Patient Medical Record

Period:

MR DAVID SOLT

6 Raine Street,
Karori,
Wellington

m: 027 599 8229

34 Years (GMS:A1)
8th Nov 1988

Contents

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To:

Patient Demographics

Home Addr:	6 Raine Street,Karori,Wellington
Payer:	Self
Pat Type:	Patient
NOK Name:	MR,PAUL,SOLT
NOK Addr:	5 Huia Place,Lower Hutt
NOK Phone:	021 687 424
NOK AH Phone:	
NOK Relation:	Father
Provider:	Simon Rankin
Registered:	Registered 07- Nov- 1993
Ethinicity:	NZ European
Notes Status:	Notes Received Electronically (NRE)
CSC:	0000002812422059
From:	08- Jun- 2023
Expiry:	05- Dec- 2023
NHI:	DSQ8544

Immunisations

23 Dec 1988	DTP-1 6w (old)	KMC	Given
23 Dec 1988	DTaP-1 6w	#EXT	Given Elsewhere NZ
23 Dec 1988	HepB, paed-1 6w	#EXT	Given Elsewhere NZ
14 Feb 1989	DTaP-2 3m	#EXT	Given Elsewhere NZ
14 Feb 1989	HepB, paed-2 3m	#EXT	Given Elsewhere NZ
21 Apr 1989	DTaP-3 5m	#EXT	Given Elsewhere NZ
21 Apr 1989	OPV-1 6w (old)	#EXT	Given Elsewhere NZ
16 Feb 1990	HepB, paed-3 5m	#EXT	Given Elsewhere NZ
16 Feb 1990	OPV-2 3m (old)	#EXT	Given Elsewhere NZ
21 May 1990	MMR 15m	#EXT	Given Elsewhere NZ
21 May 1990	HepB	#EXT	Given Elsewhere NZ
21 May 1990	OPV-3 5m (old)	#EXT	Given Elsewhere NZ
09 Jul 1993	DTaP-IPV-1 4y	#EXT	Given Elsewhere NZ
09 Apr 1994	MMR 4y	#EXT	Given Elsewhere NZ
29 Sep 1995	OPV-4 4y (old)	#EXT	Given Elsewhere NZ
30 May 2005	MeNZB-1	#EXT	Given Elsewhere NZ
28 Jul 2005	MeNZB-2	#EXT	Given Elsewhere NZ
07 Sep 2005	MeNZB-3	#EXT	Given Elsewhere NZ

Accident Details

09 Jun 2010	UT46961	Chopping wood, strained thorac

Most Recent Medications

24-Feb-2023	DERMOL (0.05% Crm 30g) QTY:3 Thin layer over the affected areas - 2-3 times a day
24-Feb-2023	SORBOLENE WITH GLYCERIN (PHARM (Crm 500ml (460 g)) QTY:1 Apply liberally over dry and irritated skin

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21-Nov-2022	MELATONIN (2mg Prolonged Release Tab) QTY:30 1 tab po nocte/prn
18-Mar-2022	MOLAXOLE (Powder) QTY:0 disimpaction regime 2 sachets, then 4, then 6, then 8 until clearout then maintenace of 1-2 sachets daily
18-Feb-2014	QUETIAPINE (25mg Tab) QTY:180 Take one tablet at night and take half a tablet up to twice a day during the day as directed.
05-Oct-2012	LACTULOSE (10g/15mL Oral Soln) QTY:1000 20-40 ml daily as required for constipation
05-Oct-2012	LAXSOL (Tab) QTY:50 2 tabs nocte. Can increase to 3 or 4 daily
30-Jul-2012	CONDOM (Condom (55 mm)) QTY:72 .
30-Jul-2012	KONSYL D (3.4g/6.5g Powder 500g) QTY:1 1 tsp in glass juice daily, for bowels
09-May-2011	CONDOM (Condom (55 mm)) QTY:72
09-May-2011	ACCU-CHEK PERFORMA (Test Strip) QTY:1 For possible hypoglycaemic episodes - monitoring
09-May-2011	ACCU-CHEK PERFORMA METER (Blood Test Meter) QTY:1
04-Oct-2010	ELOCON (0.1% Oint (w/w)) QTY:45 Apply to itchy flaky skin area bd for 1 week
23-Aug-2010	AMITRIPTYLINE HYDROCHLORIDE (10mg Tab) QTY:30 1 tabs, Once Daily, mid-evening for sleep. Can increase to 2 tabs if necessary
23-Aug-2010	MICONAZOLE (2% Crm 15g) QTY:1 Apply to affected skin bd

Daily Record

11-Jul-2023	WorkCapacity	SGR
11-Jul-2023	phone con 1. WINZ cert Recently moved to Wellington Seperated from partner Longterm not in good health Unable to work - on benefit. Cert run out 3/7 ago Chronic fatigue, housebound, deconditioned Issues with mobility, eye sight, physical weakness. Lack energy, exhaustion 2. R) little toe - black spot Present for years, feels getting bigger Approx 1-2mm currently Unable to wear shoes and socks at home ? related to cold No pain. Can be cold and blistering Plan: WINZ cert done, review 3/12 Old notes review Will email toe photo, will likley need F2f review for plan	SGR
10-Jul-2023	Query Builder SMS	LAM

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05-Jul-2023	Provider inbox: can we see if needs appt please. PC to pt - appt booked with SGR 11/7/23	KSH
27-Jun-2023	Patient Palette SMS	HLH
13-Jun-2023	Patient Transfer-in -	FBE
13-Jun-2023	Patient Transfer-in -	FBE
13-Jun-2023	Patient Transfer-in -	FBE
13-Jun-2023	Patient Transfer-in -	FBE
13-Jun-2023	Patient Transfer-in -	FBE
13-Jun-2023	Med File Receipt	
13-Jun-2023	Xfer/Deceased	
07-Jun-2023	Practice Plus Gp Limited - Dis - Letter requesting legal capacity -	SGR
03-Jun-2023	Telephone Consultation Report - can we see if needs appt please. Txt sent 27/6-H	MJA
29-May-2023	PC to pt from msgs, no ansser m/l	HLH
10-May-2023	Patient Palette SMS	CC
10-May-2023	NZ Passport	CC
08-May-2023	Enrolment transferred to a new	
08-May-2023	Enrolled 050523 -	KMC
01-May-2023	Mhaids Note To Gp - dc	
27-Apr-2023	Mhaids Initial Assessmen - see assessment	
13-Apr-2023	Phone consult David requesting a medical certificate to state that it would be beneficial for his health to remai living at his current residence Him and his wife have separated and David is being asked to leave the home. There has not been any legal or binding request for him to move from his residence. I explaine medical certificates can be written when there is a clear defined reason such as for work, schc exams etc. But it's unclear if a medical certificate would have standing when regarding a persc matter.	
15-Mar-2023	Ccdhb Ora Community Summary - dc	
06-Mar-2023	phone call 2 things skin - which was has resolved - settled with moisturiser and steroid has separated from wife - needed off work cert has already been sorted	
03-Mar-2023	R Palm and Fingers	
03-Mar-2023	R Top of Hand	
03-Mar-2023	L Palm	
03-Mar-2023	L Top of Hand	
24-Feb-2023	WorkCapacity	

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24-Feb-2023	Phone consult Wife has been staying with her mother Referral to social worker, and medical certificate for financial support Carers coming in Wife was working during pregnancy and currently on maternity leave Wife has frozen their account David not previously been receiving any financial benefits Wife previously helped with some cleaning, cooking and putting groceries away Hand dermatitis - Both hands affected - Dry hands, open, weeping, crustiness, red skin, some bleeding from fissures in skin - Worse over the last few weeks - Uses block of eco store soap
24-Feb-2023	Plan: 1. Email Work Capacity Form 2. Sorbolene cream for hands, and dermol for hand dermatitis, aqueous cream as soap subsitu 3. Photo of hands before treatment and 1 month after treatment 4. Social work
25-Nov-2022	Call to David - re email - KF doesn't think photos will be of any help. Await X-ray. Re carers - they are through Geneva and organised by the DHB. See Care plan summary 27/10/21. SY
22-Nov-2022	hEDS diagnosis
21-Nov-2022	Home visit with KF to hand over care Goign pretty well Physio comes every few weeks - gives stretechs and exercises, and is getting better mobiltiy Went outside for short walk a few days ago with father - first tim ein years, washed out adn pai 3-4 days Woudl lie kto wait until stretngth increases before trying again baby due in 1/12 - amanda will stay with family for 1/12 then come home Dluscsed could let us knwo if too mucj and gets confirned to room Occasisonal dififuclty sleeping, and worreid about this when bayb comes Good appetite, eating well, bowels good Wen tof EDS criteria - Criterian 1 - Beghiton score 0, no other features - Ctierion 2 - no features on xam NOT diagnostic for Ehler Danhlos
21-Nov-2022	Left shoulder still with large divet, very litte ROm in shoudler itself, but able to palpate with min pain and improved ROM of wrist and hand Has put some weight on A: Chronic faitgue syndrome with significant deconditioning To continue slowly buildin gup strength When feels able, we will do form for shoudler xray then ?see if ortho can do phoen visit to disc options Will trial melatonin if wishes - will read up, script done
28-Oct-2022	Reviewed and entered. SY Old notes scanned and in your tray. Thx, Julie
26-Oct-2022	Old Notes
15-Jun-2022	Disloctn/subluxation shoulder - Chronic
15-Jun-2022	Physiotherapy
15-Jun-2022	Housebound - Significant deconditioning ?cause - see Ora notes

