



Special Commission of Inquiry into matters relating to the
Police investigation of certain child sexual abuse allegations in the
Catholic Diocese of Maitland-Newcastle

**Index to documents produced in relation to the medical records of
Bishop Leo Clarke**

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DR BERNARD WALSH

0249431161

VALENTINE FAMILY MEDICAL PRACTICE

70A DILLON LANE (PO Box 305)
Valentine NSW 2189
Phone: (02) 49459022 Fax: (02) 49428599
ABN: 11 003 319 531

Dr Lesley Dunkley
MB BS (ANZS)
Dr Robyn Fried
a Grad (Univ of Newcastle)
Dr Peter Sergeant
MBBS (Univ of Melbourne) FRACGP DRANZCOG (Adv)

Dr Tim Gurt
MB BS (Univ of Sydney), Dip RACGP
Dr Lyndell Savage
MB BS (Univ of Sydney), Dip RACGP

16 March 2006

Dr Bernia Walsh
10 Hilleborough Road
Charlestown 2290
Fax: 49431161

Dear Bernie

Re: Bishop Leo Clarke
Unit 11, St Francis Village, Elcabama 2282
DOB: 29 Aug 1923
Phone: 49456560
Medicare Card Number: 2182 50882 4

could not work with patient
books
Appointments
Monday
Wednesday
Friday

Many thanks for seeing Leo who has had a deterioration in his memory that started last year. Unfortunately, he had an episode of significant confusion that resulted in him being hospitalised under the care of Dr John Malcolm.

Since then his short term memory has continued to be very poor whilst his longer term memory seems preserved.

I would be most grateful for your consideration of what is specifically going on and if there is any reversible cause.

Other recent events have been that his hyperthyroidism has recurred. This was initially Amiodarone induced in July 2003 and then spontaneously resolved in September 2005. I re-diagnosed this after his discharge from hospital in February this year and he has been on Neomercazole since then. A euthyroid state has yet to be achieved. If I don't get anywhere I will ask Shaun McGrath to be involved.

Leo has had to move from self-care accommodation to the hostel given his change in mental function. He is finding this change enormously challenging. Father Brian Brock has raised the issue as to whether there has been a recurrence of his depression. Brian has noticed that he has been quite lost and at times gets very angry and has paranoid ideation from trivial triggers. I am not sure whether this is adjustment and some degree of "existential despair" or not. Leo has had depression in the past and trials of Efexor were unsuccessful. The Efexor was ceased when he was recently hospitalised. I was thinking of running with this for a little bit to see what transpired but I have found that Brian has been a very good judge of where Leo is up to and if things continue I will probably follow his suggestion in the near future.

11 JUL 2013

Signed

RECEIVED TIME 11 JUL 12:07

17/03 2006 20:52 FAX 02 49428599

0249431161

Leo has also had iron deficiency recently as well as right sided abdominal pain. If this continues he will see Dr Merv McCallum.

I have discussed with Leo the option of seeing a psychologist to help him adjust to his major change in circumstances. However, he is not too keen on this idea currently. (I think in the longer term it may end up being beneficial but I am not going to push it with him).

I have enclosed a copy of his health summary.

Many thanks for your help.

Kind regards

Signed

Dr Robyn Fried
Provider No: 40789QL

Encl

11 JUL 2013

Signed

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RECEIVED TIME 11. JUL. 12:07

VALENTINE MFD

17:00 2000 20:00 FAX 02 40120000

0249431161

Front Page

Name: Bish Leo Clarke
Address: Redacted
Medicare Card number: Redacted Repet. Card Number:

Family and Personal History

Family History: 12/2005
Mo died 82y bowel Ca Pa died 82y Ca pancreas
Bro died 75y melanoma
dgs ex19B2 30/d for 50y ETOH 20g/d
Father Brian Brock, carer, Redacted BEST

Current Classifications

Loss (of) memory - 2/2006 short term
Hyperthyroidism - 2/2006 recurrence
Infection; bite, dog
Disease; cerebrovascular - 1/2006 CT - chronic small vessel D
Goitre - 2/2006 retrosternal with tracheal narrowing
Thrombocytopenia - 1/2006 idiopathic mild splenomegaly, bone marrow biopsy done
Hyperlipidaemia
Anaemia; iron deficiency - 12/2005, 2yrs to Gift
Colonoscopy - 2001 N, MM McCallum Rpt 2006
Dysfunction; vocal chord - 2004 upper airways...cough
Depression - 2003 long term
Oesophagitis - 2004 N Potter
Osteoporosis - crush fracture T7
Impairment; hearing - tinnitus, ?Meniere's
Chronic airways limitation
Neuropathy; peripheral - bilat legs
Basal cell carcinoma
IHD with angina - 1993 K Nikolatos

Long-term Classifications

Ulcer; peptic
Echocardiography - 10/2005 GOOD
Laminectomy - 1992, inc fusion X3 Wairoa
Transurethral resect prostate - 1977, 1993 J Patterson
Graft; coronary artery bypass - 5/2003 A James, 7/2004 stent x2
Embolism; pulmonary - 9/2003, post op
Hyperthyroidism - 7/2003 amiodarone induced, 9/2005 OK
Calculi; urinary - 2000 right lithotripsy; P Spratt
Hypertension
Cataract - bilat M Simpson

Current Medications

Bricanyl for Inhalation (Turbuhaler) 800 mcg/1 dose 200 dose 1 puff prn
Nitroglycerin Pump spray (Sublingual Spray) 400 mcg/1 dose 200 doses As per written instructions
Ferro-Gardumet (Tablets) 105 mg take one in the morning

JC (M) - 18-Mar-2006 12:49pm

Valentine Family Medical Centre

Page 1

11 JUL 2013

Signed

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60051

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VALENTINE XED

17/03 2006 20:53 FAX 02 44420500

0249431161

Front Page

Vit C tabs (tabs) as per pt 500mg/d
 Neo-Mercazola (Tablets) 5 mg Take 1 Tablets, 3 times a day
 Voltaren Emulgel (Gel) 1 % 50 g Apply tds to upper neck
 Pravachol (Tablets) 10 mg one at night
 Haloperidol 5 mg (Serenace (Tablets)) 1/2tab nocte pm
 Zylprim (Tablets) 100 mg take one in the morning
 Somac Tablets 40 mg Take 1 Tablets, 2 times a day
 Panamax (Tablets) 500 mg Take 2 Tablets, 4 times a day pm
 Fosamax Once Weekly Tablets 70 mg 1tab/week

Medical Warnings

13 Aug 2003 Corderone X - hyperthyroid
 05 Jul 2005 Sotacor - exac asthma
 05 Jul 2005 Luvox - headaches, nausea
 05 Jul 2005 Losec Tablets - diarrhea

Future Recalls (Overdue in Italic/bold)

Future Appointments (Overdue in Italic/bold)

*of family history
 of head injury*

11 JUL 2013

Signed

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VALENTINE MED

17-03 2000 20:00 FAX 02 49425809

0249431161

DR BERNARD WALSH

Report



Hunter Imaging Group
ABN 21 898 217 619

48 Thomas Street
Cardiff NSW 2285

Tel: 132 336
Fax: 4952 2366

Patient Leo CLARKE
Address Redacted
Date of birth Redacted
Referring Doctor Dr. Bernard Walsh, 10 Hillsbrough Road, Charlestown 2280
Fax No. 49431161 **Phone No :** 49439404
Consultation date 29/03/06 **Your reference** 40789GL
Report Date 29/03/06

Clinical History
Decreased STM, ? SDAT. CT shows subcortical ischaemic change.

Cerebral Perfusion Study

Report
Cerebral perfusion imaging was performed following the intravenous administration of 900MBq Tc-99m Neurolite.

Cerebral SPECT images demonstrate symmetrical, quite marked perfusion changes involving the temporal lobes. Patchy change is seen throughout the parietal lobes, with more focal change seen in the right occipital pole.

Preserved uptake is noted in the basal ganglia.

Comment

The scintigraphic appearances are in a pattern consistent with early dementia of the Alzheimer's type. More focal changes in the right occipital region suggest there may have been previous infarction and together with the CT changes raise the possibility of superimposed vascular dementia.

Thank you for referring this patient.

Signed

Dr Demetrius D Voutins
OB
Consult : 60329063

Delivery Method: Deliver

Original to: Dr. Bernard Walsh

11 JUL 2013

Signed

- Radiologists**
- Dr Hugh Scott
 - Dr Albert Gutmann
 - Dr Agneta Woodward
 - Dr David O'Dell
 - Dr James Hart
 - Dr Mahola Wierma
 - Dr Peter Lou
 - Dr Phillip Jenks
 - Dr Colin Walker

- Dr Richard Lees
- Dr Gervin Williams
- Dr Kenneth Thong
- Dr Joseph Ascheron
- Dr Geraldine Long
- Dr Lynn Smith
- Dr Shari Slater

- Nuclear Medicine Physicians**
- Dr John Booker
 - Dr Douglas Howerth
 - Dr Demetrius Voutins

RECEIVED 12.07

5

XXXXXX

0249431161



Adult Cognitive Impairment Diagnostic Clinic

10 Hillsborough Road
Charlestown NSW 2290

Phone: (02) 49439404
Fax: (02) 49431161

27th April 2006

Dr. R. Fried,
70A Dilker Avenue,
VALENTINE NSW 2280

Re: Bishop Leo Clarke
Redacted

Dear Dr. Fried,

Thank you very much for asking me to see Bishop Clarke who presented with his support person (Father Brian Brock) with a problem of progressive cognitive change which appears most consistent with emerging senile dementia of the Alzheimer's type.

