



7.5.02

Dear Peter,

Thank you for attending the Memory
Clinic on 29.4.02.

Here is the information that I promised
to send to you.

Regards

Kathryn Pigott

w i t h c o m p l i m e n t s

REHABILITATION & AGED CARE SERVICE

KG LAWRENCE REHABILITATION UNIT

Telephone (02) 6623 3325

Facsimile (02) 6623 3522

Avondale Avenue

PO Box 572, Lismore. NSW. 2480.

AGED CARE ASSESSMENT TEAM

Telephone (02) 6623 3313

Facsimile (02) 6623 3203

Avondale Avenue

PO Box 572, Lismore. NSW. 2480.

CARROLL CENTRE

Telephone (02) 6623 3393

Facsimile (02) 6623 3203

Avondale Avenue

PO Box 572, Lismore. NSW. 2480.

We connect
anyone with
everyone

106 Emergency Relay Service



The 106 Emergency Relay Service is a new feature of the National Relay Service (NRS). It provides the same service as the 000 emergency service, but it is only for people who are Deaf or have a hearing or speech impairment.

So if your life or property is ever in danger you can now ring Police, Ambulance or Fire on 106 directly through your TTY or computer with modem.

106 is available 24 hours a day, 7 days a week.

For a brochure, phone Australian Communication Exchange on:

Voice: 1800 555 660

TTY: 1800 555 630

www.aceinfo.net.au



A/D-ACE-1934-01

OVERSEAS NEWS

Developments in UK captioned cinema

In February 2002, many representatives from UK Deaf and blind organisations, the TV & film industry and government bodies were treated to a demonstration of the possible future of cinema for people with sensory impairments in the UK. A 17 minute portion of *Harry Potter and the Philosopher's Stone* was screened with a seamless combination of subtitles and audio description. And by all accounts it was very well received.

This demonstration was the latest stage of an ongoing trial period for a system which has been in development for a few years. UK cinemas are the first in the world to trial it and a demo version has been installed in eleven UK cinemas - five with both subtitles AND audio description, and six with audio description facilities only. Called the DTS-CSS (Cinema Subtitling System), it is planned to be in production later this year. It is also expected to be accepted as an affordable solution to a lack of (sensory) disabled access by the cinema industry as a whole, and installed nationwide.

The cinema industry's trade body, the CEA (Cinema Exhibitor's Association), have put forward a draft proposal to the UK Film Council (the lottery funded body created to promote the UK film industry). The proposal includes spending £6 million of their £76 million surplus on facilities for people with sensory impairments. This would include the installation of a caption and audio description system in almost every one of the UK's 700 cinema sites.

The new system currently being trialled appears to offer a solution to two of the problems that have dogged other captioning systems. That of having two separate types of print in circulation - a captioned print and a non-captioned print - and viewers having to travel many kilometres to see a captioned movie.

Created by American company DTS (Digital Theatre Systems Inc.), the new system has the ability to switch subtitles and descriptions on or off. This enables one type of print to be used - a standard 'non-subtitled' print. The 'access' information required is supplied on a separate, inexpensive CD-ROM.

The subtitles are projected via a separate, small projector onto the screen, overlaying the movie image. They appear similar to

DVD subtitles. Audio description is broadcast separately through cordless headphones (imagine talking books on audio cassette, but describing in detail what is happening on screen).

The system does not interfere with 'normal' screenings - people with no sensory impairments would not have to watch subtitles or listen to a different soundtrack. One multiplex screen equipped with the system could show a variety of subtitled and audio described films at regular times, on regular days. These shows could be publicised as 'accessible', enabling Deaf and/or blind people and their families & friends to enjoy the cinema together.

<http://www.yourlocalcinema.com/dts.css.review.2002.html>



Doctor discovers Natural Hearing Improvement

French ENT, Dr Tomatis, successfully used sound to rehabilitate the ear and improve hearing.

Sound Therapy is a ground breaking program that is now assisting the hearing impaired around the world.



