Given Name: **Julie Anne**
Preferred Name:
Room Number: **213** Gender: **F**
Date of Birth: **09/10/1950** Age: **73**
URN/MRN/MIN: IHI:

Concession No:
Safety Net No:
Repat No:
Medicare No: **26000220072** Exp: **May-2027**
Diabetic No:

Date of Photo: 21/02/2024

Chart Commenced: **21/05/2024**
Expiry Date: **31/08/2024**
Printed Date: **06/07/2024 17:45**

Maximum chart validity is 4 months from the date the chart commenced.

RACF DETAILS

Section: **Drayton House Level..** RACID: **0970**
Facility Name: **Provectus Care Beresford Hall**
Address: **1 Cranbrook Rd, Rose Bay 2029**

PHARMACY DETAILS

Name: **Chemist Connect Prospect**
Phone: **02 9631 0941**
Address: **2/3 Aldgate Street, Prospect, Nsw 2148**

PRIMARY GENERAL PRACTITIONER

Name: **Harold JUDELMAN**
Address: **Unit 19/ 100, King Street, Randwick 2031**

Phone: Fax: **80044301**
Out of hours: Prescriber No.: **436396**
Email:
Signature:

ADDITIONAL PRESCRIBER

Name: **Georgia Rose ELLIS**
Address: **1 Cranbrook Road, Rosebay 2029**

Phone: Fax:
Out of hours: Prescriber No.: **3381818**
Email:
Signature:

BESTMED

Allergies and Adverse Drug Reactions *(Reaction & Date)*

Soy, Pineapple, Cat Hair

DIAGNOSIS

Alzheimer's Dementia (late onsent > 65years old) ,
Hysterectomy, Osteoporosis, Disorientation/ Confusion,
STML, History Dendritic Ulcer (L) Eye, History of Blepharitis
and Dendritic Ulcer, Bilateral Blepharitis (March 2023)

ALERT: Complex Medications

Insulin	Yes/**No**
Variable eg. Warfarin	Yes/**No**
Nutritional	**Yes**/No
Digoxin	Yes/**No**
Other (Specify)	Yes/**No**

Details if Yes to above:

CONSIDERATIONS

Swallowing difficulties	Yes/**No**
Cognitive impairments	**Yes**/No
Dexterity difficulties	Yes/**No**
Resistive to medicine	Yes/**No**
Nil by mouth	Yes/**No**
Self administers	Yes/**No**
Crush All Medications	Yes/**No**
Immuno-Compromised	Yes/**No**
Other	Yes/**No**

Details if Yes to above:

CHIPMAN, Julie Anne

Separate script required for - *Schedule 8, S100, Authority (Phone approval)*

Allergies and Adverse Drug Reactions *(Reaction & Date)*

DIAGNOSIS

CONSIDERATIONS

ADDITIONAL PRESCRIBER

Name:
Address:
Phone: Fax:
Out of hours: Prescriber No.:
Email:
Signature:

ADDITIONAL PRESCRIBER

Name:
Address:
Phone: Fax:
Out of hours: Prescriber No.:
Email:
Signature:

ADDITIONAL PRESCRIBER

Name:
Address:
Phone: Fax:
Out of hours: Prescriber No.:
Email:
Signature:

ADDITIONAL PRESCRIBER

Name:
Address:
Phone: Fax:
Out of hours: Prescriber No.:
Email:
Signature:

ADDITIONAL PRESCRIBER

Name:
Address:
Phone: Fax:
Out of hours: Prescriber No.:
Email:
Signature:

PRIVACY STATEMENT

The information on this form, including your Medicare, Centrelink and/or Department of Veterans' Affairs number, will be used to assess your entitlement to benefits under the Pharmaceuticals Benefits Scheme (PBS) or the Repatriation Pharmaceuticals Benefits Scheme (RPBS) and to determine payments due to approved suppliers. This information will also be used to record details of an under co-payment prescription (where there is no entitlement to a payment of benefit under PBS or RPBS). With your consent, the PBS approved supplier or PBS Prescriber may store your details for use on future prescriptions. The collection of this information is authourised by the *National Health Act 1953*. This information may be discloded to PBS Prescribers, the Department of Health and Ageing, Department of Human Services or as authorised or required by law. This information will be handled in accordance the with the provisions in the *Privacy Act 1988* (Cth) the **Privacy Act**).

