RACP

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EDUCATE ADVOCATE INNOVATE

Advanced Training Committee in Adolescent and Young Adult Medicine

LOGBOOK –

Supervisors:

Trainee Name:
Trainee MIN:
Dates Submitted:

About the Logbook

The Logbook component of your Advanced Training in Adolescent and Young Adult Medicine covers eight areas:

- Growth and development
- Psychosocial assessments
- Long-term follow up
- Nutrition – overweight/underweight
- Mental health and behavioural issues
- Chronic physical illness or disability
- Health risk behaviour including substance abuse
- Sexual health (e.g. sexuality, same sex attraction, STIs, contraception, teenage pregnancy, sexual abuse, reproductive health in chronic illness and disability, gender identity disorder etc.)

For each area:

- A minimum of 20 cases are to be logged (the same cases cannot be repeated over more than one area)
- At least one case from each of the following age ranges must be included: 10-14, 15-19, 20-24 years

Logbook Requirements

Trainees are required to submit their logbook in progress to the Advanced Training Committee (ATC) in Adolescent and Young Adult Medicine at the end of their first year of training for review. The final logbook is then to be submitted by the end of Advanced Training.

Curriculum Objectives

Learning objectives have been taken from the Adolescent and Young Adult Medicine Advanced Training Curriculum. Please refer to the full Curriculum throughout training, and when completing the logbook.

GROWTH AND DEVELOPMENT

Intended learning objectives:

- Describe normal and abnormal physical development *(Learning Objective 1.1.2)*

PSYCHOSOCIAL ASSESSMENTS

Intended learning objectives:

- Engage with and assess adolescents and young adults *(Learning Objective 1.2.1)*

LONG-TERM FOLLOW UP OF PATIENTS

Intended learning objectives:

- Manage common chronic conditions *(Learning Objective 2.1.1)*

NUTRITION

Intended learning objectives:

- Manage common chronic conditions in overweight and underweight patients *(Learning Objective 2.6.1)*

MENTAL HEALTH AND BEHAVIOURAL ISSUES

Intended learning objectives:

- Recognise and manage common mental health problems *(Learning Objective 2.2.1)*

CHRONIC PHYSICAL ILLNESS OR DISABILITY

Intended learning objectives:

- Manage common chronic conditions *(Learning Objective 2.1.1)*
- Diagnose and manage common medical disorders arising in adolescents and young adults with disability *(Learning Objective 2.5.1)*

HEALTH RISK BEHAVIOUR INCLUDING SUBSTANCE ABUSE

Intended learning objectives:

- Describe the epidemiology of alcohol and other drug use *(Learning Objective 2.4.1)*
- Identify substance use problems that require specific intervention and specialist referral *(Learning Objective 2.4.2)*

SEXUAL AND REPRODUCTIVE HEALTH

Intended learning objectives:

- Describe normal and abnormal physical development *(Learning Objective 1.1.2)*
- Diagnose and manage sexually transmitted diseases *(Learning Objective 2.3.1)*
- Discuss issues around contraception with adolescents, young adults and families *(Learning Objective 2.3.2)*
- Manage adolescents and young adults who are pregnant *(Learning Objective 2.3.3)*
- Identify and manage health problems in adolescents and young adults who are marginalised or at risk *(Learning Objective 2.7.1)*
- Recognise, assess and manage adolescents and young adults who have been sexually abused *(Learning Objective 2.7.2)*

GROWTH AND DEVELOPMENT – addressed extensively in Paediatric Endocrine training

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor

PSYCHOSOCIAL ASSESSMENTS

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
		14	Referred with abdominal pain, short stature. Psychosocial assessment – in foster care, previously in resi care. Bullying, suicidal ideation. KLP – engagement at pace of the patient, utilise aboriginal health workers	Supervisors identified on cover sheet.
		17	Presented with weight loss. Psychosocial assessment – eating disorder. KLP – thorough psychosocial assessment can help with diagnosis of medical conditions.	
		18	Atypical anorexia nervosa, anxiety KLP – psychosocial assessment helped with engagement	
		15	Abdo pain, weight loss, herpes simplex (significant infection). KLP – Framework to express distress over herpes	

