

Appendix 1: Example of a *BEACH* encounter recording form 1999–00

BEACH (Bettering the Evaluation And Care of Health) - Morbidity and Treatment Survey - National

DOCID Encounter Number 1. 2. 3.	Date of encounter / / Patient Reasons for Encounter 1. 2. 3.	Date of Birth / / Sex M <input type="checkbox"/> F <input type="checkbox"/>	Patient Postcode _____	New patient..... Health Care Card holder..... NESB..... Aboriginal..... Torres Strait Islander..... Veterans Affairs Card White card..... Gold card.....	PATIENT SEEN Item No. _____ MBS/Vet. Affairs <input type="checkbox"/> VA paid <input type="checkbox"/> Workers comp paid <input type="checkbox"/> State/Other paid <input type="checkbox"/> No charge/Unpaid <input type="checkbox"/>	PATIENT NOT SEEN Script..... <input type="checkbox"/> Referral..... <input type="checkbox"/> Certificate..... <input type="checkbox"/> Other..... <input type="checkbox"/>	
1. Diagnosis/problem		New problem <input type="checkbox"/> Work related <input type="checkbox"/>	2. Diagnosis/problem		New problem <input type="checkbox"/> Work related <input type="checkbox"/>	Strength Regimen No. of Rps ? GP Supply New Drug	
Medications/vaccines for this problem 1. 2. 3. 4.		Medications/vaccines for this problem 1. 2. 3. 4.		Procedures, other treatment, counselling this consult 1. 2.		Strength Regimen No. of Rps ? GP Supply New Drug	
3. Diagnosis/problem		New problem <input type="checkbox"/> Work related <input type="checkbox"/>	4. Diagnosis/problem		New problem <input type="checkbox"/> Work related <input type="checkbox"/>	Strength Regimen No. of Rps ? GP Supply New Drug	
Medications/vaccines for this problem 1. 2. 3. 4.		Medications/vaccines for this problem 1. 2. 3. 4.		Procedures, other treatment, counselling this consult 1. 2.		Strength Regimen No. of Rps ? GP Supply New Drug	
Pathology For problem(s) 1 1 2 3 4 2 1 2 3 4 3 1 2 3 4 4 1 2 3 4 5 1 2 3 4		Imaging & other tests (+Body site) 1 1 2 3 4 2 1 2 3 4 3 1 2 3 4 4 1 2 3 4 5 1 2 3 4		To the patient: In general would you say your health is: Excellent..... <input type="checkbox"/> Very good..... <input type="checkbox"/> Good..... <input type="checkbox"/> Fair..... <input type="checkbox"/> Poor..... <input type="checkbox"/>		To the patient if 18+: How often do you have a drink containing alcohol? Never..... <input type="checkbox"/> Monthly or less..... <input type="checkbox"/> Once a week..... <input type="checkbox"/> 2-4 times a week..... <input type="checkbox"/> 5+ times a week..... <input type="checkbox"/>	
Patient's Height: _____ cm Weight: _____		How many standard drinks do you have on a typical day when you are drinking? _____		How often do you have 6 or more standard drinks on one occasion? Never..... <input type="checkbox"/> Monthly or less..... <input type="checkbox"/> Once a week..... <input type="checkbox"/> 2-4 times a week..... <input type="checkbox"/> 5+ times a week..... <input type="checkbox"/>		BA	