CHIPMAN, Julie Anne

Preferred Name:
Date of Birth: 09/10/1950
URN/MRN/MIN:
Gender: F
Room No.: 213
Printed: 06/07/2024 17:45

Drayton House Level 2
Provectus Care Beresford Hall
1 Cranbrook Rd, Rose Bay 2029
RAC ID: 0970 IHI:
Prescriber: Harold JUDELMAN (436396)
Chart Commenced: 21/05/2024 Expiry: 31/08/2024

Allergies and Adverse Drug Reactions (ADR)
Soy, Pineapple, Cat Hair

DIAGNOSIS: Alzheimer's Dementia (late onsent > 65years old) , , Hysterectomy, Osteoporosis,...
...Refer to Cover Sheet for complete Diagnosis and Allergies

Date of Photo: 21/02/2024

Regular (P)

CHOLECALCIFEROL 1000IU CAP [250]
(P/A VITAMIN D)
Take ONE capsule daily
Prescribed As: BIOGLAN VITAMIN D3
Route: **O**
Date Start: 06/03/2024 ☑ Valid for Duration of Chart OR Date Stop: / / SIG:
Date of Prescribing: / /
Streamlined authority code:
Prescriber Sig:
Prescriber Name: Harold JUDELMAN
PRIVATE Unusual Dose ☐ Brand Substitution Not Permitted ☐

Regular (P)

DONEPEZIL 10mg TAB [28]
(DONEPEZIL (APO))
Take ONE tablet daily (For: Dementia)
Prescribed As: DONEPEZIL (APO)
Route: **O**
Date Start: 20/02/2024 ☑ Valid for Duration of Chart OR Date Stop: / / SIG:
Date of Prescribing: / /
Streamlined authority code: 13938
Prescriber Sig:
Prescriber Name: Harold JUDELMAN
PBS Unusual Dose ☐ Brand Substitution Not Permitted ☐

Regular (NP)

CARMELLOSE 0.5% 0.4mL EYE-... [3]
(CELLUFRESH 30)
Instil ONE drop into BOTH eyes FOUR times a day
Prescribed As: CELLUFRESH 30
Route: **EYE**
Date Start: 16/04/2024 ☑ Valid for Duration of Chart OR Date Stop: / / SIG:
Date of Prescribing: / /
Streamlined authority code: 6172
Prescriber Sig:
Prescriber Name: Harold JUDELMAN
PBS Unusual Dose ☐ Brand Substitution Not Permitted ☐

Regular (NP)

DONEPEZIL 5mg TAB [28]
(DONEPEZIL (APO))
Take ONE tablet daily (For: alzheimers)
Prescribed As: DONEPEZIL (APO)
Route: **O**
Date Start: 06/07/2024 ☑ Valid for Duration of Chart OR Date Stop: / / SIG:
Date of Prescribing: / /
Streamlined authority code: 13938
Prescriber Sig:
Prescriber Name: Harold JUDELMAN
PBS Unusual Dose ☐ Brand Substitution Not Permitted ☐

Regular (NP)

EYELID WIPES PACK [30]
(MURINE CLEAR EYES CLEANING WIPES)
Apply to affected area/s Twice daily
Prescribed As: MURINE CLEAR EYES C...
Route: **TOP**
Date Start: 05/03/2024 ☑ Valid for Duration of Chart OR Date Stop: / / SIG:
Date of Prescribing: / /
Streamlined authority code:
Prescriber Sig:
Prescriber Name: Harold JUDELMAN
PRIVATE Unusual Dose ☐ Brand Substitution Not Permitted ☐

Regular (NP)

MELATONIN 3mg CAP [60]
(LIFE EXTENSION MELATONIN)
Take ONE capsule at night (resident's own supply) (For: Insomnia)
Prescribed As: LIFE EXTENSION MELA...
Route: **O**
Date Start: 27/02/2024 ☑ Valid for Duration of Chart OR Date Stop: / / SIG:
Date of Prescribing: / /
Streamlined authority code:
Prescriber Sig:
Prescriber Name: Harold JUDELMAN
PRIVATE Unusual Dose ☐ Brand Substitution Not Permitted ☐

