

**St Marys Medical Surgery**  
**87 Queen Street, St Marys NSW 2760**  
**Ph: 02 9673 5008 Fax: 02 4311 2628**

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27/10/2025

To: Ms. Michelle Hookham  
6 Christie St,  
Windsor 2756  
Phone: 02 4577 4435, Fax:  
Email: HEALTH@MICHELLEHOOKHAM.COM.AU

Dear Ms. Hookham

**RE: Mr Sutep Srinuankaew**  
**2 Tobruk St**  
**St Marys. 2760**  
**0420596949**

DOB: 03/05/1997

Thank you for seeing Mr. Srinuankaew for ongoing cognitive behavioural therapy. I would greatly appreciate it if you can provide further investigation and management for this patient.

his current medications are:

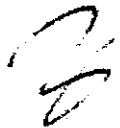
Invega Trinza 263mg Prefilled syringe                      3 monthly.

Allergies:  
Nil known.

Past Medical History:

Obesity  
Severe Fatty liver  
LFT derangement  
03/05/2025    Schizophrenia

Yours faithfully,



Dr Thu Dung Dang  
MBBS FRACGP  
238703GT  
Healthlink EDI: stmaryss

Agency contact(s)  
Name / Practice  
or nurse  
currently involved in  
patient care

St Marys Medical Surgery

Eg GPMP / TCA

NO ☐

Medical  
Records No.

PRESENTING ISSUE(S) Recovering from drug induced psychosis. Functional decline.

What are the patient's  
current mental health  
issues

PATIENT HISTORY

History of schizophrenia.  
Drug induced psychosis.

Record relevant biological  
psychological and social  
history of mental disorders  
any relevant

substance abuse or  
physical health problems

INDICATIONS

Each information if  
required)

Invega Trinza 263mg Prefilled syringe

3 monthly.

ALLERGIES

Nil known.

ANY OTHER RELEVANT  
INFORMATION

RESULTS OF MENTAL

STATE EXAMINATION

Record after patients has  
been examined

**Appearance:** normal appearance and hygiene

**Behaviour:** No agitation, aggression, retardation, unusual behaviour

**Speech:** normal rate, rhythm, volume, spontaneity

**Morhythmmd affect:** appropriate quality, variability, range, intensity and  
affect.

**Perception:** No hallucination, believing the hallucinations are real, receiving  
commands.

**Thought form:** coherent. Linear.

**Thought content:** normal

**Judgement:** normal

**Insight:** into symptoms, diagnosis and treatment

**Cognition:** Clear sensorium, oriented.

nil

RISKS AND

MORBIDITIES

any associated risks

co-morbidities

including suicidal

tendencies and risk to

others

SCID-COMM TOOL USED

RESULTS: K10

DIAGNOSIS

Schizophrenia in remission

## PATIENT NEEDS / MAIN ISSUES

Thought poverty. Difficulty with social skills. Would like to be able to communicate to make friends and return employment.  
Low motivation.

## GOALS

Record the mental health goals agreed to by the patient and GP and any actions the patient will need to take

Would like to be able to communicate to make friends and return employment.  
Improvement in motivation.

## TREATMENTS

Treatments, actions and support services to achieve patients goals

Psychological therapy with psychologist

## CRISIS / RELAPSE

If required, note the arrangements for crisis intervention and/or relapse prevention

Lifeline: 131114

Head to health: 111 Henry st, Penrith. Ph. 1800595212

## REFERRALS

Note: Referrals to be provided by GP, as required, in up to two groups of six sessions. The need for the second group of sessions to be reviewed after the initial six sessions.

APPROPRIATE PSYCHO-EDUCATION PROVIDED

Yes

PLAN ADDED TO THE PATIENT'S RECORDS

Yes

COPY (OR PARTS) OF THE PLAN OFFERED TO

Yes

OTHER PROVIDERS

COMPLETING THE PLAN

On completion of the plan, the GP is to record that she/he has discussed with the patient:

the assessment

all aspects of the plan and the agreed date for review;

and

offered a copy of the plan to the patient and/or their carer (if agreed by patient)

DATE PLAN COMPLETED:

27/10/2025

REVIEW DATE (initial review 4 weeks to 6 months after completion of plan): 27/01/2026

REVIEW COMMENTS (Progress on actions and tasks)

OUTCOME TOOL RESULTS ON REVIEW