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
			infection, helpful to differentiate somatic elements to abdominal pain	
		15	Recurrent abdominal pain. KLP – identified stressors on psychosocial assessment and strengths to help manage them	
		15	Abdominal pain, complex social situation, multiple stressors (father terminally ill, limited social circle, migrant family) KLP – Despite stressors, abdo pain had an organic cause, need appropriate medical workup for abdo pain	
		13	Anorexia nervosa, ADD KLP – psychosocial assessment identified BGs disgust with her ASD diagnosis and helped me to see how this influenced her self perception	
		17	Abdo pain, mild elevation lipase, eczema school avoidance KLP – engagement PA is an opportunity for patient to ask questions.	
		19	Homelessness, shoulder pain KLP – opportunity to engage around other health issues when presenting for another issue	
		25	Homeless, ear pain KLP - opportunity to engage around other health issues when presenting for another issue	
		17	Homeless, arm pain, past history thrombosis KLP - opportunity to engage around other health issues when presenting for another issue	
		18	Homeless, conjunctivitis KLP - opportunity to engage around other health issues when presenting for another issue	
		23	Homeless, migrant family, sore arm, complex social situation KLP – sore arm was due to significant duties around the house which were identified on PA	
		19	Homelessness, acne KLP - engagement	
		23	Homelessness, ankle pain KLP – adjusting PA to the comfort of the patient, no assumption that all questions are ok to be asked and may bring up a trauma history	
		20	Homeless, asthma KLP - opportunity to engage around other health issues when presenting for another issue	
		13	Nocturnal enuresis, constipation KLP - opportunity to engage	
		11	Constipation KLP - opportunity to engage	
		13	Assessment for ASD KLP – families with a history of family violence and homelessness may be wary of their child seeing a dr alone. Needs a clear explanation and rationale.	

LONG TERM FOLLOW-UP OF PATIENTS

Examples of areas to be covered include, but are not limited to:

Engagement with young person and family over time
Changing nature of clinical issues with time
Changing management plans according to health concern.

Date – first appointment	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
		14 16	Newly diagnosed anorexia. Engaged well at the start, as time progressed, developed anxiety (separate to the eating disorder) and lack of insight. KLP – being alert for additional diagnoses, maintaining engagement when patient and doctor have different aims (eg weight gain vs weight loss) Migraine, alopecia, anxiety, dysmenorrhea. KLP – repeated psychosocial assessment enabled ML to discuss (after 6 months of regular contact) some anxiety provoking secrets that she had been keeping from her father. This enabled discussion of this issues in the clinic and improvement in some of ML's symptoms.	
		15 16	Abdominal pain, constipation, poor sleep, previous vesicoureteric reflux (lost to follow up). KLP – TT was initially reluctant to discuss her constipation. As her trust developed, she was able to give more clinical details and she was empowered to manage her treatment herself. She was also able to acknowledge the ways in which anxiety related to her abdominal pain. Abdominal pain, diarrhoea, school avoidance, recurrent presentations to the emergency department. KLP – Throughout my contact with NT, she was able to manage more of her symptoms at home without coming in to ED. She could reflect on episodes of pain and how they related to school avoidance.24/02/2016	
		14	Abdominal pain, urinary retention, migraine, constipation. ** Also presented at a case conference KLP – Very complex presentation. Required inpatient assessment to investigate factitious/somatisation/medical explanation. Key point was to contain the family as many other teams were involved and to provide strong case coordination.	
		14 `12	Somatisation, panic attacks, anxiety. KLP – being available for long consultations and not seeing failure to attend appointments as a sign of disengagement. Conversion disorder, school refusal, complex social situation. KLP – Collateral history was essential as RC was not always forthcoming with information. Often needed to see RC alone, then with her mother, then her mother alone and then back together to get the full picture.	
		15	Suicidality, anorexia nervosa, child protection issues KLP – Difficult to maintain engagement with KR (including confidentiality) given significant child protection issues. Required honest conversations and being explicit about confidentiality prior to each conversation. Also had a changing clinical picture over time and involvement of many other services.	

