

GP results note

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Author	Gp	Recipient	-

Underwood Medical Centre

Date: 5 September 2026

Patient: Sofia Nguyen, 46 years, female

GP: Dr Ben Carter

Reason for contact

Review of brain MRI result and headache frequency.

History

Ms Nguyen attended for review of an outpatient brain MRI performed on 2 September 2026, with the report finalised on 4 September 2026. She reports three headaches in the preceding week. No new neurological symptoms.

Background: migraine without aura, usually infrequent and with a consistent pattern; hypertension. Allergy: prochlorperazine - dystonic reaction.

She presented to Logan Hospital Emergency Department on 26 August 2026 with a severe headache of a pattern that differed from her usual migraine. CT head at that time showed no acute intracranial abnormality, and an outpatient MRI was recommended.

Investigations

- CT head (26 August 2026): final - no acute intracranial abnormality.
- Brain MRI (2 September 2026; reported 4 September 2026): final - no mass lesion, no acute infarct, no structural explanation for headache. No acute structural cause identified.

Assessment

Migraine without aura with increased headache frequency and a pattern differing from her usual baseline. MRI has excluded an acute structural cause. No new neurological symptoms reported.

Plan

- Start preventive therapy: amitriptyline 10 mg nightly.
- Continue perindopril 5 mg once daily and sumatriptan 50 mg as required.
- Refer to neurology (Metro South Neurology Clinic) for further assessment because of the changed headache pattern. Neurology outpatient review due 6 October 2026.
- MRI result review completed today with GP support.
- GP follow-up after imaging completed today.

Medication changes

- Started: amitriptyline 10 mg nightly (5 September 2026) for migraine prevention after increased headache frequency.
- Continue: perindopril 5 mg once daily; sumatriptan 50 mg as required.

Follow-up

- Neurology outpatient review - outstanding, due 6 October 2026.
- GP review as needed or as advised by neurology.