To receive a free information pack and limited special offer, mention this ad when you contact

Sound Therapy International Pty Ltd
PO Box A2237 Sydney South NSW 1235
Email info@soundtherapyinternational.com
www.soundtherapyinternational.com

Phone: 61 2 9665 1777
Fax: 61 2 9664 9777



14/6/02 sent email but probably did not get past server

Dr. Stephen Drisco
92 Uralba St

his

66-212-311

Reopen 29 April

Opens 21 Jan

10:30am 15th May

\$100 Initial
visit only

(Not covered by White report
card.)

Lachlan Lipsett

66-248-111

22 Rous Rd Geonellbok

charges \$110 of which
\$55 refunded by Medicine
for consultation only

However extra fee charged
if any clinical surgery
is carried out on that
day (which is to be
expected will apply)
Inference is that this will
be the case.

Earliest appointment is Sept.



02/01/02

Level 1, Conway Court
Conway Street
Lismore NSW 2480 Australia
PO Box 1136
Lismore NSW 2480
Phone/TTY: (02) 6622 1095
Fax: (02) 6621 2159
www.hearing.com.au



Dr Karel Hromek
7 Marvel Street
Byron Bay
NSW 2481

DR R TRIGGER
24 Shirley St
BYRON BAY 2481
FAX 66855520

FOR YOUR RECORDS AND INFORMATION

Dear Dr Hromek,

Re: Mr Patrick HAMILTON - DOB: 08/07/24 6685 - 8648
1/50 Paterson St, Byron Bay, NSW 2481

Mr Hamilton attended this centre for audiological assessment on 28/11/01. He reported a reduction in hearing ability on the left side and had been finding his left hearing aid to be of limited benefit. He reported no tinnitus or balance problems. There was occluding wax in the left ear and aid adjustments could therefore not be made. A further appointment was made for today following wax clearance in order to recheck his hearing thresholds and to reset his hearing aids.

On examination, both tympanic membranes appeared normal and there was no occluding wax. Audiometric test results are as follows:

Pure Tone Audiometry

Pure tone audiometry revealed a mild sloping to moderately severe sensorineural hearing loss in the right ear and a moderate sloping to severe sensorineural loss in the left ear. (See attached audiogram)

Tympanometry

Tympanometry demonstrated normal middle ear pressure and compliance both ears.

Speech Audiometry

Speech audiometry indicated very good speech discrimination with adequate amplification in both ears.

Summary

We have now adjusted both his hearing aids to better suit his loss. However, owing to the asymmetry between ears, I would be grateful if you would advise him re further otological follow up, if you feel it is necessary.

Should you have any questions regarding these results, please feel free to contact me.

Regards,

Carol Peglar, Audiologist
MSc Audiology (UK)

cc Client

Dr. Raikundalia (Indian?)

157 Mogellan St.

66-214-159

charges \$110-\$100 of
which Medicare refunds
\$55

Earliest appointment is 27 May

Ring 27

 **Zoloft**
(sertraline-Pfizer)

Dr. RAIKUNDALIA

157 Mogellan St

66 214 159 his

Lachlan Hipsett 66 248 111

22 Ross Rd Gunnedah.

\$110 \$100



Dr. Trigger

Check out these specialists
(in his) re on Medicare.
When selected then he will
issue a referral letter.



02/01/02

Level 1, Conway Court
Conway Street
Lismore NSW 2480 Australia
PO Box 1136
Lismore NSW 2480
Phone/TTY: (02) 6622 1095
Fax: (02) 6621 2159
www.hearing.com.au



Dr Karel Hromek
7 Marvel Street
Byron Bay
NSW 2481

FOR YOUR RECORDS AND INFORMATION

Dear Dr Hromek,

**Re: Mr Patrick HAMILTON – DOB: 08/07/24
1/50 Paterson St, Byron Bay, NSW 2481**

Mr Hamilton attended this centre for audiological assessment on 28/11/01. He reported a reduction in hearing ability on the left side and had been finding his left hearing aid to be of limited benefit. He reported no tinnitus or balance problems. There was occluding wax in the left ear and aid adjustments could therefore not be made. A further appointment was made for today following wax clearance in order to recheck his hearing thresholds and to reset his hearing aids.