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15-Jun-2022	PC through to David - socialising/talking a lot more to familiy (father/mother/brother) - has been a significant chang him - has contacted podiatrist and is on the waiting list - is building up strength with squats - would really like some physio to help build up strenght - disucssed conversations with Peter Roberts and Rebecca Grainger - ?Ehler Danlos - he thin more deconditioning, but will have a look - given current shortage of doctors and winter illnesses, willplan for home visit in 3/12 to consi diagnsis and assess progress - really doesnt think xray of shoulder is a possibility as cant leave house - will let us knw if bec an otion and we can do forms
13-Jun-2022	Geriatrician - No obvious neurological condition, suggest restorative approach
23-May-2022	PC through to Rebecca Grainger -> Ehlers Danlos - new diagnostic criteria are difficult to use In rheumatology - do not accept referrals for ?Ehlers Danlos - as treatment is supportive, nothi extra that they add, poitn GPs to the Ehler Danhlos NZ guideline Would be worth imaging the shoulder if at all able
05-May-2022	PC from janet Turbnull - RV at home yesterday - very deconditioned, possible Ehler Danlos, but really unclear- woudl recommend calling Reb Grainger and talking how to diagnose, as he wont make it to - no obvious enurological condition - their physio would see - woudl liek podatirst who will make home visit - will DW nurses Foot central podiatry - does home visits, but has to be well planned
04-May-2022	Older Adults Service - Second copy Ora letter RL
20-Apr-2022	DW Dr Peter Roberts - also wonders re Ehlers Danlos, he has found more and more patients v chronic fatigue have ended up with this dx - doesn't think he would be able to be very helpful, thinks Ora would be a better option
08-Apr-2022	PC from Jacinta, SW from Ora -> doesnt really meet criteria for ORa, thought better re reviewe Dr Peter Roberts - I will discuss with him, and JAcinta will disucss again with Janet/Julie Will touch base with again in 2 weeks
07-Apr-2022	Geriatric Medicine
06-Apr-2022	Glucose control(HBA1C) - 34
06-Apr-2022	Lipid Tests - chol 58,HDL 183, LDL 34
06-Apr-2022	Coeliac Antibodies - negative
06-Apr-2022	Glycated Haemoglobin - no diabetes
06-Apr-2022	Hepatitis B Serology - not detected
06-Apr-2022	Iron Studies - accept as normal
06-Apr-2022	Liver Function Tests - accept as normal
06-Apr-2022	Quantitative Crp - CRP 3
06-Apr-2022	Renal Function Tests - eGFR > 90
06-Apr-2022	Muscle Enzymes - CK 67
06-Apr-2022	Calcium/phosphate - Corr Ca 252 normal
06-Apr-2022	Thyroid Function Tests - TSH 20
06-Apr-2022	Hepatitis C Serology - neg
06-Apr-2022	Hiv Serology - neg
06-Apr-2022	Syphilis Serology - non reactive
06-Apr-2022	Complete Blood Count - normal
06-Apr-2022	Vitamin D - vit 90 - excellent
06-Apr-2022	B12/folate - nomral
31-Mar-2022	Lab Order - HPI
31-Mar-2022	P(P)

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31-Mar-2022

Home visit with Jess nurse

Paul (father) present and David

Born sl prem, mother had kidney transplant prior to pregnancy
David thinks always had issues with tinges in back ?hypotonic
Dad thinks was quite normal, active, rode bike/played sports
David could get feet behind head, always had clicky shoulders, but couldnt' touch toes, no othe
signs of hyper mobility
FHx - brothers aspergers, no FHx signifnca tother conditions

Went to university, and had to pull out at 2 years, as developed fatigue ++
- diagonised as chronic fatigue
Deteriorated age 24
Then about 3-4 years ago really deteriorated when doign tai chi etc - felt like it relxed his muls
chest, back was not supported, and everything went out and coused symptoms
- left shoulder went out then, can hardly move shoudler
In the last month has had slightly more energy, and so has started reachign ou t- in contact wi
father again, and a few other family members - preivously really only wife

Current function
- completely housebound, last tried to walk out door about 6 months ago
- cant pace i nthe house for an hour, but as soon as walks down ramp feels tension/exhaustio
and needs to go back insid e- wipes him out for a week
- sits in chair most of day, does very little
- eats normal diet
- washing - cant get in shower, so washes down, skin thickened and dry as not washed often
- carer 8 times a week
- dressed himself
- cant wear shirts with sleeves as irriates arms

Digestive symptoms were triggerd off by trying to lie on one side, nasuea ++, and constiation
- often triggered by exhuastion, settle by themselves
- now all settled

His impression is his back is the problem, not supported by core chest/abdo muscles
Doent think depressed, just bored/irritated
Takes each day as it comes
Relationship with wife - some strain, particualrly as tryign to get preganct
Sexual function - works depending on levels of faitgue
No urinary/faecal incontinence

MEds - Vitamin D supplementation

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31-Mar-2022

O/E: \t 36.9C
\p 84/min, sats 98% RA, bp 126/80
Beard and long hair, thickened skin as uynable to wash on back/feet/arms
PEARL, face symmetrical
No sign cervica lLNs
LEft shoudler - clincially appears dislocated with large step under acromium to humerus. UNal move shoulder at all. Not hot/red
Left elbow limited ROM (full flex, ecp to 30 deg), wrist good movement. Genral wasted, but left worse than righ t
Right arm - shoulder appears normla, but still very limited ROM, elbow/wrist nromal
HS/chest NAD
Abdo soft, non tende,r no masse -s but examination was difficult for pt, increased fatige
LL - noraml sensation, tone ok, no clasp on lifting leg, reflexes brisk normal and 2 beats clonus foot, plantars downgoign
Walks with a short stepped hobbling gait

A: Progressive deterioration in mobility and function
Left shoudler chronic dislocation
?progressive chronic fatigue with deconditioning
??connective tissue disorder

Cannot leve the house, declines xray/hosptial admission

Agreest o bloods, and will let em know next week when he can manage _ I will organise home
DW Janet Turnbull - they can offer an assessment, with home visit
- from diagnostic point of view - follow through on clues
- to D/W team
Bloods - would recommend doing everything - B12/folate, HIV/hepatitis etc, TFTs, CRP, CK - do rheumatological bloods

Then for referral to Ora service

18-Mar-2022

PHONE CONSULT:

Feeling intermittently nauseous and dry retching
4-5 days
Managing to eat and drink, a little less than normal
No diarrhoea, hard dry irregular stool - 4-5 days
Passing marble size balls, very dry daily or every second - reports this has been an issues for while.
Has tried konsyl D in the past and this made him worse.

Nausea and dry retching came on after tweaking muscles in upper back.
Didn't take any pain relief.

Has wider health issues reports is totally disabled, can't really walk properly and move arms pı
Hasn't seen Dr in a decade. Diagnosis of chronic fatigue syndrome - David doesn't agree with

Feels his health issues are secondary to his mother being pregnant while on medications follo kidney transplant, bed rest in hospital. David was born prem ?unsure how early.
Notes in photos of himself as a child he was quite hypotonic, feels he couldn't walk very well.

Things deteriorated at age 18 - has seen neurologist, sleep clinic, gen med.
Felt brushed off as was told things were psychomatic.
Biggest issues are back pain, gut issues

Has been working on posture, feels has lost weakness in arms. Feels core strength is no gooı
Totally disabled, can't walk or move arms properly - walks with shuffling gait, can't talk on phor due to pain in spine, struggles to shower and step over lip of shower.

