



Hurstbridge Medical Centre

1022 Heidelberg-Kinglake Rd, Hurstbridge Vic 3099
PO Box 599, Hurstbridge Vic 3099
Phone: (03) 9718 2611
Fax: (03) 9718 1475
email: info@hurstbridgemedical.net.au

Jenny Story Turner
50 Graysharps Road, Hurstbridge, Vic. 3099
Mobile: 0428 397 219

07/10/2024

Dear ,Jenny

Re: Miss Alexandra Mercer

DOB: 11/07/2009
143 Meander Road
Hurstbridge 3099

Phone: 0421762299, 0421762299

Thank you for seeing Miss Alexandra Mercer, age 15 yrs, diagnosed with ADHD by paed, trialled on ritalin, stopped due to anxiety. Was then started on Fluoexetine for Anxiety-not started feels depressed
smoking marijuana and vaping as a way to cope at school
on ADHD supplements
inatntiveness mostly but episodes of hyperactiveness
hoping for further clarification of diagnosis and explore medication options
not currently drinking alcohol
year 9
seeing a psychologist 2-4 weeks for over a year now Ms Jandie Croker
no suicidal ideation
discussion re management of anxiety and ADHD

should re engage with paed and consider starting the fluoexetine
ring anglicare victoria

Reason for visit:
Anxiety/Depression

Actions:
Advantan 0.1% Fatty Ointment ceased.

Alcohol history updated.
DASS21 Assessment
Depression scored 26 (Severe)

Anxiety scored 24 (Extremely Severe)
Stress scored 22 (Moderate)
Letter to Dr Andrew Wake printed.
Letter written to Dr Andrew Wake re. Referral Specialist.

Past History:

23/03/2019 Neurocardiogenic syncope
09/01/2024 ADHD
15/08/2024 Eczema

Allergies:

Penicillins

Current Medications:

No long term medications.

Yours sincerely,

Dr Tiro Othemile
475226HB

Investigations:

BOIMHC MENTAL HEALTH 3 STEP PROCESS REVIEW

Patient Name	Miss Alexandra Mercer 0421762299	Date of Birth	11/07/2009
GP	Dr Tiro Othomile 0397182611	Outcome Tool Used	DASS 21
Date of Plan	14/09/2023	Date of Review	7/10/2024
Outcome tool result at assessment		Result at review	DASS21 Assessment Depression scored 26 (Severe) Anxiety scored 24 (Extremely Severe) Stress scored 22 (Moderate)

	GOAL	PLAN	REVIEW
Problem/Diagnosis	(eg reduce symptoms, improve functioning)	Action/ Task (eg Refer for Allied Health, or pharmacological treatment, or engagement of family and other supports)	
1. Anxiety/Depressive mood	understand illness get help-strategies to cope	sees paediatrician will review with psychologist	will See Ms Jenny Turner
2. ADHD	coping mechanisms		
3.			

For which Access to Allied Health Service is the person being referred? (Multiple responses allowed)

Diagnostic assessment Yes / No Psycho-education Yes / No Interpersonal Therapy Yes / No
Cognitive Behavioural Therapy (CBT): Behavioural interventions Yes Cognitive interventions Yes / No
Relaxation strategies Yes Skills training Yes /
Other CBT interventions (please specify):

Other - please specify:

If referring for CBT program - Consent form signed by patient Yes

Relapse Prevention Plan (if appropriate)

engage with psychologist-continuing CBT and ACT
continue review with psychologist
engage back in hobbies

Emergency Care

AV/GP/Police/CYMHS

Patient Education Yes Copy of MH plan given to patient Yes

Does the patient understand their condition? YES

I understand the above Mental Health Plan and agree to the outlined goals/actions

Patient Signature:

Date:

GP Signature:

Date: 07/10/2024

Date for Mental Health Review (between 1 – 6 months):	
--	--

MBS Item Numbers for Review by GP: Level C 2574 surgery and 2575 elsewhere; Level D 2577 surgery and 2578 elsewhere.
This document will be maintained in accordance with the relevant Privacy Legislation.