On examination, both tympanic membranes appeared normal and there was no occluding wax. Audiometric test results are as follows:

Pure Tone Audiometry

Pure tone audiometry revealed a mild sloping to moderately severe sensorineural hearing loss in the right ear and a moderate sloping to severe sensorineural loss in the left ear. (See attached audiogram)

Tympanometry

Tympanometry demonstrated normal middle ear pressure and compliance both ears.

Speech Audiometry

Speech audiometry indicated very good speech discrimination with adequate amplification in both ears.

Summary

We have now adjusted both his hearing aids to better suit his loss. However, owing to the asymmetry between ears, I would be grateful if you would advise him re further otological follow up, if you feel it is necessary.

Should you have any questions regarding these results, please feel free to contact me.

Regards,

Carol Peglar, Audiologist
MSc Audiology (UK)



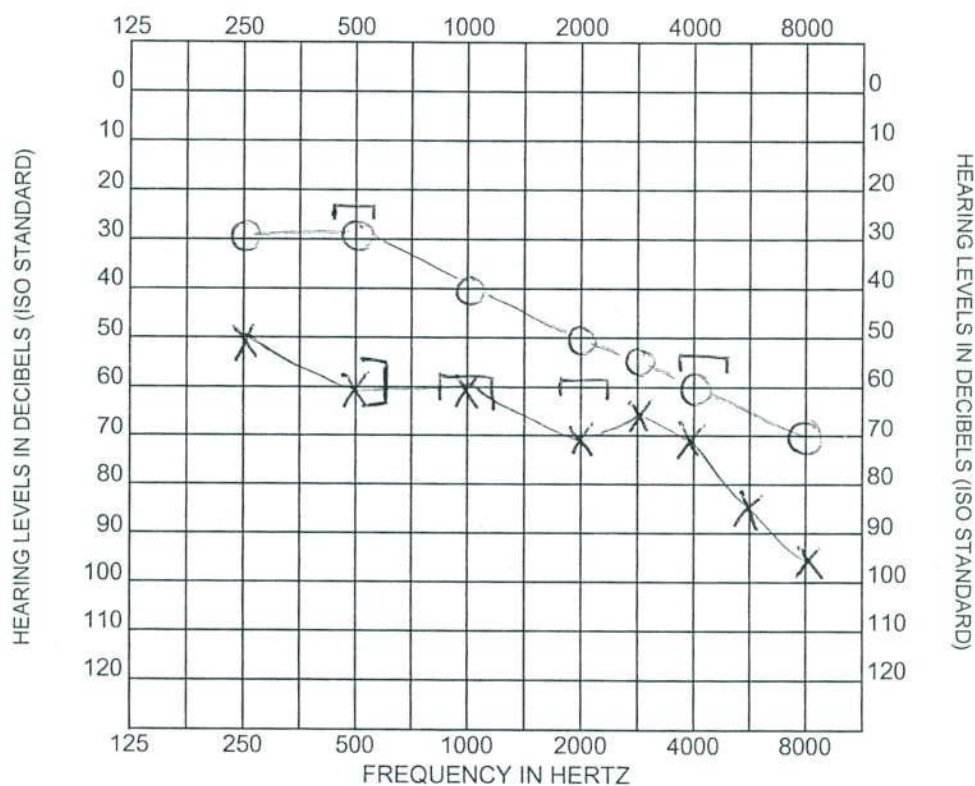
Level 1, Conway Court
Conway Street
Lismore NSW 2480 Australia
PO Box 1136
Lismore NSW 2480
Phone/TTY: (02) 6622 1095
Fax: (02) 6621 2159
www.hearing.com.au



Name: Mr Patrick HAMILTON
Address: 1/50 Paterson St, Byron Bay
Audiologist: Carol Peglar

PURE TONE AUDIOMETRY

DATE: 02/01/02



Air: LEFT X RIGHT O
Bone: UNMASKED □ MASKED LEFT] MASKED RIGHT [
Sound Field Thresholds (SPL): BINAURAL □



Harcourt Psychology Titles

[Psychology in the News](#)[Professional Resources](#)[Student Center](#)[Did You Know?](#)[Cool Psych Animations](#)[Site Map](#)**DON'T FORGET!!!**

by
Ruth E. Propper, Ph.D.

