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# ACT Mental Health Services Assessment

Page No 1

Date & Time 16/12/2003 pm 4:53:52

UR Number

DOB 29/02/1960

Staff Name vikasd

Surname Simpson Jae

Firstname Homer

Gender Male

## Address

Address: 342, Evergreen Trc, Springfield, OVERSEAS, EXT , 9999, United States Of America

Home Phone (AH): 555 2345

Work Phone (BH): 0310 614566

Current Case Manager vikasd

Caller/Referrer Name: Chief Wiggum

Phone: (BH)

(AH)

Caller/Referrer requests: Assessment

Previous Staff:

①	2	3	4	5
<b>Crisis Response</b> within 1 hour by CATT <b>URGENT!</b>	<b>Priority Response</b> within 12 hours by CATT	<b>Deferred Response</b> within 24 hours by CMHS	<b>Referred Response</b> Referred elsewhere	<b>Inquiry / Chat</b>

## Action Taken:

GP Notified

Referred to CATT

Police in Attendance

Ambulance in Attendance

Referred to Regional Team:

## Presenting Problem

Chief Wiggum from the police brought Homer to the Emergency department seeking an assessment of Homer because Homer had been giving away prized possessions, and that Homer was hearing voices, was seeing things, was delusional, was behaving strangely and was talking to self or to voices.

Chief Wiggum informed me that Homer had been physically violent to someone, had destroyed some property, has a history of being physically violent and has a history of being verbally abusive.

Concern was also expressed by about the fact that Homer was intoxicated and was being harassed by a drug dealer. He spoke of his concern about his awareness that Homer was preoccupied with body image, also indicating that Homer has phobias and was feeling really stressed. It was his view that Homer was worried after receiving violent threats, and that Homer has relationship issues, too. He said that Homer is intellectually impaired. This must be understood against a contextual setting involving a recent motor vehicle accident and a natural disaster.

Other potential influences may have included being accused of committing a crime, being arrested, being locked up in remand centre, a traffic infringement, a legal dispute and a civil

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**Firstname** Homer

**DOB** 29/02/1960  
**Gender** Male

action. Other contextual factors included debt and financial difficulties.

Homer may also have been affected by an abusive relationship, fights over the children, having been jealous of his partner and the partner having a gambling problem.

The situation also involved stress at work, workplace conflict and sexual harassment at work.

Other potential influences may have included having an authoritarian parent, having an alcoholic parent, a difficult family background, conflict within the family of origin, having a parent with a gambling problem and having been charged with being uncontrollable.

Another potential influence may have been recent weight gain, possibly exacerbated by having a child with behavioural problems, having a child with ADHD, having parenting difficulties and a child having problems at school.

Symptoms which were of particular concern to included auditory hallucinations, visual hallucinations, olfactory hallucinations, gustatory hallucinations, tactile hallucinations, thought blocking, tangential thinking, confusion, confabulation, impaired judgement, lack of insight, persecutory delusions, delusions of guilt, nihilistic delusions, hypochondriacal delusions, somatic delusions, thought insertion, thought withdrawal, thought broadcasting, capgras, passivity phenomena, over valued ideas, impaired concentration, lack of interest in anything, euphoria, intrusiveness, compulsions and phobias.

## Vulnerabilities and Precipitating Factors

### Title/Brief Summary:

<b>Client aware of referral</b>	<input checked="" type="checkbox"/>	<b>Client Consent</b>	<input type="checkbox"/>
<b>First onset Psychosis</b>	<input type="checkbox"/>	<b>Delirium excluded</b>	<input checked="" type="checkbox"/>
<b>Evidence of mental illness ?</b>	<input checked="" type="checkbox"/>	<b>Currently Depressed</b>	<input type="checkbox"/>

### Advised Action/Commitment Given to Client

Client was advised that he required intensive inpatient management and that he was being referred to an inpatient mental health facility for the same.

## Suicide Risk

### Risk Factors:

Text	No	Possible	Definite
Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Major mental disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recent loss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous suicide attempt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history of suicide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme stress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive and/or aggressive tendencies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Serious, ongoing physical illness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation, feeling cut off, withdrawal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profound persistent hopelessness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy access to lethal methods, especially guns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Past or present physical or sexual abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influence of significant people who've suicided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perfectionism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prison/ Custody/Legal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delusional	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Probable Risk: Moderate to High

### Warning Signs:

Sleeping problems/Changes in pattern	<input checked="" type="checkbox"/>	Talking about or hinting at suicide	<input type="checkbox"/>
Making out a will or giving away valued possessions	<input checked="" type="checkbox"/>	Has made a plan	<input type="checkbox"/>
Significant weight change	<input type="checkbox"/>		

### Protective Factors:

Family / community / social support	<input type="checkbox"/>	Easy access to counselling/ clinical interventions	<input type="checkbox"/>
Effective care (mental, physical, substance abuse)	<input type="checkbox"/>	Learned skills in problem solving and conflict resolution	<input type="checkbox"/>
Cultural / religious beliefs that discourage suicide	<input type="checkbox"/>		

Comments:

## Violence Risk

### Risk Factors:

Text	No	Possible	Definite
History of substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
History of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
History of arrests/criminal behaviour	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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**Firstname** Homer

**DOB** 29/02/1960  
**Gender** Male

Personality Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
History of antisocial behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor impulse control	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lack of personal support/ Isolation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent thoughts, drawings or writings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Relationship problems/ recent breakup	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unemployed / employment problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
History of being abused	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unresponsive to treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lacks remorse for past misdeeds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor anger control	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
History of violent threats	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
History of cruelty to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Probable Risk:** Very High

### Warning Indicators of Potential Violence

- Expressed intent to kill or take revenge
- Reported statements to others of intent to inflict harm
- Physical agitation and/or anger
- Identification of specific victim(s)

- Current use of alcohol or other drug
- Involvement in violent subculture or gang
- Has a weapon such as a gun or knife

**Comments:**

## Drug and Alcohol Use Assessment

**Pregnant?** Not Applicable

**Client's motivational State:** Precontemplative (Not aware of having a problem)

**Proposed Action:** Acute Treatment by Alcohol & Other Drug Program

**Does clinician think this substance use is of concern?** Yes

**Does the Client think this substance use is of concern?** No

**Previous contact with Alcohol & Other Drug Program:**

**Recent changes in patterns of substance use:**

**History of withdrawals, seizures, DT's:**

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Staff Name vikasd

Surname Simpson Jae

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Gender Male

### Depressants:

Substance	Quantity & Frequency	Route	how long used	Last Used	Comments
Alcohol	Drinks every day at the local pub. Does not remember how much.		15 years	Today	
Benzodiazepines					
Codeine/Morphine					
Cannabis/Marijuana					
Heroin					
Methadone					

### Stimulants:

Substance	Quantity & Frequency	Route	how long used	Last Used	Comments
Tobacco					
Amphetamines					
Ecstasy					
Cocaine					
Caffeine					

### Hallucinogens:

Substance	Quantity & Frequency	Route	how long used	Last Used	Comments
LSD, Trips					
Magic mushrooms					
Solvents					

### Other Substance:

Substance	Quantity & Frequency	Route	how long used	Last Used	Comments

### Mental State Examination:

#### Appearance

Homer presented as a reasonably groomed male, somewhat unusually dressed and appearing slightly older than his stated age.

He was wearing pyjama bottoms, semi-naked and bare feet. He is bald. He was of fair complexion with noticeable facial hair and brown eyes, one of which was somewhat obscured as a result of having a black eye.

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**Firstname** Homer

**DOB** 29/02/1960

**Gender** Male

He made average eye contact during the interview, maintaining a very happy facial expression most of the time. He did not appear particularly distressed.

Homer is slightly shorter than average and obese. I was aware of a intense body odour emanating from him. He had bruises on his face. He was initially fatuous in manner, but by the end of the interview he had become suspicious. At times, he was also hostile.

Homer's level of consciousness was in the lethargic range. He appeared to be hypoactive. I also observed that he had a coarse intention tremor. He seemed moderately restless. The following additional motor abnormality was observed: unsteady gait.

### Speech

On the whole, Homer's quantity of speech was slightly increased. In the main, his rate of speech was normal.

He spoke in a raised, medium pitched voice, with normal prosody. His voice was not spontaneous, to the extent that obtaining information was like getting blood out of a stone, tended to involve a short period of latency and was euphoric in tone.

In the main, his conversation was full of pseudologica fantastica and little more than word salad. He showed no evidence of aphasia.

### Mood / Affect

Homer's mood was reported as mild euphoria. His affect appeared to be moderate pessimism. He appeared to have a blunted range of affect. He seemed to have labile affect. His affect impressed me as mildly incongruent. His intensity of affect appeared to be slightly increased. He produced humour appropriately.

### Thought Form

Homer appeared to have accelerated thoughts. He seemed to have moderate thought blocking. In addition, he impressed me as having circumstantiality. Furthermore, he impressed me as having derailment.

### Thought Content

Homer displayed nihilistic delusions, delusions of jealousy, delusions of thought insertion, delusions of thought withdrawal and delusions of thought broadcasting. He was also preoccupied with obsessions, compulsions, phobias, homicidal thoughts and antisocial urges.