18-Mar-2022

imp: symptoms seconary to constipation, but significant other issues ongoing

Plan:
- discussed coming in for r/v - David states he is completely house bound
- molaxole for bowels
- will d/w RL + work out home visit

26-Jan-2022

Ccdhb Occ Therapy Discharge - OT assessment - support and chair given

27-Oct-2021

Care Plan Summary - Ongoign support for personal cares, meal support and kitchen

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07-Jul-2021	Ccdhb Ora Community Summary - Discahrged
23-Apr-2021	Farewell from Dr Robyn
12-Mar-2021	email sent to Jacinta Bowler asking for her input. Have sent MMH to Amanda
05-Mar-2021	Queue Amanda called.David has CFS,. Have been battling beauracracy trying to access help for hom modification since August '20,needs bathroom sorted as a high step into shower which is an is for David.
23-Nov-2020	Summary Care Plan/Support - 7 hrs /wk personal cares
31-Aug-2020	201701031636060001.pdf
15-May-2020	Enrolment for FLS expired - En
24-Jan-2020	Dietetics - discharged
05-Aug-2019	Care Plan - rc
02-Aug-2019	Lab Order - HPI
17-May-2019	Dietetics - Trial Ensure
04-Apr-2019	Ccdhb Note To Gp Kapiti Commun - CFS
04-Mar-2014	Elab Truancy
18-Feb-2014	Weight(WT) - 55
18-Feb-2014	Height(HT)
18-Feb-2014	Blood Pressure(BP) - 130
18-Feb-2014	PC:- Requesting rx for quetiapine Brought in old packet, dated Nov 2013, his name on, from previous GP. (Not in notes??) Uses for sleep and anxiety Feeling much better than he has ben in the past Eating better Sleeping better - waking often, but able to get back to sleep No side effects Not dizzy No weight gain THinking of weaning off the quetiapine at some stage Not actively engaged in mental health services at the moment, felt they were unhelpful Not taking any other medications Does not drive Grandparents type II DM. No FH IHD, parents are well
18-Feb-2014	HR 100, reg \BP 130/80 \WT 55 Discussed weaning off quetiapine, best way to cut down to half a tablet at night for a week, the stop. Will call if any adverse effects Screening bloods for glucose + lipids, not sure whether he will do this or not as did not seem t keen
	\
14-Aug-2013	Current non drinker

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14-Aug-2013	Nil - (NKA)
30-Jul-2013	Signed request for transfer of notes to Raumati Rd surg. Notes sent via GP:GP and request fo receipt fxd.DJ
29-Jul-2013	Non-smoker - never
24-Jul-2013	CHPCN Enrolment Form
27-Jun-2013	New Patient Q'aire
27-Jun-2013	Request for Notes
27-Jun-2013	CHPCN Enrolment Form
19-Dec-2012	phoned re outcomes project Says things much the same as when he was last seen Lives with wife and a flat mate ON invalids for chronic fatique other than this no real issues or concerns
05-Oct-2012	Weight(WT) - 52.5
05-Oct-2012	Comes in to report on bowels.Slowly increased the dose of konsyl-D, up to 3tsp/day - but still h firm hard pellets, and some separate soft motion. Didn't think it mixed in properly. Thinks has c logn transit time - perhaps 4-6 days.Recalls has had firm hard pellety BMs for several yrs.
05-Oct-2012	\Wt 52.5Abdo soft. sl tender LIF. Not bloated. No masses.P: cont with simple measures. Try la +/- l;actulose.Check bloods.Keep eating going. Watch weight lossCall with any abnormal blooc results
30-Jul-2012	also wantign rx for condoms
30-Jul-2012	Noticed intermittent lump in L lower abdo - many mnths ago first noticed. Sore recently. BMs h been less frequent, firm & small. Soemtimes some mucus. No diarrhoea. No blood.No meds.Otherwise no change. No studying or working.
30-Jul-2012	\Wt 55Abdo soft. no lump currently, but indicates L paracoli gutter, towards LIF.I: likely to be fa loadign in desc colon.> discussed
30-Jul-2012	Weight(WT) - 55
28-Oct-2011	Respiratory Medicine letter - discharged from Sleep/resp clinic
27-Oct-2011	called for blood result and advised NDJ
20-Oct-2011	Clinic Letter - discharged. - ?ECG/exercise ECG Palpitations
10-Oct-2011	25Oh Cholecalciferol - 84 (normal)
14-Sep-2011	Polysomnography report - normal
02-Aug-2011	Outpatient Dept letter
14-Jun-2011	Respiratory Clinic Letter - For PSG - ?sleep study
30-May-2011	referral received by respiratoy clinic. KD
09-May-2011	ref back to respir clinic
09-May-2011	Also requesting rx for condoms.
09-May-2011	UT46961 - Chopping wood, strained thorac
09-May-2011	Also c/o middle back pain.Started perhaps when lifting a storm grating. Had an ACC claim made.Saw a physio about a yr ago for this.Back injury - 9 Jun 2010. UT46961, thoracic strain. s571.
09-May-2011	1/ ?blood sugar monitoring- ?possible too low sugars in night? Often wakes up after a vivid dre feeling hungry shaky, cold. Gets up to eat something, and warms up following this, often gets b to sleep after this.2/ Had to postpone his Resp clinic appt, as was unwell on the day. They see have d/c'd him, so needs another ref from me.
25-Mar-2011	General medicine Clinic
23-Feb-2011	Respiratory Dept Referral ltr
18-Feb-2011	Clinic Letter
14-Feb-2011	letter advising that david DNA his sleep/respiratroy appoitment. phoned and he advised he hac phoned them the day befor as he was unwell. He will call them and chase up another appt. KD
11-Feb-2011	Has further appt to see Peter Roberts mid-march.Awaiting appt with Resp Clinic.Describes wa lot, often feeling very cold; will do this repeatedly thru night. Finds often feels better in night if eats.Lately tending to wake naturally earlier, and gets up. Appetite is better.Wife has only got p time work at this point, so David still needs further S/B.
28-Jan-2011	referral to respiratory dep received with wait time for 6/12. KD
11-Jan-2011	Clinic Letter-Wngtn Hospital - ref'd to Alister neill - Sleep
15-Nov-2010	Seeing Peter Roberts again 12/13 Dec.Took the Vit D daily for 10 days, then mnthly. No partic difference, tho has been slowly increasing his walking every day. Still some days when just ca do much at all.Wife has finished Criminology Degree, looking for work.David needs a further S form, until wife gets job.May be looking at trying living in warmer climate, given that he general feels much better during warm summers.
20-Oct-2010	O.P.Letter Med clinic - Vit D Sleep issues not addressed
04-Oct-2010	Area on back still itchy at times, tho did seem to be less itchy when using antifungal crm.Scrap were negative.OE: much the same as prev - try eolon ointmentAlso discussed sleep - still wak suddenly from vivid dreams, hasn't tried amitrip yet. Encouraged him to try this in next week.ha appt with Peter Roberts next week.