STEP 3- BEING PRACTICAL

All right, to be honest, this section doesn't really help you improve your memory. It helps you cheat. It describes ways to avoid relying on memory at all. We all get lazy, and sometimes thinking too hard gives you a headache.

A Place for Everything and Everything in It's Place

Keep losing your car keys in the mess you call your house? Designate a spot for them, a place where you'll always put them. Leave a sign there until you remember that's where they're supposed to go. Do the same for your eye glasses, your spare change, anything you keep misplacing.

And, by the way, straightening up your desk, phone area, and study spot wouldn't hurt either. Organizing ahead of time saves you time. Buy milk crates and put rough drafts of assignments in them. Tack phone messages to a bulletin board. Place bills, and bills only, on the center of your desk. Just think, you could sleep an extra half-hour if you didn't have to hunt for your English paper under the bed.

So Much To Do, So Little Time

Ok, this one is simple. Keep forgetting to buy toilet paper? Have to go to the bank by 2:30 or the check will bounce? Must mail your taxes or the IRS will take you away? Write it down. If you're feeling particularly ambitious, categorize the items on paper just as you would categorize them in your mind. Group them. An entire industry has devoted itself to the grouping principle, and has developed the extraordinarily useful 'organizer'.

Ah, the organizer. Sections for car maintenance, school work, bill paying, groceries, meetings, among many, many others. Yes, it takes time. Yes, you must remember to actually write things down. But in the

long run, it's worth it. Don't forget to take your organizer or 'to do' list with you when you leave the house. Glue it to your hip, lest you wander around campus in a daze, wondering if you're supposed to go to the bathroom.

Where, Oh Where, Has My Little Car Gone

What a great day shopping! You bought three pairs of jeans, four sweaters, a new comforter, and a toaster oven. Now, if you can just remember where you parked....you think it's to the left (trudge trudge trudge)...hmmm... maybe farther up? (gosh, exactly how much does a toaster oven weigh?)...no... Wasn't it lot F7? Maybe it was really E7? (trudge trudge trudge)... (That's it, you are going to start working out, no way should a comforter be hurting your arms)...Maybe F8?

As sweat pours down your face, you consider abandoning the jeans. Jeans you got on sale, and that actually fit. How to avoid this unhappy and potentially tragic situation:

1. Take a brightly colored ribbon and tie it to the very top of your antenna. When you peer down the seemingly infinite rows of cars, the flash of yellow will catch your eye, provided you are in the right lot.
2. Write down the lot number. If there isn't one, write down which stores or departments you parked closest to.

Calling AAA

It's a blizzard and driving took all your concentration. Fortunately, you're finally home. Worried about slipping on ice, balancing your toaster oven on your comforter, and hurrying to get warm, you realize, at the exact moment the car door slams shut, that your keys are in the ignition. You figure the police will find you sometime after the spring thaw.

1. To avoid forgetting your keys and turning into an icicle, clip them to your belt, coat, or an appendage the moment you turn off the ignition.
2. Helpful hint: do not keep your house keys and your car keys on the same keychain.

To Go Back, or Not To Go Back

You're walking down the hall when you remember

you left the brilliant notes for your speech class sitting on the kitchen table. If you go home to get them, you'll be late and will get a lower grade. If you don't go home, you'll be racked with nervousness and your mind will go blank. To fill a deadly silence you will end up attempting to impress your professor with stories about your cat.

1. The night before you need to bring something somewhere, write a note to yourself and tape it to the front door. You won't be able to leave the house without taking the item.
2. Put the item in your car (or backpack) the night before you need it.

Have you taken your medicine?

