Appendix 1: Example of a recording form

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	Patient Postcode
	___/___/___	___/___/_ _ _ _	M ☐ F ☐	

	Yes / No
New Patient	☐ ☐
Health Care/Benefits Card	☐ ☐
Veterans Affairs Card	☐ ☐
NESB	☐ ☐
Aboriginal	☐ ☐
Torres Strait Islander	☐ ☐

PATIENT SEEN ☐
PATIENT NOT SEEN ☐

Item No: (if applicable)

VA paid ☐
Workers comp paid ☐
State/Other paid ☐
No charge ☐

START Time ___:___ AM / PM (please circle)

Patient Reasons for Encounter
1.
2.
3.

Diagnosis/ Problem ①: Problem Status New ☐ Old ☐ Work related ☐

Drug Name for this problem	Strength of product	Dose and form	Frequency	No. of Rpts	OTC	GP Supply	Drug status New	Drug status Cont.
1.								
2.								
3.								
4.								

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

Diagnosis/ Problem ②: Problem Status New ☐ Old ☐ Work related ☐

Drug Name for this problem	Strength of product	Dose and form	Frequency	No. of Rpts	OTC	GP Supply	Drug status New	Drug status Cont.
1.								
2.								
3.								
4.								

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

Diagnosis/ Problem ③: Problem Status New ☐ Old ☐ Work related ☐

Drug Name for this problem	Strengthof product	Dose and form	Frequency	No. of Rpts	OTC	GP Supply	Drug status New	Drug status Cont.
1.								
2.								
3.								
4.								

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

Diagnosis/ Problem ④: Problem Status New ☐ Old ☐ Work related ☐

Drug Name for this problem	Strength of product	Dose and form	Frequency	No. of Rpts	OTC	GP Supply	Drug status New	Drug status Cont.
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/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)

BA4