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23-Aug-2010	Mycology - no fungal elements
23-Aug-2010	Preliminary Result
23-Aug-2010	Laboratory Order
23-Aug-2010	Also needs another rx for condoms.
23-Aug-2010	Has appt with Peter Roberts - Oct.Sleep still the major issue - is better than it was. Still waking lot. not so much trouble with getting off to school. Waking every 2 hrs or so. Long vivid dreams Says gets off to sleep again ok, but as feels so tired in am's suspects it is poor sleep.May well be part of his CFS.Has previously tried amitriptyline - David Waite from neurology prescribed t several yrs ago. No particular side effects, but stopped it as didn't know why he was on it.Discussed - re trying it again.Also concerned re a mole on his back has changed. Itchy;OE: r with surrounding red inflamed flaky skin - this looks like fungal infection co-incidentally near a skin scraping done. Rx for miconazole.?ingrown toenail - does anything need to be done.Advis allowing nail to grow. Abs if becomes acutely infected. Wedge resection possibly.needs to regi with reg GP practice.
12-Jul-2010	e-mail from david - he has still not heard from Peter Roberts.Ph'd David - advised ref sent a mı ago; confirmation received last week. Suggest he call Central Registration to enquire.
06-Jul-2010	Referral received by CCDHB. KD
14-Jun-2010	Referral Letter
28-May-2010	Gets off to sleep ok, waking less during night, gets back to sleep ok. Feeling more rested than Still not as good as normal.Does go for a walk every day. usu 10mins. Sometimes twice/dayHa cold a wk or so ago. Better now.Goes out socially at times - with friends.Has short rests thru th - 3-4x (10-20mins at a time).
28-May-2010	Suggest I ref to Peter Roberts at WPH - apparently has a special interest in CFSemail -> davidsolt@hotmail.com
06-May-2010	Dad brought him - in waiting rm.Feeling a little bit better.Still very tired.Sleep a little better, still frequently.Walks 5-10 minutes a day. feels optimisticRequesting sickness benefit.Says if does amount of work one day, then gets rebound tiredness the next and gets achy and just needs to sleep and rest.R ear was blocked, but seems better today.o/e R ear - lots wax, mostly blocking canal.plan - SB 4 weeks - suggest WINZ pay for psychologist and specialist case r/v recommendedDiscussed with David my frustration at suggesting things to try (antidepressant/psycologist or councellor) and him turning everything down flat. he says that if still an issue in 4 weeks he might consider rx.
26-Apr-2010	Reviewed re hx: - CFS;Sleep quality poor.Usu gets to sleep in 20-30mins. Wakes up a lot in ni 5-6x/night. Often hot & cold - fluctuating with temp.Over the summer > was quite good.Had bee going for 45 min walks. Was waking 8am.Went back to Uni 2 papers - part time in March. Hadr been attending every lecture, btu mostly.Probably from about April started to feel particularly malaise, foggy head (comes & goes). Some days better than others. Hasn;t been into Uni for 2 wks.Appetite - not great - worse in am's. No nausea, sometimes stomach a bit sore. Feels unw eats when not hungry. Usu feeling like eating at lunch & dinner. Brown rice, veges, meat. Avoi most simple sugars.BMs - usu od, early in day. No problems in past 3-4 wks.Doesn't eat bread other gluten > gives him constipation.Been off gluten for past 2 yrs.
26-Apr-2010	\Wt 58Talked about exercise, sleep etc.Offered to try amitrip again - not keen.He is keen to moderate his exercise, ie not to over-do things on his godd days, see if sleep improves. Encou to return if sleep still bad.
26-Apr-2010	Weight(WT) - 58
22-Apr-2010	Off Work Certificate
22-Apr-2010	Past month has become worse again. Abit more tired and aches and pains.Past 10/7 sleep alc worse and now very tired.Wakes alot at night then falls asleep again.Takes half hr to get to sleep.Mood is low after hasnt been sleeping for a while, but really feels prior to this he was fee happy.First term at uni was fine for first five weeks. then had 2/52 holiday and hasnt been back week. Started to get worse in the midterm holiday.If tries to force himself to carry on, gets tired sooner.Feels he can no longer go to uni. Cant do the work to carry on. Feels it is too much.Wo like a note for uni to say he really cant finish his studies this year and requesting SBI discusse him that I feel a little frustrated at lack of suggestions to help David, and have suggested he se another Dr here for a second opinion regarding his chronic fatigue.
11-Feb-2010	Off Work Certificate
11-Feb-2010	Feeling things are going well.Feels able to do part time study this year - two papers.Walking tv day, does shopping, cooking, cleaning, paperwork, tutoring in wgtn. Requires letter for studylin study part time this year. Still gets occasional chest pains which dont sound sinister - last a fev seconds to minutes and occur over a day about once a month or so. No other assocd sx.
11-Jan-2010	here today requesting condoms- currenty in a stable (married) relationship- no new partners. condoms main form of contraception.Given condoms from KYS stock today and further rx for 7 KD
27-Nov-2009	Urine Microbiology
26-Nov-2009	Laboratory Order

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

26-Nov-2009	1. Feels good some days, worse others.2. needs further medical certificate, runs out Dec.3. Occasionally gets a sharp chest pain lasting a minute or two. Comes on any times last few yea this last time last week, chest continued to hurt for 3-4 days.Occ palps but at differnt times, no SOB.o/e chest, hs normal, no mumurschest clear, no tenderness chest wall, tho doesnt have p at the momentimp - prob musculoskeletalplan - r/v if worsens4. Urine smell has changed to str smell last 1/12.Not asparagus.No dysuria or frequency.plan - do MSU
25-Nov-2009	I have tried to phone peter roberts on two different occasions and he hasnt answered page.
16-Nov-2009	Magnesium (Serum) - normal
22-Oct-2009	Laboratory Order
22-Oct-2009	1. requesting wt check\wt 56 Used to be 54 kg, so pleased w weight gain.2. requesting renal function - normal in february. 3. Hasnt had magnesium checked.4. Frined w chronic fatigue sai roberts at wgtn hospital is an expert in chronic fatigue.Phoned hospital - Peter Roberts is a me consultant5. Has heard of other treatments - chiropractors, naturopaths - I said I didnt feel this would be beneficial for him
22-Oct-2009	Weight(WT) - 56
01-Oct-2009	Feeling has improved since seen in July.is doing more - cooking. cleaning, reading, gets out fo walk each day.If goes back part time next year, will finish course in one year. keen to do this.1 months recurrent nose bleeds, one side then the other.no other bleeding. has settled past few weeks.New bed has helped sleep alot.Co-enzyme Q10 has helped as well.Still feels terrible wl waks then feels good in evenings.Has gained a little weightimp - slowly improvingplan SB 3/12 4/01/10
24-Jul-2009	Neurology OP Ltr 1.5.09
23-Jul-2009	Feeling much the same.All tests have come back normal.Is getting a new bed, so will wait and whether this helps, before trying amitriptyline.He is hoping that with more sleep he can increas exercise tolerance.Next seeing neurology 28/08.Doing no tutoring this term as it is all in the m and would have to do 3 tutorials which he isnt sure he would cope with.Wife is studying at uni working part-time.Is keen to try co-enzyme Q10 - some small studys done that suggest it may help.SB runs out 6 aug.Feels capable of 5-10 hrs per week if nonphysical work.On a good day walk for 30-45 mins.Has tried alexander technique exercises which help him be less tense and possibly sleep alittle better.
16-Jul-2009	message left on mobile to say bld results all normal and will try and contact him againRO
16-Jul-2009	Referral Letter
16-Jul-2009	Neurology Outpatient Ltr 19/6
06-Jul-2009	IgA Test 19/6 - coeliac normal
03-Jun-2009	#Glucose Tolerance#
28-May-2009	Laboratory Order
28-May-2009	Has seen David Waite at neurology clinicHas had bloods and has another appt for r/v 13/5nee further medical certificate.Requesting GTT as wonders aboutSleeps badly, sore throatTakes h to get to sleep, wakes once or twice - often due to sore throat or needs a wee.Mood - mostly ol Feels abit lower w weather, but on the whole he feels it is fine. Working about 5-6 hrs per weel of which are in wgtnimp - unable to do more than a few hrs per weekstill under neurology r/vpl SB 3/12
21-May-2009	PMC Inbox Report
15-May-2009	P'ram Med Ctr Notes 13.5.09
09-Apr-2009	Has appt neurology clinic May 1st.needs another medical certificate.Just managing to cope wi tutoring - 1-2 hrs w students and 4-5 hr marking/prep.Sx much the same. No new sx.imp - neec await neurology apptplan - med cert for 2/12 to 9/6/09
25-Mar-2009	Email to Dr Clarke
25-Mar-2009	rereferred neurology thru David Waite
24-Mar-2009	Chronic fatigue syndrome
17-Mar-2009	Off Work Certificate
17-Mar-2009	2/52 ago came down w something. Friends had similar but only affected 2/7, but for David thin abit worse.Missed fist week uni and most of second week. Last fri withdrew from uni due to fee so tired and unwell.Last night sorethroat, headache, croaky voice..Has been sent a letter from neuro saying they wont see himNeeds note for uni regarding pulling out of course - start of thir year.List since last time - has dropped a bowl, bottle,plate.cut finger, cant focus on small tasks cant type.Sometimes one eye will go blurry - happening since years ago. Can happen in either eye.Wife student/working partime.Doing small amount tutoring - amounts to 70 dollars a week so.imp - ?MS ?chronic fatigueplan - note for uni
10-Feb-2009	Referral Letter
03-Feb-2009	C-Reactive Protein
03-Feb-2009	L.F.T
03-Feb-2009	Glucose Random