Bishop Clarke has some insight into his cognitive problems and as you pointed out he was admitted under Dr Malcolm for a delirium episode in January this year. Father Brock points out that over the last few months he has become increasingly more feeble with the development of short term memory change and significant disorientation in time and place. A Webster pack for medications supervision has been needed and he is now sleeping more during the day. He is having trouble processing his mail and his showering frequency is decreasing as is his ability to dress himself.

This is on the background of myelodysplasia on bone marrow biopsy, TURP, by-pass graft, postoperative pulmonary embolus, hyperthyroidism, hypertension and oataract disease. Current treatment includes Vitamin C, Fosamax, Pravastatin, Protonix, Soma and prn Haloperidol.

My MMSE is 19/30. Clock face construction is poor. Word recognition is normal but word recall is very limited.

Thank you for the pathology showing a haemoglobin of 145, sodium 144, creatinine 85. TSH is normal, as is B12, red cell folate and liver function test. A cerebral CT scan shows a moderately advanced degree of generalised cerebral atrophy without major focal change. A matched cerebral perfusion blood flow study is also reasonably striking with bilateral temporoparietal hypoperfusion. The possibility of an old right occipital lobe infarction has also been raised on that scan. These are consistent with emerging Alzheimer's disease.

ApoE4 genotyping is E3/E4 (having an E4 allele can denote a possibly more rapid than usual average historical progression in future cognitive decline and is also an independent marker of Alzheimer's histopathology).

At review today, thank you for your letter pointing out the need to change the Haloperidol.

11 JUL 2013

Signed

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DR BERNARD WALSH

0249431161

0249431161

Bishop Leo Clarke

2 27/4/06

from pri to Sing tablet 1/2 bd with the appropriate settling at night. I note your possibility of recommencing the Efexor which was ceased during the delirium work up in January. Certainly this or something like Cipramil might be reasonable if you thought a need, and I note the sodium level is normal. However with the regular Haloperidol and commencement of a cholinesterase inhibitor we may see a settling of some of the borderline behavioural symptoms over these coming months.

Today I have commenced Aricept Sing tablet one per day and organised a review to step up the dose in a few weeks time unless there are difficulties. A side effect sheet was handed out today and the family know to cease the medication if there are problems, especially gastrointestinal.

I did hand out some background information on the Alzheimer's Association, Central Dementia Service and a booklet entitled "The Later Stages of Alzheimer's Disease".

My feeling here is if we persist with the medium dose of Haloperidol we should see a settling into the Hostel environment over the coming weeks and months and hopefully the Aricept will help with the longer term aspects of Bishop Clarke's Alzheimer's process.

I thought to write to you further at reviews and thank you for the referral.

Yours sincerely,

DR. BERNARD A. WALSH FRACP
Geriatrician, ACC Diagnostic Clinic

Copy: Father Brian Brock Redacted
DON St. Francis (encl: Aricept script)

Signed

11 JUL 2013

0249431161



Adult Cognitive Impairment Diagnostic Clinic

10 Hillsborough Road
Charlestown NSW 2290

Phone: (02) 49439404
Fax: (02) 49431161

10th May 2006

Dr. G. Eather,
Department of General Medicine,
JOHN HUNTER HOSPITAL

Re: Bishop Leo Clarke

Redacted

Dear Geoff,

Thank you very much for asking me to see Bishop Clarke today and as well as reviewing his situation, I discussed his management with your resident, registrar, the Aged Care Referral Service of Ward J3 and the acting manager of St Francis Hostel.

I have recently been involved with Bishop Clarke because of his accelerating neurodegenerative disease process, which would be consistent with Alzheimer's disease. He has of course been admitted under your care for lower limb cellulitis and an exacerbation of his long term thrombocytopenia. I note his review by the haematologist Dr Enno, and his suggestion of monitoring the platelet count over the coming months with the option of a trial of steroids and follow up in his haematology outpatient clinic. The differential diagnoses of myelodysplasia and ITP have been raised. Given his neurodegenerative disease process, there would need to be some thought about future medical care if he was to become platelet transfusion dependent.

The following plan seems reasonable:

- ✓ The Haloperidol has achieved its goal-of-therapy for which it was commenced in the community, i.e. settling some paranoid and borderline verbal agitation issues. It hasn't corrected his disturbed sleep/wake cycle and this is not unexpected but he is easily settled with redirection.
- ✓ It would be reasonable for you to consider commencing him on the proposed Aricept 5 mg tablet one each night whilst he remains an inpatient, so that any gastrointestinal side effects can be picked up prior to discharge. The aim of the Aricept would be to improve his orientation and perhaps settle the amount of redirection that he requires, as well as the possibility of slowing his neurodegenerative disease progression.
- ✓ I discussed the situation with the acting manager of the hostel who stated that she was willing to take Bishop Clarke back to his current room despite the redirection he requires at night and his lack of sleep. She has agreed for us to reclassify Bishop Clarke as a

Signed

1 JUL 2013

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Bishop Leo Clarke

2 10/5/06

- ✓ dementia specific hostel patient and we are doing the appropriate paperwork for that. Hence he could be moved from his current wing to the dementia specific wing of St Francis in the coming months if needed.
- ✓ Apart from the haematology clinic follow up and platelet monitoring post discharge, I would be more than happy to see Bishop Clarke in my rooms approximately four weeks after discharge if you agreed.
- ✓ The possibility of transfer under my care to a private hospital was raised, but I think his management would be best at John Hunter and then discharge back to the hostel, as the private hospital system is not particularly set up for the amount of redirection he requires on the night shift and over sedation is always a risk in such a private hospital setting.

Thank you very much for the referral.

Yours sincerely,

DR. BERNARD A. WALSH FRACP
Geriatrician, ACI Diagnostic Clinic

Copy: Dr. R Fried, 70A Dilke Avenue, Valentine 2280

Mr. Brian Brock
 I have been advised by
 Dr. R. Fried that you
 have been seen by
 Dr. R. Fried at St
 Francis Hospital. I
 am pleased to hear
 that you are well
 and hope you will
 continue to improve.

Redacted

of the appropriate paperwork for the
 post discharge to the dementia specific wing of
 St Francis Hospital. I would be more than
 happy to see you in my rooms approximately
 four weeks after discharge if you agreed.
 The possibility of transfer under my care to
 a private hospital was raised, but I think
 your management would be best at John
 Hunter and then discharge back to the
 hostel, as the private hospital system is
 not particularly set up for the amount of
 redirection you require on the night shift
 and over sedation is always a risk in such
 a private hospital setting.

Dr. R. Fried
 70A Dilke Avenue
 Valentine 2280

1360
264

11 JUL 2013

Signed

Prescription - 200 - Zoloprim (Tablets) 100 mg - take one in the morning
Prescription - 1*200 dose - Pulmicort (Turbuhaler) 400 mcg/1 - Take 2 Turbuhaler, 2 times a day
Laboratory Order , ONLY WATER FOR 12 HOURS PRIOR, hold serum, uec's

Surgery consultation recorded by Dr Robyn Fried on 09/11/2005

History:

Cough, choking....prob upper airways dysf
Has seen A Hickey for a visit. I'm confused as to why this happened, not just stress test. (which was perfect). Has ditched lots of meds....Monopril,
Lasix, Durlide, Minax, Cardizem, and encouraged activity.
Chest pain relieved by Nitrolingual persists...?GI spasm

Plan:

MUST cont Speech Therapy JHH
Tidal up Somac to 1 bd, Mylanta tab 1st if pain
Review 10 days

Actions:

Prescription - 100 x2 - Mylanta Original (Tablets)

consultation recorded by Dr Tim Burt on 10/11/2005

script

Actions:

Prescription - 28 - Plavix (Tablets) 75 mg - take one in the morning

consultation recorded by Dr Robyn Fried on 11/11/2005

Letter

History:

A Hickey - good, Echo good

Actions:

Diagnosis - Echocardiography

Surgery consultation recorded by Dr Robyn Fried on 18/11/2005

History:

Doing REALLY well, much better ex tol, getting choking, coughing episodes which he believes are asthma. Has NOT rung Speech Therapy yet

Examination:

120/80

Plan:

Pt TOLD throat symp are NOT asthma, cease Pulmicort and Bricanyl
MUST ring Speech therapist
?decrease Somac, and stop rivotril later
ed sheet re done

Actions:

Prescription - 60 - Somac Tablets 40 mg

Prescription - 1 - HAS MEDICATION SHEET (sheet) na

consultation recorded by Dr Robyn Fried on 13/12/2005

Letter

History:

K Griffin Speech, JHH++++

Surgery consultation recorded by Dr Robyn Fried on 19/12/2005

History:

Walking v slowly - no pain, sl SOB, unsteady on feet, not confident that thinking straight, fall xt, worried re not having appts straight in head, backed into garage(not driving), less appetite, miserable

Examination:

p=HR=80/min reg

140/80

Plan:

?CVA

D/W Carer Brian Brock re ?hosp. Brian says he has safety net for Leo, keep him in own environment if possible

Actions:

Laboratory Order , hold serum, uec's, LFTs

Surgery consultation recorded by Dr Robyn Fried on 21/12/2005

Actions:

Referral Letter

Surgery consultation recorded by Dr Robyn Fried on 23/12/2005

History:

fr 22/12/2005

Brighter, less muddled, more confident. Appetite poor ?2kg wt loss since Sept. Chest pain x2 in 24hr

Thyroid WEIRD

?UTI, MSU, Keflex 500mg tds 14d

p80/min 140/80 sit/stand chest clear

fr B Brock confusion increasing over time, less able to learn new skills

Actions:

Referral Letter

Prescription - 1*200 dose - Nitrolingual Pumpspray (Sublingu - As per written instructions

Diagnosis - Ulcer,peptic

consultation recorded by Dr Robyn Fried on 28/12/2005

Letter

History:

adm BDH angina ?Iron deficiency. Farograd, Vit C started

Actions:

Prescription - 30 - Ferro-Gradumet (Tablets) 105 mg

Prescription - 1 - Vit C tabs (tabs) as per pt

Surgery consultation recorded by Dr Robyn Fried on 28/12/2005

History:

Still v dodderly. Note low Hb, iron deficiency, wt loss 2kg, poor appetite, left upper quad discomfort, low platelets, bizarre TFTs

Examination:

p 80/min reg 120/80

Plan:

D/W B Brock - ref M McCallum , rpt bloods in Jan, Webster pack, next visit ?walking frame
ref on comp, fax'd to Merv

Actions:

Referral Letter

Prescription - 1 - WEBSTER PACK...G Wilcher (na) na

Diagnosis - Anaemia,iron deficiency

Laboratory Order , uec's, TSH, T3, T4 on thyroxine or anti thyroid, FBC

Immunisation - ADT - G

Immunisation - PNEUMOVAX - G

Referral Letter

Referral Letter

Surgery consultation recorded by Dr Robyn Fried on 30/12/2005

Actions:

Prescription - 200 - Zylprim (Tablets) 100 mg - take one in the morning

Prescription - 100 - Rivotril (Tablets) 0.5 mg - 0.5 tabs nocte

consultation recorded by Dr Robyn Fried on 11/01/2006

Letter

History:

fr Father Brock. Major problems with confusion, not coping with Websterpack, diurnal rhythms etc

Plan:

To be admitted WBPJ Malcolm

Actions:

Referral Letter

consultation recorded by Dr Robyn Fried on 13/01/2006

Letter

History:

copy of ref fr J Malcolm to D Palmer

consultation recorded by Dr Robyn Fried on 07/02/2006

Letter

History:

D/C - delirium - multifactorial, Efexor and rivotril ceased. Haloperidol pm

?Plavix ceased, ?Panamax and puffers

Now at St F Hostel and struggling with poor brain function and forgetfulness ??how much settling will happen.

Difficult to discern Leo's distress re this - he goes off on other tangents when questioned

Examination:

140/80 sit/stand

p 80/min reg

Plan:

Bloods

Actions:

Referral Letter

Diagnosis - Hyperlipidaemia

Diagnosis - Thrombocytopaenia

Diagnosis - Goitre

Diagnosis - Disease; cerebrovascular

Prescription - 50 - Haloperidol 5 mg (Serenace)

Referral Letter

Surgery consultation recorded by Dr Robyn Fried on 08/02/2006

History:

Infected dogbite right hand from 2 days ago

Examination:

p 100/min

4.8 degrees.

Plan:

For ADT

Aug Forte Duo 5 days

Actions:

Prescription - 10 - Augmentin Duo Forte Tablets

Diagnosis - Infection; bite; dog

Surgery consultation recorded by Dr Robyn Fried on 08/02/2006

Actions:

Immunisation - ADT - G - DC

Telephone consultation recorded by Dr Robyn Fried on 09/02/2006

Telephone

History:

fr RN. Given 2 lots of a.m. drugs today inadvertently...iron, Vit C, Zylprim, Pravachol...prob no significant outcome

21 December 2005

Re: Leo Clarke Redacted
Medicare Card Number: Redacted DVA Number:

16 Dec 2005

Walking v slowly - no pain, sl SOB, unsteady on feet, not confident that thinking straight, fall x1, worried re not having appts straight in head, backed into garage (not driving), less appetite, miserable
p=HR=80/min reg
140/80
?CVA

D/W Carer Brian Brock re ?hoep. Brian says he has safely rel for Leo, keep him in own environment if possible
Oulbox: Laboratory Order, hold serum, uec's, LFTs

18 Nov 2005

Doing REALLY well, much better ex tol, getting choking, coughing episodas which he believes are asthma. Has NOT rung Speech Therapy yet

120/80

Pt TOLD throat symp are NOT asthma, cease Pulmicort and Bricanyl

MUST ring Speech therapist

?decrease Somac, and stop rivotril later

Med sheet re done

Rx: 80 - Somac Tablets 40 mg

Rx: 1 - HAS MEDICATION SHEET (sheet) na

Classifications

Basal cell carcinoma (S77008)

Calculus;urinary (U95006), 2000 right lithotripsy. P Sprot

Cataract (F92001), bilat M Simpson

Check up;post-op;cardiovascular (K84001)

Chronic airways limitation (R95008)

Colonoscopy (D40004), 2001 N, MM McCallum Rpt 2006

Depression (P76001), 2003 long term

Dysfunction;vocal chord (R23008), 2004 upper airways...cough

Echocardiography (K41001), 102005 GOOD

Embolism;pulmonary (K93002), 9/2003, post op

Excision (A52001)

Graft;coronary artery bypass (K54007), 5/2003 A James, 7/2004 stent x2

Hypertension (K86006)

Hyperthyroidism (T85007), 7/2003 amiodarone induced. 9/2005 OK

IHD with angina (K74007), 1993 K Nikolettas

Impairment;hearing (H28002), tinnitus, ?Merniere's

Laminectomy (N52006), 1992, inc fusion x3 Wahroonga

Neuropathy;peripherat (N94011), bilat legs

Oesophagitis (D84011), 2004 N Porter

Osteoporosis (L95001), crush fracture T7

Transurethral resect prostate (U52010), 1977, 1993 J Patterson

Ulcer;peptic (D86002), past

Medical Warnings

Losec Tablets, diarrhoea

Luvax, headaches, nausea

Sotacor, exac asthma

Cordarone X, hyperthyroid

Medications

Nitrolingual Pumpspray (Sublingual Spray) 400 mcg/1 dose 200 doses As per written instructions

Pravachol (Tablets) 20 mg 1 tab bedtime

Rivotril (Tablets) 0.5 mg 0.5 tabs nocte

Fosamax Once Weekly Tablets 70 mg 1tab/week

Efexor-XR (Capsules) 75 mg take one in the morning

Panamax (Tablets) 500 mg Take 2 Tablets, 4 times a day

Bricanyl for Inhalation (Tubuhaler) 500 mcg/1 dose 200 dose 1 puff pm

Zyloprim (Tablets) 100 mg take one in the morning

Plavix (Tablets) 75 mg take one in the morning

Somac Tablets 40 mg Take 1 Tablets, 2 times a day
HAS MEDICATION SHEET (sheet) na z

I would value your review and advice regarding further management.

With kind regards,
Yours sincerely,

Dr Robyn Fried

40788GL
Valentine Family Medical Practice

AGED CARE CLIENT RECORD

Department of Health and Ageing

PAGE 2 of 7

Client Identification No.

- 14** What type of accommodation setting does the client usually live in?
- 1 Private residence—owned/purchasing
 - 2 Private residence—private rental
 - 3 Private residence—public rental or community housing
 - 4 Independent living within a retirement village
 - 5 Boarding house/rooming house/private hotel
 - 6 Short-term crisis, emergency or transitional accommodation
 - 7 Supported community accommodation
 - 8 Residential aged care service—low level care
 - 9 Residential aged care service—high level care
 - 10 Hospital
 - 11 Other institutional care
 - 12 Public place/ temporary shelter
 - 13 Other →

- 15** Does the client live with other related or unrelated persons?
- 0 Not applicable
 - 1 Lives alone
 - 2 Lives with family
 - 3 Lives with others

PART 2—INTERVENTION/CONTACT DATES

- 16** When does the client need contact of a clinical nature by an ACAT?
- 1 Within 48 hours
 - 2 Between 3 and 14 days
 - 3 More than 14 days
- 17** What was the first date that contact of a clinical nature (ie. non-administrative) was made between an ACAT member (or their representative) and the client, their carer, a service provider or clinician in response to this referral?

01/02/06 DD/MM/YYYY

- 18** Date on which one or more members of an ACAT (or their representative) first had face-to-face contact with the client.
(This may at times be the same date as recorded in Q 17)

01/02/2006 DD/MM/YYYY

- 19** Where did the first face-to-face contact between the client and an ACAT member take place?