You have a horrible cold. Your doctor has prescribed a cure- you must take three pills a day for one week or your nose will fall off. Sadly, you keep forgetting to take them, or can't remember if you took one or not. This is unfortunate, because you like your nose. Here are some things you can do:

1. Set your watch to 'beep' three times a day. Each time it 'beeps', you'll take a pill.
2. Put three pills in a pill box each morning. (Leave an empty pill box on your nightstand to help you remember.) If you forget to take one, at the end of the day you'll have one left.
3. Associate taking your pills with something important you do everyday at a particular time. Watching '90210'? Take a pill. Brushing your teeth? Take a pill. Screwing up the courage to call that girl from Geometry? Take a pill.

Practice, Practice, Practice

Practice. A horrible, sleep-inducing word. Unfortunately, not too many things in life are easy the first time around. While the methods presented here will work the first time you use them, you might find some more difficult than others. With practice, however, they'll become second nature to you - easy and automatic.

[Previous](#) [Back to Memory TOC](#) [Next](#)

Overcoming Absent-mindedness

Which of the following memory techniques have you used to avoid absent-mindedness?
Which ones do you think would be helpful to you?

1. Put an item to be remembered in an unusual place. For example, put the clothes to be taken to the dry cleaners by the front door.
2. Have a memory place. This is a special place for keys, glasses, pills, notes to yourself, etc.
3. Organize your environment: a place for everything and everything in its place.
4. Set the alarm clock or oven timer to help you remember to do something at a certain time.
5. Keep a good calendar and list of things to do. Keep a notepad in your pocket, by your bed and in your car.
6. If a notepad is not available, write on your hand.
7. Use object cues. This is similar to the string around your finger. For example: turn your ring or watch around; put a crumpled bill in with your change; tip the lampshade. Noticing something different about the object will remind you that you are supposed to remember something. Review the association often so you don't forget what the changed object represents.
8. Write notes to yourself, posted in conspicuous places.
9. Don't procrastinate. Do it now! Then there is less opportunity for forgetting.
10. Talk to yourself: "I'm turning off the stove. The stove is off." For things to be done in the future: "Call Dr. Jones at 5:00. Dr. Jones wants me to call at five."
11. If you find yourself in another room and can't recall why, go back to where you started. This frequently brings back the memory. Sometimes just imagining yourself in the previous place is enough.
12. Count items you take with you so you won't leave any behind.

[Back to Memory Tips](#)

Who to contact

- To make enquiries:



Dementia Outreach Service

PO Box 572, Lismore 2480.

Telephone: 02 6623 3547

Fax: 02 6623 3203

Email: dos@svh.org.au

- To make a referral, please contact your local Aged Care Assessment Team.

Clarence Valley Aged Care Assessment Team:

Ph: 02 6640 2402 Fax 02 6640 2422

Richmond Valley Aged Care Assessment Team:

Ph: 02 6623 3313 Fax 02 6623 3203

Tweed Valley Aged Care Assessment Team:

Ph: 07 5524 5155 Fax 07 5524 4520

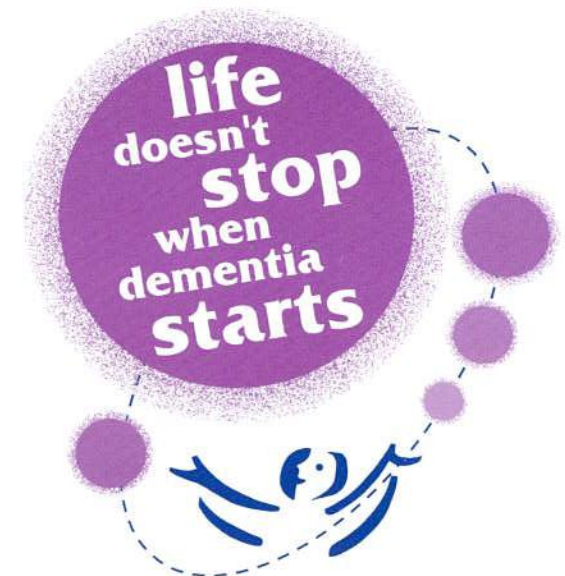


The Dementia Outreach Service is funded by the Department of Ageing, Disability and Home Care. It is auspiced by Richmond Valley ACAT at St Vincent's Hospital in Lismore and by the Northern Rivers Area Health Service.

