



**Health**  
Illawarra Shoalhaven  
Local Health District

**DR XING LUO**

**GERIATRICIAN**

**Provider No 255766CW**

ISLHD Aged Care Services

Bulli District Hospital

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Ref:XL/PI

08/10/2024

Dr Emilija Sokolovska  
Pioneer Heath Centre  
4/53-55 Pioneer Road  
BELLAMBI NSW 2518

Dear Dr Sokolovska

**Re:** John McMullen  
**Address:** 61A Pioneer Rd Bellambi NSW 2518  
**DOB:** 05/04/1938  
**MRN:** 346578  
**Date of Consult:** 08/10/2024  
**Patient Mobile No:** 0480703720

NORMAL	
Needs Appt	
Call	
Ring apt Dr	
Abn con Rx	
Abn na ext	
Recall	recall

**Active Medical Problems:**

Mild cognitive impairment; stable depression; stable on treatment, and mild vitamin B deficiency.

**Past Medical History:**

1. Cerebral aneurysm.
2. Ischemic heart disease – CABG.
3. Previous CVA 2004.
4. Chronic airway disease.
5. Left knee replacement.
6. Bilateral wrist replacements.
7. Leg cramps.
8. Hypertension.

**Medications:**

1. Aspirin 100mg daily.
2. Clopidogrel 75mg daily.
3. Verapamil 180mg daily.
4. Isosorbide Mononitrate 60mg daily.
5. Atorvastatin 40mg daily.
6. Duodart 500/400mcg daily.
7. Mirtazapine 30mg daily.
8. Esomeprazole 20mg daily.
9. Panadol Osteo 2 tablets tds.
10. Prazosin 1mg bd.

I reviewed Mr McMullen in the Geriatric Clinic at Bulli Hospital. His son was also present during the consultation. As you are aware, he is an 86-year-old man, who lives with his son. He had a mild memory problem and also has history of depression, which is stable on the treatment for quite a few years. His son had colorectal cancer and had completed the chemotherapy. He is doing well with his son support. I have reviewed his blood test that all satisfactory except slightly low vitamin D level and he said the vitamin D is

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**Patient Details: John McMullen 2**

not in the Webster-pak and he is not really sure if he has osteoporosis or not and not sure if he has had prolia injection treatment.

On examination today, he looks well. Blood pressure 142/73 mmHg sitting and 143/60 mmHg standing, pulse is 80 beats per minute. He looks well. His MMSE scored 29/30. He lost 1 mark in recall and during the consultation, he denies depression.

**Investigations:**

19 April 2021

Cholesterol 4.1, FBC, EUCs, LFT – normal.

Glucose 4.5

Iron studies - Iron 17, ferritin 278, CRP 2, TSH 1.0, PSA 2.9. Vit D 69.

21 December 2020 CT Brain – heavy calcification with high degree of luminal narrowing in relation with left vertebral artery above the level of foramen magnum with focal dilatation just distal to this measuring 6 x 6mm suggesting either post stenotic dilatation or broad-based saccular aneurysm. ICA calcification also noted. Non-acute infarcts.

3 August 2016

EUCs – 144 / 4.8 / 6.5 / 82. B12 205. Folate >45.

FBC - WCC 6.96 / Hb 150 / platelets 276. Cholesterol - 4.2. LDL - 2.0.

HDL - 1.4. Triglyceride - 1.8. TSH - 1.9

1 August 2016

EUCs – 143 / 6.1 / 7.9 / 91

6 December 2013 CT brain – Bilateral cerebella on the left occipital infarct. Enlarged perivascular space in the right basal ganglia. No significant small vessel white matter ischemia.

**Impression/recommendations:**

1. John's mild cognitive impairment remains stable.
2. His anxiety and depression also stable on treatment with mirtazapine 30 mg, which I would like to continue.
3. I have arranged osteoporosis workup. I have also added in vitamin D in the Webster-pak.
4. I would like to see him in 6 months' time and monitor his progress.

Yours Sincerely,

Electronically Signed By Dr Xing Luo, MBBS MPH FRACP on 22/10/2024 13:03:29  
Geriatrician

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