

Appendices

Appendix 1: Example of a 2008–09 recording form

Encounter Number: _____ Date of encounter: ____/____/____ Date of Birth: ____/____/____ Sex: M F Patient Postcode: _____

START Time: _____ AM / PM (please circle)

1. Patient Reasons for Encounter: _____

2. _____

3. _____

Yes / No

New Patient PATIENT SEEN BY GP PATIENT NOT SEEN BY GP

Health Care/Benefits Card Medicare Item Nos: (if applicable)

Veterans Affairs Card Workers comp paid

NESB 1. _____ State Govt/Other paid

Aboriginal 2. _____ No charge

Torres Strait Islander 3. _____

Diagnosis/ Problem ①:	Problem Status				Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status New	Drug status Cont.	Work related
	New	Old	related	Work related									
1. _____													
2. _____													
3. _____													
4. _____													

Procedures, other treatments, counselling this consult for this problem

1. _____ Prac Nurse? 2. _____ Prac Nurse?

Diagnosis/ Problem ②:	Problem Status				Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status New	Drug status Cont.	Work related
	New	Old	related	Work related									
1. _____													
2. _____													
3. _____													
4. _____													

Procedures, other treatments, counselling this consult for this problem

1. _____ Prac Nurse? 2. _____ Prac Nurse?

NEW REFERRALS, ADMISSIONS	Problem(s)				IMAGING/Other tests	Body site	Problem(s)						
	1	2	3	4				1	2	3	4		
1. _____													
2. _____													

To the patient if 18+:

Which best describes your smoking status?

Smoke daily

Smoke occasionally

Previous smoker

Never smoked

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?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

How often do you have 6 or more standard drinks on one occasion?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

FINISH Time: _____ AM / PM (please circle)