

myhealth

MEDICAL CENTRE

Myhealth Kurrajong Village

Address: 66 Old Bells Line of Rd, Kurrajong NSW 2758

Argus:

HealthLink EDI:

Mon-Thurs: 8am-7pm

Fri: 9am-4pm

Phone: 02 4573 1656

Fax: 02 4573 1635

PLEASE KINDLY SEND ALL CORRESPONDENCE VIA ELECTRONIC MEANS.

29/04/2024

Ms Michelle Hookham
6 Christie Street
Windsor. 2756
Phone: 4577 4435

**RE: Miss Delores Craig
68a Old Bells Line Of Road
Kurrajong. 2758**

DOB: 05/11/1963

Dear Michelle,

Thank you for seeing Delores Craig for ongoing psychological therapy. I have reviewed her GP Mental Health Care Plan and I am supportive of a further six sessions followed by review.

Her current medications are:

Aspirin 100mg Tablet, enteric coated
Crestor 5mg Tablet
Efudix 5% Cream
Vitamin B1 100mg Tablet

1 Tablet In the morning after meals p.c.
1 Tablet In the evening.
1 Application Before bed As directed m.d.u.
2 Tablets Daily.

Allergies:

CEPHALOSPORINS

STEROIDS

anaphylaxis

CODEINE

wired, shaking

PENICILLINS

MIRTAZAPINE, VENLA

VAXINE

Past Medical History:

22/03/2016	Anxiety/Depression	
15/02/2017	PTSD (post-traumatic stress disorder)	
22/03/2018	Haemochromatosis	C282Y+H63D heterozygote
27/03/2018	Aneurysm - Brain	annual monitoring
27/04/2020	Low back pain	
27/04/2020	Bilateral Hearing - Impaired	L>R, needs F/U
05/08/2020	Hypercholesterolaemia	
12/10/2020	OA (Osteoarthritis)	
09/12/2020	Vertigo	
07/12/2021	Faecal occult blood test negative	
31/01/2022	? left otitis media	
08/04/2022	Insomnia	

30/01/2023	Smoking cessation
30/01/2023	Hyperlipidaemia
19/06/2023	Back pain radiating to buttock
19/06/2023	Lumbar radiculopathy/ spondylosis
2024	Alcohol related brain injury
03/01/2024	Faecal occult blood test negative
19/03/2024	Mammogram

NBCSP
screening mammogram normal

Yours faithfully,



Dr Rory Webb

202536LB

GP MENTAL HEALTH CARE PLAN

PATIENT ASSESSMENT

Patients name	Miss Delores Craig	Date of Birth	05/11/1963
Address	68a Old Bells Line Of Road Kurrajong 2758	Phone	
Carer details and/or emergency contact(s)	Self	Other care plan Eg GPMP / TCA	YES <input type="checkbox"/> NO <input type="checkbox"/>
GP Name / Practice AHP or nurse currently involved in patient care	Myhealth Kurrajong Village Michelle Hookham	Medical Records No.	

PRESENTING ISSUE(S) PTSD, depression and anxiety.

What are the patient's
current mental health
issues

PATIENT HISTORY
Record relevant biological
psychological and social
history of mental disorders
and any relevant
substance abuse or
physical health problems

MEDICATIONS
(attach information if
required)

Has had psychological therapy and also herbal tincture with Michelle Hookham in the past
with good effect

Aspirin 100mg Tablet, enteric coated
Clindamycin 150mg Capsule

Efudix 5% Cream
Kenacomb Otic Ointment
Simvastatin 10mg Tablet

1 Tablet In the morning after meals p.c.
4 Capsules Stat one hour before dental
procedure.
1 Application Before bed As directed m.d.u.
3 drops Three times a day for 5 days.
1 Tablet Before bed.