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

03-Feb-2009	Egfr	
03-Feb-2009	Creatinine (Serum)	
03-Feb-2009	## Electrolytes ##	
03-Feb-2009	Ferritin	
03-Feb-2009	Cbc Profile	
03-Feb-2009	Laboratory Order	
03-Feb-2009	Past 2 yrs since middle of 7th form exams has had bad fatigue problems. Overall things better year ago, but still 'stuffed'. Has reduced all activities - uni and physical work.Has seen several this.Was tired during exams, then on trip around europe w mum after 7th form.Now studying u starting 3rd yr vic accounting.Sleep - not very good, takes a while to fall asleep, wakes once o twice and wakes tired w alarm.Alcohol - minimal amounts, infreuqntDrugs - nilHeadaches - nil significant.Appetite - normal.Mood - gets down due to fatigue, but doesnt feel low mood cause fatigue. feels motivated, would like to do things, but cant as gets too tired.Exercise - almost nil does any at all, then really tired next few days.Caffeine - green tea 3-4 times daily other things aversion, doesnt like sunny daysGets eczemaBad co-ordination - drops things alot, walks into corners,walls. Can get shakey, like when chopping things.Memory bad - will forget what hes t about mid-sentence. Difficulties concentratingSometimes feels SOB, last 6/12 epecially,feels cold/hot at odd times.No real visual disturbances, shortsightedo/e power 5/5 all limbsco-ordina heel to toe and finger to nose ncr nn all nimp - ?chronic fatigue syndrome ?mild depression ??MSplan - do bt and r/v afterconsider neuro r/v	
03-Feb-2009	T.S.H.	
13-Jan-2009	here for more condomsreg partnergiven 2 pkts of condoms and script for 72 condomsDJ	
16-Oct-2008	Here today wanting condoms- currently in a relatinship.never screened for STI. first ever sexu relationship- says that partner has been tested. no signs or symptom of concern. offered urine chlamydia- declined.Given 2 X box of condoms from stock. kD	
07-Sep-2005	MeNZB-3	
28-Jul-2005	MeNZB-2	
30-May-2005	MeNZB-1	
29-Sep-1995	OPV-4 4y (old)	
09-Apr-1994	MMR 4y	
09-Jul-1993	DTaP-IPV-1 4y	
21-May-1990	OPV-3 5m (old)	
21-May-1990	HepB (misc)	
21-May-1990	MMR 15m	
16-Feb-1990	OPV-2 3m (old)	
16-Feb-1990	HepB, paed-3 5m	
03-Aug-1989	@Unclassified Code	WTE
03-Aug-1989	sendnote sent to DR.D.NIXON	WTE
15-Jul-1989	@Unclassified Code	WTE
15-Jul-1989	immun sent to	WTE
29-Apr-1989	@Unclassified Code	WTE
29-Apr-1989	Immun sent to	WTE
21-Apr-1989	OPV-1 6w (old)	
21-Apr-1989	DTaP-3 5m	
14-Feb-1989	HepB, paed-2 3m	
14-Feb-1989	DTaP-2 3m	
23-Dec-1988	6/52 check at hosp in high risk clinic mother renaltransplant all well good wt gains hc 39.5 wt4.40 development norm exam norm	WTE
23-Dec-1988	@Unclassified Code - MISCELLANEOUS	WTE
23-Dec-1988	6/52 immun and hep b	WTE
23-Dec-1988	@Unclassified Code - PROPHYLACTIC IMMUNIZ	WTE
23-Dec-1988	HepB, paed-1 6w	
23-Dec-1988	DTaP-1 6w	
23-Dec-1988	DTP 1 Imm - G	KMC

Inbox

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: T.S.H. Date : 03 Feb 2009

Reference: M.P.S 76441233

T.S.H.: 2.0 mIU/L (0.4-3.8)

Ordered by: DR AMANDA CLARKE DR
Laboratory: wellab
Observation date: 03-Feb-2009

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Cbc Profile Date : 03 Feb 2009

Reference: M.P.S 76441235

Haemoglobin: 155 g/L (130-180)
HCT (PCV): 0.476 (0.38-0.52)
Red Cell Count: 5.58 x 10*12/L (4.5-6.5)
MCV: 85.3 fL (80-98)
MCH: 27.8 pg (27-33)
MCHC: 326 g/L (310-360)
Platelets: 227 x 10*9/L (150-450)
White Cell Count: 5.5 x 10*9/L (4-11)
Neutrophils: 3.2 x 10*9/L (2.2-7.5)
Lymphocytes: 1.8 x 10*9/L (1-3.9)
Monocytes: 0.5 x 10*9/L (0.2-1)
Eosinophils: 0.0 x 10*9/L (0-0.5)
Basophils: 0.0 x 10*9/L (0-0.2)
Comment:
Normal CBC results based on automated blood cell analysis.

Ordered by: DR AMANDA CLARKE DR
Laboratory: wellab
Observation date: 03-Feb-2009

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Ferritin Date : 03 Feb 2009

Reference: M.P.S 76441234

Ferritin: 91 ng/mL (30-400)

Ordered by: DR AMANDA CLARKE DR
Laboratory: wellab
Observation date: 03-Feb-2009

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: ## Electrolytes ## Date : 03 Feb 2009

Reference: M.P.S 76441199

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Sodium: 142 mmol/L (135-145)
Potassium: 4.2 mmol/L (3.6-5.2)

Ordered by: DR AMANDA CLARKE DR
Laboratory: wellab
Observation date: 03-Feb-2009

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Creatinine (Serum) Date : 03 Feb 2009

Reference: M.P.S 76441198

Creatinine (serum): 89 umol/L (50-110)

Ordered by: DR AMANDA CLARKE DR
Laboratory: wellab
Observation date: 03-Feb-2009

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Egfr Date : 03 Feb 2009

Reference: M.P.S 76441258

eGFR: eGFR >60
Estimated GFR is reliable only in adults over 18 years with stable renal function. It has been validated only in Caucasians and Afro- Americans. Results should be multiplied by 1.21 in the latter. Caution in interpretation should be exercised in patients with extremes of body weight, oedema, creatinine <60 micromoles/L and in pregnant subjects. Numeric results will be reported only at levels < or = 60ml/min and are corrected to standard surface area.
This result suggests no kidney damage OR stage 1 CKD OR stage 2 CKD.
Refer www.kidney.org.au mL/min/1.73m2 (80-120)

Ordered by: DR AMANDA CLARKE DR
Laboratory: wellab
Observation date: 03-Feb-2009

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Glucose Random Date : 03 Feb 2009

Reference: M.P.S 76441232

Glucose Random: 4.9 mmol/L (3-8)

Ordered by: DR AMANDA CLARKE DR
Laboratory: wellab
Observation date: 03-Feb-2009

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: L.F.T Date : 03 Feb 2009

Reference: M.P.S 76441129

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

LFT Profile Change: refer comment
AST has been removed from the Liver Function Test panel. AST may be ordered individually by request.
Total Protein: 77 g/L (60-83)
Albumin (serum): 47 g/L (34-50)
Globulins (serum): 30 g/L (20-35)
Bilirubin (Total): 14 umol/L (0-20)
GGTP: 14 IU/L (0-61)
Alkaline Phosphatase: 99 IU/L (20-110)
ALT: 27 IU/L (0-40)

Ordered by: DR AMANDA CLARKE DR
Laboratory: wellab
Observation date: 03-Feb-2009

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: C-Reactive Protein Date : 03 Feb 2009

Reference: M.P.S 76441128

C-Reactive Protein: 1 mg/L (0-7)

Ordered by: DR AMANDA CLARKE DR
Laboratory: wellab
Observation date: 03-Feb-2009

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: #Glucose Tolerance# Date : 03 Jun 2009

Reference: M.P.S 80471450

GTT Fasting glucose: 4.0 mmol/L (3-6)
GTT 2 Hour Glucose: 4.1 mmol/L (2-7.8)
The GTT indicates normal glucose tolerance.

Ordered by: DR AMANDA CLARKE DR
Laboratory: wellab
Observation date: 03-Jun-2009

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Magnesium (Serum) Date : 16 Nov 2009

Reference: M.P.S 86039895

Magnesium (serum): 0.89 mmol/L (0.7-1.1)

Ordered by: DR AMANDA CLARKE DR
Laboratory: wellab
Observation date: 16-Nov-2009

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Urine Microbiology Date : 27 Nov 2009

Reference: M.P.S 86479649

URINE MICROBIOLOGY:
Urinalysis
Ketones Negative
Glucose Normal
Blood Negative
Protein Negative (<0.25 g/L)
pH 7

No leucocytes or blood detected. No significant bacterial growth.

Ordered by: DR AMANDA CLARKE DR
Laboratory: wellab
Observation date: 27-Nov-2009

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Preliminary Result Date : 23 Aug 2010

Reference: M.P.S 95292168

Preliminary Result:
MYCOLOGY
Specimen
Back

Microscopy
No fungal elements seen
Minimal specimen received.

Ordered by: DR DIANE CARTER
Laboratory: wellab
Observation date: 23-Aug-2010

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Mycology Date : 23 Aug 2010

Reference: M.P.S 95278027

MYCOLOGY:
Specimen
Back

Microscopy
No fungal elements seen

Culture
No growth

Minimal specimen received.

Ordered by: DR DIANE CARTER
Laboratory: wellab
Observation date: 23-Aug-2010

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: 25Oh Cholecalciferol Date : 10 Oct 2011

Reference: CCOASTST 11W209114FB850

25OH Cholecalciferol: 84 nmol/L (50-150)

Ordered by: GRAHAM ROBERTS
Lab Test Results Interpreted by: Cooke, Russell Dr
Laboratory: CCOASTST
Observation date: 10-Oct-2011

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Elab Truancy Date : 04 Mar 2014

Reference: M.P.S 0018412369

eLab truancy:
CBC - Complete Blood Count
HBA1C - HbA1C
LINF - #Lipids Non Fasting#
CREA - Creatinine (serum)
ELEC - ## Electrolytes ##
Referral date: 18/02/2014 16:09
eLab request id: 0018412369

Please note that truancy reports are provided on a best effort basis only and no guarantees as to completeness or accuracy can be made. Patients may be incorrectly reported as truant if a MedTech form is generated as well as an eLab request, multiple eLab requests are generated for one referral or the patient presents at another laboratory.

Ordered by: DR LUCY ELKIN
Laboratory: wellab
Observation date: 04-Mar-2014

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Ccdhb Note To Gp Kapiti Commun Date : 04 Apr 2019

Reference: ccoaststst 84961146513941155433

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Referral Description: CCDHB Note to GP Kapiti Commun
Primary Care Provider: General Surgery
Referred to Provider: General Surgery
Patient Details
Patient Name: SOLT, DAVID JEREMIAH
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

NHI: DSQ8544

Note to GP
Date: 04/04/2019
Subject: ORA referral
Content: Hello,

We received a referral for David from physiotherapist Shelley Fox. Our Occupational Therapist and myself visited David and Amanda and we do have concerns. David is significantly affected by Chronic Fatigue and we have concerns around caregiver stress, David[singlequote]s weight loss, personal hygiene due to not being able to access shower, skin sensitivity causing difficulties to shave and cut his toe nails etc. We have referred to Capital Support however at this stage they are declining CFS clients. We have also referred to our dietitian who can consult with Amanda as appointments are exhausting for David and he has not left the home for some months.

At this stage we have referred to our dietitian and family therapist for Amanda and will continue to advocate for support with personal hygiene, meal preparation and equipment.
Clinician Name: Michelle Snater
Clinician Title/Position: Social Worker
Service: Kapiti Community ORA Team
Contact Details: 027 559 0223

Last Updated By
Document last updated by Michelle Snater

Observation date:

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Ccdhb Ora Community Summary Date : 07 Jul 2021

Reference: ccoaststst 84961286733931162560

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Referral Description: CCDHB ORA Community Summary
Primary Care Provider: General Surgery
Referred to Provider: General Surgery
Patient Details
Patient Name: SOLT, DAVID JEREMIAH
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

NHI: DSQ8544
Attending Doctor:
Referring Doctor:
Consulting Doctor:
Admitting Doctor:

Introduction
Date of Discharge from Community Team: 05/12/2019 13:59
Referred By: Shelley Fox
Referral/Acceptance Date: 28/03/2019 13:59
Introduction: David was referred for assessment of equipment and a care package relating to his diagnosis of Chronic Fatigue Syndrome.

Occupational Therapy
Period Seen From: 28/03/2019
To: 05/12/2019
Summary: David was assessed as needing equipment and a POC due to poor functioning and poor quality of life associated with his diagnosis. David and his wife were managing as best as able with no support on referral to the ORA team. At the end of our input David and his wife decided to self fund a ramp to their home to allow David to access the community, and also decided to self fund a wet area shower to manage essential hygiene. I completed a referral to CCC for supports and David was able to access 1hr daily help for personal cares. For now David is discharged.
Name: Nicola Dunford

Fall Prevention
Falls prevention screen completed: Yes: The patient is aware of home hazards in their environment that could increase their risk of falls.

Salutation
Yours sincerely: Nicola Dunford
Designation: Occupational Therapist
""
""
""

Last Updated By
Document last updated by Nicola Dunford

Observation date:

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Ccdhb Occ Therapy Discharge Date : 26 Jan 2022

Reference: ccoaststst 84961838616201164314

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Referral Description: CCDHB Occ Therapy Discharge
Primary Care Provider: General Surgery
Referred to Provider: General Surgery
Patient Details
Patient Name: SOLT, DAVID JEREMIAH
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

NHI: DSQ8544
Attending Doctor:
Referring Doctor:
Consulting Doctor:
Admitting Doctor:

Introduction
Service Commencement Date: 06/07/2021
Service Completion Date: 25/01/2022

Accident Details
Is this admission the result of an accident?: No

Occupational Therapy Services Provided
Diagnosis & Referral Reason: Chronic fatigue syndrome. Referred for assessment to facilitate safe access to shower self.
Interventions: Assessment completed.
Assessment identified David[singlequote]s difficulties with being able to lift legs over the shower tray (stainless steel - approx. 130mm high) to gain access. Tried swivel shower chair with 2 legs in the shower and 2 legs out of the shower. Achieved this safely.
The assessment also identified David[singlequote]s struggle to achieve sit to stand transfers from the toilet. David tried a 50mm RTS and declined this saying he does not wish to use one. Discussed a 300mm rail on the right as sitting at the toilet and advised David how he needs to organise this himself as the rail does not meet criteria.

Outcome: David is able to sit on the seat, swivel legs into the shower and stand to shower in a safe manner.
No further interventions required at present t by OT.
Should David be in need of our assistance in the future, we will be happy to visit again.

Fall Prevention
Falls prevention screen completed: No
""
""
""

Last Updated By
Document last updated by Debbie Little

Observation date:

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: B12/folate Date : 06 Apr 2022

Reference: WSCL 22-4186243-BFM-0

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

B12:	635 pmol/L (170 - 800)
Folate:	36.6 nmol/L (9.0 - 45.0)
Ordered by:	REBEKAH LAMB
Laboratory:	wlgtnscl
Observation date:	06-Apr-2022

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Vitamin D Date : 06 Apr 2022

Reference: WSCL 22-4186243-VIT-0

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

25-OH Vitamin D:	90 nmol/L (50 - 150)
Optimal range for bone health.	
Ordered by:	REBEKAH LAMB
Laboratory:	wlgtnscl
Observation date:	06-Apr-2022

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Complete Blood Count Date : 06 Apr 2022

Reference: WSCL 22-4186243-FBE-0

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

Haemoglobin:	167 g/L (130 - 175)
RBC:	6.03 x 10e12/L (4.30 - 6.00) **H**
Hct:	0.51 (0.40 - 0.52)
MCV:	85 fL (80 - 99)
MCH:	28 pg (27 - 33)
Platelets:	261 x 10e9/L (150 - 400)
WBC:	6.8 x 10e9/L (4.0 - 11.0)
Neutrophils:	4.7 x 10e9/L (1.9 - 7.5)
Lymphocytes:	1.6 x 10e9/L (1.0 - 4.0)
Monocytes:	0.4 x 10e9/L (0.2 - 1.0)
Eosinophils:	0.1 x 10e9/L (< 0.6)
Basophils:	0.0 x 10e9/L (< 0.3)
Nucleated RBCs:	0.00 x 10e9/L
Ordered by:	REBEKAH LAMB
Laboratory:	wlgtnscl
Observation date:	06-Apr-2022

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Syphilis Serology Date : 06 Apr 2022

Reference: WSCL 22-4186243-SY-0

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

Syphilis Serology:
SYPHILIS SEROLOGY

Syphilis EIA Non Reactive

No treponemal antibodies detected by EIA. Antibodies normally appear about the time of a primary lesion. Repeat testing may be required after recent high risk exposure.

Ordered by: REBEKAH LAMB
Laboratory: wlgtnscl
Observation date: 06-Apr-2022

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Hiv Serology Date : 06 Apr 2022

Reference: WSCL 22-4186243-HIV-0

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

HIV (1 + 2) Ag.Ab.: Not Detected
This test is performed using an HIV combination assay, which effectively excludes HIV infection more than 21 days after exposure.

