

Appendix 2: Example of a recording form from BEACH 2001–02 recording year

BEACH (Bettering the Evaluation And Care of Health) - Morbidity and Treatment Survey - National © BEACH General Practice & Statistics Classification Unit University of Sydney 1996 GP ID

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

Diagnosis/ Problem ① :		Problem Status New <input type="checkbox"/> Old <input type="checkbox"/>		Work related <input type="checkbox"/>			
Drug Name for this problem	Strength of product	Dose and form	Frequency	No. of Rpts	OTC	GP Supply	Drug status New Cont.
1.							
2.							
3.							
4.							

Diagnosis/ Problem ② :		Problem Status New <input type="checkbox"/> Old <input type="checkbox"/>		Work related <input type="checkbox"/>			
Drug Name for this problem	Strength of product	Dose and form	Frequency	No. of Rpts	OTC	GP Supply	Drug status New Cont.
1.							
2.							
3.							
4.							

Procedures, other treatments, counselling this consult for this problem
1. _____ 2. _____

Procedures, other treatments, counselling this consult for this problem
1. _____ 2. _____

Diagnosis/ Problem ③ :		Problem Status New <input type="checkbox"/> Old <input type="checkbox"/>		Work related <input type="checkbox"/>			
Drug Name for this problem	Strength of product	Dose and form	Frequency	No. of Rpts	OTC	GP Supply	Drug status New Cont.
1.							
2.							
3.							
4.							

Diagnosis/ Problem ④ :		Problem Status New <input type="checkbox"/> Old <input type="checkbox"/>		Work related <input type="checkbox"/>			
Drug Name for this problem	Strength of product	Dose and form	Frequency	No. of Rpts	OTC	GP Supply	Drug status New Cont.
1.							
2.							
3.							
4.							

Procedures, other treatments, counselling this consult for this problem
1. _____ 2. _____

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/fortnight
2-3 times a week
4+ 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
Less than monthly
Monthly
Weekly
Daily or almost daily

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)