Regular (NP)

VALACICLOVIR 500mg TAB [30]
(VALACICLOVIR (APX))
Take ONE tablet daily (For: herpes eye)
Prescribed As: VALACICLOVIR (APX)
Route: **O**
Date Start: 25/05/2024 ☑ Valid for Duration of Chart OR Date Stop: / / SIG:
Date of Prescribing: / /
Streamlined authority code: 5961
Prescriber Sig:
Prescriber Name: Georgia Rose ELLIS
PBS Unusual Dose ☐ Brand Substitution Not Permitted ☐

Regular (NP)

VITAMIN B12 5000mcg CHEW. [60]
(BIOCEUTICALS B12 CHEWABLE)
Take ONE tablet daily (resident's own supply)
Prescribed As: BIOCEUTICALS B12 CH...
Route: **O**
Date Start: 29/02/2024 ☑ Valid for Duration of Chart OR Date Stop: / / SIG:
Date of Prescribing: / /
Streamlined authority code:
Prescriber Sig:
Prescriber Name: Harold JUDELMAN
PRIVATE Unusual Dose ☐ Brand Substitution Not Permitted ☐

ShortCourse (NP)

PREDNISOLONE + PHENYLEPH. 10mg-1.2mg/mL EYE-... [1]
(PREDNEFRIN FORTE 10ML)
Instill 4x per day to left eye until 17/7, then 3x per day until 17/8, then 2x per day until 2/9 (For: inflammation of left eye)
Prescribed As: PREDNEFRIN FORTE 10..
Route: **EYE**
Date Start: 17/06/2024 ☐ Valid for Duration of Chart OR Date Stop: 02/09/2024 SIG:
Date of Prescribing: / /
Streamlined authority code:
Prescriber Sig:
Prescriber Name: Harold JUDELMAN
PBS Unusual Dose ☐ Brand Substitution Not Permitted ☐

CHIPMAN, Julie Anne

Preferred Name: Gender: F
Date of Birth: 09/10/1950 Room No.: 213
URN/MRN/MIN: *Printed: 06/07/2024 17:45*

Drayton House Level 2
Provectus Care Beresford Hall
1 Cranbrook Rd, Rose Bay 2029
RAC ID: 0970 IHI:
Prescriber: Harold JUDELMAN (436396)
Chart Commenced: 21/05/2024 Expiry: 31/08/2024

Allergies and Adverse Drug Reactions (ADR)
Soy, Pineapple, Cat Hair

DIAGNOSIS: Alzheimer's Dementia (late onset > 65years old) , , Hysterectomy, Osteoporosis,...
...Refer to Cover Sheet for complete Diagnosis and Allergies

Date of Photo: 21/02/2024

Medicine / Strength / Form / Dose & Frequency / Indication / Additional Instructions
Route | **Date Start** / / | Valid for Duration of Chart OR | **Date Stop** / / | **SIG.**
Streamlined authority code
Complex Medications (must be written on separate page): Insulin, Nutritional, Variable eg. Warfarin. ☐ Regular ☐ PRN Max/24hrs: ______
Date of Prescribing: / /
Prescriber Sig: ______
Prescriber Name: ______
PBS/RPBS/PRIVATE Unusual Dose ☐ Brand Substitution Not Permitted ☐

Medicine / Strength / Form / Dose & Frequency / Indication / Additional Instructions
Route | **Date Start** / / | Valid for Duration of Chart OR | **Date Stop** / / | **SIG.**
Streamlined authority code
Complex Medications (must be written on separate page): Insulin, Nutritional, Variable eg. Warfarin. ☐ Regular ☐ PRN Max/24hrs: ______
Date of Prescribing: / /
Prescriber Sig: ______
Prescriber Name: ______
PBS/RPBS/PRIVATE Unusual Dose ☐ Brand Substitution Not Permitted ☐

