

Falls risk and carer strain in Parkinson's disease



Assume that today's date is 14 November 2026. You visited Mr Begum at home yesterday. You are an occupational therapist with the Community Occupational Therapy Service. Using the information in the case notes, write a letter to Dr Charmaine Gurung, Mr Begum's general practitioner, updating her on the outcome of your home visit, asking her to review Mr Begum for possible postural hypotension, and asking her to consider respite and support for his wife. Address the letter to Dr Charmaine Gurung, General Practitioner, Wattle Street Medical Practice, 120 Wattle Street. 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		I	C	O
Patient details				Home visit findings			
1. Name: Mr Kamau Begum	☐	☐	☐	19. 07/11: wife unable to lift pt off floor → ambulance called; not taken to hospital	☐	☐	☐
2. DOB: 03/06/1954 (72 yrs)	☐	☐	☐	20. Mobilises indoors with 4-wheeled walker; freezing at doorways	☐	☐	☐
3. Address: 8 Banksia Street	☐	☐	☐	21. Low armchair & low bed; loose rugs in hallway	☐	☐	☐
4. Referred by GP for home safety assessment after falls; home visit 13/11/26	☐	☐	☐	22. Independent with eating; wife assists with showering & dressing	☐	☐	☐
Social background				23. Pt complained ambulance took 'over an hour' and crew were 'rude'	☐	☐	☐
5. Lives with wife (70) - main carer; single-storey house	☐	☐	☐	Carer			
6. Retired carpenter; still enjoys woodwork in garage	☐	☐	☐	24. Wife exhausted - broken sleep from helping pt at night; tearful during visit: 'I can't keep going like this'	☐	☐	☐
7. Daughter lives overseas; phones weekly	☐	☐	☐	25. Wife has own R hip pain; awaiting orthopaedic appt	☐	☐	☐
8. Wife says son 'only visits when he wants money'	☐	☐	☐	26. Nil formal support services or respite in place	☐	☐	☐
9. Pet cat often sleeps in hallway	☐	☐	☐	OT intervention			
Medical history				27. Installed: bed lever, chair raisers, raised toilet seat + frame, shower chair, bathroom grab rails; loose rugs removed	☐	☐	☐
10. Parkinson's disease dx 2019; neurologist review 6/12ly, last 08/26	☐	☐	☐	28. Urinal bottle provided for night use	☐	☐	☐
11. Meds: levodopa/carbidopa QID; tamsulosin daily (BPH); amlodipine daily (HTN)	☐	☐	☐	29. Educated pt & wife: staged standing (sit on edge of bed before standing); strategies for freezing at doorways	☐	☐	☐
12. Benign prostatic hyperplasia - nocturia 2-3×/night	☐	☐	☐	30. Personal alarm pendant - application submitted	☐	☐	☐
13. Osteoarthritis R knee	☐	☐	☐	Plan			
14. Appendicectomy 1978	☐	☐	☐	31. OT review 4/52 - check equipment use & any further falls	☐	☐	☐
15. Allergies: nil known	☐	☐	☐	32. Request GP: review for postural hypotension (lying/standing BP) & medication review	☐	☐	☐
Home visit findings				33. Request GP: consider respite care & referral for carer support / home support assessment	☐	☐	☐
16. 3 falls in 6/52 - 2 × getting out of bed at night, 1 × rising from armchair	☐	☐	☐	34. Physio falls & balance program - referral sent 13/11	☐	☐	☐
17. Reports light-headedness & 'vision going grey' on standing, esp. mornings & after meals; settles on sitting	☐	☐	☐				
18. Nil LOC; bruising L hip after last fall (07/11) - not reviewed by GP since	☐	☐	☐				