

Doctors of Northcote

295 High Street, Northcote VIC 3070

Phone: 03 8481 3600 Fax: 03 8481 3611 Email: admin@doctorsofnorthcote.com

17/6/2025

Ana Ximena Torres
Elemental Collective

hello@elementalcollective.com.au

Dear Ana,

**RE: Afifa Kamareddin DOB 1/8/1983
21 Wellman Street, Reservoir 3073
0466568885**

Thank you for seeing Afifa Kamareddin, age 41yrs, for opinion and management of her ongoing eating disorder symptoms.

I have completed a Mental Health Care plan today which will cover 6 sessions of psychology. We may move over to an eating disorder management plan at some point.

This referral is to last 12 months.

Thank you for your care and assistance. I look forward to hearing the outcome of Afifa's attendance. Please **email** me rather than sending a report by fax or post.

Yours sincerely,

Dr Leonie Sutton - 434225EJ

Dr Leonie Sutton

**** THIS DOCUMENT IS SIGNED WITH AN ELECTRONIC SIGNATURE ****

*** DOCTORS OF NORTHCOTE MANAGEMENT IS AVAILABLE TO VERIFY THE DOCUMENT IF REQUIRED ***

GP MENTAL HEALTH CARE PLAN
Item No: 2715 / 2717 or 2700 / 2701 (Assessment & Plan)

Patient Details

Patient Name	Mrs Afifa Kamareddin	Outcome Tool	RESULT
DOB	1/8/1983	Gender	F
Address	21 Wellman Street RESERVOIR VIC 3073		
Medicare	3381 96545 1 / 1	Phone	0466568885
Referring GP	Dr Leonie Sutton 434225EJ Doctors of Northcote P: 03 8481 3600 F: 03 8481 3611	Psychologist	Ana Ximena Torres Elemental Collective
Sessions	6 psychology sessions	Date	17/6/2025

Problem / Diagnosis

1	Atypical Anorexia Nervosa
2	

Medications

Drug Name	Strength	Dosage	Reason	Last script
OMEPRAZOLE EC Capsule (Omeprazole)	20mg	1 daily		26/11/2024
VENTOLIN CFC-FREE Inhaler (Salbutamol (as sulfate))	100mcg/dose (with dose counter)	4-6 puffs via spacer		08/05/2025

Past History

None recorded.

Mental Health History / Treatment

Has the person ever received specialist mental health care? Yes
 When did they last have a mental health care plan? 2022

Family History

None recorded.

Social History

Does the person live alone: No, lives with husband and children
Alcohol: None recorded.
Smoking: Never smoked

Mental Status Examination (Highlight appropriate selection with an "x")

Area	Normal	Other (please specify)
Appearance and General Behaviour	N	
Mood (Depressed/Labile)	Affected	
Thinking (Content/Rate/Disturbances)	N	
Affect (Flat/blunted)	N	
Perception (Hallucinations etc.)	N	
Sleep (Initial Insomnia/Early Morning Wakening)	Affected	

Cognition (Level of Consciousness/Delirium/Intelligence)	N	
Appetite (Disturbed Eating Patterns)	Affected	
Attention/Concentration	Affected	
Motivation/Energy	Affected	
Memory (Short and Long Term)	N	
Judgement (Ability to make rational decisions)	N	
Insight	N	
Anxiety Symptoms (Physical & Emotional)	Affected	
Orientation (Time/Place/Person)	N	
Speech (Volume/Rate/Content)	N	

Risk Assessment

Suicidal Ideation	Not identified	Suicidal Intent	Not identified
Current Plan	Not identified	Risk to Others	Not identified

FORMULATION - Main Problems / Diagnosis

Problem / Diagnosis	Goal	Action / Task
Atypical Anorexia	Gently challenge eating disorder cognitions Support regular food intake	Re-engage with psychological support.

Emergency Care / Relapse Prevention	Lifeline (13 11 14), Crisis Assessment and Treatment Team and GP.
Patient Education Given	Yes
Copy of MHCP Given to Patient	Yes
Review Date	After 6 sessions

Record of Patient Consent

I, **Mrs Afifa Kamareddin** 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.

Signature (patient): Verbal consent provided by patient **Date:** Tuesday, 17 June 2025

I, **Dr Leonie Sutton** 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.

Signature (doctor): Dr Leonie Sutton- 434225EJ **Date:** Tuesday, 17 June 2025

**** THIS DOCUMENT IS SIGNED WITH AN ELECTRONIC SIGNATURE ****

*** DOCTORS OF NORTHCOTE MANAGEMENT IS AVAILABLE TO VERIFY THE DOCUMENT IF REQUIRED ***