

Appendix 1: Example of a recording form from BEACH 2000–01 recording year

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

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DOCID

Encounter Number	Date of encounter ____/____/____	Date of Birth ____/____/____	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Patient Postcode _____	New patient <input type="checkbox"/>	Health Care Card/Benefits holder <input type="checkbox"/>	Veterans Affairs Card holder <input type="checkbox"/>	NESB <input type="checkbox"/>	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	PATIENT NOT SEEN <input type="checkbox"/>	Item No: (if applicable) _____	VA paid <input type="checkbox"/> State/Other paid <input type="checkbox"/>	Workers comp paid <input type="checkbox"/> No charge <input type="checkbox"/>
START Time ____ : ____ AM / PM (please circle)	Patient Reasons for Encounter	1. _____			2. _____			3. _____						

Diagnosis/ Problem ①: New Problem Work related

Drug Name for this problem	Strength	Dose	Frequency	No. of Rpts	OTC Advised	GP Supply	New Drug
1.							
2.							
3.							
4.							

Procedures, other treatments, counselling this consult for this problem

1. _____ 2. _____

Diagnosis/ Problem ②: New Problem Work related

Drug Name for this problem	Strength	Dose	Frequency	No. of Rpts	OTC Advised	GP Supply	New Drug
1.							
2.							
3.							
4.							

Procedures, other treatments, counselling this consult for this problem

1. _____ 2. _____

Diagnosis/ Problem ③: New Problem Work related

Drug Name for this problem	Strength	Dose	Frequency	No. of Rpts	OTC Advised	GP Supply	New Drug
1.							
2.							
3.							
4.							

Procedures, other treatments, counselling this consult for this problem

1. _____ 2. _____

Diagnosis/ Problem ④: New Problem Work related

Drug Name for this problem	Strength	Dose	Frequency	No. of Rpts	OTC Advised	GP Supply	New Drug
1.							
2.							
3.							
4.							

Procedures, other treatments, counselling this consult for this problem

1. _____ 2. _____

NEW REFERRALS, ADMISSIONS Problem(s)

1. _____ 1 2 3 4

2. _____ 1 2 3 4

IMAGING/Other tests Body site Problem(s)

1. _____ - _____ 1 2 3 4

2. _____ - _____ 1 2 3 4

PATHOLOGY Problem(s)

1. _____ 1 2 3 4

2. _____ 1 2 3 4

3. _____ 1 2 3 4

PATHOLOGY(cont) Problem(s)

4. _____ 1 2 3 4

5. _____ 1 2 3 4

Patient's Height _____ cm

Weight _____ kg

To the patient if 18+:
How often do you have a drink containing alcohol?

Never _____

Monthly or less _____

Once a week _____

2-4 times a week _____

5+ times a week _____

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 _____

Monthly or less _____

Once a week _____

2-4 times a week _____

5+ times a week _____

To the patient if 18+:
Which best describes your smoking status?

Smoke daily _____

Smoke occasionally _____

Previous smoker _____

Never smoked _____

FINISH Time _____ : _____

AM / PM

(please circle)

BA