Date – first appointment	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
		11	Anorexia nervosa, significant exercise component, KLP – VS responded well to treatment but started to gain too much weight and needed to reflect on developing binge eating.	
		14	Behavioural issues, also assessed for Bulimia. KLP – SF was initially referred for assessment of bulimia nervosa. It was apparent that her presentation was actually related to significant behavioural issues at home and school. Parents were punitive in their approach and required separate appointments for discussions around parenting without SF in the room.	
		15	Anorexia nervosa KLP – CF initially went well with her anorexia treatment but significant social anxiety and separation anxiety from mum. This impeded her progress and required additional supports.	
		16	Somatic abdominal pain, dysmenorrheoa. KLP – AT and her mother required significant support to engage with the diagnosis of somatisation. Despite this she improved significantly over the 12 months and was working and attending school full time by the end of the year.	
		14	Anorexia nervosa KLP – SR was extremely challenging in terms of the severity of her anorexia. At times she was completely unable to eat at home and several creative strategies were needed to help her with her AN.	
		15	Anorexia nervosa KLP – engaging in a culturally appropriate way was important for DM and her family over time.	
		16	Refugee minor, suicidal ideation, bullying, social isolation, abdominal pain, headaches school avoidance KLP – It took some time to engage well with KM, needed to utilise the same interpreter for each appointment, asking family members to come to some appointments and being seen with the case worker. Mid way through the year the case worker changed which was challenging for KM but we were able to maintain engagement through frequent review.	
		12	Anorexia nervosa KLP – trust and confidentiality over time were essential to maintain a good therapeutic relationship with LC. There were issues around sexuality for LC which were difficult for them to acknowledge and it was important to emphasise confidentiality at each appointment.	
		14	ARFID, school avoidance, eczema KLP – Superficial engagement was easy to establish with EW however deeper engagement required a more creative approach. Utilised EW teaching me about her favourite video games (including watching some play on you tube) to develop a shared sense of enjoyment which led to a better therapeutic engagement.	
		16	Abdominal pain, constipation, headache KLP – Although JI's symptoms were explained by moderate constipation and somatisation, the family had been dismissed by health services before and	

Date – first appointment	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
			were wary of new services. We spent a lot of time debriefing over previous health experiences and validating their concerns. Over time we developed trust and were available to start to manage some of JI's symptoms.	
		16	Obesity, PCOS, housing stress KLP – It was important to incorporate the social aspects of KT's life when considering treatment options. She had a very capable family however there were significant financial, housing and time pressures. We negotiated treatment plans and goals together and recruited other services (dietician, housing worker, AHW) where needed.	

NUTRITION

Examples of areas to be covered include, but are not limited to:

- Explaining the concept of body image
- Managing an acutely ill patient with anorexia nervosa
- Recognising insulin resistance

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
		17	Severe chronic AN KLP – recognition of sepsis in a chronically malnourished person	
		15	Bulimia nervosa KLP – management of hypokalemia	
		14	Anorexia nervosa KLP – management of significant behavioural issues requiring medical and behavioural plans	
		15	Anorexia nervosa KLP – management of medically unstable person with AN	
		15	Anorexia nervosa KLP – initial assessment and diagnosis of anorexia	
		17	Anorexia nervosa KLP – recognising atypical anorexia and medical instability	
		17	Anorexia nervosa KLP – management of total food refusal requiring nasogastric replacement	
		14	Anorexia nervosa KLP – initial assessment and diagnosis of AN	
		16	Anorexia nervosa KLP – discussing body image in chronic anorexia	
		11	Anorexia nervosa KLP – management of medical instability	
		13	Anorexia nervosa KLP – medical review of anorexia nervosa after discharge from hospital	
		17	Anorexia nervosa, somatisation, ?factitious disorder, severe malnutrition KLP – medical management of moderate refeeding syndrome, untangling the diagnosis of somatisation vs factitious disorder	

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
		17	Anorexia nervosa KLP – management of medical instability, discussion around body image	
		15	Anorexia nervosa KLP – management of refeeding syndrome	
		16	Anorexia nervosa KLP – assessment and diagnosis of AN	
		17	Anorexia nervosa KLP – management of hypotension and medical instability	
		14	Anorexia nervosa KLP – management of anorexia when parents are difficult to engage and don't agree with the diagnosis	
		17	ARFID KLP –management of the psychologically deteriorating patient in the context of ARFID and vomiting	
		15	Anorexia nervosa KLP – diagnosis and management of medical instability	
		12	Anorexia nervosa KLP – assessment and diagnosis of AN	