The Dementia Outreach Service participates in the Professional Dementia Support Network, which is co-ordinated by the NSW Alzheimer's Association.

The Dementia Outreach Service works in partnership with the Northern Rivers Division of General Practice.

FAR NORTH COAST DEMENTIA OUTREACH SERVICE



For people with early stage dementia



What is memory loss?

One of the main symptoms of dementia is memory loss. We all forget things from time to time and some people become more forgetful as they age but the loss of memory with dementia is different. It is persistent and progressive, not just occasional, and can interfere with everyday life.

What is dementia?

- Sometimes, forgetfulness can be a sign of a group of brain disorders called dementia. Dementia causes a progressive decline in a person's mental functioning. It is a broad term that describes deterioration in memory, thinking, comprehension, language, judgement, social skills and normal emotional reactions.
- The early signs of dementia are very subtle and vague and may not be immediately obvious. Early symptoms also vary a great deal from person to person. Usually though, the first problem is with memory, particularly remembering recent events. Often, it is a family member or someone else close to the person who first notices that something has changed.



- Other common symptoms include: confusion, personality change, apathy and withdrawal and loss of ability to do everyday tasks.
- Consulting a doctor to obtain a diagnosis is critical at an early stage. A complete medical and psychological assessment may identify either a reversible condition or the presence of dementia, following which appropriate treatment can commence. The Dementia Outreach Service can liaise with your General Practitioner.

Who gets dementia?

- Most people with dementia are older, but it is important to remember that the majority of older people do not get dementia. It is not a normal part of ageing.
- Dementia can happen to anybody, but it is more common after the age of 65 years.
- People in their 30s, 40s and 50s can also develop dementia.

Who does the dementia outreach service see?

The Dementia Outreach Service is funded to see adults, who have or may have an early stage dementia, and their carers.

This is a free service.

What the dementia outreach service can offer

- Assessment and diagnosis of early stage dementia
- Promotion of awareness of early stage dementia and the services available
- Promotion of access to diagnostic and support services
- Information and short term counselling – for clients and carers
- Provision of information and advice on the management of early stage dementia
- Promotion of dementia education and training
- Increasing awareness, within the community, of the special needs of younger people who have early stage dementia
- Monitoring of clients
- A community based outreach service which is available to people who live in the Clarence, Richmond and Tweed Valleys.

Who can refer

- The person who believes they may have an early stage dementia can contact the Dementia Outreach Service.
- A GP, geriatrician, family member, community service or hospital service may refer, with the permission of the person who has or may have an early stage dementia.
- Referrals are made to the Aged Care Assessment Team in your area.

Emergency Respite Service

Far North Coast Carer Respite Centre



*providing quality respite care assistance to carers in
cooperation with other services and networks*

FREECALL 1800 059 059
(after hours and on weekends too!)

Dear Carers

Are you looking after a friend or relative who has a disability, chronic illness or is a frail older person?

The FNC Carer Respite Centre has established an emergency in-home respite service for carers in times of crisis, such as:

- the carer becomes ill
- the carer is hospitalised
- there is a death in the family
- there is a crisis in the immediate family that requires you, the carer, to be present
- the demands of caring are too much and you need an immediate break from caring.

Service is available to carers in Coraki, Evans Head, Woodburn, Broadwater and district from 20th April

If you have a crisis contact the Centre on the carer line

FREECALL 1800 059 059 (24 hours).

Other Information

Please contact one of our coordinators during office hours at the FNC Carer Respite Centre on (02) 6628 6911 if you require any further information with regard to this service.

There may be a cost for this service to a maximum of \$21.93 each 24 hour period. However, the carer's ability to pay any costs will be taken into consideration before fees are charged.

Carers are encouraged to complete an emergency care plan that is available from our Centre on FREECALL 1800 059 059.

If you don't have a crisis but just would like someone to talk to, contact: **Lifeline on 13 1114.**