

Dr Steven Smith
EACH
75 Patterson Street
East Ringwood VIC 3135

April 12, 2016

Dear Dr Smith

Re:

| | Name | Date of Birth | Age | Gender | Relationship |
|---|---------------|----------------------|------------|---------------|---------------------|
| 1 | AASIF | 2 March 1975 | 41 | M | Father/husband |
| 2 | NAJIA | 17 June 1978 | 37 | F | Mother/wife |
| 3 | LARIF | 21 March 1996 | 20 | M | Son |
| 4 | SABIR | 1 October 1998 | 17 | M | Son |
| 5 | AFROOZ | 12 May 2005 | 10 | F | Daughter |
| 6 | SAED | 15 February 2013 | 3 | M | Son |

Address: 17 Station Street Ringwood

Language: Farsi (Persian)

AMES case manager: Mary Chambers (phone: 9896 0000)

Thank you for seeing this newly arrived refugee family. I attended their home on the 6 and 8 April 2016 to undertake initial refugee health assessments for each family member. They will attend EACH to see you at **10.30 AM Friday 16 April 2016**.

Summary of refugee experience: Aasif and Najia were born in Afghanistan and are of the Muslim faith. Aasif is one of 8 siblings (they remain in Afghanistan; his parents are deceased); he attended school to grade 6. After school he worked in the family shop, a clothing store, and later in farming. He married Najia at 20 years of age.

Najia is one of 4 siblings, and they and her mother still live in Afghanistan; (she states she would never return to Afghanistan even to visit because of her experiences during the war). The Taliban “killed her father”. She did not attend school because the Taliban did not allow girls to do so at that time; she married at 15 years.

The couple had their first child, Larif, in Afghanistan but then fled with him to Iran, about 18 years ago. They had 3 more children in Iran. Aasif worked making furniture in a factory, but after his stroke 4 years ago, was unable to work. Najia then assumed responsibility for supporting the family but found this very difficult because of her health issues (see notes below). Larif was studying but after his father illness, worked part time and Sabir left school to work to support the family.

Larif completed an Information Technology degree recently. Before leaving school Sabir had completed year 10 and wanted to be a doctor. Afrooz was doing grade 6 before leaving for Australia; she likes running. Saed had not started kindergarten; he would like to “get a bike soon” in Australia. The family arrived as refugees on 3 April 2016

Below is a summary of the health issues identified and any actions/referrals already undertaken.

NB: The family is booked to attend EACH on Monday 2 May 2016 for Mantoux skin testing, with reading on 5 May. A copy of the results will be forwarded to you. If giving live vaccines (eg MMR, MMRV or Varilrix) within 4 weeks of this date, please advise the RHNs (tel 9837 3999) and the Mantoux will be rescheduled.

1 AASIF (41 years)

| Health issues | | Refugee Health Nurse /AMES action/referrals |
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| <p>1 CVA (stroke) 4 years ago. Reports his vision altered the day of the CVA and he could not see. Had been experiencing headaches for 3 days previously. Taken to hospital and ‘burr hole’ operation performed.</p> <p>Reports now:</p> <ul style="list-style-type: none"> • Minimal effect on physical state (ie can walk and speak as before, R = L hand grip strength) • Forgets things (eg where he put something) although he does eventually remember. • Intermittent headaches continue but have improved since on current medication <p>Medications: Lipitor 20 mg daily Aspirin 80mg daily</p> <p>F/H: father died of stroke at 50 years.</p> | <p>Refer Dr Smith</p> | |
| <p>2 Diabetes diagnosed 5 years ago (but family feel he may have had this longer).</p> | <p>Refer Dr Smith</p> | <p>Referred to EACH diabetes clinic (Diabetes educator,</p> |

