

## Sharon Starr

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**From:** rachel@slapagliaconsulting.com.au  
**Sent:** Wednesday, 12 July 2023 11:42 AM  
**To:** Sharon Starr  
**Cc:** 'Silvestri, Maria (Health)'  
**Subject:** Attn Dr Maureen Busuttil re Muris Boric  
**Attachments:** Boric Muris 20230619 W#397126.pdf

Hi Dr Busuttil

Please find attached the IME report from Professor Khalid in relation to your patient Muris Boric.

Please feel free to get in touch with the Claims Manager Maria (cc in) or myself in relation to this and/or Muris' treatment and return to work.

I look forward to meeting you at the case conference booked for 26/07/23.





**A/Prof Abdul KHALID**  
MBBS, MD(Psych), CCST, FRANZCP, CIME  
*Consultant Psychiatrist*

28 June 2023

**STRICTLY PRIVATE & CONFIDENTIAL**

CALHN Injury Management  
Level 6, Roma Mitchell House  
136 North Terrace  
Adelaide SA 5000

Attention: Maria Silvestri

Dear Ms Silvestri,

**INDEPENDENT MEDICAL REPORT**

<b>Name:</b>	<b>Muris BORIC</b>
<b>Claim Number:</b>	<b>22000032-01</b>
<b>Employer:</b>	Department for Health and Wellbeing (DHW)
<b>Date of Birth:</b>	11 November 1985      Age: 37 years
<b>Date of Injury:</b>	1 November 2021
<b>Place of Examination:</b>	Level 5 50 Pirie Street Adelaide SA 5000
<b>Date of Examination:</b>	19 June 2023
<b>Unusual Circumstances:</b>	None
<b>Interpreter Provided:</b>	Not Required

Thank you for your referral letter dated 8 June 2023.

I confirm that Mr Muris Boric attended for medicolegal examination on 19 June 2023.

**OTHER ATTENDEES**

Mr Boric attended the interview alone.

**SERVICE STANDARDS**

I explained to Mr Boric at the commencement of the examination the purpose of the examination, my role as an independent medical examiner, my specialty and its relevance to the examination and how he would be examined. I answered all of his questions.

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eReports Pty Ltd ABN 98 306 762 536  
Level 8, 459 Little Collins St, Melbourne Vic 3000  
Phone: 1300 130 963 Fax: 1300 130 962  
Email: [admin@eReports.com.au](mailto:admin@eReports.com.au)

**DOCUMENTATION**

I note the following documents have been provided to me for this assessment:

1. Letter from Dr Manmohan (Mona) Kaur dated 22 November 2021.
2. Work Capacity Certificate issued by Dr Manmohan Kaur dated 14 January 2022.
3. Medical Certificate issued by Northern Adelaide Local Health Network dated 17 January 2022.
4. Claim Form dated 18 January 2022
5. COVID-19 Exemption Letter from Chief Public Health Officer dated 28 January 2022.
6. Email from Mr Boric dated 9 February 2022.
7. Clinical Records of Lyell McEwin Hospital from Admission of 17 January 2022.
8. Medical Report prepared by Dr Manmohan Kaur and Attachments dated 6 May 2022.
9. Medical Report prepared by Dr Sujith T Chacko, Interventional Cardiologist, with Attachments dated 11 May 2022.
10. Letter from Dr Sujith T Chacko dated 8 June 2022.
11. IME Report prepared by Dr Leo J Mahar, Consultant Cardiologist, dated 29 June 2022.
12. Exercise Physiology Management Plan prepared by Mr Jack Elsworthy dated 26 September 2022.
13. Email from Mr Jack Murphy dated 9 February 2023.
14. Psychological Report prepared by Mr Simon Pearson dated 3 March 2023.
15. IME Report prepared by Dr Richard Newman, Consultant General Physician, dated 10 March 2023.
16. Response from Mr Boric to Mr Pearson's report dated 14 March 2023.
17. Correspondence from Dr Jonathon Cherry, Interventional Cardiologist, provided 23 May 2023.
18. Emails with Mr Boric from March to April 2023.
19. I-Recover Post Vaccine Treatment by FLCCC Alliance dated February 2023.

I have read and understood the documentation provided.

