

2nd August 2021

Ms. Julia Wilson  
Psychologist  
New Horizon Counselling  
288 Herston Rd  
QLD

Re: Mr. Aron Steve, ~~aged 25~~

Dear Ms. Wilson,

I am writing ~~this letter~~ to refer Mr. Aron Steve, a ~~single chemistry~~ lab assistant, who ~~has been diagnosed with~~ obsessive-compulsive disorder (OCD), for cognitive behavioral therapy (CBT).

Mr. Steve is an only child of ~~her~~ single mother, who ~~was~~ hemiplegic and struggled with heroin addiction. ~~His father had left his mother before his birth.~~ Please note that, he is a moderate smoker and consumes 4-5 beers daily.

~~He~~ was diagnosed with dyslexia ~~at the age of 5 years. Initially, he presented on 17/07/2016 with symptoms of depression with a low suicide risk and was started on escitalopram and lorazepam. Subsequently, remission was achieved when he presented in two months, however, there was an aggravation of symptoms when he presented the following year. This time, there was a high suicide risk, therefore, antidepressant medication was restarted, with an increase in dose, which stabilized him.~~

On 16/05/2021, ~~he~~ presented with features of OCD, such as repetitive handwashing, frequent unavoidable thoughts ~~regarding contamination and anxiety~~. Consequently, he was ~~diagnosed with OCD~~ and started on sertraline 25mg daily. This was increased to 50mg two weeks later after no significant improvement.

~~Unfortunately,~~ Mr. Steve ~~has~~ presented today with compulsions of ~~the~~ same intensity, causing ~~severe~~ anxiety and reduced functionality at work. Accordingly, the medication regime ~~was~~ modified to sertraline 100mg once daily and alprazolam 0.5mg.

In view of the above, ~~the patient~~ is referred to you for CBT to enhance the treatment ~~efficacy~~ and ~~addressal~~ of his psychological conflicts.

If you have any ~~query~~, please do not hesitate to contact me.

Yours sincerely,

Doctor

**Commented [ESL1]:** DOB: 07/10/1996  
(Write DOB in the reference line if given in the case notes. In that case, mention the age of the patient in the introduction.)

**Commented [ESL2]:** 25-year-old  
(Marital status and department name are irrelevant to the reader.)

**Commented [ESL3]:** is under treatment for  
(The clinical status should be accurate)

**Commented [ESL4]:** his

**Commented [ESL5]:** is

**Commented [ESL6]:** (It is already conveyed that the mother is single.)

**Commented [ESL7]:** Mr. Steve  
(Avoid using gender pronouns at the first occurrence in a paragraph.)  
(The same correction rule applies in the rest of the letter wherever repeated.)

**Commented [ESL8]:** ;

**Commented [ESL9]:** ;

**Commented [ESL10]:** (Avoid irrelevant information and brief the content further.)  
In this case, irrelevant information: Exact dates, details of symptoms, previous medications

in childhood and mild depression in 2016, which progressed to high suicidal thinking that required admission in 2017.

**Commented [ESL11]:** (Avoid 'connectors for empathy' if possible.)

**Commented [ESL12]:** has been  
(The efficacy of the medicine is not yet known.)

**Commented [ESL13]:** Mr Steve  
(Avoid using 'the/this/my/a patient'; it is less polite.)

**Commented [ESL14]:** queries

Report	
Word Length	233
Comments	The purpose is stated and developed sufficiently in the letter, but the clinical status is misleading in the introduction. The reference line is not appropriately framed. The letter tries to include relevant case notes, but it includes irrelevant/redundant information/details also. The word count significantly exceeds the desired limit. *Style and tone are not appropriate in places. The letter is organized and laid out generally well. There are inaccuracies pertaining to spelling, capitalization, vocabulary, punctuations, basic grammar and sentence structure. Overall, the letter needs improvement.
Estimated Grade	C+
Estimated Score	320/500
Advice	1. Furnish necessary details in the address (as given in case notes). 2. Pay attention to the format of the Re: line. 3. Convey the clinical status accurately in the introduction.

4. Always read and select case notes carefully.
5. Avoid basic grammar errors.
6. Punctuate the letter appropriately.
7. Pay attention to spelling.
8. Try to finish the letter in 200 words by writing information in brief wherever possible.
9. \*Refer to the patient appropriately in the letter.
10. Always proofread the letter after finishing it.