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| <p>Blood Sugar Level: today reading was 16.7 mmol/l > 2 hours (normal 4-8) after eating (no other recent recordings as patient (pt) does not have testing equipment; did test regularly in Iran)</p> <p>Diet: has made changes to diet (eg reducing rice and pasta intake, no sugar with tea, etc)</p> <p>Medication: <i>Metformin</i> 500 mg BD</p> <p>Probable related symptoms:</p> <ul style="list-style-type: none"> • blurred vision (distance vision NAD) • numbness and pins and needles on soles of feet at night; burning and warm sensations of feet also noted <p>Never assessed by optometry or podiatry.</p> | | <p>podiatrist, dietitian)</p> <p>Referred to Australian College of Optometry (ACO) at EACH</p> |
| <p>3 Hypertension diagnosed 6-7 years ago/obesity. Reports feeling dizzy with pain in back of neck when BP elevated.</p> <p>Medications: <i>Captopril</i> 50 mg TDS</p> <p>Observations: Temperature: 36.8 (normal) Pulse: 60 (normal) Blood Pressure: 130/88 (normal) BMI: 34.5 (obese)</p> | <p>Refer Dr Smith</p> | <p>Referred to EACH dietitian (noted above)</p> |
| <p>4 Dental decay and pain Right lower side. No recent dental care.</p> | | <p>Referred to EACH dental service.</p> |
| <p>5 Incomplete record of vaccination; BCG scar evident.</p> <p><i>NB MMR x 1 dose given September 2015.</i></p> | <p>Refer for catch up vaccinations:</p> <ul style="list-style-type: none"> • Boostrix (Diphtheria-tetanus-whooping cough) (then 2 more doses of ADT-Adult Diphtheria-tetanus) • Hepatitis B (then 2 | |

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| | <ul style="list-style-type: none"> more doses) • IPOL (Polio) (then 2 more doses) • NeisVacC (Meningococcal) (not funded) • MMR (Measles-mumps-rubella) • Influenza (flu) • Varicella (chicken pox) (then 1 more dose) | |
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2 NAJIA (37 years)

NB Allergic to Penicillin: causes difficulty breathing and hypotension

| Health issues | | Refugee Health Nurse /AMES action/referrals |
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| <p>1 For 5-6 years asthma (noted as “mild asthma” on Health Manifest from Iran).</p> <p>Trigger: daily irritants such as cold weather, spring, perfume etc Reports being reasonably well for past 2 years since the last “really bad episode”.</p> <p>Currently</p> <ul style="list-style-type: none"> • Breathless after walking up one flight of stairs • Can slowly walk on flat ground approx. 10 minutes without breathing issues <p>Medications:</p> <ul style="list-style-type: none"> • <i>Seroflo “Salmeterol and Fluticasone Propionate” 250 mg inhaler (used with spacer) takes 2 puffs daily (ordered 2 puffs BD but cannot afford this)</i> | <p>Refer Dr Smith</p> | |

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| <ul style="list-style-type: none"> • <i>Foradil 12 mcgm (used with turbo inhaler) 1 capsule daily (ordered BD)</i> <p>Observations: Temperature: 36.3 (normal) Pulse: 81 (normal) Respirations: 24 (normal) Blood pressure: 116/71 (normal) Blood sugar Level: 6.6 (normal) BMI 27 (overweight)</p> | | |
| <p>2 Pt reports “Mild hypertension” developed over past month; doctor advised this was due to “feelings of stress” related to departure to Australia.</p> <p>Normotensive (normal) today. Not on medication.</p> <p>Has stopped eating salt and fat to assist reduction in blood pressure.</p> | <p>Refer Dr Smith</p> | |
| <p>3 Intermittent anaemia since childhood. Takes Iron tablets intermittently. Last stopped taking tablets 3-4 months ago.</p> <p>Menstruation: regular but described as heavy for the 3 days duration</p> <p>Diet: eats little red meat or vegetables as these foods cause “burning pain in stomach”</p> | <p>Refer Dr Smith</p> | |
| <p>4 Burning sensation after eating certain foods such as vegetables and meat</p> <p>Medication: <i>Ranitidine 150mg BD</i> with good effect</p> | <p>Refer Dr Smith</p> | |
| <p>5 Dental pain upper R side. No recent dental care.</p> | | <p>Referred to EACH dental service</p> |
| <p>6 History of trauma and describes feelings of anxiety/stress. Pt upset intermittently during assessment and reported her feelings of distress during</p> | | <p>Referred to Foundation House</p> |

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| <p>various events in her life. For example:</p> <ul style="list-style-type: none"> • After her husband's stroke 4 years ago, he could not work and pt had to provide for the family which she was unable to do: described times when there was no food to give her family, unable to pay for school and medicines (she tried sewing in a factory but the dust triggered asthma and sitting caused more back pain) • Effect of war in Afghanistan eg when a bomb exploded in her street, she miscarried and then could not get pregnant for 3 years <p>Other possible related symptoms:</p> <ul style="list-style-type: none"> • Poor appetite • Ongoing tiredness; difficulty getting to sleep as "thinking about things" • Cries often especially when thinking about previous events in her life | | |
| <p>7 No previous Pap test.</p> <p>Obstetric History: G5P4 (1 miscarriage)</p> | | Refer to EACH women's clinic |
| <p>8 Since 2014, lower back pain radiating down Right and Left leg (L leg worse: pain radiates to knee).</p> <p>Advised by doctors in Iran to have surgery but unable to afford this.</p> <p>Does not take analgesia. Tried physiotherapy in Iran with little effect; application of warmth and massage helps.</p> | Refer Dr Smith | |
| <p>9 incomplete record of vaccination; BCG scar evident.</p> <p><i>NB MMR x 1 dose given September 2015</i></p> | <p>Refer for catch up vaccination:</p> <ul style="list-style-type: none"> • Boostrix (then 2 more ADT) | |

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| | <ul style="list-style-type: none"> • Hep B (then 2 more doses) • IPOL (then 2 more doses) • NeisVacC (not funded) • MMR • Varicella (then 1 more dose) | |
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3 LATIF (20 years)

| Health issues | | Refugee Health Nurse /AMES action/referrals |
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| <p>1 Diagnosed with epilepsy at 17 years. Tonic-clonic (grand mal) seizures occur approx. 6 monthly; last seizure over 12 months ago.</p> <p>Triggers include watching screens for long periods and certain foods (eg chilli). Feels avoiding these triggers has reduced episodes.</p> <p>Medication: <i>Carbamazepine</i> 200mg daily.</p> | Refer Dr Smith | |
| <p>2 Elevated BP today: 140/98 /obesity. Reports high blood pressure since he developed epilepsy at 17 years of age.</p> <p>Has never been prescribed medication; has tried to reduce fatty food intake.</p> <p>Other observations: Temperature 36.1 (normal) Pulse 76 (normal) BSL 5.1 (normal)</p> | Refer Dr Smith | Referred to EACH dietitian |

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| BMI 34 (obese) | | |
| 3 For past 4 years, anxiety due to father's illness and consequences for the family. Feeling better since arrival in Australia. Medication: Commenced on <i>Fluoxetine</i> 20 mg 2 days before leaving Iran on 1/4/16. | Refer Dr Smith | |
| 4 Poor reading vision. Long distance vision reported as normal. | | Referred to ACO at EACH |
| 5 Incomplete record of vaccination; BCG scar evident. <i>NB MMR x 1 dose given in September 2015</i> | Refer for catch up vaccination: <ul style="list-style-type: none"> • Boostrix (then 2 more ADT) • Hepatitis B (then 2 more doses) • IPOL (then 2 more doses) • NeisVacC (not funded) • MMR • Varicella (then 1 more dose) | |
| 6 Reports dental sensitivity to cold temperatures. Denies pain or decay. | | Referred to EACH dental service |

4 SABIR (17 years)

| Health issues | | Refugee Health Nurse /AMES action/referrals |
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| 1 Mother concerned about pt's mental health telling AMES case manager pt is "angry and behaving badly": pt behaving differently since arrival in Australia including refusing to attend visits to friends/family. For first 2-3 days when siblings commenced school at BELS, pt stayed in his room at home and would not come out; since then has been attending school each day. | Refer Dr Smith | Referred to EACH mental health nurse (will assess pt at school on 16/4/16) Social welfare coordinator/teachers at Blackburn English |