MENTAL HEALTH AND BEHAVIOURAL ISSUES

Examples of areas to be covered include, but are not limited to:

- Clinical presentations of common mental health conditions
- Initial management of common mental health problems

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
		16	ADHD, ASD, depression, panic attacks. New onset seizures. KLP – diagnosis of pseudoseizures, explanation to family, management plan for home and school	
		16	Somatisation, school refusal, anxiety KLP – Clinical presentation and management of somatisation.	
		17	ARFID, significant behavioural issues, social anxiety KLP – management of social anxiety, containing parental anxiety	
		16	Behavioural issues, somatisation, ASD KLP – Diagnosis of somatisation in context of ASD, behavioural management strategies in the community and in hospital	
		17	Suicide attempt – paracetamol overdose KLP – Risk assessment. Discussion with SK revealed her feelings of hopelessness with current world events and about the future rather than personal issues at home. However in the context of her father dying two years prior. Diagnosis of depression.	
		14	Abdominal pain – diagnosed with somatisation KLP – Appropriate investigation of abdominal pain, discussion with family regarding somatisation, return to usual function	

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
		14	Conversion disorder KLP – Presented with sudden inability to move his whole body in the context of a head injury 3 weeks prior for which he had entered a research study for follow up. The study had raised his anxiety about sequelae from the head injury and a close family member was also raising the anxiety with questioning about symptoms and memory loss. Diagnosed with conversion and recovered over night after frank discussion with mother.	
		13	Abdominal pain, somatisation, school avoidance, headache KLP – Maternal buy in to medical cause for symptoms had led to supported school avoidance and a plan to be home schooled. After appropriate investigation, mum was on board with somatisation diagnosis, promptly returned to mainstream school.	
		15	Abdominal pain, somatisation, acne KLP – Investigation and management of abdo pain and diagnosis of somatisation.	
		16	Abdominal pain, somatisation KLP – Investigation and management of abdo pain and diagnosis of somatisation. Parents found it difficult to engage with the diagnosis and required considerable explanation	
		16	Suicide attempt (polypharmacy overdose) KLP – Risk assessment, initial psychological support for overwhelming suicidal ideation	
		15	Suicide attempt (overdose) KLP – risk assessment, diagnosis of depression	
		16	Abdominal pain, vomiting, intellectual disability KLP – diagnosis of somatisation in the context of ID	
		24	Recurrent self harm, homelessness, hx abuse KLP – Gentle engagement including patient directed goal setting. Risk assessment. Respectful management of physical wounds. All enabled KC to return for ongoing care.	
		17	Homeless, depression KLP –Difficulty regarding assessment of depression in the context of multiple and complex social stressors.	
		17	Suicide attempt – paracetamol overdose KLP – Psychosocial assessment was useful to identify ongoing risk for the patient.	
		21	Depression KLP – complex presentation – depression and suicidal ideation in the context of being an international student, homeless and with very limited social supports.	
		24	Asthma, low grade depressive symptoms KLP – opportune screening at an asthma review revealed depressive symptoms requiring ongoing magagement	
		17	Depression, anxiety, Behavioural issues KLP – complex presentation. Depression in a young woman which was predominantly irritable in nature. Had also broken the law due to angry outbursts and subsequent physical injury to others. Difficult to engage, very tearful and distressed. Initial diagnosis and first line management.	

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
		14	ASD and anxiety KLP – simple measures instituted at home helped with anxiety symptoms in the context of ASD. Key to recognise the difference in the symptoms and how they inter relate.	