- 1 Hospital (Acute care)
- 2 Other inpatient setting
- 3 Residential aged care service
- 4 Other →

PART 3—CARERS

- 20** Does the client have a carer?
- 0 Not applicable
 - 1 Has a carer
 - 2 Has no carer
- 21** Does the client's carer live with them?
- 0 Not applicable
 - 1 Co-resident carer
 - 2 Non-resident carer
- 22** What is the relationship of the carer to the client?
- 0 Not applicable
 - 1 Wife/female partner
 - 2 Husband/male partner
 - 3 Mother
 - 4 Father
 - 5 Daughter
 - 6 Son
 - 7 Daughter-in-law
 - 8 Son-in-law
 - 9 Other relative—female
 - 10 Other relative—male
 - 11 Friend/neighbour—female
 - 12 Friend/neighbour—male
 - 13 Private employee (not organised by formal contract)

16

AGED CARE CLIENT RECORD

Department of Health and Ageing

PAGE 3 of 7

Client Identification No.

PART 4—ACTIVITY LIMITATIONS & ASSISTANCE

23 Does the client **currently need** the help or supervision of another individual in any of the following?

- 1 Self care
- 2 Movement activities
- 3 Moving around places at or away from home
- 4 Communication
- 5 Health care tasks
- 6 Transport
- 7 Activities involved in social and community participation
- 8 Domestic assistance
- 9 Meals
- 10 Home maintenance
- 11 Other →
- 12 None
- 98 Unable to determine

24 Does the client **currently use** the help or supervision of another individual in any of the following activities?

- | | | If so, identify the source(s). | |
|-----------------------------|---|--------------------------------|-------------------------------------|
| | (Please tick all relevant activities) | formal | informal |
| <input type="checkbox"/> 0 | Not applicable | | |
| <input type="checkbox"/> 1 | Self care | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 2 | Movement activities | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 3 | Moving around places at or away from home | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 4 | Communication | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 5 | Health care tasks | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 6 | Transport | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 7 | Activities involved in social and community participation | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 8 | Domestic assistance | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 9 | Meals | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 10 | Home maintenance | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 11 | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 12 | None | | |
| <input type="checkbox"/> 98 | Unable to determine | | |

25 With which of the following activities would you **recommend** the client **receive assistance** from formal services?

- 0 Not applicable
- 1 Self care
- 2 Movement activities
- 3 Moving around places at or away from home
- 4 Communication
- 5 Health care tasks
- 6 Transport
- 7 Activities involved in social and community participation
- 8 Domestic assistance
- 9 Meals
- 10 Home maintenance
- 11 Other →
- 12 None
- 98 Unable to determine

26 Does the client **currently receive** support or assistance from any of the following government funded community care program(s)?

- 0 Not applicable
- 1 Community Aged Care Packages (CACAP)
- 2 Extended Aged Care at Home (EACH)
- 3 Home and Community Care (HACC) (including Community Options/Linkages)
- 4 Veterans' Home Care
- 5 Day Therapy Centre (Australian Government Funded)
- 6 National Respite for Carers Program (Carer Respite Centre/Resource Centre)
- 7 Other →
- 8 None
- 98 Unable to determine

27 Has the client or their carer **received** residential or community based **respite care** in the 12 months prior to their comprehensive assessment?

- 0 Not applicable
- 1 Residential respite care
- 2 Non-residential respite care
- 3 None
- 98

AGED CARE CLIENT RECORD

Department of Health and Ageing

PAGE 4 of 7

Client Identification No.

28 Does the client have any diagnosed disease(s) or disorder(s) that have an impact on the client's need for assistance with activities of daily living and social participation?

Box No. 1 should identify the health condition that has the greatest impact on the client's need for assistance with activities of daily living and social participation

Code 0000 is used when the client has no health condition diagnosed.

Code 9998 is used when the client's health condition is of concern but the ACAT has insufficient information to report a formal diagnosis or identified sign or symptom.

Disease/disorder	Code
1. MILD DEMENTIA	1013010
2. IRON DEFICIENCY AN	10131011
3. THROMBOCYTOSIS	10131918
4. CHRONIC AIRWAY LIMITATION	1101015
5. OSTEOPOROSIS	11131016
6.	
7.	
8.	
9.	
10.	

29 What government funded community care program(s) are recommended as the source of assistance for this client?

- 0 Not applicable
- 1 Community Aged Care Packages (CACP)
- 2 Extended Aged Care at Home (EACH)
- 3 Home and Community Care (HACC) (Including Community Options/Linkages)
- 4 Veterans' Home Care
- 5 Day Therapy Centre (Australian Government Funded)
- 6 National Respite for Carers Program (Carer Respite Centre/Resource Centre)
- 7 Other →
- 8 None
- 98 Unable to determine

30 Has the client or their carer been recommended for respite care?

- 0 Not applicable
- 1 Residential respite care
- 2 Non-residential respite care
- 3 None
- 98 Unable to determine

31 What living environment is most appropriate for the long term care needs of the client?

- 1 Private residence
- 2 Independent living within a retirement village
- 3 Supported community accommodation
- 4 Residential aged care service—low level care
- 5 Residential aged care service—high level care
- 6 Hospital
- 7 Other institutional care
- 8 Other →

32 What was the reason for ending the client's comprehensive assessment?

- 1 Assessment complete—care plan developed to the point of effective referral
- 2 Assessment incomplete—client withdrew
- 3 Assessment incomplete—client died
- 4 Assessment incomplete—client transferred to another ACAT
- 5 Assessment incomplete—client's medical condition unstable, requires acute care or medical attention before comprehensive assessment
- 6 Assessment incomplete—client's functional status unstable, rehabilitation care required before comprehensive assessment
- 7 Other reason

AGED CARE CLIENT RECORD

Department of Health and Ageing

PAGE 6 of 7

Client Identification No.

Continence

37 Does the client manage:

	Independent (without help)	Assisted (needs some assistance)	Dependent (unable to manage)
Faecal continence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary continence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the client use continence aids/pads <i>(if so, please specify below)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Functional and Activity Profile

38 Does the client manage:

	Independent (without help)	Assisted (needs some assistance)	Dependent (unable to manage)
Personal hygiene <small>Note: this includes all grooming, showering, washing, dressing/undressing etc.</small>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Location change, mobility and transfers <small>Note: no assistance includes those who do not need help with transfers and those who use any walking aids (not wheelchair) without supervision</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes own medication <small>Note: includes all medication except for intravenous treatments</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialised treatments <small>Note: may include tube feeding, intravenous treatments etc. Please specify specialist treatment(s)</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specific details relating to functional and activity profile:

patient requires some assistance and from play with his A.D. as

He transfers independently from bed to chair

Communication/Sensory

39 Does the client have difficulty with:
(tick if applicable)

Hearing <input checked="" type="checkbox"/>	Sight <input checked="" type="checkbox"/>
Hearing aids <input checked="" type="checkbox"/>	Reading <input type="checkbox"/>
Speech <input type="checkbox"/>	Writing <input type="checkbox"/>
Using a telephone <input type="checkbox"/>	

Allied Health/Therapy Requirements

40 The client requires the following allied health/therapy treatments (please specify)

41 Client's usual GP or medical centre
(if applicable, provide full name and address)

DR. ROYAL FRIED

DALHERA AVE

VALENTINE 22 80

42 Assessment Comments
(A copy of the client's care plan or any additional information for service providers should be attached to the back of the client's copy of this report)

Medical -

patient has multiple health problems affecting his body composition and mobility which means that he is physically unable to manage to live independently. However, cognitively he is independent.

Social - Patient is a retired Baptist (Catholic) he has the support of friends in the church system. (Latter - Brien Road, Catholic Parish)

Cognitive -

patient is alert and lucid but is vague and confused at times. He suffers from depression, some evidence of paranoia at times.

Physical -

He ambulates without support. At assistance, he can be unstable on his feet, at times.

John Thomas Star Nurses Care Pt. Hospital

E. James Thomas (RN)

AGED CARE CLIENT RECORD

Department of Health and Ageing

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Client Identification No.

To be completed in EMERGENCY CASES ONLY

EMERGENCY The person urgently needed the care when it started and it was not practicable to apply for approval beforehand. Yes

If YES, reasons for emergency approval must be provided in Assessment Summary box in Part 5. Date care started / /

PART 6—STATEMENT OF APPLICATION

Name of person seeking care (please print)
LEO ADAMS - CLARKE

(To be completed by, or on behalf of, the person seeking care)

I seek approval as a care recipient to access the type(s) of care indicated below.

Residential aged care

Residential respite care

Community care services (packages)

Flexible care

SIGNATURE Signed Date (DD/MM/YYYY)
02 10 24 06

(Note: The use and/or disclosure of information collected in the course of assessing care needs and/or deciding whether to approve a person as a care recipient to access one or more type of aged care is authorised by section 86-4 of the Aged Care Act 1997—see under the heading 'use and disclosure of information').

This form should be signed by the applicant. Only in exceptional circumstances should someone else sign. If this is the case, please COMPLETE the following.

- Why was the applicant unable to sign?
Frailty - Unable to sign
- Name of person who did sign (please print)
BRIAN BROCK (FR)
- Relationship to the applicant (eg. Guardian, Power of Attorney, Spouse, GP, Solicitor, etc.)
FRIEND / POWER OF ATTORNEY.

