Recurrent falls with possible orthostatic symptoms: referral

Original independent practice. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. Assume that today's date is 6 November 2026. You have assessed Mr Imre Pechel today. You are Mr Imre Pechel's general practitioner. Using the case notes, write a referral letter to Dr Mariola Sitters, Community Geriatrician, Multidisciplinary Falls Clinic, 18 High Street, SW6 3LJ, United Kingdom. Request assessment of his recurrent falls and possible contributing factors, including review of his medicines. Distinguish the observed symptoms on standing from an established explanation for all his falls. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Mr Imre Pechel	☐	☐	☐
2. DOB: 12/03/1947 (79 yrs)	☐	☐	☐
3. Consultation: 06/11/2026; GP referral today	☐	☐	☐
Social background			
4. Lives alone; daughter visits daily	☐	☐	☐
5. Ground-floor flat; loose rug in hallway; no bathroom grab rail	☐	☐	☐
6. Stopped shopping independently: afraid of falling again	☐	☐	☐
7. Previously walked independently without aid; now steadies himself on furniture	☐	☐	☐
8. Retired accountant; collects stamps	☐	☐	☐
9. Daughter disclosed private disagreement over her brother's inheritance	☐	☐	☐
Medical history			
10. Hypertension	☐	☐	☐
11. Bilateral knee osteoarthritis; intermittent pain	☐	☐	☐
12. Appendicectomy aged 20; uncomplicated	☐	☐	☐
13. Current medicines: amlodipine; temazepam PRN; paracetamol PRN	☐	☐	☐
14. No recent medicine changes; doses not being changed today	☐	☐	☐
15. Allergies: nil known	☐	☐	☐
Assessment: 06/11/2026			
16. Three falls over 6/52; most recent 04/11	☐	☐	☐
Assessment: 06/11/2026			
17. Two falls soon after rising from bed/chair; associated light-headedness	☐	☐	☐
18. Other fall: foot caught loose rug; no dizziness	☐	☐	☐
19. No loss of consciousness, chest pain or palpitations reported	☐	☐	☐
20. No head strike or significant injury reported	☐	☐	☐
21. 04/11 fall: had just risen from chair	☐	☐	☐
22. Today: brief light-headedness observed on standing; settled sitting	☐	☐	☐
23. No reliable standing BP obtained: unsteady; orthostatic hypotension unconfirmed	☐	☐	☐
24. Slow gait, reduced balance; no focal neurological findings	☐	☐	☐
25. Alert; no features of acute illness	☐	☐	☐
26. Assessment: potentially several contributors; no established single cause	☐	☐	☐
27. Complained receptionist was unfriendly	☐	☐	☐
Plan			
28. Refer community geriatrician: comprehensive falls assessment, including medicine review	☐	☐	☐
29. Request physiotherapy and OT home safety assessment	☐	☐	☐
30. Advised: rise slowly with support; remove rug; carry phone	☐	☐	☐
31. GP review in 1/52; daughter aware	☐	☐	☐
32. Advised: call 999 after a fall if unable to get up or head, back, neck or hip injury suspected	☐	☐	☐