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| <p>In addition, mother reports:</p> <ul style="list-style-type: none"> • Started to become upset when family commenced interviews for visa in Iran to come to Australia (did not want to leave Iran) • Has always been “sensitive” to stressful situations • Has obtained cigarettes since arrival in Australia and is smoking (parents upset by this) <p>Mother is distressed by his behavior eg has told him “we are all suffering because of your behavior”.</p> <p>At refugee health assessment today: eye contact with nurse and smiled. Cooperated with questioning.</p> | | <p>Language school (BELS) providing close monitoring and support</p> <p>Some strategies discussed with parents included ignoring behaviours (if not risky ones eg smoking in bedroom)</p> |
| <p>2 Mother concerned pt is “skinny”: describes pt as a “picky eater”: doesn’t eat meals then goes and eats from the ‘fridge.</p> <p>Pt thinks he eats well and has not lost weight recently</p> <p>Snacks rather than eating meals with few vegetables or meat. Drinks mainly soft drinks.</p> <p>Observations: T 36.5 (normal) P 96 (elevated) BL 100/65 (normal) BMI 19.8 (underweight)</p> | <p>Refer Dr Smith</p> | <p>Referred to EACH dietitian</p> |
| <p>4 Reports poor hearing in Left and Right ear especially when in groups.</p> <p>No known trauma but was treated for ear infections frequently as a child.</p> | | <p>Referred to Better Hearing for assessment at EACH</p> |
| <p>5 Dental decay and pain left lower side; no recent dental check</p> | | <p>Referred to EACH dental service</p> |
| <p>6 incomplete record of vaccination;</p> | <p>Refer for catch up</p> | |

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| <p>BCG scar evident.</p> <p><i>NB MMR x 1 dose given September 2015.</i></p> | <p>vaccination: Refer for catch up vaccination:</p> <ul style="list-style-type: none"> • Boostrix (then 2 more ADT) • Pediatric Hepatitis B (then 2 more doses) • IPOL (then 2 more doses) • NeisVacC (not funded) • MMR • Varicella (then 1 more dose) • Gardasil (then 2 more doses) | |
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5 AFROOZ (10 years)

| Health issues | | Refugee Health Nurse /AMES action/referrals |
|---|---|--|
| <p>1 Dental pain R and L lower side; 2 broken teeth.</p> | | <p>Referred to EACH dental clinic</p> |
| <p>2 Incomplete record of vaccination; BCG scar evident.</p> <p><i>NB MMR x 1 dose given in September 2015</i></p> | <p>Refer for catch up vaccination: Refer for catch up vaccination:</p> <ul style="list-style-type: none"> • Boostrix (then 2 more doses of ADT) • Paediatric Hepatitis B (then 2 more doses) • IPOL (then 2 more doses) • NeisVacC (not funded) • MMR • Varicella | |

6 SAED (3 years)

| Health issues | | Refugee Health Nurse /AMES action/referrals |
|--|---|--|
| <p>1 Not linked to MCH nurse</p> <p>Growth: Height: 95cm (approx. 50th percentile) Weight: 15kg (approx. 75th percentile)</p> <p>Brief developmental assessment: Gross motor: walked at 12 months; runs and climbs stairs 1 foot per stair Vision/fine motor: parents report sees well; observed turning pages of picture book Hearing/language: first sentence at 2 years; occasional stuttering ('s' sound) reported by mother Social: toilet trained; observed playing interactively with siblings</p> | <p>Notify Dr Smith</p> | <p>Referred to Maroondah MCH team</p> |
| <p>2 Dental decay and pain Right lower side; broken front upper tooth. No recent dental care.</p> | | <p>Referred to EACH dental service</p> |
| <p>3 Incomplete record of vaccination; BCG scar evident.</p> <p><i>NB MMR x 1 dose given in September 2015</i></p> | <p>Refer for catch up vaccination:</p> <ul style="list-style-type: none"> • Infanrix Hexa (then 2 more doses) • MMRV • Prevenar 13 | |

Thank you for seeing this family.

Yours sincerely

Mary Smith

[EACH Refugee Health Nurse](#)