Contact details: Address and telephone number

Unit No./No Redacted

Suburb: Redacted

Postcode: Redacted State/Territory: Redacted

Phone: Redacted

DEPARTMENTAL USE ONLY

Assessment Authority signature verified Yes No

System ID number / /

Signature of data entry personnel / / Date (DD/MM/YYYY)

PART 7—APPROVAL AS A CARE RECIPIENT

Approval as a care recipient
 To be completed by a delegate ONLY (eg. ACAT)

Please complete prior to signing
 Having considered the care needs of the applicant, and in accordance with the relevant section(s) of the Aged Care Act 1997, I approve this person as a care recipient to receive the following type(s) of care.

Residential Community Flexible

Approved care is limited as specified below:

RESIDENTIAL CARE (PERMANENT)

Aged care residential entry high low

Kind of care eg. Dementia specific

Date approval ceases (ie. if temporary care) (DD/MM/YYYY) / /

RESIDENTIAL RESPITE CARE

High level respite care Low level respite care

Date approval ceases if less than 12 months (DD/MM/YYYY) / /

COMMUNITY CARE

Date approval ceases (if required) (DD/MM/YYYY) / /

FLEXIBLE CARE

Kind of care / /

Date approval ceases (if required) (DD/MM/YYYY) / /

Name of Assessment Team
MUNTER URBAN DAY

Phone: () 49855700 Fax: () / /

SIGNATURE (Delegate) Signed Date (DD/MM/YYYY)
02/10/2006

ACAT Delegate ID 11111111012

Date the Delegate signs and dates the report will be the Date Approval Takes Effect, except in the case of an emergency (see emergency box above—Date care started)

VALENTINE FAMILY MEDICAL PRACTICE

7A Dilkera Ave (PO Box 3056)

Valentine NSW 2280

Phone: 02) 49469022 Fax: (02) 49428599

ABN: 11 003 319 551

Dr Lesley Dunkley
MB BS (UNSW)
Dr Robyn Fried
B Med (Univ of Newcastle)
Dr Peter Sargeant
MBBS (Univ of Melbourne) FRACGP DRANZCOG (Adv)

Dr Tim Burt
MB BS (Univ of Sydney), Dip RACOG
Dr Lyndell Savage
MB BS (Univ of Sydney), Dip RACOG

10 April 2006

for physio

Re: **Leo Clarke**

Redacted

Classifications

Anaemia;iron deficiency (B80002), 12/2005, Zary to GIH
Basal cell carcinoma (S77008)
Calculus;urinary (U95008), 2000 right lithot ipsy. P Spratt
Cataract (F92001), bilat M Simpson
Chronic airways limitation (R95008)
Colonoscopy (D40004), 2001 N, MM McCa lum Rpt 2006
Depression (P76001), 2003 long term
Disease;cerebrovascular (K91006), 1/2006 CT - chronic small vessel D
Dysfunction;vocal chord (R23008), 2004 upper airways...cough
Echocardiography (K41001), 10/2005 GOOD
Embollism;pulmonary (K93002), 9/2003, pcit op
Epididymorchitis (Y74005)
Goltre (T81004), 1/2006 retrosternal with tracheal narrowing
Graft;coronary artery bypass (K54007), 5/2103 A James, 7/2004 stent x2
Hyperlipidaemia (T93008)
Hypertension (K86005)
Hyperthyroidism (T85007), 7/2003 amlodanine induced.
IHD with angina (K74007), 1993 K Nikoletalos
Impairment;hearing (H28002), tinnitus, ?Merniere's
Laminectomy (N52006), 1992, inc fusion x3 Wahroonga
Loss (of);memory (P20013), 2/2006 short term memory
Neuropathy;peripheral (N94011), bilat legs
Oesophagitis (D84011), 2004 N Porter
Osteoporosis (L95001), crush fracture T7
Thrombocytopaenia (B83012), 1/2006 idiopathic, mild splenomegaly, bone marrow biopsy done
Transurethral resect prostate (U52010), 1977, 1993 J Patterson
Ulcer;peptic (D86002)

Dr Robyn Fried
Provider No: 40789GL

**HUNTER NEW ENGLAND
NSW HEALTH**

UNIT NUMBER: 0473333
 SURNAME: Clarke
 OTHER NAMES: Leo
 ADDRESS: 31 Francis Village 11 Gleason Crescent, Woodara 2282
 DATE OF BIRTH: 29/08/1923 MO
 PHONE: 4956550

HSMR7C

EMERGENCY DEPARTMENT TRIAGE NOTES Q214 - Belmont District Hospital

TRIAGE: Date: 22/04/2006 Time: 12:58 Time of Arrival: 12:15

Presenting Problem: Male aged 82 years, 7 months presents with Patient fell yesterday by tripping when walking with a walking frame down steps. Sustained an injury to L hand. On examination same hand is injured and swollen. Injury to L Lower Leg. Skin tear which will not stop bleeding Patient on Voltaran. Pressure bandage applied Xray of L Hand

Triage Intervention: *No x-ray*

Interpreter Required: _____
 Area: 3) Waiting Room
 Triage Signature: *Signed*

Priority: 4 - Semi Urgent

Triage Print Name: Archibon, Ms Louise

GP: Dr Robyn Fried, 49469022; Valentino Family Med Pracs - 70A Dilke Ave Valentino NSW 2280 Ph: 45409022

Next of Kin: Brian Brock Address: 84 Main Road Boolaroo Ph: 0408 254037 Relationship: Ecclesial Contact

Correspondence: (circle) letter telephone copy notes fax BCG other

VITALS: BP: *120/80* RR: *18* Temp: _____ O2 Sat: _____ %

Investigation: (circle) FBC UEC GLU LFT Amy CB CXR C-SPINE OTHER

Blood Alcohol: YES NO Number: _____

PRINT NAME, SIGNATURE, TIME AND RECORD DESIGNATION FOR ALL ENTRIES
 Attending Medical Officer: *MEDICAL Mrs J. Archibon* Time Attended: *2:30 PM*

TIME
 Lives in hotel has been here for 2-3 months.
 Presently in alcohol unit on lower side.
 Hospital because he has no longer self caring
 ability. I mean not eating regular meals
 not good mental health.
 Saw GP yesterday. His fall occurred yesterday
 morning. Saw GP prior to fall.
 Fall occurred whilst visiting a friend's house & taken
 out for Day by another friend when leaving
 house went down 2 steps with hand on platform
 steps. E Lohr brother of hand fell down

Rx time: 24/04/2006 09:40 Rx No.: 363 P.002

EMERGENCY DEPARTMENT TRIAGE NOTES
 XXXXXX
 Emergency
 XXXXXX
 Emergency

M. C. ALEXANDER PTY. LIMITED

DR. M. C. ALEXANDER M.B., B.S., F.R.C.S. (Ed)
Provider No. 27174dW

SURGERY:—
CNR. SOUTH & WILLIAM STS.,
TELARAH. 2320

TELEPHONE: (049) 32 4299

30th November 1993

TO WHOM IT MAY CONCERN

Bishop Leo Clarke underwent surgery to his lower back in July 1992. He subsequently developed Meniere's disease while visiting Rome this year. On his return from Rome he was experiencing breathlessness and was found to have coronary artery disease. He has also been diagnosed to have oesophagitis and gastric and duodenal ulcers. These were confirmed by Gastroscopy.

Bishop Clarke is on the following medications:
Lopressor 50mg BD, Imdur 60mg $\frac{1}{2}$ daily and
Zantac 150mg BD.

He continues to experience breathlessness.
I have recommended to him to consider retirement or at least have an assistant Bishop, so that he can take some rest.

Signed

DR M C ALEXANDER

hh

COPY

19th January 1994

Emo e Rmo Sig. Cardinale Gaetan Bernardin
Prefetto
S. Congregazione per I. Vescovi
CITTA DEL VATICANO

Your Eminence,

On 19 April 1993 I wrote to you requesting that during my "ad limina" visit in May of that year you would grant me an interview. I briefly explained in that letter the reason for the interview, namely the question of my age and state of health.

You kindly granted me an interview on Monday, 17 May and I was able to speak to my letter. You were very patient and understanding and I promised that I would contact you again. At that time I explained that I had in July 1992 a long and serious operation on my spine which has left me limited in what I can do, e.g. sitting or standing for long periods, driving the car long distances.

On my return from the "ad limina" in early June I developed a series of further health problems which necessitated two stays in hospital and one operation. In the space of a few days I was diagnosed as having a heart problem, stomach ulcers, prostate gland trouble and Menieres Disease which causes severe and often prolonged spells of vertigo. For three months I was unable to drive a car or celebrate a public Mass because of the vertigo. At the present time I am on medication for the heart and stomach problems, but am free from vertigo. I underwent an operation for the prostate problem in early July 1993.

I am enclosing a letter from my doctor with medical reports on the back operation, the heart disease and the stomach ulcers. He recommends my retiring or, at least, obtaining some assistance.

The main reason now for writing is that in the light of my age (I was 70 on 29 August last year) and the state of my health, would it be possible to have a Coadjutor Bishop appointed to assist me in my few remaining years as Bishop of Maitland.

We have just concluded a Diocesan Synod and it is important that the results of the Synod be implemented with zeal and vigour as we approach the year 2000. The spirit of all present at the Synod (160 delegates of whom 112 were lay people) was superb and the people and parishes are ready to take up the challenge of the Pope's call to evangelisation. They need active leadership and I fear I cannot give this without support at the Episcopal level.