Medicine / Strength / Form / Dose & Frequency / Indication / Additional Instructions
Route | **Date Start** / / | Valid for Duration of Chart OR | **Date Stop** / / | **SIG.**
Streamlined authority code
Complex Medications (must be written on separate page): Insulin, Nutritional, Variable eg. Warfarin. ☐ Regular ☐ PRN Max/24hrs: ______
Date of Prescribing: / /
Prescriber Sig: ______
Prescriber Name: ______
PBS/RPBS/PRIVATE Unusual Dose ☐ Brand Substitution Not Permitted ☐

Medicine / Strength / Form / Dose & Frequency / Indication / Additional Instructions
Route | **Date Start** / / | Valid for Duration of Chart OR | **Date Stop** / / | **SIG.**
Streamlined authority code
Complex Medications (must be written on separate page): Insulin, Nutritional, Variable eg. Warfarin. ☐ Regular ☐ PRN Max/24hrs: ______
Date of Prescribing: / /
Prescriber Sig: ______
Prescriber Name: ______
PBS/RPBS/PRIVATE Unusual Dose ☐ Brand Substitution Not Permitted ☐

Medicine / Strength / Form / Dose & Frequency / Indication / Additional Instructions
Route | **Date Start** / / | Valid for Duration of Chart OR | **Date Stop** / / | **SIG.**
Streamlined authority code
Complex Medications (must be written on separate page): Insulin, Nutritional, Variable eg. Warfarin. ☐ Regular ☐ PRN Max/24hrs: ______
Date of Prescribing: / /
Prescriber Sig: ______
Prescriber Name: ______
PBS/RPBS/PRIVATE Unusual Dose ☐ Brand Substitution Not Permitted ☐

Medicine / Strength / Form / Dose & Frequency / Indication / Additional Instructions
Route | **Date Start** / / | Valid for Duration of Chart OR | **Date Stop** / / | **SIG.**
Streamlined authority code
Complex Medications (must be written on separate page): Insulin, Nutritional, Variable eg. Warfarin. ☐ Regular ☐ PRN Max/24hrs: ______
Date of Prescribing: / /
Prescriber Sig: ______
Prescriber Name: ______
PBS/RPBS/PRIVATE Unusual Dose ☐ Brand Substitution Not Permitted ☐

Medicine / Strength / Form / Dose & Frequency / Indication / Additional Instructions
Route | **Date Start** / / | Valid for Duration of Chart OR | **Date Stop** / / | **SIG.**
Streamlined authority code
Complex Medications (must be written on separate page): Insulin, Nutritional, Variable eg. Warfarin. ☐ Regular ☐ PRN Max/24hrs: ______
Date of Prescribing: / /
Prescriber Sig: ______
Prescriber Name: ______
PBS/RPBS/PRIVATE Unusual Dose ☐ Brand Substitution Not Permitted ☐

Medicine / Strength / Form / Dose & Frequency / Indication / Additional Instructions
Route | **Date Start** / / | Valid for Duration of Chart OR | **Date Stop** / / | **SIG.**
Streamlined authority code
Complex Medications (must be written on separate page): Insulin, Nutritional, Variable eg. Warfarin. ☐ Regular ☐ PRN Max/24hrs: ______
Date of Prescribing: / /
Prescriber Sig: ______
Prescriber Name: ______
PBS/RPBS/PRIVATE Unusual Dose ☐ Brand Substitution Not Permitted ☐

Medicine / Strength / Form / Dose & Frequency / Indication / Additional Instructions
Route | **Date Start** / / | Valid for Duration of Chart OR | **Date Stop** / / | **SIG.**
Streamlined authority code
Complex Medications (must be written on separate page): Insulin, Nutritional, Variable eg. Warfarin. ☐ Regular ☐ PRN Max/24hrs: ______
Date of Prescribing: / /
Prescriber Sig: ______
Prescriber Name: ______
PBS/RPBS/PRIVATE Unusual Dose ☐ Brand Substitution Not Permitted ☐

CHIPMAN, Julie Anne

Preferred Name:
Date of Birth: 09/10/1950
URN/MRN/MIN:
Gender: F
Room No.: 213
Printed: 06/07/2024 17:45

Drayton House Level 2
Provectus Care Beresford Hall
1 Cranbrook Rd, Rose Bay 2029
RAC ID: 0970 IHI:
Prescriber: Harold JUDELMAN (436396)
Chart Commenced: 21/05/2024 Expiry: 31/08/2024

