## **Doctors of Northcote**

295 High Street, Northcote VIC 3070

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

16/10/2025

Ana Ximena Torres
Elemental Collective
hello@elementalcollective.com.au

Dear Ana,

RE: Afifa Kamareddin DOB: 1/8/1983 21 Wellman Street RESERVOIR VIC 3073 0466568885

Thank you for seeing Afifa Kamareddin, age 42yrs 2mths, for ongoing therapy.

I have completed a Mental Health Care review today which will cover **6** sessions of psychology. Please continue in 2026 with any remaining sessions from this referral.

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*Dr Leonie Sutton - 434225EJ

<sup>\*\*</sup> THIS DOCUMENT IS SIGNED WITH AN ELECTRONIC SIGNATURE \*\*

<sup>\*</sup> DOCTORS OF NORTHCOTE MANAGEMENT IS AVAILABLE TO VERIFY THE DOCUMENT IF REQUIRED \*

## **GP MENTAL HEALTH CARE PLAN REVIEW**

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	
Sessions	6 psychology sessions	Date	16/10/2025	

Problem / Diagnosis	Goal	Action / Task
Atypical Anorexia, Anxiety, Depression	Gently challenge eating disorder cognitions Support regular food intake	Continue engaging with psychological support.

Emergency Care / Relapse Prevention	Lifeline (13 11 14), Crisis Assessment and Treatment Team and GP.
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## **Record of Patient Consent**

I, **Mrs Afifa Kamareddin** agree to information about my mental health and well being to be 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: Thursday, 16 October 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): <u>Dr Leonie Sutton-434225EJ</u> Date: <u>Thursday, 16 October 2025</u>

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