.../2

Following are some statistics for the Diocese of Maitland:

Total population: 552,007 (1991 Australian Commonwealth census)

Catholic population: 134,218 (1991 Australian Commonwealth census)

Number of parishes: 53

Number of priests: 88

Of that number 29 are retired, 5 working outside the Diocese, one studying overseas, 5 on sick leave, leaving 48 priests actively working in the Diocese.

Your Eminence, I request that I be given some assistance and that the assistance be given quickly so that we do not lose the impetus created by the Synod which concluded on 21 November 1993. To lose time could undo so much good that has already been achieved.

With sentiments of deep respect I remain,

Yours fraternally in Christ,

Signed

The Most Reverend L M Clarke, DD
BISHOP OF MAITLAND.

encl.

17 August 1995

His Excellency
Bernardin Cardinal Gantin
Prefect Congregation for Bishops
VATICAN CITY

Your Excellency,

In January 1994 I wrote to you on doctors' advice requesting an early retirement as Bishop of Maitland or the services of a Coadjutor Bishop.

The Holy Father graciously acceded to my request and in November of that year (1994) he appointed a Coadjutor whom I consecrated in February this year (1995).

I regret to say that the state of my health has not improved but has deteriorated and that a further complication has been added with the recent diagnosis of bronchial asthma causing difficulty in breathing. This will only get worse. In addition to coronary heart disease and stomach ulcers I still have Meniere's Syndrome which causes vertigo and loss of hearing. There have been no serious attacks of vertigo in the past two years but the hearing has degenerated and become more marked. It is impossible for me to hear Confessions. I have great difficulty in hearing what people are saying at the many meetings that I am obliged to attend and I have had to abandon the practice I have always had of speaking to the children prior to their reception of the Sacrament of Confirmation.

In view of the above I now make a request that the Coadjutor Bishop, Michael Malone, assume the governments of the Diocese of Maitland-Newcastle and I be permitted to retire from this office. I would hope that in retirement I would be able to give some assistance, in a limited fashion, to the Church of the Diocese of Maitland-Newcastle according to the wishes of my successor.

Bishop Malone in the six months that he has been Coadjutor has settled in extremely well, has got to know the priests and people and would be quite fit and able to take charge of the Diocese either immediately or in a few months time.

I do pray and trust that my request will receive your kind attention and action.

With sentiments of deep esteem,

I remain,

Yours sincerely in Christ

Most Reverend L M Clarke, DD
Bishop of Maitland-Newcastle

AGED CARE CLIENT RECORD

Department of Health and Ageing

PAGE 1 of 7

Client Identification No.

Name of the ACAT Case Coordinator

Tom FALLON

Telephone 021 45 584288

Fax 021 45 585820

Please answer all questions and print clearly—this form must be completed by the ACAT

PART 1—CLIENT REGISTRATION

1 Date on which the ACAT received the client's referral for a comprehensive assessment.

01 / 02 / 2006 DD/MM/YYYY

For questions 2 and 3, please use the client's name as shown on their Pensioner Concession Card, if they have one

2 Client's surname

CLARKE

3 Client's first name

LEO

Second name (if applicable)

MORRIS

4 Address where the client usually lives

Unit No./No. Redacted
 Suburb: Redacted
 Postcode: Redacted State/Territory: Redacted

5 Telephone number where the client usually resides

Redacted

6 Telephone number where the client can be contacted, if different from Question 5

()

7 Client's date of birth

Redacted /MM/YYYY

8 Client's sex

1 Male 2 Female

9 Client's marital status

- 5 Never married
- W Widowed
- D Divorced
- P Separated
- M Married (registered or de facto)
- X Not stated

10 Was the client born in Australia?

(Code 0000 should be used when the country of birth has not been supplied by the client upon request or where insufficient information has been supplied by the client)

Yes No

If No, in what country were they born?

Country Code

11 Does the client speak a language other than English at home?

No, English only
 Yes, other please specify

Language Code

12 Is the client of Aboriginal or Torres Strait Islander origin?

1 Yes, Aboriginal 3 Yes, both
 2 Yes, Torres Strait Islander 4 No, neither

13 Does the client have any form of DVA entitlement?

1 DVA entitlement—gold card
 2 DVA entitlements—white card
 3 DVA entitlement—no card
 4 No DVA entitlement

AGED CARE CLIENT RECORD

Department of Health and Ageing

PAGE 2 of 7

Client Identification No.

- 14** What type of accommodation setting does the client usually live in?
- 1 Private residence—owned/purchasing
 - 2 Private residence—private rental
 - 3 Private residence—public rental or community housing
 - 4 Independent living within a retirement village
 - 5 Boarding house/rooming house/private hotel
 - 6 Short-term crisis, emergency or transitional accommodation
 - 7 Supported community accommodation
 - 8 Residential aged care service—low level care
 - 9 Residential aged care service—high level care
 - 10 Hospital
 - 11 Other institutional care
 - 12 Public place/ temporary shelter
 - 13 Other →

- 15** Does the client live with other related or unrelated persons?
- 0 Not applicable
 - 1 Lives alone
 - 2 Lives with family
 - 3 Lives with others

PART 2—INTERVENTION/CONTACT DATES

- 16** When does the client need contact of a clinical nature by an ACAT?
- 1 Within 48 hours
 - 2 Between 3 and 14 days
 - 3 More than 14 days

- 17** What was the first date that contact of a clinical nature (ie. non-administrative) was made between an ACAT member (or their representative) and the client, their carer, a service provider or clinician in response to this referral?
- 01/02/06 DD/MM/YYYY

- 18** Date on which one or more members of an ACAT (or their representative) first had face-to-face contact with the client.
(This may at times be the same date as recorded in Q 17)
- 01/02/2006 DD/MM/YYYY

- 19** Where did the first face-to-face contact between the client and an ACAT member take place?
- 1 Hospital (Acute care)
 - 2 Other inpatient setting
 - 3 Residential aged care service
 - 4 Other →

PART 3—CARERS

- 20** Does the client have a carer?
- 0 Not applicable
 - 1 Has a carer
 - 2 Has no carer
- 21** Does the client's carer live with them?
- 0 Not applicable
 - 1 Co-resident carer
 - 2 Non-resident carer

- 22** What is the relationship of the carer to the client?
- 0 Not applicable
 - 1 Wife/female partner
 - 2 Husband/male partner
 - 3 Mother
 - 4 Father
 - 5 Daughter
 - 6 Son
 - 7 Daughter-in-law
 - 8 Son-in-law
 - 9 Other relative—female
 - 10 Other relative—male
 - 11 Friend/neighbour—female
 - 12 Friend/neighbour—male
 - 13 Private employee (not organised by formal services)

29

Client copy

AGED CARE CLIENT RECORD

Department of Health and Ageing

PAGE 3 of 7

Client Identification No.

PART 4—ACTIVITY LIMITATIONS & ASSISTANCE

- 23** Does the client **currently need** the help or supervision of another individual in any of the following?
- 1 Self care
 - 2 Movement activities
 - 3 Moving around places at or away from home
 - 4 Communication
 - 5 Health care tasks
 - 6 Transport
 - 7 Activities involved in social and community participation
 - 8 Domestic assistance
 - 9 Meals
 - 10 Home maintenance
 - 11 Other →
 - 12 None
 - 98 Unable to determine

- 24** Does the client **currently use** the help or supervision of another individual in any of the following activities? If so, identify the source(s).
- ↓ (Please tick all relevant activities)
- | | | | partial | informal |
|----|--|--|--------------------------|-------------------------------------|
| 0 | <input type="checkbox"/> Not applicable | | | |
| 1 | <input type="checkbox"/> Self care | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> Movement activities | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 | <input type="checkbox"/> Moving around places at or away from home | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 | <input type="checkbox"/> Communication | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> Health care tasks | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | <input type="checkbox"/> Transport | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 | <input type="checkbox"/> Activities involved in social and community participation | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 | <input type="checkbox"/> Domestic assistance | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 | <input type="checkbox"/> Meals | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 | <input type="checkbox"/> Home maintenance | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 | <input type="checkbox"/> Other | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | <input type="checkbox"/> None | | | |
| 98 | <input type="checkbox"/> Unable to determine | | | |

- 25** With which of the following activities would you **recommend** the client **receive assistance** from formal services?
- 0 Not applicable
 - 1 Self care
 - 2 Movement activities
 - 3 Moving around places at or away from home
 - 4 Communication
 - 5 Health care tasks
 - 6 Transport
 - 7 Activities involved in social and community participation
 - 8 Domestic assistance
 - 9 Meals
 - 10 Home maintenance
 - 11 Other →
 - 12 None
 - 98 Unable to determine

- 26** Does the client **currently receive** support or assistance from any of the following government funded community care program(s)?
- 0 Not applicable
 - 1 Community Aged Care Packages (CACP)
 - 2 Extended Aged Care at Home (EACH)
 - 3 Home and Community Care (HACC) (including Community Options/Linkages)
 - 4 Veterans' Home Care
 - 5 Day Therapy Centre (Australian Government Funded)
 - 6 National Respite for Carers Program (Carer Respite Centre/Resource Centre)
 - 7 Other →
 - 8 None
 - 98 Unable to determine

- 27** Has the client or their carer **received** residential or community based **respite care** in the 12 months prior to their comprehensive assessment?
- 0 Not applicable
 - 1 Residential respite care
 - 2 Non-residential respite care
 - 3 None
 - 98 Unable to determine

30

Client copy

AGED CARE CLIENT RECORD

Department of Health and Ageing

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Client Identification No.

28 Does the client have any diagnosed disease(s) or disorder(s) that have an impact on the client's need for assistance with activities of daily living and social participation?

Box No. 1 should identify the health condition that has the greatest impact on the client's need for assistance with activities of daily living and social participation

Code 0000 is used when the client has no health condition diagnosed.

Code 9998 is used when the client's health condition is of concern but the ACAT has insufficient information to report a formal diagnosis or identified sign or symptom.

Disease/disorder	Code
1. MILD DEMENTIA	10 5 0 0
2. IRON DEFICIENCY AN	10 3 0 1
3. THROMBOCYTOPENIA	10 3 4 8
4. CHRONIC AIRWAY LIMITATION	11 2 0 5
5. OSTEOARTHRITIS	11 3 0 6
6.	
7.	
8.	
9.	
10.	

29 What government funded community care program(s) are recommended as the source of assistance for this client?

- 0 Not applicable
- 1 Community Aged Care Packages (CACP)
- 2 Extended Aged Care at Home (EACH)
- 3 Home and Community Care (HACC) (including Community Options/Linkages)
- 4 Veterans' Home Care
- 5 Day Therapy Centre (Australian Government Funded)
- 6 National Respite for Carers Program (Carer Respite Centre/Resource Centre)
- 7 Other → _____
- 8 None
- 98 Unable to determine

30 Has the client or their carer been recommended for respite care?

- 0 Not applicable
- 1 Residential respite care
- 2 Non-residential respite care
- 3 None
- 98 Unable to determine

31 What living environment is most appropriate for the long term care needs of the client?

- 1 Private residence
- 2 Independent living within a retirement village
- 3 Supported community accommodation
- 4 Residential aged care service—low level care
- 5 Residential aged care service—high level care
- 6 Hospital
- 7 Other institutional care
- 8 Other → _____

32 What was the reason for ending the client's comprehensive assessment?

- 1 Assessment complete—care plan developed to the point of effective referral
- 2 Assessment incomplete—client withdrew
- 3 Assessment incomplete—client died
- 4 Assessment incomplete—client transferred to another ACAT
- 5 Assessment incomplete—client's medical condition unstable, requires acute care or medical attention before comprehensive assessment
- 6 Assessment incomplete—client's functional status unstable, rehabilitation care required before comprehensive assessment
- 7 Other reason → _____

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Client Identification No.

33 What was the date on which the comprehensive assessment of the client ended?

02/10/2006 DD/MM/YYYY

34 What are the professions of all ACAT members and non-team members who participated in the client's comprehensive assessment?

Medical practitioners

- 1 Generalist medical practitioner
- 2 Geriatrician
- 3 Psychogeriatrician
- 4 Psychiatrist
- 5 Other medical practitioners

Nursing professionals

- 6 Nurse manager
- 7 Nurse educator and researcher
- 8 Registered nurse
- 9 Registered mental health nurse
- 10 Registered development disability nurse
- 11 Other nursing professional

Health professionals

- 12 Occupational therapist
- 13 Physiotherapist
- 14 Speech pathologist/therapist
- 15 Podiatrist
- 16 Pharmacist
- 17 Aboriginal health worker
- 18 Other health professional

Social welfare professionals

- 19 Social worker
- 20 Welfare and community worker
- 21 Counsellor
- 22 Psychologist
- 23 Other social professional
- 24 Other professional

PART 5 - ASSESSMENT SUMMARY AND INFORMATION FOR SERVICE PROVIDERS

Cognitive Behaviour/Psychological Aspects

35 Does the client exhibit:

	not applicable	never	occasionally	regularly	always
Short term memory problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Long term memory problems	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At risk behaviour	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive behaviour —verbal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
—physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinations/Delusions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wandering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disturbed sleep/Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressive Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disorientation —time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
—place	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
—other people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current strategies to manage these behaviours
(If required, attach additional information)

Resource

X

Nutrition

36 Does the client require assistance with:

	Independent (without help)	Assisted (needs some assistance)	Dependent (unable to manage)
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the client have difficulty swallowing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any special dietary needs or allergies to any foods

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Client Identification No.

Continence

37 Does the client manage:	<small>Independent (without help)</small>	<small>Assisted (needs some assistance)</small>	<small>Dependent (unable to manage)</small>
faecal continence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
urinary continence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the client use continence aids/pads <i>(if so, please specify below)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Functional and Activity Profile

38 Does the client manage:	<small>Independent (without help)</small>	<small>Assisted (needs some assistance)</small>	<small>Dependent (unable to manage)</small>
Personal hygiene <small>Note: this includes all grooming, showering, washing, dressing/undressing etc.</small>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Location change, mobility and transfers <small>Note: no assistance includes those who do not need help with transfers and those who use any walking aids (not wheelchairs) without supervision</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes own medication <small>Note: includes all medication except for intravenous treatments</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialised treatments <small>Note: may include tube feeding, intravenous treatments etc. Please specify specialist treatment(s)</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specific details relating to functional and activity profile:

patient requires some assistance and frustration with his A.D.L.S

He functions independently from bed to chair

Communication/Sensory

39 Does the client have difficulty with:
(tick if applicable)

Hearing <input checked="" type="checkbox"/>	Sight <input checked="" type="checkbox"/>
Hearing aids <input checked="" type="checkbox"/>	Reading <input type="checkbox"/>
Speech <input type="checkbox"/>	Writing <input type="checkbox"/>
Using a telephone <input type="checkbox"/>	

Allied Health/Therapy Requirements

40 The client requires the following allied health/therapy treatments (please specify)

41 Client's usual GP or medical centre
(if applicable, provide full name and address)

DR. ROBYN FRIED

*5 ALBERTA AVE
VICTORIA 2280*

42 Assessment Comments

(A copy of the client's care plan or any additional information for service providers should be attached to the back of the client's copy of this report)

Medical - Patient has multiple health problems affecting him both cognitively and physically which means that he is no longer able to manage to live independently. He has a respiratory compromise.

Religious - Patient is a Catholic Bishop (Catholic) he has the support of friends in the church system (Catholic - Roman Catholic, Catholic Priests)

Cognitive - Patient is alert and lucid but is vague and confused at times. He suffers from depression, some evidence of paranoia, at times.

Physical - He ambulates without any aid or assistance, he can be unsteady on his feet, at times.

John T. SAUER Sr Manager Bay 17 Hospital

E Honor Thomas (MN)

33

Client copy

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Client Identification No.

To be completed in EMERGENCY CASES ONLY

EMERGENCY The person urgently needed the care when it started and it was not practicable to apply for approval beforehand. Yes

If YES, reasons for emergency approval must be provided in Assessment Summary box in Part 5.

Date care started

PART 6 STATEMENT OF APPLICATION

Name of person seeking care (please print)
LEO ADAMS - CAREE

(To be completed by, or on behalf of, the person seeking care)
I seek approval as a care recipient to access the type(s) of care indicated below.

- Residential aged care
- Residential respite care
- Community care services (packages)
- Flexible care

SIGNATURE Signed Date (DD/MM/YYYY) 02 10 06

(Note: The use and/or disclosure of information collected in the course of assessing care needs and/or deciding whether to approve a person as a care recipient to access one or more type of aged care is authorised by section 86-4 of the Aged Care Act 1997—see under the heading 'use and disclosure of information').

This form should be signed by the applicant. Only in exceptional circumstances should someone else sign. If this is the case, please COMPLETE the following.

- Why was the applicant unable to sign?
Frailty - Unable to sign
- Name of person who did sign (please print)
BRIAN BROCK (FR)
- Relationship to the applicant (eg. Guardian, Power of Attorney, Spouse, GP, Solicitor, etc.)
FRIEND / POWER OF ATTORNEY.

Contact details: Address and telephone number
Unit No./No. Redacted
Suburb: Redacted
Postcode: Redacted State/Territory: Redacted
Phone: Redacted

DEPARTMENTAL USE ONLY
Assessment Authority signature verified Yes No
System ID number
Signature of data entry personnel Date (DD/MM/YYYY)

PART 7 APPROVAL AS A CARE RECIPIENT

Approval as a care recipient
To be completed by a delegate ONLY (eg. ACAT)

Please complete prior to signing
Having considered the care needs of the applicant, and in accordance with the relevant section(s) of the Aged Care Act 1997, I approve this person as a care recipient to receive the following type(s) of care.