Ordered by: REBEKAH LAMB
Laboratory: wlgtnscl
Observation date: 06-Apr-2022

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Hepatitis C Serology Date : 06 Apr 2022

Reference: WSCL 22-4186243-HCV-0

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

Hepatitis C Ab: Not Detected
No serological evidence of hepatitis C infection. If acute HCV infection is suspected clinically, serology should be repeated in 3 months.

Ordered by: REBEKAH LAMB
Laboratory: wlgtnscl
Observation date: 06-Apr-2022

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Thyroid Function Tests Date : 06 Apr 2022

Reference: WSCL 22-4186243-TFM-0

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

TSH: 2.0 mIU/L (0.40 - 3.80)

Ordered by: REBEKAH LAMB
Laboratory: wlgtnscl
Observation date: 06-Apr-2022

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Calcium/phosphate Date : 06 Apr 2022

Reference: WSCL 22-4186243-CLM-0

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

Calcium: 2.58 mmol/L (2.15 - 2.55) **H**
Phosphate: 1.25 mmol/L (0.80 - 1.50)
Albumin: 45 g/L (34 - 48)
Adjusted Calcium: 2.52 mmol/L (2.15 - 2.55)

Ordered by: REBEKAH LAMB
Laboratory: wlgtnscl
Observation date: 06-Apr-2022

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Muscle Enzymes Date : 06 Apr 2022

Reference: WSCL 22-4186243-MYM-0

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

CK: 67 U/L (40 - 320)

Ordered by: REBEKAH LAMB
Laboratory: wlgtnscl
Observation date: 06-Apr-2022

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Renal Function Tests Date : 06 Apr 2022

Reference: WSCL 22-4186243-RF-0

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

Sodium:	142 mmol/L (135 - 145)
Potassium:	4.0 mmol/L (3.5 - 5.2)
Creatinine:	63 umol/L (60 - 110)
eGFR:	>90 mL/min/1.73m2

An e-GFR result >/= 90 ml/min/1.73m2 falls in the range found for healthy adults.Refer www.kidney.org.au.
Estimated GFR is calculated from the CKD-EPI equation.
Potassium reference interval is for serum samples. Potassium in plasma samples may be up to 0.3 mmol/L lower.

Ordered by:	REBEKAH LAMB
Laboratory:	wlgtnscl
Observation date:	06-Apr-2022

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Quantitative Crp Date : 06 Apr 2022

Reference: WSCL 22-4186243-CRM-0

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

CRP:	3 mg/L (< 6)
Ordered by:	REBEKAH LAMB
Laboratory:	wlgtnscl
Observation date:	06-Apr-2022

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Liver Function Tests Date : 06 Apr 2022

Reference: WSCL 22-4186243-LF-0

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

Total Bilirubin:	8 umol/L (2 - 20)
Alk. Phosphatase:	86 U/L (20 - 110)
GGT:	18 U/L (10 - 50)
ALT:	19 U/L (5 - 40)
Total Protein:	83 g/L (65 - 80) **H**
Albumin:	45 g/L (34 - 48)
Globulin:	38 g/L (25 - 41)
Ordered by:	REBEKAH LAMB
Laboratory:	wlgtnscl
Observation date:	06-Apr-2022

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Iron Studies Date : 06 Apr 2022

Reference: WSCL 22-4186243-ISM-0

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

Serum Iron:	16 umol/L (10 - 30)
Ferritin:	144 ug/L (30 - 500)
Transferrin:	3.4 g/L (2.0 - 3.2) **H**
Transferrin Saturation:	19 % (16 - 45)

Validated by WWE, MLSci

Ordered by:	REBEKAH LAMB
Laboratory:	wlgtnscl
Observation date:	06-Apr-2022

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Hepatitis B Serology Date : 06 Apr 2022

Reference: WSCL 22-4186243-HPM-0

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

HBsAg: Not Detected

Validated by SBU, MLSci

Ordered by:	REBEKAH LAMB
Laboratory:	wlgtnscl
Observation date:	06-Apr-2022

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Glycated Haemoglobin Date : 06 Apr 2022

Reference: WSCL 22-4186243-GLY-0

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

HbA1c: 34 mmol/mol (< 41)
Results in range <41. In the setting of diagnosis or CV risk screening, this result virtually excludes diabetes. No need to repeat until next scheduled CVD risk assessment. In the setting of confirmed diabetes, this result indicates excellent control; increased risk of hypoglycaemia if on insulin/sulphonylureas. Suggest repeat HbA1c in 6-12 months.
Note: HbA1c measurements may be misleading in cases of haemoglobinopathy, increased red cell turnover or post transfusion.

Ordered by: REBEKAH LAMB
Laboratory: wlgtnscl
Observation date: 06-Apr-2022

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Coeliac Antibodies Date : 06 Apr 2022

Reference: WSCL 22-4186243-COE-0

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

anti TTG IgA: 3.3 CU (< 20.0)
TTG IgA Interpretation: Negative
IgA: 2.0 g/L (0.8 - 4.0)
Serological testing for Coeliac Disease (CD) has a sensitivity of approximately 90% and therefore CD may still be present in a proportion of patients with a negative result. However, in the diagnosis of CD, endoscopy and duodenal biopsy is generally only indicated if there are features to suggest gastro-intestinal pathology (diarrhoea, weight loss or anaemia). Negative results also occur in patients with CD on a gluten free diet. Please note that anti-DGP testing is no longer performed routinely but can be ordered separately if required.

Ordered by: REBEKAH LAMB
Laboratory: wlgtnscl
Observation date: 06-Apr-2022

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Lipid Tests Date : 06 Apr 2022

Reference: WSCL 22-4186243-LPD-0

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Patient Details
Patient Name: SOLT, DAVID
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

Fasting status:	Non-fasting
Cholesterol:	5.8 mmol/L
Triglyceride:	1.5 mmol/L
HDL Cholesterol:	1.83 mmol/L
LDL cholesterol:	3.4 mmol/L
Chol/HDL Ratio:	3.2
Comment:	Optimal levels are suggested by the Guidelines Group (see https://tinyurl.com/CVRA-NZ-18) although an individualised multi-factorial approach is preferred. Cardiovascular risk should be addressed by lifestyle modification. Consider pharmacological interventions where 5 year CV risk >10%.

Ordered by:	REBEKAH LAMB
Laboratory:	wlgtnscl
Observation date:	06-Apr-2022

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Ccdhb Ora Community Summary Date : 15 Mar 2023

Reference: ccoaststst 19769215199089116788

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Referral Description: CCDHB ORA Community Summary
Primary Care Provider: Rebekah Lamb
Referred to Provider: Rebekah Lamb
Patient Details
Patient Name: SOLT, DAVID JEREMIAH
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

NHI: DSQ8544
Attending Doctor:
Referring Doctor:
Consulting Doctor:
Admitting Doctor:

Introduction
Date of Discharge from Community Team: 15/03/2023 10:42
Referred By: Janet Turnbull
Referral/Acceptance Date: 20/05/2022 10:43
Introduction: Mr Solt was referred to community physiotherapy to give advice around walking and moving at home.

Physiotherapy
Period Seen From: 27/07/2022
To: 14/03/2023
Summary: It was a pleasure visiting David at home. David was very welcoming and happy to engage with physiotherapy, however he has tried lots of exercise things in the past and feels none of them have been useful and have made him worse. He has tried physiotherapy, Fendalkris, Pilates, Tai chi. He feels he does not have chronic fatigue and that this has not been a helpful diagnosis. He feels his trunk is weak and he has pain in his trunk - diffuse over chest and back and this worries him and prevents him doing much. His current activity is limited to what he can do in the home. David has a regime of mini squats which he does daily - does about 100 over 20 minutes and he finds this helpful.

David presents with a slim build, left arm held at side, no movement in left shoulder, normal movement elbow to fingers. I did not asses this further as he does not like to be touched and flinched when I got too close. His walking pattern has full, even and symmetrical weight bearing on each foot, short step length, reasonable posture, normal step width, flat foot fall, toe curling when walking and tends to sit with feet curling. He does not need a walking aid. David appears to have full range and movement in his legs and right arm, when sitting has 90 degrees flexion hips, knees flex to 110 degrees, good ankle movement, cannot straighten knees when sitting (tight hamstrings) but reports he can when lying. His feet look unwashed and toe nails are very long. I did not formally assess his range of movement or strength.