ALLERGIES

CEPHALOSPORINS
STERIODS anaphylaxis
CODEINE wired, shaking
PENICILLINS
MIRTAZAPINE, VENLAV
AXINE

ANY OTHER RELEVANT
INFORMATION

In the last few months she has been volunteering with Helping Hands and she has found
herself overwhelmed by what people have to go through in life. This has resulted in a flare of
her own depression/anxiety and she has had to resign from Helping Hands

RESULTS OF MENTAL
STATE EXAMINATION
Record after patients has
been examined

Tearful in consultation
She has found it difficult to get out of bed and has even found showering difficult
She has felt very fatigued.
She has good insight.
Poor sleep
Ruminating and distressed by this - unable to switch off mind
Appetite up and down
No suicidal ideation

RISKS AND
CO-MORBIDITIES
Note any associated risks
and co-morbidities
including suicidal
tendencies and risk to
othersOUTCOME TOOL USED
K10
DIAGNOSIS

RESULTS:
37/50
Anxiety/Depression

PATIENT NEEDS / MAIN ISSUES

Prescriber no.

Patient's Medicare no.

GOALS
Record the mental health goals agreed to by the patient and GP and any actions the patient will need to take

TREATMENTS

Record the treatments, actions and support services to achieve patient goals

CRISIS / RELAPSE

Date if required, note the arrangements for crisis intervention
and/or relapse prevention

REFERRALS

Note Referrals to be provided by GP, as required, in up to two groups of six sessions. The need for the second group of sessions to be reviewed after the initial six sessions

APPROPRIATE PSYCHO-EDUCATION PROVIDED
PLAN ADDED TO THE PATIENT'S RECORDS
COPY (OR PARTS) OF THE PLAN OFFERED TO OTHER PROVIDERS
CONSULTING THE PLAN

On completion of the plan, the GP is to record that the plan has been discussed with the patient

The assessment

Full details of the plan and the agreed date for review

GP ☐ Dentist ☐ Nurse Practitioner ☐ Midwife ☐ Optometrist ☐
Offered a copy of the plan to the patient and/or their carer (if agreed by patient)

DATE PLAN COMPLETED:

REVIEW DATE (initial review 4 weeks to 6 months after completion of plan):

REVIEW COMMENTS (Progress on actions and tasks)

OUTCOME TOOL RESULTS ON REVIEW

Review date: 29/04/2024

Dr Webb

K10: 31/50

Review Comments: Note that Delores is awaiting vestibular function testing and also review with a psychiatrist. In the mean time she is continuing to have psychological therapy with Michelle Hookham and she finds this very helpful and she would like to continue. I am supportive of ongoing psychological therapy.

Improve mood
Reduce rumination
Improve motivation
Reduce anxiety
Improve self care

As Above

Psychological assessment and treatment

Patient's name
Address

GP/Mental health worker

Date

PBS

RPBS

☐ Brand substitution not permitted

Psychological

Referral

Referral

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I declare that I have received this/these medicine(s) and the information relating to any entitlement to a pharmaceutical benefit is correct.
Patient's or agent's signature

Turn over for privacy notice

Date of supply

/ /

Agent's address

Delores reports good progress with her psychological therapy with Michelle Hookham
K10 38/50

K10

Date of Assessment: 29th April 2024

General Practitioner: Dr Rory Webb

Patient Name: Miss Delores Craig

D.O.B: 05/11/1963

For all questions please fill in the appropriate response circle like this:



In the past 4 weeks:	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. About how often did you feel tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. About how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. About how often did you feel so nervous that nothing will calm you down?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. About how often did you feel hopeless?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. About how often did you feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6. About how often did you feel so restless you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. About how often did you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. About how often did you feel that everything is an effort?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. About how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. About how often did you feel worthless?	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Today's date

2	9	0	4	2	0	2	4
Day		Month		Year			

K10 Explanatory notes

What is the K10 and how is it scored?

The K10 is widely recommended as a simple measure of psychological distress and as a measure of outcomes following treatment for common mental health disorders. The K10 is in the public domain and is promoted on the Clinical Research Unit for Anxiety and Depression website (www.crufad.org) as a self report measure to identify need for treatment.

The K10 uses a five value response option for each question – all of the time, most of the time, some of the time, a little of the time and none of the time which can be scored from five through to one.

The maximum score is 50 indicating severe distress, the minimum score is 10 indicating no distress.

Questions 3 and 6 are not asked if the proceeding question was 'none of the time' in which case questions 3 and 6 would automatically receive a score of one.

For further information on the K10 please refer to www.crufad.org or Andrews, G Slade, T. Interpreting scores on the Kessler Psychological Distress Scale (K10). Australian and New Zealand Journal of Public Health: 2001; 25:6: 494-497.