The Heritage Medical and Dental Clinic
58 MarchStreet
Richmond NSW 2753
Ph:(02) 4578 2445 Fax:(02) 4588 6977

Dr Minh Tran
Mbbs(Sydney),Fracgp
210172DA

30/09/2024

Psychologist
Michelle Hookham
6 Christie St Windsor 2756
02 45774435

Dear Michelle,

Re:Mrs Susan J Walker
4/35 Francis Street
Richmond
18/10/1953

Thank you for seeing Mrs Susan J Walker, age 70 yrs, with major depression for cbt.

Past History:

Asthma
Diverticular disease of colon
Hypercholesterolaemia
Gastro-oesophageal Reflux
09/12/2017 Fall off chair # right elbow

Allergies: Nil known.

Current Medications:

Ezetrol 10mg Tablet	1 Tablet Daily As directed.
Somac 40mg Tablet	1 Tablet Daily p.r.n.
Symbicort 200/6 200mcg;6mcg/dose Turbuhaler	2 Inhalations Twice a day As directed.

Many thanks once again for your assistance,
I look forward to hearing the outcome of Susan J's attendance.
Yours sincerely,

Dr Minh Tran

GP MENTAL HEALTH CARE PLAN
Item No: 2715 (Assessment & Plan)

1. Patient Assessment

Patient Name:	Mrs Susan J Walker 4/35 Francis Street Richmond 2753			**Outcome Tool** K10	**Result**
DOB:	18/10/1953	**Gender:**	Female	**Date:**	30/09/2024
Referring GP Details:	Name: Dr Minh Tran Practice: Heritage Medical Clinic Provider No: 210172DA				

Problem/Diagnosis

Number 1	Depression
Number 2	
Number 3	

Medications

Ezetrol 10mg Tablet	1 Tablet Daily As directed.
Somac 40mg Tablet	1 Tablet Daily p.r.n.
Symbicort 200/6 200mcg;6mcg/dose Turbuhaler	2 Inhalations Twice a day As directed.

Past History

	Asthma
	Diverticular disease of colon
	Hypercholesterolaemia
	Gastro-oesophageal Reflux
09/12/2017	Fall off chair # right elbow

Mental Health History/Treatment

Has the person ever received specialist mental health care? No

Other Relevant Information:

Language spoken at home: English

How well does the person speak English: Very well

Family History

Mother: Deceased Age 93

Father: Deceased Age 71 ihd

Other family members:

Sister Hypercholesterolaemia

Social History

Occupation: Retired Self Employed

Marital status: Married

Sexual Orientation: Heterosexual

Alcohol:
2 drinks/day 1 days per week.

Smoking:
Non smoker

Does the person live alone: No

Highest education level completed:

Other Relevant Information:
Alcohol: nil

Smoking: no

Allergies

Nil known.

Personal History (Lifestyle issues eg childhood, substance abuse, relationship history, coping with previous stressors)

Relevant Previous and Current Examinations

Investigations

Mental Status Examination (Highlight appropriate tick box and type an "x")

Appearance and General Behaviour ☒ Normal ☐ Other:	**Mood** (Depressed/Labile) ☐ Normal ☒ Other: depressed
Thinking (Content/Rate/Disturbances) ☒ Normal ☐ Other:	**Affect** (Flat/blunted) ☒ Normal ☐ Other:
Perception (Hallucinations etc.) ☒ Normal ☐ Other:	**Sleep** (Initial Insomnia/Early Morning Wakening) ☐ Normal ☒ Other: broken
Cognition (Level of Consciousness/Delirium/Intelligence) ☒ Normal ☐ Other:	**Appetite** (Disturbed Eating Patterns) ☒ Normal ☐ Other:
Attention/Concentration ☒ Normal ☐ Other:	**Motivation/Energy** ☐ Normal ☒ Other: reduced
Memory (Short and Long Term) ☒ Normal ☐ Other:	**Judgement** (Ability to make rational decisions) ☒ Normal ☐ Other:
Insight ☒ Normal ☐ Other:	**Anxiety Symptoms** (Physical & Emotional) ☒ Normal ☐ Other:
Orientation (Time/Place/Person) ☒ Normal ☐ Other:	**Speech** (Volume/Rate/Content) ☒ Normal ☐ Other:

Risk Assessment

Suicidal Ideation	no	**Suicidal Intent**	
Current Plan		**Risk to Others**	

Key Family/Support Contact	

FORMULATION Main Problems/Diagnosis (Risk/protective factors)
Major depression; stressors

Other Service Agency Professionals Involved In Patient Care Name/Profession (If they are in the MD Address Book use the View Data Toolbar --> Addresses' Name & Phone Insert Field functions.)	Contact Information
Michelle Hookham	45774435

Patient Education Given	No

2. Mental Health Care Plan

Patient Name:	Mrs Susan J Walker 4/35 Francis Street Richmond 2753				
DOB:	18/10/1953	**Gender:**	Female	**Date:**	30/09/2024

Problems/Diagnosis	**Goal** (eg reduce symptoms, improve functioning)	**Actions/Tasks** (eg ... referral, engagement of family and other supports)
Number 1:		
Major Depression	improve symptoms	cbt
Number 2:		
Number 3:		

Emergency Care/Relapse Prevention	

Patient Education given:	No	**Key family [illegible]**
Copy of this Plan given to patient:	Yes	

Initial Action Plan - to be considered for: Taking into account the issues that you and the patient have identified, summarise the initial action suggested (highlight appropriate tick box and type an "x")

☐ Diagnostic assessment ☐ Psycho-education ☐ Interpersonal Therapy

☒ Cognitive Behavioural Therapy (CBT)

- ☐ Behavioural interventions ☐ Relaxation strategies
- ☐ Cognitive interventions (specify) ☐ Skills training
- ☐ Other CBT interventions (specify) :

☐ Other (specify):

Joint Session Request (OPTIONAL): Cross either first or last session & either GP Practice or Res Aged Care Fac.

First ☐ **OR** ☐ Last session **AT** ☐ GP Practice **OR** ☐ Residential Aged Care Facility

Review Date: (Add a Recall in MD for 1-6 months after the Plan date)	

Record of Patient Consent

I, <u>**Mrs Susan J Walker**</u> **Consent to this Care Plan to proceed and I agree to** information about my mental health being recorded in my medical file and being shared between the GP and the counsellor(s) to whom I am referred, to assist in the management of my health care.

x ______________________________

Signature (patient): **Date:**

I, **Dr Minh Tran** have discussed the proposed referral(s) with the patient and am satisfied that the patient understands the proposed uses and disclosures and has provided their informed consent to these.

GP Signature Dr Minh Tran **GP Name** **Date** 30/09/2024

Referring GP Details:	Name: Dr Minh Tran Practice: Heritage Medical Clinic Provider No: 210172DA