Sit to stand - David uses right hand to help push up onto chair between legs, says he is fine getting up from toilet and has tried a raised toilet seat in past but did not like it as it wobbled on the seat, we discussed having different equipment, which he declined. Mini squats observed - he has to work himself up to it, even weight bearing, feet about 30 cm apart, bends hips and knees small distance, keeps feet flat on floor, does not need to hold onto a support.

David and I tried a few different exercises and movement patterns. David is happy to stay inside his house and does not have any desire to go outside or to be more active. He was happy to do exercises designed to prevent future loss of movement as I was concerned about his curling inwards toes and feet and he has worked to maintain full movement of these joints and to reverse his pattern of toe curling when walking. David has declined further physiotherapy visits but did participate in 3 visits over 5 months and is happy to continue with the seated hamstring stretches and toe stretches and mini squats.

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Name: Ruth Carter

Fall Prevention
Falls prevention screen completed: Yes

Salutation
Yours sincerely: Ruth Carter
Designation: Physiotherapy
""
""
""

Last Updated By
Document last updated by Ruth Carter

Observation date:

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Mhaids Initial Assessmen Date : 27 Apr 2023

Reference: ccoaststst 19769122611961168256

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Referral Description: MHAIDS Initial Assessmen
Primary Care Provider: Rebekah Lamb
Referred to Provider: Rebekah Lamb
Patient Details
Patient Name: SOLT, DAVID JEREMIAH
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

NHI: DSQ8544
Attending Doctor:
Referring Doctor:
Consulting Doctor:
Admitting Doctor:

Purpose of appointment
[Section 8b assessment]
Date/time: 27/04/2023 approx. 0945
Location: Porirua Police Cells
Present: David, Dr Nairn (psych reg) and Lorraine A (DAO/CRS clinician)

Physical description
Slim built pakeha male with thick wavy hair and blue eyes. Dressed in causal clothes

Brief summary of relevant background information
[CONTEXT/BACKGROUND]
David is a 34 year old NZ European male who has a longstanding history of chronic fatigue syndrome, has essentially been house bound for 12 years. Only apparent MH contact on system is from 2013 due to concerns regarding suicidal ideation due to CFS symptoms (including pain). Prescribed some quetiapine with good effect and at that time felt to be pre-contemplative re psychological input. As per conporto nil current medications other than aqueous cream.

Living situation
Has been removed from family home as wife has filed a protection order and Police involvement due to him not leaving as ordered.
Unemployed

Current presenting issues
His father completed a section 8a on 26/04/23 with concerns for David[singlequote]s mental health "anxiety" and that David was contemplating suicide. *Please see paper file for full details of MHA. This was occurring in the context of his marriage breakdown in which his wife has applied and been granted a protection order and occupancy order for their family home. David had until 12th April to vacate the home (family able to extend this to 25th April) however David was unwilling to leave reported that he didn[singlequote]t think police would arrest him due to his medical condition. However was arrested yesterday for breach of these orders.

[ON REVIEW]
David was seen in the Porirua police cells, he was initially concerned with understanding the process re MHA and had come concerns that what he said to us might be given to the Court. Eventually after some rapport built and explanation of processes and that separate to Court processes he was able to engage with us. He wrote down important details and names and also wanted it to be clear he was tired and might not be able to express himself well.

We explained people had concerns about how he had been acting, and discussed that he[singlequote]s not someone who has been in trouble with the law before and that this is likely making others concerned about his thought processes.

Despite his reticence to engage he did so to allow the assessment to take place but was only willing to give the minimal needed for assessment. He also talked "hypothetically"

presumably in case we were to report on what he was saying to the Court (e.g. around his understanding of consequences, legal procedures, etc).

He reported that his marriage had broken down and his wife had taken out a protection order, he reported this didn[singlequote]t seem right as he has never been violent towards her. He didn[singlequote]t want to discuss this further other than to highlight why he felt it was unreasonable. Discussed accessing legal advice, he was concerned this might be seen as antagonistic towards his wife (who he appears to want to reconcile with).

When asked about why he didn[singlequote]t leave the property he was aware that he could be arrested but hadn[singlequote]t thought this was likely. Appears to have stayed at address without issue over this time other than declining to leave property on that date. He reported that he liked being at home and didn[singlequote]t want to stay somewhere else as it was his home. Reports that now he has been arrested which was unpleasant, uncomfortable stay overnight, no sleep, caffeine withdrawal and requesting a cup of tea. Given this doesn[singlequote]t intend to return home as knows he will be arrested.

Acknowledges this is a stressful time, denies any mood issues or thoughts to harm self/others. He does report difficulties in maintaining his self care but was clear this was due to physical issues not mental health.

Open to further contact with CRS in next few days to discuss where he is at and whether medication and/or community supports/counselling may be helpful. He wanted specifics but I explained that it would depend on what issues (if any) he would like support with. Provided Te Haika number, likely to stay with Grandma in Wellington but to be decided with Court/family re bail address.

Physical health issues including metabolic issues
CFS

Contributing factors
Break down of marriage

Risks identified
Denied any thoughts or plan to harm self or others at time of CRS ax under s8B ax

Mental state / presentation
[MSE]
David is a 34 year old NZ E male, he was poorly kempt in t-shirt and pants, long hair and facial hair, appeared to have scaling/rash on arms. He sat through the review, writing frequently. Appeared relaxed in demeanour, tendency to stare but not intensely. Guarded and mildly paranoid of information being shared to Courts, not unreasonable concerns given first time being arrested and MHA process. Speech normal in R/T/V. Thoughts were linear, main concern was getting out of cells and having a cup of tea, more appropriate future focus re considering which family member to stay with. Nil delusional or bizarre thought content elicited. Appeared euthymic and reactive in affect. Denies thoughts to harm self/others. Cognition not formally assessed but grossly intact. Good concentration and articulation despite concerns of same. Acknowledges that this is a stressful time for him and it may be he
to have some supports. Likely some minimizing of concerns from others however nil indication capacity or judgement affected by mental disorder at present.

Formulation and plan
[IMP]
Nil indication of mental disorder at present. While he appeared slightly guarded and weary of us this was reasonably in keeping with assessment circumstances rather than frank paranoia. Denies any risk to self/others. Unclear what grounds re for protection and occupancy orders but no indication of violence from David as far as I[singlequote]m aware. MHA criteria not met.
Possibility of an adjustment reaction to breakdown of marriage and needing to move elsewhere (David now accepting that he would be arrested again if returns home and reports he

doesn[singlequote]t intend to), he is accepting he may benefit from supports over this time, and agreeable for further assessment/triage of same by CRS.

[PLAN]
1. MHA not continued
2. Has been bailed, ?likely to family address, reports not intending to return to his home a doesn[singlequote]t want to be arrested again
3. Encouraged to seek legal advice around situation
4. Open to us calling him in a few days to check in with stress, reassess mental state and link in with support services if needed/wanting same
5. Provided Te Haika 0800 number - aware can contact us as needed
6. Feedback re outcome of assessment, MHA not proceeded with, provided to applicant (father - Paul) on his arrival to collect David, thankful for assessment and that we will contact David again in a few days

Intimate partner violence
Intimate partner violence routine enquiry: No - reason: x

Demographic update
Demographic information checked and updated in webPAS?: No - reason: Currently residing with family as Protection order in place
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Last Updated By
Document last updated by Lorraine Arnold

Observation date:

Patient: Mr David Solt DOB: 08 Nov 1988

Subject: Mhaids Note To Gp Date : 01 May 2023

Reference: ccoaststst 19769122890481168289

Patient Medical Record

MR DAVID SOLT 8th Nov 1988

Referral Description: MHAIDS Note to GP
Primary Care Provider: Rebekah Lamb
Referred to Provider: Rebekah Lamb
Patient Details
Patient Name: SOLT, DAVID JEREMIAH
NHI No: DSQ8544
Date of Birth: 08-Nov-1988

NHI: DSQ8544
Attending Doctor:
Referring Doctor:
Consulting Doctor:
Admitting Doctor:

Note to GP
Date: 01/05/2023
Subject: re CRS contact with David Salt
Content: Please see initial ax 27/5/23

CRS have had further ph contact with David & are now discharging back to your care.

He did not want any further contact from CRS or input from secondary MHS.

Please do not hesitate to contact with any further concerns.

Regards
Clare
Clinician Name: Clare Gault
Clinician Title/Position: CMHN
Service: CRS
Contact Details: 0800745477
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Last Updated By
Document last updated by Clare Gault

Observation date: