

Appendix 5: Recording form used in the Australian Morbidity and Treatment Survey (AMTS) (1990–91)

PROVIDER NUMBER

ENCOUNTER NUMBER

697

No 080

(9-11)

(12-14)

DATE OF ENCOUNTER (19-24)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

TYPE OF ENCOUNTER

MEDICARE

ITEM NUMBER

(15-18)

OFFICE USE ONLY

Block cols 1-8 front sheet
12-14, 15-18, 19-24

THE PATIENT

SEX: (circle) M F	AGE: (years) <input type="text"/> <input type="text"/> <1yr = 00 >99yr = 99	REASONS FOR ENCOUNTER (up to 3) 1 _____ 2 _____ 3 _____
Patient NEW to practice..... 1 Seen before in practice..... 2		

THE PROBLEMS AND THEIR MANAGEMENT

1. DIAGNOSIS/problem: * _____ STATUS this problem (circle) NEW OLD TREATMENT/SCRIPTS for this problem: (up to 4) _____ _____ _____	2. DIAGNOSIS/problem * _____ STATUS this problem (circle) NEW OLD TREATMENT/SCRIPTS for this problem: (up to 4) _____ _____ _____
3. DIAGNOSIS/problem: * _____ STATUS this problem (circle) NEW OLD TREATMENT/SCRIPTS for this problem: (up to 4) _____ _____ _____	4. DIAGNOSIS/problem * _____ STATUS this problem (circle) NEW OLD TREATMENT/SCRIPTS for this problem: (up to 4) _____ _____ _____

REFERRAL, TESTS, INVESTIGATIONS ordered/undertaken:

PATHOLOGY: Blood..... 1 Urine..... 2 Culture..... 3 Papsmear..... 4 Other tissue..... 5 Other..... 6	X - RAY Plain..... 1 Contrast/special..... 2 Ultrasound..... 3 Other..... 4	OTHER E.C.G..... 1 Spirometry..... 2 Multiphasis screening..... 3 Other..... 4
ADMISSIONS Hospital Emergency - public..... 1 - private..... 2 Elective - public..... 3 - private..... 4 Nursing home..... 5 Other..... 6	NEW REFERRALS TO SPECIALISTS & HEALTH PROFESSIONALS 1. _____ 2. _____	
FOLLOW - UP: Has this patient been asked to return within the next three months for any of these problems? YES..... 1 NO..... 2		

<input type="text"/>	25	29 - 37
<input type="text"/>	26 - 27	
<input type="text"/>	28	
<input type="text"/>	38 - 57	58 - 77
<input type="text"/>	78 - 97	98 - 117
<input type="text"/>	118 119 120 121 122 123	
<input type="text"/>	124 125 126 127	
<input type="text"/>	128 129 130 131	
<input type="text"/>	132	133-134
<input type="text"/>		135-136
<input type="text"/>	137	