

THE FOLLOWING IS A TYPED FORMAT OF ABOVE MEDICAL REPORT

CLINICAL SERVICES H.M. PRISON BARWON SERVICE APPLICATION dated 9/ 10/ 07

"Reason for Application:

Feeling depressed", "2006 was slashed by co prisoner- has regular flashbacks". "Difficult sleeping & getting the memories out of mind". "Impacting on all aspects of life".

SIEGE P.T.S.D. Evidence:

St. Vincent's Health **St. Vincent's Clinics - Appointment Request Form** Tel: 9288 3475

Post this form to:
St. Vincent's Clinics
St. Vincent's Hospital Melbourne
PO Box 2900 Fitzroy VIC 3065

or Fax this form to:
(03) 9288 3489
Number of pages including cover:

Affix Patient Label (St. Vincent's Use Only)

Referring Doctor & Patient Details

Name & Title: [REDACTED]

Practice Address: BARWON PRISON

Telephone: _____ Fac: _____

NAME: BINSE, CHRISTOPHER
CRN: 43517
DOB: 7/10/68
JAID: 534090730

Post Code: LARA

Interpreter Required: Yes Language: _____

Specialty Required (Sum of Values in Row)

<input type="checkbox"/> Breast Unit	<input type="checkbox"/> ENT	<input type="checkbox"/> Haematology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Respiratory/Allergy
<input checked="" type="checkbox"/> Cardiology	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Hepatobiliary Surg.	<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Colorectal Surg.	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Infectious Diseases	<input type="checkbox"/> Orthopaedics	<input type="checkbox"/> Urology
<input type="checkbox"/> Dermatology	<input type="checkbox"/> General Med.	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Plastics	<input type="checkbox"/> Vascular Surgery

The information provided below will be the basis for planning and scheduling patient appointments

Reason for Referral: Thank you seeing Christophu BINSE, 44 year old man with intermittent chest pain, for few weeks. Has family history of CVD, Review for stress ECG test.

Assessment: (Symptoms & Signs, Duration of symptoms)

Investigations, Results: Blood tests results pending

Relevant Past History: GORD, PTSD. Past Drug use - ice (methamphetamine) smoking.

Allergies, Medications:

Specific Management Initiated: Urgent

Other Comments: _____

Specific questions to be addressed

Referral Valid for: _____

Signature: [REDACTED] Indefinite 3 Month (Specialist referral only)

Date: 24/6/2013

Please contact the Appointments Clerk on (03) 9217 7210 at Port Phillip Prison. Please do not mail the appointment details to the patient

A. Urgent - next clinic, less than 1 week B. Soon - within 2-4 weeks C. Routine - more than 4 weeks

DEPT OF JUSTICE VIC
RELEASED UNDER FOI

FAXED
24 JUN 2013

ENTERED
24 JUN 2013

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St. Vincents Clinics- Appointment Request Form 24/6/2012.

Relevant Past History. - GORD, "P.T.S.D". Past Drug use-ice (methamphetamines) Smoking.

Specific Management initiated URGENT



APPLICATION FOR PSYCHIATRIC NURSE APPOINTMENT

SURNAME: BINSE	GIVEN NAME: CHRISTOPHER	DATE OF BIRTH: 07/10/68
CRN: 043517	PRISON: BAYLON	UNIT: ACACIA

DATE OF REQUEST: 18/11/12

REFERRED BY: (Please Circle)

SELF
 OFFICER (Name)
 NURSE
 OTHER

DEPT OF JUSTICE VIC
RELEASED UNDER FOI

TYPE OF REFERRAL: (Please Circle)

CRISIS
 NON-CRISIS

TROUBLES "P.T.S.S.", I BELIEVE
DUE TO BEING SHOT (6) TIMES

Reason for Referral: WITH ROYAL WELLS BY S.O.G.

Noted by nursing staff (Signature)
(Print Name)

Date: [REDACTED]

Appointment date: 22/11/12

Seen by Psychiatric Nurse: (Sign)
Date

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Geo Care APPLICATION FOR PSYCHIATRIC NURSE APPOINTMENT dated 18/ 11/ 2012.

¹⁸ Prison medical reports.

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**"Troubles "P.T.S.S." I believe, due to being shot (6) times
with rubber bullets by S.O.G."**