EA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, E/LFT, TFTH, Vitamin B12, Folate (Serum), Prolactin, HbA1c, FBE

Tests Pending : Active B12, Vitamin D, TTG Abs, Gliadin Abs

Sample Pending :

End of Report :

# Home Medication Log

Fill out this form daily to monitor how well your medication is working at home. The information will help your doctor make medication adjustments, if needed.

(This tracking form was developed and designed by Laurie Dupar, founder of Coaching for ADHD, [coachingforadhd.com](http://coachingforadhd.com). Copyright © Laurie Dupar. Permission to copy for personal use only.)

Complete the following and note any observations to support your response:	MON	TUES	WED	THUR	FRI	SAT	SUN
Name of medication:							
Dose of medication and number of tablets							
Time(s) you are taking the medication?							
Time the medication starts working after taking it?							
How you know the medication is working: Increased focus? Sense of calm? Reduced impulsivity? etc.							
Time the medication wears off?							
Symptoms when medication is wearing off? Foggy? Hungry? Irritable? Tired?							
Hours of sleep last night? Hours of nap?							
Rate: Mood today 1 (bad) to 10 (great)							
Rate: Irritability/Agitation 1 (a little) to 10 (a lot)							
Rate: Ability to concentrate/focus today 1 (a little) to 10 (a lot)							
Rate: Memory for today 1 (a little) to 10 (a lot)							
Rate: Energy for today 1 (a little) to 10 (a lot)							
Rate: Ability to complete tasks 1 (a little) to 10 (a lot)							
Rate: Motivation/Incentive 1 (a little) to 10 (a lot)							
Rate: Appetite 1 (a little) to 10 (a lot)							
Rate: Impulsivity 1 (a little) to 10 (a lot)							
Other symptoms or side effects concerning to you Nausea? Headache? Tics?							