**SUMMARY OF REASON FOR REFERRAL**

You have requested an independent medical examination.

**HISTORY OF PRESENTING COMPLAINTS**

Mr Boric said he commenced working with the Department for Health and Wellbeing (DHW) on contract in 2006 and was made permanent in 2007. He said that he works as a communications engineer.

Mr Boric said that he had been working from home since March 2020 due to COVID restrictions. He said that the COVID-19 vaccination was mandated by work. He said that he had the first dose of the Moderna vaccine on 1 November 2021.

He said before the vaccination he was fit and healthy. He said that he used to ride his bike 15 to 20 km per day. He said that he did not have any medical issues and was able to lift heavy items.

Mr Boric referred to his typed notes to assist him in providing further history.

Mr Boric said that after the first dose of the Moderna vaccine on 1 November 2021 he had palpitations and chest pain which were on and off. He said that the symptoms improved when he ate vegetable juices/foods or drank chamomile tea. He said that he was having burning sensations on the left side of his chest and palpitations. He said that he saw a general practitioner, Dr Mona Kaur, who clinically diagnosed him with pericarditis. He said that Dr Kaur referred him to a cardiologist, Dr Sujith Chacko. He said that Dr Chacko diagnosed him with pericarditis and prescribed him colchicine. He said that he took colchicine for three months. He said that he felt a lot better but his symptoms came back when he did not take colchicine.

Mr Boric said that he struggled with the after-effects of the vaccination. He said that after the vaccination he had difficulty walking, lifting and doing household chores and cooking. He said that his symptoms were aggravated when he did physical activity. He said that within five months he lost 5 kg. He said that his weight reduced from 85 kg to 80 kg. He said that he took anti-inflammatory medications, rested and ate healthily and his symptoms improved.

Mr Boric said he went to Lyell McEwin Hospital Emergency Department on 17 January 2022 because he had chest pain. He said that his D-dimer levels were elevated and the ECG changes were consistent with pericarditis. He said that after attending Lyell McEwin Hospital he discussed the elevated D-dimer levels with his doctor and they discussed micro clotting. Mr Boric said that he spoke to his doctor and took aspirin 100 mg daily which improved his condition. He said that maybe micro clotting was presenting as chest pain. He said that he took various anti-inflammatory medications which helped him like intravenous vitamin C, which also helped with his fatigue.

Mr Boric said that he had an MRI done in March 2022 which was normal. He said that he started having issues in his chest area which became worse with physical activity. He said that he had chest pain and pressure in his chest on the left side. He said that he was advised to see a psychologist because they could not see anything concrete on the scans.

Mr Boric said that he was working three days per week and he only stopped for brief episodes when he went to hospital. He said that the anti-inflammatory helped with his condition. He said that he could do remote work sitting in different positions.

Mr Boric said that he saw another cardiologist, Dr Jonathon Cherry, in November 2022. He said Dr Cherry told him it was likely to be an inflammatory process because of the spike protein. He said that Dr Cherry advised him not to have any further mRNA vaccines. He said he obtained an exemption from vaccination from the Department for Health on a temporary basis. He said he was later advised that the vaccination was not mandated.

Mr Boric said that he consulted with his GP who said that it could be low-grade inflammation due to the spike protein. He said that in December 2022 he visited a naturopath who did a *'live blood analysis'*. He said that the naturopath has 25 years' experience. He said the naturopath told him that he had seen a number of people with similar issues due to the vaccine. He said the naturopath told him that he had a weakened immune system due to the spike protein.

Mr Boric said that towards the end of December 2022 his general practitioner, his cardiologist Dr Cherry and his naturopath said that he had ongoing spike protein in his body causing inflammation. He said that he did a health plan to improve and neutralise the spike protein. He said that he was put on six types of herbs, with high-dose vitamin D and vitamin K2 and other products. He said that after trying natural medications his symptoms and activity levels improved.

Mr Boric said that he contracted COVID-19 infection in November/December 2022 which made his symptoms worse. He said that he had a 37 degree temperature for seven days when he had the COVID infection. He said when he took anti-inflammatories it helped him but the COVID infection made his symptoms worse. He said that the liquid herbs helped him a lot. He said that his sitting heart rate was 90 to 100 bpm for a period of two weeks and then his heart rate reduced to 60 to 70 bpm. He said that he was able to improve his activity.

