

FOI Unit

Tel (03) 9594 2123
Fax (03) 9594 2106

HEALTH INFORMATION SERVICES

28 July 2015

Mr David Croft
23 Brisbane Street
Berwick VIC 3806

Dear Mr Papoutsis,

Re: FREEDOM OF INFORMATION REQUEST NO: 23197
Surname: CROFT
First Name: David

I am writing to advise your application for access to medical records has been granted in part. In denying access to the part of your record that has been deleted, I rely on Section 33(1) of the Freedom of Information Act which states that "a document is an exempt document if its disclosure under this Act would involve the unreasonable disclosure of information relating to the personal affairs of any person (including a deceased person)."

Having denied part access to these documents, I need to inform you the decision can be reviewed by you contacting the FOI Commissioner. If you wish to do so, you should make such an application in writing, within 28 days of this letter to:

Ms Lynne Bertolini, FOI Commissioner, PO Box 24274, Melbourne VIC 3001
Tel: 1300 842 364
Email: enquiries@foicommissioner.vic.gov.au
Web: www.foicommissioner.vic.gov.au

Alternatively the decision can be reviewed by you contacting the Health Services Commissioner. If you wish to do so, you should make such an application in writing, within 28 days of this letter to:

Health Services Commissioner, 30th Floor, 570 Bourke Street, Melbourne VIC 3000
Tel: (61 3) 8601 5200 or Toll Free: 1800 136 066
Email: hsc@health.vic.gov.au
Web: www.health.vic.gov.au/hsc

Copying and processing charges have been waived. If you have any further enquiries please do not hesitate to contact the FOI Unit on 9594 2123 or e-mail at HISFOI@monashhealth.org.

Yours sincerely,



Majja Dimits
Freedom of Information
Monash Health

Triage Mobilisation Report

Received on 2015-05-13 at 11:19:09
Printed on 27 Jul 2015 at 3:37 pm

Unit Record Number: 2283458

State Wide UR No: 355101

Surname: **Crofts**

Given Name: **David**

Date of Birth: 23 Feb 1961 Age: 52
Sex: Male

Call ID: 00234159

Affix Patient Identification Label

To: CATT / Cont Care / iACT Young Adult / Adult PIMHI

CAMHS Crisis / CAMHS Urgent

CAMHS iACT Team / CAMHS PIMHI

PARCS / RAPPS / MST / PMHT / AGED MHS
(Please Circle and State Which Campus)

Upon receipt of this report, please fax this page to **9554 1985**

I have received a faxed copy of the Triage Assessment Report

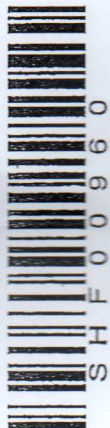
Name:

Date:

Signature:

Please refer to section 'Mobilisations for this Event' for details
of any appointment made for further assessment

Triage Clinician Name _____



MonashHealth
Freedom of Information Act 9859
This copy is released under the
Regulations of the above Act.

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Client Details

Client Alias:
Client Address: 23 Brisbane Street
Client Suburb: BERWICK
Client Post Code: 3806
Client Phone: (03) 9707-4594
Client Mobile: 0437 074 594

Current Location:
Current Suburb:
Current Phone No

Contact Type: Call
Which AMHS?
Area Status: In Area

Next of Kin

Referrers Details

Referrer Surname: S33(1)
Referrer Firstname:
Referrer Address:
Referrer Suburb:

Referrer Type: S33(1)
Referrer Relation:
Organisation:
Referrer Home:
Referrer Work:
Referrer Mobile:

Out Of Home Care: No

Presenting Problem

S33(1)

Current Mental State

As per client S33(1)

Client refusing to engage. abusive to clinician. Denied any mental health issues. Stated "mum and Dr McIvor can go f*ck them selves"

S33(1)

Psychosocial Assessment

Is Client Aware of Referral:	NO	Parent/Guardian Aware Visit:	NO
Has Client Consented to Referral:	NO	Current Legal Status:	
Interpreter Required:	NO	Interpreter Language:	English

Past Psychiatric History

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DAVID CROFTS:
10/04/13

CMI: 355101

CMI REG:
-31/12/04 Casey;
-17/02/00 Frankston;
-20/12/90 Dandenong;

ACTIVITY:
-11/02/13-22/02/13 Ward E;
-25/02/13-01/01/03/13 Casey Cont Care;
-31/12/04-15/02/05 Casey Cont Care;
-01/09/00-31/12/04 Dandenong Cont Care;
-02/02/04-04/03/04 Banksia Ward;
-16/02/00-03/03/00 2 West Inpatient Unit;
-24/07/95-20/09/95 Acacia Ward;
-06/09/94-18/09/94 Acacia Ward;
-15/07/94-04/08/94 Acacia Ward;

DIAGNOSIS;
-25/02/13 F60.0 Paranoid Personality;
-22/02/13 F20.9 Schizophrenia Unspec;
-27/04/00 F29 Unspec Non-organic Psychosis;

Current Medications

DAVID CROFTS:
10/04/13
Fergus 31/01/14.
Zuclopenthixol 300 2/52 Last given 30/01/14.

