

This is **Exhibit "A"** to the
AFFIDAVIT of John Kiska Sworn before
me this 9th day of November 2015.

A handwritten signature in dark ink, consisting of a stylized 'A' followed by a cursive flourish.

A Commissioner for taking Affidavits, etc.



Service Date Mar 03, 2013
Unit/Clinic ED
Attending Dr. UNKNOWN
Visit Type Emergency
Campus OH - Civic Campus

Name/Nom MOORE, DEIRDRE ANN
MRN 2580047-5
DOB/DDN Gender Sep 28, 1965 Female
Admission/Visit Date Mar 03, 2013
Discharge Date

PLEASE RESPECT PATIENT CONFIDENTIALITY

Printed copy of the official TOH EHR

Psychiatric Consultation

Civic Campus
1053 Carling Ave, Ottawa, ON K1Y 4E9
Tel: (613)761-4581 Fax: (613)761-4911

Family physician: Dr. J. Chow

Identification:

47 Married woman (John Kiska), 2 children (6 yo and 5 yo), works as a financial consultant from home.

Reason for referral:

Rule out mania/psychosis

History of Presenting Illness:

Information was provided by Ms. Moore's husband, John Kiska, as Ms. Moore was too sedated to be interviewed.

Ms Moore's husband says that her bizarre behaviour began 2 weeks ago. She suddenly became obsessed with the idea of taking a last minute vacation with her children. She started sending multiple emails to her husband each day about planning the trip. He presents a large stack of her email which he described as very disorganized and bizarre. She booked a vacation starting on March 6, which he found to be very impulsive for her. She also had uncharacteristic plans to get a live-in nanny, although her husband refuted this because he says it is not necessary since she works from home and they have a housekeeper 25 hours a week. In the past week, she developed plans to start a "mental health company" and started sending inappropriate emails to several people about this business idea, including the teachers of her children. She even went to their school to talk to the Vice Principle about her ideas. Her husband suspects that she was very disorganized when talking to the VP, because it prompted the VP to contact the Children's Aid Society, who made a home visit on Friday during which she was very pressured in her speech.

In the recent days, she has been saying that she is going to "solve the world's problems" and her husband describes her as being grandiose. She plans to write a book called "How I bullied the bully out of my husband" and has sent several emails to people she doesn't know about this book idea. Her husband describes referential thinking and grandiosity on Saturday, when she made an elaborate collage about "J.C", which are the initial of a man involved in the murder suicide in Stittsville. She told her husband that J.C. really means Jesus Christ and that it means that she was chosen to solve the world's problems. Yesterday in the washroom at home, she coloured with marker over about 20 sanitary napkins while taking pictures of herself. Her husband found this very bizarre and brought them to PES to demonstrate her behaviour. Her husband has observed that she was talking to herself and to dead family members over the past couple of days.

Her husband denies any illegal, risky or dangerous activity. Despite her lack of sleep since Wednesday, she has been driving a car - she picked her children up from school on Friday.



Service Date Aug 25, 2014
Unit/Clinic D6
Attending Dr. Yoland Charbonneau
Visit Type Inpatient
Campus OH - Civic Campus

Name/Nom MOORE, DEIRDRE ANN
MRN 2580047-5
DOB/DDN Gender Sep 28, 1965 Female
Admission/Visit Date Jul 10, 2014
Discharge Date Sep 05, 2014

PLEASE RESPECT PATIENT CONFIDENTIALITY

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Identifying Data/Reason for Referral:

Mrs. Moore is a 48 year old married mother, who lives with her husband and 2 children. She has a history of Bipolar Disorder with psychotic features. She is presenting to ED of her own volition, to seek refuge from her husband who has been "bullying her" and "poisoning her with Moxifloxacin".

History of Present Illness:

As per Mrs. Moore's husband, Mrs. Moore's manic and psychotic symptoms started approximately 10 weeks ago, although the previous 14 months have been challenging. She started to spend a lot of energy and time working out, going to the OAC to inquire about personal training. When she was told that she would not be able to access a personal trainer since she was not a paid member of the OAC, Mrs. Moore began to speak about the owner of the OAC as being a mobster. Upon her return home from the gym that day, she wiped down the exterior of her car, trying to eliminate any fingerprints that may have been left on it. She became paranoid that the mobster was monitoring her in her home. Furthermore, approximately 8 weeks ago, Mrs. Moore moved a large sum of GICs because she was concerned that the mobster would find them. Her husband changed the banking information to secure the funds.

According to the patient's husband, Mrs. Moore took Olanzapine for 2 weeks and her paranoia improved. However, soon after, the patient signed up for a body building competition, buying a high-end dress and 9 pairs of heels from Holt Renfrew.

Approximately 7 weeks ago, the patient presented herself to the QCH ER where she was admitted overnight. She refused treatment and was discharged the following morning. It should be noted that the patient did not mention any of these events.

On Canada Day, Mrs. Moore, her husband and the kids, went up to Morrisburg to visit her parents. Patient recalls this as an enjoyable day. However, husband describes the patient hiding all the knives and pills in the house for an unknown reason. He confronted her about this behaviour prompting Mrs. Moore to request to return home. On the way home, Mrs. Moore was observed crying and yelling at her kids as the family pulled over to play at a park. Once again she did not make any mention of these events.

On July 3, Mrs. Moore locked herself in her bathroom after stating that she was afraid that her husband would call the police. She had packed her bags and called the police herself. She was taken to the Montfort Hospital, where she remained on a Form 1 until July 5. The husband played down the events of the days prior in order to have Mrs. Moore attend their son's birthday party. After discharge on July 5, she did not return home. A missing person's report was submitted by her husband. It was discovered that she had gone to the casino and spent approx. 500\$. She did not return home until July 7. According to Mrs. Moore, her husband was making unspecified threats toward her, was being verbally aggressive, being in a "Tasmanian devil spin", and accusing her of stealing his phone, prompting her to visit the Montfort Hospital for support. She described staying at a B&B after her discharge, shopping for camping supplies and walking "a lot".

Upon her return home on July 7, she reports that her husband became increasingly verbally abusive and threatening. The next day, she accused her husband of stealing her purse and car keys. She stated that she called police, fearing for her safety at home. She told the officers that she will be pursuing a divorce from her husband at this time. They apparently left with no further events that evening. The next day Mrs. Moore reports that her husband was becoming increasingly verbally aggressive. She stated that she felt her had been trying to poison her with Moxifloxacin for several days. She reports taking a taxi to the bank to ask for legal resources and then presented to the ED, stating that she does not feel safe at home with her husband.

Dr. Gilles Fleury

DISCHARGE SUMMARY

REVISED DOCUMENT #2 (25/08/2014 - al)

ADMISSION DATE:

July 3, 2014

DISCHARGE DATE:

July 5, 2014

IDENTIFYING DATA:

A 48-year-old female, married with two children (daughter age six, son age eight), married for 14 years to spouse John Kiska, lives in family home, is supported financially by contract employment as a financial consultant, works predominantly in the home environment. Spouse is also a consultant, works mainly outside of the home.

MOST RESPONSIBLE DIAGNOSIS:

Acute adjustment disorder.

COMORBIDITY DIAGNOSIS:

Preadmission: Bipolar affective disorder.
Cluster B personality traits.
GAF on admission 30.
GAF on discharge 60.

SECONDARY DIAGNOSIS:

INTERVENTIONS – THERAPEUTIC, DIAGNOSTIC, DIAGNOSTIC IMAGING, OBSTETRICAL:

1. Social work seen in the Emergency Department.
2. Psychiatric assessment.
3. No changes were made to any medications. Patient to continue on Olanzapine Zydys 5 mg at h.s. p.r.n.

SUMMARY:

The patient was referred to psychiatry for evaluation after presenting to the Emergency Department reporting domestic verbal abuse and marital discourse. The patient was seen by social work in the Emergency Department, was found to be somewhat disorganized in the presentation of her story. In the context of her psychiatric history, psychiatry was involved to do further assessment.

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Par/By : MJUNDERH
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DOSSIER CLINIQUE/HEALTH RECORD