Mr Boric said that if he stops taking anti-inflammatory medications his symptoms worsen and he has chest pain and fatigue and he struggles to function. He said that he is using supplements given by his naturopath. He said that he is able to improve his activity level. He said that his wife helped him a lot with various activities. He said that in the last two months he has been able to go shopping on his own.

Mr Boric said that on 7 June 2023 he saw another general practitioner, Dr Maureen Busuttill. He said Dr Busuttill told him that his symptoms could be due to ongoing spike protein. He said the Dr Busuttill told him that the spike protein keeps regenerating and his body is doing a *'balancing act'*. He said Dr Busuttill told him that she does not know how long the spike protein and symptoms will persist. He said Dr Busuttill told him it is a medical issue and not a psychiatric problem.

Mr Boric said he saw a psychologist named William and after two sessions he told him that he had somatic symptom disorder. He said that he had three sessions with him. He said he was then handed over to another psychologist, Mr Simon Pearson. He said he had about four sessions with Mr Pearson. He said he is now seeing another psychologist, Ms Liana Taylor. He said he saw her because he could not believe what Mr Pearson has written in his report. He said that he has been seeing Ms Taylor for the last two to three months. He said they talk about his injury and how to control his emotions and worries. He said he has not seen any psychiatrist. He said he is not taking any antianxiety or antidepressant medication.

Mr Boric said his son was born in April 2023. He said that he has tried lifting his son. He said recently he has been able to go shopping. He said his symptoms have improved in that sense.

**CURRENT SITUATION AND PROBLEMS**

Mr Boric said he lives with his mother, father, grandmother and his wife and son. He said that he has his own house and he was thinking about moving to his house prior to the vaccine but then he stayed with his family because he needed support.

Mr Boric said currently he is working from home three days per week. He said there were no issues with his work performance. He said that when he sits for too long in one position he has to lie down. He said that his sleep is good. He said that his appetite is normal.

Mr Boric said he sometimes feels frustrated. He said that he could not stop working when the COVID-19 vaccine was mandated. He said he never thought that it would affect him like this. He said that he is frustrated that when he applied for a second exemption he was told that the vaccine was not required. He said that the side effects due to the vaccine have affected his personal and work life.

Mr Boric said the whole scenario makes him anxious. He said he wants to make a recovery and do normal activities. He said he wants to hold his baby for longer periods.

**LIFESTYLE**

Mr Boric said he does not consume alcohol, smoke cigarettes or use recreational drugs. He said he eats a healthy diet.

**CURRENT MEDICATION AND TREATMENT**

Mr Boric said that currently he is seeing a naturopath who gives him some powder with liquid herbs. He said he takes vitamin C and vitamin D, N-Acetyl Cysteine (NAC), nigella seeds, Quercetin, zinc, magnesium, curcumin and some milk extract.

**PAST MEDICAL AND PSYCHIATRIC HISTORY**

Mr Boric did not report any past history of psychiatric illness. He did not report any medical conditions.

**FAMILY HISTORY**

Mr Boric denied any family history of psychiatric illness.

**PERSONAL HISTORY**

Mr Boric said he was born in Bosnia. He said he migrated with his family to Australia in 1994 when he was 9 years old. He said he had a good childhood and did not experience any abuse or trauma. He said he has one sister.

He said his father works as a tiler. He said his mother works with SA Health doing security work. He said they work in the same department but in different sections.

## WORK HISTORY

Mr Boric said he completed an Advanced Diploma in Computer Systems and Engineering. He said that he has worked with the Department for Health all his working life although he has moved between different departments.

## MARITAL HISTORY

Mr Boric said that he has been in a relationship with his wife since 2015. He said his wife is from Indonesia and she came to Australia in April 2022 because the borders were closed earlier. He said that they married in October 2022. He said his wife was a finance contract manager in Indonesia and currently she is looking after their baby.

## PRE-MORBID PERSONALITY

Mr Boric said that he is an easy, outgoing and friendly person. He said that he understands other people. He said things at work were always good. He said he had always had passion for networking.

## MENTAL STATE EXAMINATION

Mr Boric came to the interview well groomed. He was cooperative and communicative and rapport was established. His speech was normal in tone and volume. His affect was slightly anxious. There was no formal thought disorder. He did not report any delusions or hallucinations. He was preoccupied with his physical symptoms. He denied any suicidal ideation, plan or intent. He was oriented to time, place and person and his memory for past and recent events was intact. He had average intelligence and judgement. He had reasonable insight into his current situation.

## REVIEW OF FILE RECORDS

I note the letter from Dr Manmohan (Mona) Kaur, General Practitioner, dated 22 November 2021 in which Dr Kaur stated:

*'I am writing this letter to inform you that the above-mentioned is a long term patient of mine.'*

*'He had the Moderna mRNA Covid 19 vaccine on 1st November 2021 and immediately afterwards had heart flutters and then soon afterwards developed chest pain and shortness of breath. He was diagnosed with clinical peri/myocarditis. He has never had any cardiovascular symptoms prior to the vaccine.'*

*'He is recovering with treatment. However, he continues to have some symptoms of peri/myocarditis.'*

*'I recommend that his 2nd dose of the Covid 19 vaccine be delayed by 12 weeks.'*

I note the report of Dr Sujith T Chacko, Interventional Cardiologist, dated 30 March 2022 in which he stated:

*'Problem List*

*'1. Vaccine induced pericarditis.'*

*'Current Medication: Colchicine 500 mcg daily, multiple natural supplements.'*

*'It was good to catch up with Muris and his mother today in the clinic. He reports that he has been having mild left-sided chest discomfort in the infra-axillary area, more so with physical activities. He seems to be taking natural herbal anti-inflammatory medications and Colchicine, with which he reports significant improvement. Thus far, he has completed two-month therapy of Colchicine and continues to take it intermittently. However, he is concerned that his symptoms have not completely resolved.'*

*'Reviewing his results thus far, his MRI was absolutely normal, did not show any evidence of myo or pericarditis or any permanent damage to his heart muscles. His CTPA was negative and his initial echocardiogram showed no e/o significant pericardial effusion.'*

*'Thus, I have today reassured him and his mother regarding his cardiac status. I have advised him to look beyond these minor symptoms and gradually get back to exercises on a regular basis to try and improve his cardiorespiratory fitness.'*

*'On his insistence, I have today advised him to take Colchicine for maybe another month and then cease as there may not be any benefit of continuing this long term. He certainly does not need to continue Aspirin.'*

*'From a cardiac point of view, after having completed all the necessary evaluation, I think he is certainly fit to go back to graded physical exercises and work. Physiotherapy or supervised exercise sessions may help him. I have also advised him to consider psychiatric counselling to try and alleviate his anxiety around these symptoms.'*

*'Given that he is stable from a cardiac point of view, I have today discharged him to your care. Thank you for your care.'*

I note the IME report by Dr Leo J Mahar, Consultant Cardiologist, dated 29 June 2022 which was a file review. Under the heading Assessment Dr Mahar stated:

*'In summary, I consider the diagnosis is tenuous and I can see no benefit from any of the medications he is on except for the colchicine which was prescribed by Dr Chacko.'*



I note the report by Mr Simon Pearson, Psychologist and Physiotherapist, dated 3 March 2023. Mr Pearson diagnosed Mr Boric to be suffering from somatic symptom disorder.

I note the IME report by Dr Richard Newman, Consultant General Physician, dated 10 March 2023. Dr Newman was of the opinion that the diagnosis was one of probable and mild post-Moderna COVID-19 vaccine pericarditis. In response to Question 5 about causation, Dr Newman stated:

*'I think it is quite conceivable that the initial problem occurring within hours of the vaccination was the result of a mild, non-infective pericarditis but this would reasonably be expected to resolve spontaneously within a month or so, particularly with the addition of colchicine as was the case here. In the months that followed without complete remission of his symptoms, it is rather more difficult to explain the persistence of these symptoms in terms of pericardial inflammation (pericarditis).*

*'Mr Boric has certainly drawn an association between his symptoms and the Moderna vaccine based on many hours of searching the internet and also between the naturopathic medications he takes and reported improvements in these symptoms.*

*'On attempting to challenge some of these views deriving from less reputable internet sources it was difficult to deter Mr Boric from his perception of their causation. As an extension of that he offered in support his experience of apparent improvements whilst on the array of naturopathic medications he currently takes.'*

In response to Question 10, Dr Newman stated:

*'On the face of it I would say that the alternative/naturopathic medications and supplements, both oral and intravenous, would not likely be making a "measureable benefit" to the restoration of Mr Boric to full health and activity levels. This is not to minimise the benefits of even a placebo in a situation where abnormal illness behaviour or a mood disorder is at play.*

*'The administration of intravenous vitamin C as part of a naturopathic regimen for Mr Boric's persistent symptoms could not be recommended by me. At the very least it is incurring financial costs for Mr Boric that are unlikely to translate into sustained improvement in his quality of life.'*

I note the report by Dr Jonathon Cherry, Interventional Cardiologist, dated 25 November 2022. Dr Cherry stated:

*'Thank you very much for asking me to see Muris who is a 37-year-old gentleman with probable pericarditis following his 1st Moderna Covid vaccine. He otherwise has no significant cardiac history and no cardiovascular risk factors.*

*'He has been investigated fairly thoroughly over the last 12 months including a cardiac MRI which was normal and normal echocardiogram. He has presented to hospital on a couple of occasions with chest pain and shortness of breath. He had a negative CTPA and at no time was there ever any evidence of ischaemia.*

*Unfortunately he continues have chest pains almost exclusively with exertion. His exercise capacity has dropped off significantly and is only slowly improving. He was riding his bike up to 15 km every day and he is now unable to do any bike riding at all. He has had no symptom suggestive of heart failure and no palpitations, presyncope or syncope. He describes that pain as a left-sided burning sensation which does resolve with rest. Because of his symptoms he has been unable to work and this has been a very stressful time for him.*

*'On examination today his blood pressure was 136/85 with a regular heart rate of 104 bpm. His heart sounds were dual with no added sounds and there was no evidence of heart failure. There was no pericardial friction rub present. His chest was clear throughout on auscultation. His peripheral pulses are readily palpable and there were no carotid bruits.*

*'His ECG today shows normal sinus rhythm with a normal axis and no ischaemic changes. The corrected QT interval was within normal limits.*

*'I suspect that Muris' pains are not cardiac and I have reassured him of this today. I have organised for him to have a CT coronary angiogram to ensure there is no significant obstructive coronary disease. This will also help further stratify his cardiovascular risk. He appears to have a non-specific inflammatory syndrome related to the vaccine, and in my limited experience with this, this seems to improve over time and I would be hopeful that would be the case with Muris. He is very anxious about his symptoms and I suspect this is playing a part with his chest pain as well. I will contact him with results of the CT scan and keep you up-to-date with his progress.'*

## **SUMMARY AND ASSESSMENT**

Mr Boric is a 37-year-old male working as a communications engineer with the Department for Health and Wellbeing. He has been working from home since March 2022 due to COVID restrictions. He had the first Moderna mRNA vaccine on 1 November 2021. He experienced palpitations and chest pain. He consulted with his general practitioner and he was told that clinically he had pericarditis. He then saw a cardiologist Dr Chacko who also considered it to be probable vaccine induced pericarditis.

Mr Boric attended Lyell McEwin Hospital on 17 January 2022 due to chest pain. He said his D-dimer levels were elevated and ECG changes were consistent with pericarditis. He said his activity levels have reduced since he had the vaccine. He said he has seen a naturopath and is taking lots of natural medications. He said he saw Dr Jonathon Cherry in November 2022 who said he had seen lots of patients with spike proteins.

He Mr Boric saw a psychologist name William initially and then Mr Simon Pearson who diagnosed him with somatic symptom disorder.

Mr Boric now believes that his symptoms are due to spike proteins and he believes that the natural medications will improve his symptoms.

He said that his symptoms have slightly improved but he would like to make a full recovery and go back to his normal activities. He said he wants to hold his baby for longer periods. He did not report any past history of psychiatric illness.

On Mental State Examination his affect was anxious and he was preoccupied with his physical symptoms.

Based on the history, Mental State Examination and the documents provided to me, I agree with Mr Pearson that Mr Boric suffers from somatic symptom disorder according to the DSM-5 diagnostic criteria.

<b>Definition: Somatic Symptom Disorder DSM-5 Category 300.82</b>		
A.		One or more somatic symptoms that are distressing or result in significant disruption of daily life.
B.		Excessive thoughts, feelings, or behaviors related to the somatic symptoms or associated health concerns as manifested by at least one of the following:
	1.	Disproportionate and persistent thoughts about the seriousness of one's symptoms.
	2.	Persistently high level of anxiety about health or symptoms.
	3.	Excessive time and energy devoted to these symptoms or health concerns.
C.		Although any one somatic symptom may not be continuously present, the state of being symptomatic is persistent (typically more than 6 months).

## RESPONSES TO SPECIFIC QUESTIONS

1. *Does Mr Boric present with a diagnosable psychiatric condition? If so, what is your diagnosis? Please explain how you reached this conclusion (mental state examination, testing, etc.)*

I consider that Mr Boric presents with a diagnosable psychiatric condition, that is somatic symptom disorder according to the DSM-5 diagnostic criteria.

I have reached my conclusion based on the DSM-5 diagnostic criteria: Mr Boric has excessive worry about somatic symptoms and associated health concerns. His symptoms are distressing and causing disruption in daily life.

His concerns are disproportionate and he has persistent thoughts about the seriousness of his symptoms. He has persistently high levels of anxiety about his symptoms.

He spends excessive time and energy devoted to these symptoms and health concerns.

2. *Is Mr Boric's injury an aggravation, acceleration, exacerbation, deterioration or recurrence of a prior injury? Please explain your answer.*

Not applicable as Mr Boric did not report any pre-existing psychiatric condition or injury.

3. *What was the date of onset of the injury?*

I consider that the date of onset of his injury was 1 November 2021.

4. *What symptoms are reported? Please describe the severity of the reported symptoms and if they have changed over time.*

Mr Boric first presented to his local GP on 3 November 2021. Mr Boric's symptoms have fluctuated over time but have not fully remitted. In the last few months, he reported some improvement in his symptoms.

5. *What factors and/or incidents have contributed to Mr Boric's current condition and to what extent has each factor and/or incident contributed? Please include all work and non-work-related factors and/or incidents.*

I consider that Mr Boric's concerns about his health were triggered by the initial response to the mRNA vaccine. I am not a cardiologist and cannot comment as to whether he had pericarditis as a result of the COVID-19 vaccine. He remained preoccupied with his physical symptoms and has developed high levels of anxiety. He has been searching on the internet and looking at alternative resources to diagnose his condition. He referred to the document titled 'An approach to managing post-vaccine syndrome' from FLCCC Alliance. It is outside my area of expertise to comment on the authenticity of this document and I would refer this to my cardiologist colleagues.

6. *How has Mr Boric's personal circumstances changed since initial diagnosis of his injury? i.e., participating in his hobbies, leaving the house, social events, etc.*

Mr Boric said that he has been in a relationship with his wife since 2015. He said his wife is from Indonesia and she came to Australia in April 2022 because the borders were closed earlier. He said that they married in October 2022. They married last year in October and now they have a baby who was born in April 2023.

Mr Boric has reduced participation in his hobbies. He is able to leave his house now.

7. *Treatment*

- a. *What treatment has Ms Boric undergone to date and in your opinion, has this treatment been adequate? If medication has been prescribed, please provide details including any changes to that medication.*

Mr Boric had seen a psychologist named William and then Mr Simon Pearson.

However, he was not happy with Mr Pearson's opinion about the somatic symptom disorder diagnosis and has recently started seeing another psychologist, Ms Liana Taylor. He has not been prescribed any anti-anxiety or antidepressant medication.

*b. What is the recommended treatment regime for Mr Boric's condition?*

Mr Boric would benefit from seeing his psychologist for illness education and cognitive behavioural therapy for his somatic symptom disorder.

*8. Fitness for Work*

*a. Do you consider there is any psychological impediment to Mr Boric increasing his capacity for work to full time hours (37.5 hrs/week)?*

From a psychiatric point of view, Mr Boric has full capacity for work, 37.5 hours per week.

*b. Do you consider there is any psychological impediment to Mr Boric undertaking computer-based duties at the worksite? If so, how many hours per week and your recommended timeframe for the gradual increase, if any.*

There is no psychological impediment to Mr Boric undertaking computer-based duties at the worksite.

*9. In your opinion, what is the expected timeframe for resolution of the reported injury and symptomology. (Please also discuss this point in comparison to that of the broader community)?*

Mr Boric remains preoccupied with his physical symptoms, which has been compounded by the views of his naturopath and also sources from the internet, which is affecting his recovery. It would be helpful for Mr Boric to work with a psychologist to understand his preoccupation with his physical symptoms, which are distressing to him and affecting his day-to-day life.

*10. What is the worker's mindset regarding his current condition and fitness for work?*

Mr Boric remains preoccupied with his physical symptoms and does not consider that he can work more than three days per week and cannot work in the office. He said he has to lie down after sitting for long periods because of his physical symptoms. From a psychiatric point of view, he has full capacity work in the office 37.5 hours per week.

*11. What is your prognosis in both the short and long term?*

Mr Boric's prognosis is fair because he does not suffer from a serious psychiatric illness. His symptoms are likely to improve with illness education and cognitive behavioural therapy.

12. *Any other information you feel is relevant?*

None.

This report is an independent and impartial reflection of my findings and conclusions based on my examination and the evidence provided to me. The contents of this report are true to the best of my knowledge and belief.

If you have any queries, please do not hesitate to contact me through eReports.

Yours sincerely,



**Assoc Prof Abdul Khalid**

- Consultant Psychiatrist
- MBBS, MD(Psych), CCST, FRANZCP, CIME

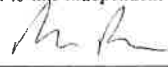
**Dr Abdul KHALID  
PSYCHIATRIST**

GIVEN NAMES: <u>MURIS</u>		SURNAME: <u>BORIC</u>	
DATE OF BIRTH: <u>11/11/85</u>	AGE: <u>37</u>	SEX: <u>(MALE)</u> FEMALE	
ADDRESS: <u>5 WILSH CRESCENT, JHEA HILLS</u>			
COUNTRY OF ORIGIN: <u>BOSNIA</u>		LANGUAGE SPOKEN: <u>BOSNIAN, ENGLISH</u>	
LEFT OR RIGHT HANDED: <u>LEFT / (RIGHT) / BOTH</u>		MARITAL STATUS: <u>MARRIED</u>	
PHONE (HOME):		PHONE (MOBILE): <u>0422 349 123</u>	
OCCUPATION (AT TIME OF ACCIDENT): <u>COMMUNICATIONS ENGINEER</u>			
EMPLOYER (AT TIME OF ACCIDENT): <u>SA HEALTH</u>			
DATE OF ACCIDENT/INJURY: <u>1/11/21</u>		DATE CEASED WORK:	
DATE RESUMED WORK:		INTERPRETER: YES / <u>(NO)</u>	

- Dr Khalid, whom you are seeing today, is a psychiatrist. He has been requested to carry out this examination for an independent assessment of the current status and treatment of your psychiatric condition. This is done with your consent.
- The examination cannot be conducted with children, especially small children, in the examination room.
- Children must be supervised by either a parent or guardian in the waiting room at all times.
- Dr Khalid will ask you details about the history of your condition in addition to some more general questions, which are relevant to your psychiatric status.
- As this is not a clinical consultation, details discussed are not confidential between the doctor and the examinee. When the examination is concluded, the doctor will write an assessment report which will be forwarded only to the organisation requesting the report.
- *Because Dr Khalid is not your treating doctor, it is not appropriate to ask his opinion or advice as he must remain independent. Dr Khalid has nothing to do with the management of your claim; his task is restricted to assessment of your psychiatric status and its effects. We ask you therefore not to ask him for advice of any kind at all, as he is not permitted to act in this role.*
- Other persons (one only) will be admitted to the examination room only under exceptional circumstances.
- If you are still not clear about the nature and purpose of the examination, do not hesitate to ask for further explanation, preferably before the examination begins.

I consent to this independent psychiatric examination and I understand its nature and purpose.

Signature:



Date:

19/6/23

ID Sighted

YES



NO

