

Myhealth North Richmond

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05/03/2024

Michelle Hookham
Old Hawkesbury Hospital
6 Christie St
Windsor. 2756
Phone: 02 4577 4435

health@michellehookham.com.au

re. **Ms Alison Falzon**
24/08/1972
41 Mantle Ave
North Richmond. 2754
0452266482

Dear Michelle,
re: MHCP x6 sessions

Thank you for seeing Alison Falzon for an opinion and management. 51 yr old who has been having issues with low mood and anxiety. She has been overthinking things and feels scared most times. Triggers prior to these would be marital breakdown about 9 yrs ago. Her latest k10 32/50 and Dass 21 D 28 A 16 S28 Kindly send us correspondence of her progress.

Her current medications are:

Circadin 2mg Prolonged release tablet (Melatonin) 1 Tablet Before bed.

Allergies:

Cough medicine Oedema, Moderate

Past Medical History:

2006 Hysterectomy, vaginal with AP repair

Yours faithfully,



Dr Marie Tan-Paredes
MBBS . DCH. FRACGP
2813939B

BOIMHC MENTAL HEALTH 3 STEP PROCESS

PART 2 - PLAN & REVIEW

Patient Name	Ms Alison Falzon	Date of Birth	24/08/1972
GP	Dr Marie Tan-Paredes 0291618086	Outcome Tool Used	
Date of Plan	05/03/2024	Date of Review	
Outcome tool result at assessment	k10 32 /50 DASS 21 D 28 A 16 S 28	Result at review	

	GOAL	PLAN	REVIEW
Problem/Diagnosis	(eg reduce symptoms, improve functioning)	Action/ Task (eg Refer for Allied Health, or pharmacological treatment, or engagement of family and other supports)	
1Anxiety Disorder with occasional panic attacks	Identify the stressors Reduce the symptoms Improve functioning Managing negative thoughts smiling mind app	Attend counselling session with psychologist Review after 3-4 session	Psychologist - Ms. Michelle Hookham GP
2. Depressive Mood PTSD	Identify the stressors reduce symptoms planning positive activities breathing techniques walking dog 30 mins per day	Attend counselling session with psychologist Review after 3-4 session	Psychologist - Ms. Michelle Hookham GP

For which Access to Allied Health Service is the person being referred? (Multiple responses allowed)

Diagnostic assessment Yes / Psycho-education Yes Interpersonal Therapy Yes /

Cognitive Behavioural Therapy (CBT): Behavioural interventions Yes / Cognitive interventions Yes /

Relaxation strategies Yes Skills training Yes /

Other CBT interventions (please specify):

Other - please specify:

If referring for CBT program - Consent form signed by patient Yes /

Relapse Prevention Plan (if appropriate)

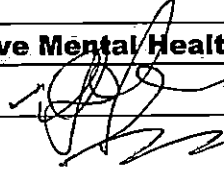
Emergency Care

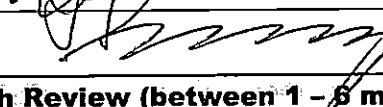
NSW – 1800 011 511 – Mental Health Line

Patient Education Yes / **Copy of MH plan given to patient** Yes /

Does the patient understand their condition?

I understand the above Mental Health Plan and agree to the outlined goals/actions

Patient Signature:  Date: 5.3.24

GP Signature:  Date: 5.3.24

Date for Mental Health Review (between 1 - 6 months): 8 weeks