



Boonwurrung Country,
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30/09/2025

RE: Miss Isobel Hayward
23 Jacksons Road
Mount Eliza. 3930
DOB: 25/11/2000
Tel: , 0427339906
Medicare: 3551259392, 1

Dear Ana and Kristen,

Reason for visit:
Case conference

Case conference undertaken today
Start time: 520
Finish time: 540
Explanation of case conference goals provided
Verbal consent obtained
Attendees:
Laura Chapman-GP
Kristen Moore- Pelvic physio
Ana Ximena- Clinical psychologist
Points discussed:

history of disordered eating and never liking body
stimulant use for ADHD requires catch up eating
body scan can trigger anxiety
dry mouth an ongoing issue
'in-laws' visits can be disruptive and intrusive and lead to more time in bed
has undertaken some good nesting and purchased a new sofa
pain stable and impacting life less
trialling vaginal oestrogen for chronic thrush like symptoms (kate tyson)

Actions to be taken:
Ana plans anxiety workshop for pt, encouragement to eat more of food she likes, continue with current progress,
kristen will help her tap into her body more, info sharing by Laura below (first consult)

Initial pelvic pain presentation at Clarity: September 2024!

Referred by: JAECE

Current team members: endo nurse, frank buchanan, prof martin haeley epworth- hormones/surgical- 3 x
laps, 1 lap in mornington, clare myers (2nd opinion- would be doing what martin is doing), colorectal- 'no
endo in bowel', colonoscopy, clifton hill physio- 6/12 ago last apt, psychiatrist 1st apt- nest, dietician- create
and change, endocrinology- trina gilbert, kaeser- osteopenia weight program, accupuncture, chinese
medicine, psychologist- 1 yr ago positive psychology- 'do mindfulness', ED 2016-2021- restriction when

pain flared, brother cancer 2019, no school at time of vce- 'no life', 'brother ca- in and out of shit since 16', 'trauma related', partner , very close to family'

Current problem list:

Pain 1:

site- rif
nature- stabbing
intensity- 8/10 --> 4-6/10 on synarel
frequency- constant past few weeks, better prior
relieving factors- tens, heat, infra red sauna, cold plunge (reduced by 1 or 2 points), palexia- metnal and
pain, endone- constipation and anxiety increases with pain
exacerbating factors- stress, illness, chest infection, tiredness, ab exercise

Pain 2:

site- r side umbilical line
nature- pulling a belt around middle
intensity- 8/10
frequency- constant, better prior to few weeks ago
relieving factors-
exacerbating factors-

synarel

Ideas: unexplained flare currently, usually flares every 3/12 for 5-28/7

Concerns: lack of at home Management: when flaring

Expectations: pain flare Management:, reduce overwhelm with care, wants a process of how to deal with pain

pain management team at jaece

gabapentin in past no benefits, told use when have flares

Subjective:

- Endometriosis: long hx, 4 previous laparoscopies
- Current flare: 2 weeks duration (ranges 5 days to 1 month)
- Pain locations: R lower abdomen, R upper abdomen
- R lower abd pain: stabbing, 7/10
- R upper abd pain: tight/pulling sensation, 10/10, constant
- Pain worse with stress, illness
- Relieved by: heat pack, bath, medication
- Medications:
 - Targin (oxycodone/naloxone): slow-release, 2/day during flare
 - Endone (oxycodone): for severe pain, causes constipation/anxiety
 - Palexia (tapentadol): for severe pain
 - Sertraline 75mg daily (2 years)
- PMHx:
 - Osteopenia
 - Gastritis
 - Asthma
- Hx of restrictive eating (2016-2020)
- FHx: osteoporosis, breast cancer
- Social: lives with family, financially supported by parents

Objective:

- Pain locations: R lower quadrant, R upper quadrant

Assessment &

Reason for visit:

Endometriosis

Plan:

1. Endometriosis flare
 - Continue current pain management
 - Rx:
 - Targin 50mg BD PRN
 - Endone 5mg PRN
 - Voltaren suppositories trial
 - Ondansetron PRN
 - Consider Cymbalta (duloxetine) trial
 - Discuss pharmacogenomic testing
 - F/u 1 week: review medication use/efficacy
2. Osteopenia
 - Continue current management with endocrinologist
 - Encourage weight-bearing exercise
3. Mental health
 - Continue sertraline 75mg daily
 - Upcoming psychiatry appt at NEST clinic
 - Monitor for eating disorder recurrence
4. Allied health
 - Encourage ongoing pelvic physiotherapy
 - Consider dietitian referral if disordered eating thoughts recur
5. Care coordination
 - Obtain consent for case conference
 - Ensure GP management plan in place
 - Monitor Medicare safety net status

Thank you for seeing Isobel Hayward for an opinion and management.

Her current medications are:

Methylphenidate 10mg Capsule, modified release	2 Capsules Three times a day.
Orphenadrine 100mg Tablet	1 Tablet Twice a day.
Palexia IR 50mg Immediate release tablets	1 Tablet aim for 1 every other day till 19/09/25.
Palexia SR 50mg Sustained release tablet	max 1 daily, aim for 1 every other day.
Raloxifene 60mg Tablet	1 Tablet Daily.
Synarel 200mcg/dose Nasal Spray	1 puff Twice a day.

Allergies:

Amitriptyline	Unknown, Mild
Lyrica	, Mild
Duloxetine	, Mild

Past Medical History:

Asthma
Endometriosis
IBS
Gastritis

Raynaud's disease
Osteopenia
ADHD
ADHD
18/06/2025 Osteopenia

Investigations:

Yours faithfully,

A handwritten signature in black ink, appearing to read 'L Chapman', written in a cursive style.

Dr Laura Chapman
MBChB, BSc, FRACGP, CWH
4209537T