Residential Community Flexible
Approved care is limited as specified below:

RESIDENTIAL CARE (PERMANENT)
Aged care residential entry high low
Kind of care eg.
Dementia specific
Date approval ceases (ie. if temporary care) (DD/MM/YYYY)

RESIDENTIAL RESPITE CARE
High level respite care Low level respite care
Date approval ceases if less than 12 months (DD/MM/YYYY)

COMMUNITY CARE
Date approval ceases (if required) (DD/MM/YYYY)

FLEXIBLE CARE
Kind of care
Date approval ceases (if required) (DD/MM/YYYY)

Name of Assessment Team
HUNTER URBAN ACAT
Phone: () 48855700 Fax: ()

SIGNATURE (Delegate) Signed Date (DD/MM/YYYY) 02/27/2006

ACAT Delegate ID 11110111012

Date the Delegate signs and dates the report will be the Date Approval Takes Effect, except in the case of an emergency (see emergency box above—Date care started)

34

Client copy

VALENTINE FAMILY MEDICAL PRACTICE

70 & Dilkra Ave (PO Box 3056)
Valentine NSW 2280
Phone: (02) 49469022 Fax: (02) 49428599
ABN: 11 003 319 551

Dr Lesley Dunkley
MB BS (UNSW)
Dr Robyn Fried
B Med (Uni of Newcastle)
Dr Peter Sargeant
MBBS (Uni of Melbourne) FRACGP DRANZCOG (Adv)

Dr Tim Burt
MB BS (Uni of Sydney), Dip RACOG
Dr Lyndall Savage
MB BS (Uni of Sydney), Dip RACOG

10 April 2006

For physio

Re: **Leo Clarke**

Redacted

Classifications

Anaemia;iron deficiency (B80002), 12/2005, 2ary to GIH
Basal cell carcinoma (S77008)
Calculus;urinary (U95006), 2000 right lithotripsy. P Sprott
Cataract (F92001), bilat M Simpson
Chronic airways limitation (R95008)
Colonoscopy (D40004), 2001 N, MM McCallum Rpt 2006
Depression (P76001), 2003 long term
Disease;cerebrovascular (K91006), 1/2006 CT - chronic small vessel D
Dysfunction;vocal chord (R23008), 2004 upper airways...cough
Echocardiography (K41001), 10/2005 GOCJ
Emboli;pulmonary (K93002), 9/2003, post op
Epididymorchitis (Y74005)
Goitre (T81004), 1/2006 retrosternal with tracheal narrowing
Graft;coronary artery bypass (K54007), 5/2003 A James, 7/2004 stent x2
Hyperlipidaemia (T93008)
Hypertension (K86005)
Hyperthyroidism (T85007), 7/2003 amiodarone induced.
IHD with angina (K74007), 1993 K Nikolettatos
Impairment;hearing (H28002), tinnitus, ?Mirmiere's
Laminectomy (N52006), 1992, inc fusion x3 Wahroonga
Loss (of);memory (P20013), 2/2006 short term memory
Neuropathy;peripheral (N94011), bilat legs
Oesophagitis (D84011), 2004 N Porter
Osteoporosis (L95001), crush fracture T7
Thrombocytopaenia (B83012), 1/2006 idiopathic, mild splenomegaly, bone marrow biopsy done
Transurethral resect prostate (U52010), 1977, 1993 J Patterson
Ulcer;peptic (D86002)
MODERATE ALZHEIMERS - DR BEANARD DIALYST
Dr Robyn Fried
Provider No: 40789GL



Adult Cognitive Impairment Diagnostic Clinic

10 Hillsborough Road
Charlestown NSW 2290

Phone: (02) 49439404
Fax: (02) 49431161

27th April 2006

Dr. R. Fried,
70A Dilkera Avenue,
VALENTINE NSW 2280

Re: Bishop Leo Clarke
Redacted

Dear Dr Fried,

Thank you very much for asking me to see Bishop Clarke who presented with his support person (Father Brian Brock) with a problem of progressive cognitive change which appears most consistent with emerging senile dementia of the Alzheimer's type.

Bishop Clarke has some insight into his cognitive problems and as you pointed out he was admitted under Dr Malcolm for a delirium episode in January this year. Father Brock points out that over the last few months he has become increasingly more feeble with the development of short term memory change and significant disorientation in time and place. A Webster pack for medications supervision has been needed and he is now sleeping more during the day. He is having trouble processing his mail and his showering frequency is decreasing as is his ability to dress himself.

This is on the background of myelodysplasia on bone marrow biopsy, TURP, by-pass graft, postoperative pulmonary embolus, hyperthyroidism, hypertension and cataract disease. Current treatment includes Vitamin C, Fosamax, Pravachol, Progout, Somrac and prn Haloperidol.

My MMSE is 19/30. Clock face construction is poor. Word recognition is normal but word recall is very limited.

Thank you for the pathology showing a haemoglobin of 145, sodium 144, creatinine 85. TSH is normal, as is B12, red cell folate and liver function test. A cerebral CT scan shows a moderately advanced degree of generalised cerebral atrophy without major focal change. A matched cerebral perfusion blood flow study is also reasonably striking with bilateral temporo-parietal hypoperfusion. The possibility of an old right occipital lobe infarction has also been raised on that scan. These are consistent with emerging Alzheimer's disease.

Apolipoprotein E genotyping is E3:E4 (having an E4 allele can denote a possibly more rapid than usual average historical progression in future cognitive decline and is also an independent marker of Alzheimer's histopathology).

At review today, thank you for your letter pointing out the need to change the Haloperidol from pm to 5mg tablet ½ bd with the appropriate settling at night. I note your possibility of recommencing the Efexor which was ceased during the delirium work up in January. Certainly this or something like Cipramil might be reasonable if you thought a need, and I note the sodium level is normal. However with the regular Haloperidol and commencement of a cholinesterase inhibitor we may see a settling of some of the borderline behavioural symptoms over these coming months.

Today I have commenced Aricept 5mg tablet one per day and organised a review to step up the dose in a few weeks time unless there are difficulties. A side effect sheet was handed out today and the family know to cease the medication if there are problems, especially gastrointestinal.

I did hand out some background information on the Alzheimer's Association, Central Dementia Service and a booklet entitled "The Later Stages of Alzheimer's Disease".

My feeling here is if we persist with the medium dose of Haloperidol we should see a settling into the Hostel environment over the coming weeks and months and hopefully the Aricept will help with the longer term aspects of Bishop Clarke's Alzheimer's process.

I thought to write to you further at reviews and thank you for the referral.

Yours sincerely,

Signed

DR. BERNARD A. WALSH, FRACP
Geriatrician, ACI Diagnostic Clinic

✓ Copy: Father Brian Brock (PO BOX 14, Boolaroo 2284)

DON St. Francis (encl: Aricept script)

FATHER BROCK,
PLEASE PASS COPIES OF THIS TO BISHOP
CLARKE'S GUARDIAN/S IF YOU THINK APPROPRIATE
Signed



Adult Cognitive Impairment Diagnostic Clinic

10 Hillsborough Road
Charlestown NSW 2290

Phone: (02) 49439404
Fax: (02) 49431161

10th May 2006

Dr. G. Eather,
Department of General Medicine,
JOHN HUNTER HOSPITAL

Re: Bishop Leo Clarke

Redacted

Dear ~~Geoff~~,

Thank you very much for asking me to see Bishop Clarke today and as well as reviewing his situation, I discussed his management with your resident, registrar, the Aged Care Referral Service of Ward J3 and the acting manager of St Francis Hostel.

I have recently been involved with Bishop Clarke because of his accelerating neurodegenerative disease process, which would be consistent with Alzheimer's disease. He has of course been admitted under your care for lower limb cellulitis and an exacerbation of his long term thrombocytopenia. I note his review by the haematologist Dr Enno, and his suggestion of monitoring the platelet count over the coming months with the option of a trial of steroids and follow up in his haematology outpatient clinic. The differential diagnoses of myelodysplasia and ITP have been raised. Given his neurodegenerative disease process, there would need to be some thought about future medical care if he was to become platelet transfusion dependent.

The following plan seems reasonable;

- The Haloperidol has achieved its goal-of-therapy for which it was commenced in the community, i.e. settling some paranoid and borderline verbal agitation issues. It hasn't corrected his disturbed sleep/wake cycle and this is not unexpected but he is easily settled with redirection.
- It would be reasonable for you to consider commencing him on the proposed Aricept 5 mg tablet one each night whilst he remains an inpatient, so that any gastrointestinal side effects can be picked up prior to discharge. The aim of the Aricept would be to improve his orientation and perhaps settle the amount of redirection that he requires, as well as the possibility of slowing his neurodegenerative disease progression.
- I discussed the situation with the acting manager of the hostel who stated that she was willing to take Bishop Clarke back to his current room despite the redirection he requires

at night and his lack of sleep. She has agreed for us to reclassify Bishop Clarke as a dementia specific hostel patient and we are doing the appropriate paperwork for that. Hence he could be moved from his current wing to the dementia specific wing of St Francis in the coming months if needed.

- Apart from the haematology clinic follow up and platelet monitoring post discharge, I would be more than happy to see Bishop Clarke in my rooms approximately four weeks after discharge if you agreed.
- The possibility of transfer under my care to a private hospital was raised, but I think his management would be best at John Hunter and then discharge back to the hostel, as the private hospital system is not particularly set up for the amount of redirection he requires on the night shift and over sedation is always a risk in such a private hospital setting.

Thank you very much for the referral.

Yours sincerely,

Signed

DR. BERNARD A. WALSH, FRACP

Geriatrician, ACI Diagnostic Clinic

Copy: Dr. R Fried, 70A Dilker Avenue, Valence 2280
Father Brian Brock / Redacted