CHRONIC PHYSICAL ILLNESS OR DISABILITY

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
		15	** Also presented at a case conference. Inflammatory bowel disease, treatment non-adherence. KLP – By not challenging SD about her non-adherence and accepting her explanations, she was offered an honourable way out of her situation and could recommence her medication (which she did) without having to admit anything.	
		15	Severe epilepsy requiring surgery, depression, intellectual disability KLP – multiple complex stressors on MS, mother had died, father was difficult to engage. Required case coordination, school liaison, specialist liaison, active engagement, community mental health engagement.	
		14	Type 1 diabetes, child protection issues. KLP – Supporting chronic disease management while frequently moving house due to child protection issues.	
		14	Ehlers danlos type 3, joint pain, reflux KLP – Taking a long term view of pain management and a rehab style approach, anticipatory care for health needs.	
		13	Intellectual disability, type 1 diabetes KLP – Focus on specific attainable goals, school liaison, ensuring parental understanding	
		17	Type 1 diabetes, AN KLP – Managing T1D and AN together and the impact these illnesses have on independence, individuation and normal social development.	
		12	Inflammatory bowel disease and abdominal pain KLP – Discussing how mum would be able to trust RN with some of the management	
		17	Type 1 diabetes, AN KLP – Managing T1D and AN together and the impact these illnesses have on independence, individuation and normal social development.	
		19	Homelessness, epilepsy, depression KLP – Importance of engagement to assist with CO being able to return for management of his epilepsy	
		21	T1D, pregnancy KLP – recognising the impact of pregnancy on T1D, encouraging independent supported decision making for pregnancy decisions.	
		19	Type 2 diabetes, depression, marijuana dependence KLP – recognising the impact of depression medication adherence	
		11	Arthritis KLP – recognising which symptoms are associated	

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
			with arthritis and which may be related to somatisation or other reasons.	

HEALTH RISK BEHAVIOUR INCLUDING SUBSTANCE ABUSE

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
		17	Acute chest pain, in foster care, reluctant engagement KLP – JF was distrustful of medical services, needed a measured, flexible approach to ensure he received the best practice care.	
		24	Homeless, recent assault, drug use KLP – Needed to see JP quickly and assess rapidly as he did not want to stay long. Refused ED assessment so coordinated CT scan in the community. Explored forensic options post assault	
		22	Homeless, amphetamine use, hepatitis C, recurrent self harm KLP – needed to utilise wrap around services to offer care and maintain my own safety. Coordinate referral to specialist services,	
		16	Homeless, missing person, child protection issues, URTI KLP – Opportunity to engage on a range of health issues, significant risks identified, aim to provide a safe space to return to for seeking care.	
		18	Homelessness, self harm, suicidal ideation, suicidal ideation, AOD issues. KLP – Able to engage around a number of health issues including sexual health, AOD and nutrition. Provided vaccination on the day.	
		21	Homelessness, drug dependence, recent discharge from psychiatric unit, drug seeking behaviour KLP – balance engagement with policies precluding the supply of opiate and benzodiazepines (both also not in DP's best interests). Coordinate engagement with local mental health services as none able to be provided from the psychiatric unit post discharge.	

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
		18	Homelessness, drug dependence, history of psychosis KLP – AOD assessment and assessment of readiness to change, address, re engagement of local mental health services, opportunistic sexual health screening.	
		23	Homelessness, amphetamine withdrawal, impetigo KLP – Mental health assessment and risk assessment, management of skin lesions, encouraged to return, provided info on local AOD services.	
		20	Homelessness, foot injury (glass insitu), AOD issues KLP – Assessment of injury, coordinating referral to another services.	
		19	Homelessness, drug induced psychosis, heavy methamphetamine use. KLP – Connecting with community supports, addressing health issues related to amphetamine use, Assessment of readiness to change, referral to mental health services.	
		19	Homelessness, URTI symptoms. KLP – Assessment and management of acute sinusitis, encouraged to call the quit line.	
		19	Homelessness, cigarette use, marijuana ice, infrequent methamphetamine use, ankle injury KLP – Opportunistic discussion re drug use when presenting for an ankle injury. Not ready for change. Supports provided and advised on health maintenance while using drugs (eg dental health, nutrition)	
		19	Homelessness, ingrown toenails, poor diet, no dental hygiene regimen, no social supports KLP – given reduced ability to manage self care, focussed instead on the positive things DP was doing eg, dressings for his toenails, taking his antibiotics. Aimed to gradually introduce normal self care (tooth brushing, adequate nutritional intake)	
		18	Homelessness, behavioural issues, drug seeking behaviour KLP – Ensuring safety for staff, de escalate situation by providing clear information, offer of assistance, referral to other services.	
		20	Homeless, migrant KLP – Engaged with psychosocial assessment, utilised this to determine other health needs.	
		16	Heavy marijuana use, school disengagement, family issues, previous assault, anxiety symptoms. KLP – engagement with community services, discussion regarding management of withdrawal symptoms, discussion around reasons for marijuana use and how JB may require treatment of anxiety to reduce his use.	
		17	Homeless, borderline personality disorder, pseudoseizures, AOD use, risky sexual engagement with other young people in the service, sexual assault KLP – Very challenging engagement, saw with other staff member, escorted to local hospital for forensic assessment post sexual assault. Management plan put in place for future contact. Liaison with mental health services.	