### Perception

Homer showed evidence of gustatory hallucinations, visual hallucinations, somatic hallucinations, tactile hallucinations, olfactory hallucinations, vestibular hallucinations, third person auditory hallucinations and second person auditory hallucinations.

### Cognition

Homer was oriented in time, place and person. He displayed evidence of moderately impaired attention, moderately impaired concentration and moderately impaired reasoning. In addition, Homer demonstrated grossly impaired short term memory and moderately impaired recent memory with



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**DOB** 29/02/1960

**Gender** Male

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moderately impaired remote memory. Serial sevens were unable to complete.

## Judgement & Insight

Homer behaved in a manner consistent with the view that his judgement was severely impaired mainly as a result of interference from psychotic symptomatology and also came across as extremely impulsive.

His response to "if you were in a crowded theater and were the first to see smoke, what would you do?" was irrelevant to the question and his response to "if you found a stamped, addressed envelope on the street, what would you do?" showed poor judgement.

In terms of insight, his understanding of his problems and treatment seems to make very little sense. For example, when I asked why he required treatment, his response was very inconsistent with the reported facts.

## Examiner's Response to Interview

Homer gave me the impression of being a poor historian, whose story seemed inconsistent. I found it difficult to believe much of what I was told.

## Work School

**School:**

**Grade:**

**Court Orders:**

**Family Consent:**

**Work History:**

**Academic Progress:**

**Social Interactions:**

**Clinician :** vikasd



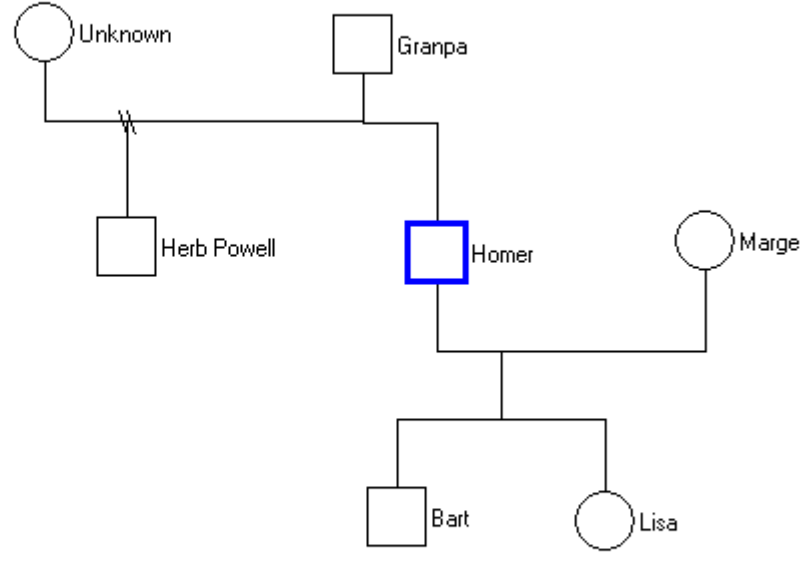
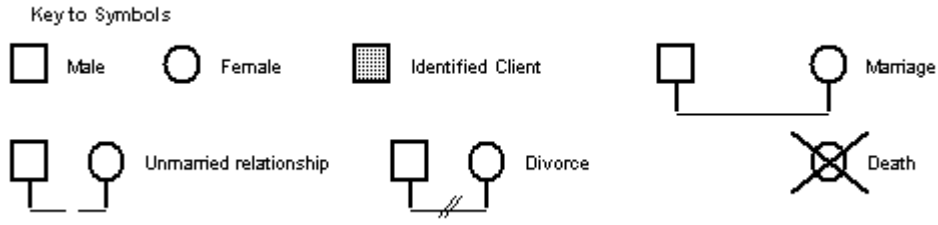
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Firstname Homer

DOB 29/02/1960  
Gender Male

### Genogram



### Background Details

#### Premorbid Personality/History:

In the opinion of Marge Simpson, Homer's wife, Homer is the life of the party, empathic, sociable, blunt person who is not very intellectual, not very creative and has a laissez fair approach to life. He could also be described as very impulsive.

He is interested in playing golf, cars, motorbikes, model trains, boats and model boats. He is also interested in model aeroplanes, going to the pub, playing the pokies, going to the races, gambling and watching TV.



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**Firstname** Homer

**DOB** 29/02/1960

**Gender** Male

Further interests of his include watching rugby league, watching rugby union, watching soccer, watching Aussie rules, watching cricket and watching basketball. Furthermore, he has additional interests including watching netball, watching hockey, watching tennis, watching golf, watching athletics and watching quash.