Allergies and Adverse Drug Reactions (ADR)
Soy, Pineapple, Cat Hair

DIAGNOSIS: Alzheimer's Dementia (late onset > 65years old) , , Hysterectomy, Osteoporosis,...
...Refer to Cover Sheet for complete Diagnosis and Allergies

Date of Photo: 21/02/2024

Nutritional (NP)

SOUVENAID 125mL ORAL-LIQ
(NUTRICIA SOUVENAID CAPPUCCINO)
Take 125mL in the morning
Prescribed As: NUTRICIA SOUVENAID...

Route **O** | **Date Start** 21/02/2024 | ☑ Valid for Duration of Chart OR **Date Stop** / / | **SIG.**
Date of Prescribing: / / | Streamlined authority code
Prescriber Sig:
Prescriber Name: Harold JUDELMAN
Unusual Dose ☐ | Brand Substitution Not Permitted ☐

Medicine / Strength / Form / Dose & Frequency / Indication / Additional Instructions

Route | **Date Start** / / | ☐ Valid for Duration of Chart OR **Date Stop** / / | **SIG.**
Date of Prescribing: / / | Streamlined authority code
Prescriber Sig:
Prescriber Name:
Complex Medications (must be written on separate page): Insulin, Nutritional, Variable eg. Warfarin. ☐ Regular ☐ PRN Max/24hrs: _____
PBS/RPBS/PRIVATE Unusual Dose ☐ | Brand Substitution Not Permitted ☐

Medicine / Strength / Form / Dose & Frequency / Indication / Additional Instructions

Route | **Date Start** / / | ☐ Valid for Duration of Chart OR **Date Stop** / / | **SIG.**
Date of Prescribing: / / | Streamlined authority code
Prescriber Sig:
Prescriber Name:
Complex Medications (must be written on separate page): Insulin, Nutritional, Variable eg. Warfarin. ☐ Regular ☐ PRN Max/24hrs: _____
PBS/RPBS/PRIVATE Unusual Dose ☐ | Brand Substitution Not Permitted ☐

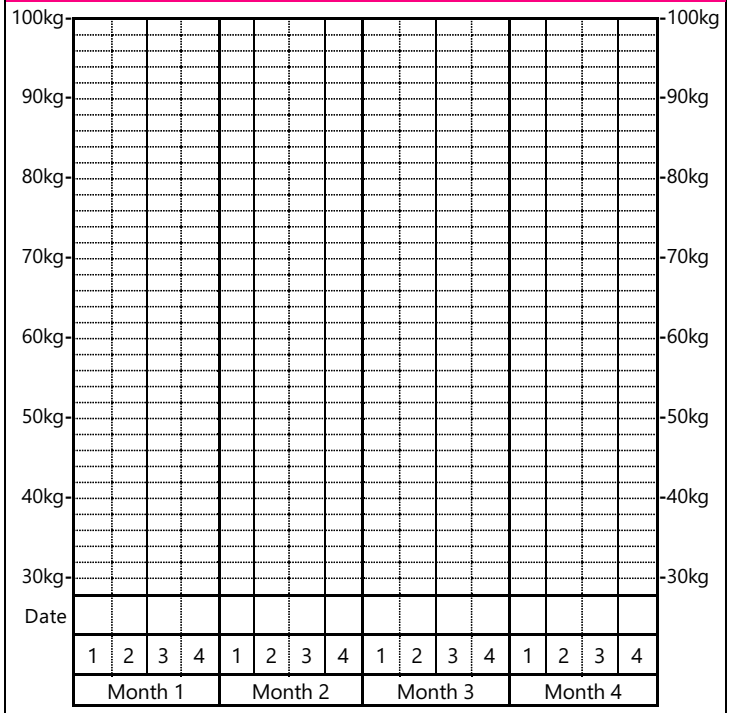
NUTRITIONAL SUPPLEMENT CHART

Nutritional supplement directions

Signature: _____
Name: _____
Designation: _____
Date: _____

BMI: _____ Date: _____

Intake and weight monitoring (under 100kgs)



Comments