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor

SEXUAL AND REPRODUCTIVE HEALTH

Examples of areas to be covered include, but are not limited to:

- Sexuality
- Same sex attraction
- Sexually transmitted infections
- Contraception
- Teenage pregnancy
- Sexual Abuse
- Reproductive health in chronic illness and disability
- Gender identity disorder

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
		19	Vulval irritation, pain, discharge KLP – diagnosis of herpes, STI screen, contraceptive counselling. Counselling around nature of HSV and treatment/likelihood of recurrence, transmission. Managing distress associated with diagnosis.	
		17	Homeless, chlamydia, mycoplasma genitalium KLP – treatment of STI, extended STI screen including BBV screen, contact tracing	
		17	Homeless and sexually active KLP – counselling on contraception and STI screen. Ambivalent around contraception, counselled on pregnancy health and likelihood of pregnancy with current sexual practice.	
		16	Complex home life, abusive brother, sex without condom use in previous 24 hours, binge drinking, depressive symptoms KLP – managed acute issues – emergency contraceptive pill, STI screen (as not up to date). Encouraged to return for repeat testing in 7 days, discussed contraception, discussed community mental health option and risks associated with binge drinking.	
		19	Homeless, in relationship with male partner, wanting a pregnancy, mycoplasma genitalium, possible PCOS KLP – key not to assume that a young person isn't planning for a pregnancy, not all young people want contraception, discussed healthy pregnancies and explored KS's concepts of pregnancy and parenting. Treated MG. Encouraged to return for further discussion. Given info about pre pregnancy health care (smoking, alcohol, folate, healthy diet, exercise)	
		24	Homeless, requesting STI screening, possible PCOS KLP – discussed contraception, STI screen	
		18	Implanon removal KLP – contraception counselling, STI counselling	

Date	Patient initials	Age of patient	Major clinical issues and key learning points	Name of supervisor
		17	Recurrent shoulder dislocation, sexually active KLP – psychosocial assessment revealed sexual activity - importance of PA for identifying need for STI screen	
		24	Request HIV test. KLP – considerable discussion revealed issues with sexuality, is attracted to males and has had sex with males but isn't sure about sexual identity. Has also fathered a child with a friend (she is same sex attracted). Counselled on sexuality, offered STI and BBV screening, discussed parenting skills.	
		22	Homelss, pregnant, chronic hepatitis B KLP – discussed pregnancy options, STI screening and future contraception.	
		22	Homeless, pregnant KLP – discussed pregnancy options within appropriate cultural framework (explored AD's perceptions of pregnancy prior to discussion), offered STI screening.	
		19	Homeless, same sex attracted, enlarged lymph node KLP – identified need for STI and BBV screen on psychosocial assessment. Offered tests after pre-test counselling.	
		21	Deranged LFT's, insecure housing, recent termination of pregnancy. Presented with arm pain after fall from motor bike. KLP – Need for contraception identified on psychosocial assessment. Counselled as such	
		22	Presented querying pregnancy. KLP – LQ wanted to be pregnant and was disappointed when the result was negative. Counselled on positive health changes to engage in prior to pregnancy including reduction in AOD use. Discussed reality of babies and parenting and other plans for the future.	
		17	Presented with concerns over a breast injury. Has been sexually assaulted. History significant methamphetamine use. Extended psychosocial assessment. Offered STI screen and BBV screen. Contacted police with BW consent. Diagnosed with Mycoplasma genitalium and Hep C.	
		15	Homeless, pregnancy (24 weeks) KLP – utilise aboriginal health workers to assist with engagement and ongoing support. Link with local services. Counselled on pregnancy and maintaining good health.	
		17	URTI symptoms KLP – psychosocial assessment identified need for STI screening – offered.	