Other interests include watching handball, watching indoor cricket, watching touch football, watching archery, watching shooting and watching cycling. Other interests include watching horse riding.

Homer was kicked out of home by his father during childhood. Ten years or more ago, he was taken to court by his boss. Homer and another woman fell in love a few years ago.

### Psychiatric History

According to Marge, Homer's wife, 30 years ago Homer first took a drug overdose. At that time he also began showing signs of loss of libido, auditory hallucinations, visual hallucinations, olfactory hallucinations, gustatory hallucinations, tactile hallucinations, persecutory delusions, delusions of grandeur, nihilistic delusions, hypochondriacal delusions, delusions of influence, somatic delusions, religious delusions, delusional jealousy, thought insertion, thought broadcasting, passivity phenomena, overvalued ideas, thought blocking, tangential thinking, disorientation, confusion, confabulation, impaired judgement, lack of insight, phobias, euphoria, ADD/ADHD, defiant/oppositional, antisocial behaviour, bullying, fire-lighting, stealing, running away from home, developmental problems, poor school functioning and preoccupation with body image.

His first admission was for Personality Disorder.

### Psychological Tests [Dates Outcomes]

### Medical History:

### Family and Social History:

Homer resides with his wife, Marge, who has asthma and high blood pressure, his son, Bart, who has ADD/ADHD, conduct disorder, defiant/oppositional behaviour and pervasive developmental problems, probably exacerbated by abuse of drugs, his daughter, Lisa, who suffers from anxiety disorder, eating disorder and "nervous breakdown" and his father, Granpa, who suffers from dementia, intellectual disability and defiant/oppositional behaviour, in the context of a medical background involving diabetes, epilepsy, gout, heart disease, hepatitis, high blood pressure, high cholesterol, hyperthyroidism, kidney problems, migraine, pneumonia, pulmonary disease, rheumatoid arthritis, skin problems and stroke, complicated by abuse of drugs. He is in conflict with Marge, aged about 35. For the present, the composition of the current household appears to be very unstable. The dwelling looks to be in good repair, not particularly clean and adequately furnished. Homer, Marge, Bart, Lisa and Granpa are free and open in their discussion of feelings, tend to have a lot of conflict with each other and don't provide each other with much support. It seems their finances are barely adequate, they don't appear to have much problem solving ability, hardly ever do things together and give a general impression of warmth. Homer's family moved house frequently when he was growing up. For most of Homer's childhood, the composition of the family household appears to have been somewhat unstable. The family residence appears to have been in reasonable repair, dirty and not particularly well furnished. Homer's family of origin occasionally discussed their feelings, engaged in a moderate amount of conflict with each other and didn't provide each other with much support. It seems their finances were barely adequate, they seem to have had minimal problem solving ability, hardly ever did things together and overall, seem to

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**Surname** Simpson Jae

**Firstname** Homer

**DOB** 29/02/1960

**Gender** Male

have been quite distant. Among the other people of importance in Homer's life are his friend, appu, his bartender, moe and his drinking buddy, barney. Daily, Homer attends a support group called Moe's tavern.

**Summary:**

Homer Simpson Jae is a 43 year old male. Chief Wiggum from the police brought Homer to the Emergency department seeking an assessment of Homer because Homer had been giving away prized possessions, and that Homer was hearing voices, was seeing things, was delusional, was behaving strangely and was talking to self or to voices.

Chief Wiggum informed me that Homer had been physically violent to someone, had destroyed some property, has a history of being physically violent and has a history of being verbally abusive.

Concern was also expressed by about the fact that Homer was intoxicated and was being harassed by a drug dealer. He spoke of his concern about his awareness that Homer was preoccupied with body image, also indicating that Homer has phobias and was feeling really stressed. It was his view that Homer was worried after receiving violent threats, and that Homer has relationship issues, too. He said that Homer is intellectually impaired. This must be understood against a contextual setting involving a recent motor vehicle accident and a natural disaster.

Other potential influences may have included being accused of committing a crime, being arrested, being locked up in remand centre, a traffic infringement, a legal dispute and a civil action. Other contextual factors included debt and financial difficulties.

Homer may also have been affected by an abusive relationship, fights over the children, having been jealous of his partner and the partner having a gambling problem.

The situation also involved stress at work, workplace conflict and sexual harassment at work.

Other potential influences may have included having an authoritarian parent, having an alcoholic parent, a difficult family background, conflict within the family of origin, having a parent with a gambling problem and having been charged with being uncontrollable.

Another potential influence may have been recent weight gain, possibly exacerbated by having a child with behavioural problems, having a child with ADHD, having parenting difficulties and a child having problems at school.

Symptoms which were of particular concern to included auditory hallucinations, visual hallucinations, olfactory hallucinations, gustatory hallucinations, tactile hallucinations, thought blocking, tangential thinking, confusion, confabulation, impaired judgement, lack of insight, persecutory delusions, delusions of guilt, nihilistic delusions, hypochondriacal delusions, somatic delusions, thought insertion, thought withdrawal, thought broadcasting, capgras, passivity phenomena, over valued ideas, impaired concentration, lack of interest in anything, euphoria, intrusiveness, compulsions and phobias. According to Marge, Homer's wife, 30 years ago Homer first took a drug overdose. At that time he also began showing signs of loss of libido, auditory hallucinations, visual hallucinations, olfactory hallucinations, gustatory hallucinations, tactile hallucinations, persecutory delusions, delusions of grandeur, nihilistic



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**Surname** Simpson Jae

**Firstname** Homer

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**Gender** Male

delusions, hypochondriacal delusions, delusions of influence, somatic delusions, religious delusions, delusional jealousy, thought insertion, thought broadcasting, passivity phenomena, overvalued ideas, thought blocking, tangential thinking, disorientation, confusion, confabulation, impaired judgement, lack of insight, phobias, euphoria, ADD/ADHD, defiant/oppositional, antisocial behaviour, bullying, fire-lighting, stealing, running away from home, developmental problems, poor school functioning and preoccupation with body image.

His first admission was for Personality Disorder. Homer resides with his wife, Marge, who has asthma and high blood pressure, his son, Bart, who has ADD/ADHD, conduct disorder, defiant/oppositional behaviour and pervasive developmental problems, probably exacerbated by abuse of drugs, his daughter, Lisa, who suffers from anxiety disorder, eating disorder and "nervous breakdown" and his father, Granpa, who suffers from dementia, intellectual disability and defiant/oppositional behaviour, in the context of a medical background involving diabetes, epilepsy, gout, heart disease, hepatitis, high blood pressure, high cholesterol, hyperthyroidism, kidney problems, migraine, pneumonia, pulmonary disease, rheumatoid arthritis, skin problems and stroke, complicated by abuse of drugs.

He is in conflict with Marge, aged about 35. For the present, the composition of the current household appears to be very unstable.

The dwelling looks to be in good repair, not particularly clean and adequately furnished. Homer, Marge, Bart, Lisa and Granpa are free and open in their discussion of feelings, tend to have a lot of conflict with each other and don't provide each other with much support. It seems their finances are barely adequate, they don't appear to have much problem solving ability, hardly ever do things together and give a general impression of warmth.

Homer's family moved house frequently when he was growing up. For most of Homer's childhood, the composition of the family household appears to have been somewhat unstable. The family residence appears to have been in reasonable repair, dirty and not particularly well furnished. Homer's family of origin occasionally discussed their feelings, engaged in a moderate amount of conflict with each other and didn't provide each other with much support. It seems their finances were barely adequate, they seem to have had minimal problem solving ability, hardly ever did things together and overall, seem to have been quite distant.

Among the other people of importance in Homer's life are his friend, Appu, his bartender, Moe and his drinking buddy, Barney. Daily, Homer attends a support group called Moe's tavern.

## Developmental History

**Birth Timing:** Overdue

**Birth Process:** Induced

**Forceps**

**Oxygen Required**

### Milestones:

Sitting 12 mths

Crawling 20 mths

Walking 36 mths

First Words 10 mths

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**Firstname** Homer

**Gender** Male

**Duration** Sentences 36 mths

### Toilet Training:

Day 36 mths

Night 36 mths

**0 - 24 Months:** (Pregnancy, sleeping, eating, crying, activity levels, temperament)

**2yrs - 5 yrs** (Social, cognitive, physical development. Significant events)

**5yrs - 12 yrs** (Social, cognitive, physical development. Significant events)

**12yrs +** (Social, cognitive, physical development. Significant events)

## Physical Examination

**Temperature:**

**Pulse:**

**Respiration:**

**Blood Pressure:**

Systolic:

Diastolic:

**Chest & Lungs**

**Cardiovascular**

**Back & Extremities**

**Abdominal**

**Head, Neck & Eyes**

**Neurological**

**Endocrine**

**Clinician :** vikasd



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## Medications

Medication	Dose	Frequency	Recorded By	Reported By
Depo-Provera	150mg	weekly	vikasd	
Risperdal	1mg		vikasd	
Arthrimax Drops			vikasd	

**Clinician :** vikasd