



05 March 2025

Dear Doctor,

Re: Referral for Julie Harris DOB – 21 March 1976

I am writing to refer my client, Julie Harris for comprehensive medical assessment and pathology testing. Julie is a 48-year-old female currently experiencing perimenopausal symptoms alongside managed OCD. She follows a vegetarian diet and has noticed a slight increase in cognitive symptoms, particularly forgetfulness, since sustaining a head injury in January 2025 that required stitches.

Clinical Overview:

- Primary concern: OCD significantly impacting daily functioning
- Perimenopausal symptoms including hot flushes, brain fog, and decreased libido
- Long-term vegetarian with potentially suboptimal nutritional intake
- Current medication: Clomipramine (Anafranil SR) for OCD management
- Family history: Mother with breast cancer & Father with pancreatic cancer

Current Naturopathic Support:

I am currently supporting Julie with the following evidence-based supplements:

1. **N-Acetyl Cysteine (NAC):** 2,360mg daily. *Mechanism: Supports glutamate regulation and antioxidant pathways relevant to OCD management*
2. **Omega-3 Fatty Acids:** 4.08g daily. *Mechanism: Provides anti-inflammatory support and neurotransmitter function.*
3. **O-Clear Formula:** 2 tablets daily (breakfast and dinner- minimum of 4 hours away from Clomipramine) - *Key components: Activated B6 (P5P), zinc bisglycinate, B12, iodine, soy isoflavones, milk thistle, turmeric, and rosemary. Mechanism: Supports liver detoxification, hormone metabolism, inflammation and neurotransmitter synthesis*
4. **MagDuo Adapt:** 1 scoop (7g) daily with breakfast - *Key components: Holy basil extract, dual-form magnesium (citrate and glycinate), taurine, glycine, and activated B vitamins. Mechanism: Supports nervous system function, stress resilience, and GABA/glutamate balance while addressing the increased magnesium needs during perimenopause*

These supplements have been selected to complement her conventional treatment while addressing nutritional needs specific to her vegetarian diet, perimenopausal status, and OCD management.

Requested Assessments:

1. **Neurological assessment and/or brain imaging** due to persistent cognitive changes following her head injury in January.

2. **Comprehensive blood panel including:**

- Full thyroid panel (TSH, Free T3, Free T4, Reverse T3, TPO and TG antibodies)
- ELFTs
- Full lipid profile
- Complete iron studies (ferritin, transferrin, iron, TIBC, saturation)
- CRP and ESR
- Fasting glucose, insulin and HbA1c
- Vitamin D
- Zinc/copper ratio
- Female hormone panel (oestradiol, progesterone, FSH, LH, Total and Free Testosterone, DHEA-S & Sex Hormone Binding Globulin [SHBG])
- Homocysteine
- Serum vitamin B12
- Red cell folate
- Magnesium (RBC magnesium if available)
- Total protein and albumin/globulin ratio
- Serum histamine levels
- Celiac disease screening (tissue transglutaminase antibodies)
- MTFHR buccal swab test

Clinical Reasoning:

The comprehensive testing will help establish baseline health metrics during perimenopause and identify any nutritional deficiencies common in vegetarians that may be exacerbating her OCD symptoms or perimenopausal transition. The Neurological assessment and/or brain imaging is particularly important due to persistent cognitive changes following her head injury in January. These symptoms have not resolved as expected and may warrant further investigation to rule out post-concussion syndrome or other neurological impacts.

I'm also providing dietary guidance focused on increasing intake of key nutrients (B12, zinc, magnesium, and plant-based proteins) along with mindfulness techniques to support her conventional OCD treatment. My goal is to create an integrative approach that addresses both her immediate symptoms and underlying contributing factors.

Julie Harris has consented to this referral and information sharing between our practices to ensure coordinated care.

Thank you for your attention to this referral. I look forward to your assessment and continuing our collaborative approach to Julie's care.

Warm regards,

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