Social Circumstances

DAVID CROFTS:
10/04/13

Lives alone. Mother is primary support and lives in house at front of property.

Agencies / Contacts Involved

DAVID CROFTS:
**Copied from previous notes on 10/04/13

PP: Dr Das
Pinelodge
Managed by Anne Goodban on CTO at Casey CCT.

GP: Dr Prowse
Langmoor clinic

Drug / Alcohol Use

DAVID CROFTS:
10/04/13

previous D&A use, but nil current.

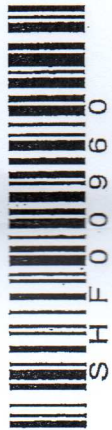
Medical / Physical Issues

DAVID CROFTS:
10/04/13

COPIED FROM PREVIOUS Hx

Tardive dyskinesia issues, also lost weight recently due to dietary restrictions in context of psychotic thoughts?

Forensic / Legal Issues



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DAVID CROFTS:
10/04/13

nil reported

Educational Issues

DAVID CROFTS:
10/04/13

Risk Assessment

Absconding:	Medium	Cognitive Impairment:	Medium	Serious Medical Condi	Low
Harm to Others:	Medium	Harm from Others:	Low	Other Self Risks:	Low
Self Harm:	Low	Inappropriate Behaviour:	Medium	Risk of Neglect:	Low
Suicidal:	Low	Non-Compliance:	Medium	Risk to Staff:	Medium
Substance Use:	Low				

Explain Action:

Overall Risk: High
Assessed Urgency: High

Note: A high risk of either suicidality, self harm, or harm to others OR assessment of three risk areas as high risk requires an overall assessment of risk as high.

Assessed Action: Emergency

Mobilisations for this Event

Mobilisation Category: Emergency

Service Mobilised: Police (000)

Appointment Date & Time: 2015-05-13

15:25:00

Appointment Address: , Suburb:

Contact Person: 000

Contact Phone: (03) -

Contact Fax:

Summary Statement

Mobilised to police for welfare check S33(1)

Journals for this Event

Entered by Stacie Paolini on 20/05/2015 at 3:33 pm

Journal Type: Other

Journal Text: Messages sent back through SMS today from client-
13.05- STACIE, WHOEVER REFERRED THEM TO YOU WAS NOT ME AND IF I WAS
THE SUBJECT BEING REFERRED I TOLD YOU WEDNESDAY 13 MAY THAT THERE
WAS NO NEED FOR FURTHER ACTION
13.17-Whoever they are, they clearly want you to bust my door down as they cannot
solve the problem any other way

Clinician Notes: No current role for PTS.

Entered by Stacie Paolini on 20/05/2015 at 3:33 pm

Journal Type:

Journal Text: *****

Call Record REOPENED
Previously CLOSED by Administrator on 18/05/2015 at 09:05:00am

Clinician Notes:

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Entered by Stacie Paolini on 13/05/2015 at 3:18 pm

Journal Type: Event Closure

Journal Text: This event was auto-closed following the completion of the mobilisation

Clinician Notes: Closed By: 600476
Closed Date: 13/05/2015
Closed Time: 15:18:13

Entered by Stacie Paolini on 13/05/2015 at 3:05 pm

Journal Type: Other

Journal Text: Call to 000 for Police welfare check. Advised of situation and that PTS clinician believes client to be mentally unwell and is unwilling to engage with MH services. 000 responder asked if this would be appropriate for PACER team. PTS clinician advised this would be at the discretion of the police but clinicians current concern is that when police arrive client will be aggressive to others and that police may just go and contain behaviour and leave. 000 responder stated they will arrange for police to do welfare check as requested.

Clinician Notes: Mobilised to police.

Entered by Stacie Paolini on 13/05/2015 at 3:02 pm

Journal Type: Other

Journal Text: S33(1)

Clinician Notes:

Entered by Stacie Paolini on 13/05/2015 at 2:57 pm

Journal Type: Other

Journal Text: Call to client. Not happy to receive call. Denied all mental health issues. Stated he did not want any contact with MH services and that mother should "mind her own business". Client expressed feelings that mother should be looking after sick father instead of calling MH services on him. Stated "mum and Dr Mclvor (PP) can go f*ck them selves". Client terminated call.

Clinician Notes: Call referrer to give feedback and suggest other option of calling police to assist with welfare check.

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Upon completion of the assessment please fax this page to
9554 1985 and retain the original in the case file

Assessment Outcome

Assessment Date : _____

Assessment Time: _____

1. Did Not Attend _____

If the client did not attend, then have you rung to see why and/or make another appointment if so Date & Time of the new appointment.

Date _____ Time _____

2. Admitted or Taken on for Follow up _____

3. External Referral Made _____

4. Service Recipient _____

(See your CMI Multiple Contact Sheet, Column 10)

Service Recipient Codes:

1 = Client Only

2 = Client Group

3 = Client & Family

4 = Client & Others

5 = Client & Family & Others

6 = Family Only

7 = Other

For any other number stated look up on CMI Contact Sheet

Summary of Assessment and the Outcome: