

Bettering Evaluation and Care of Health (BEACH) national morbidity and treatment survey form (for general practitioners)

DOC ID

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

Health Care/Benefits Card PATIENT NOT SEEN BY GP

Veterans Affairs Card Medicare Item Nos: (if applicable)

NESB 1. _____ Workers comp paid

Aboriginal 2. _____ State Govt/Other paid

Torres Strait Islander 3. _____ No charge

| Diagnosis/ Problem ①: | | Problem Status | | Work related | |
|-------------------------------------|---------------------|----------------|-----------|--------------|-----------------------|
| Drug Name AND Form for this problem | Strength of product | Dose | Frequency | No. of Rpts | GP Supply New / Cont. |
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ |

Procedures, other treatments, counselling this consult for this problem

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

| Diagnosis/ Problem ②: | | Problem Status | | Work related | |
|-------------------------------------|---------------------|----------------|-----------|--------------|-----------------------|
| Drug Name AND Form for this problem | Strength of product | Dose | Frequency | No. of Rpts | GP Supply New / Cont. |
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ |

Procedures, other treatments, counselling this consult for this problem

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

| Diagnosis/ Problem ③: | | Problem Status | | Work related | |
|-------------------------------------|---------------------|----------------|-----------|--------------|-----------------------|
| Drug Name AND Form for this problem | Strength of product | Dose | Frequency | No. of Rpts | GP Supply New / Cont. |
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ |

Procedures, other treatments, counselling this consult for this problem

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

| Diagnosis/ Problem ④: | | Problem Status | | Work related | |
|-------------------------------------|---------------------|----------------|-----------|--------------|-----------------------|
| Drug Name AND Form for this problem | Strength of product | Dose | Frequency | No. of Rpts | GP Supply New / Cont. |
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ |

Procedures, other treatments, counselling this consult for this problem

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

NEW REFERRALS, ADMISSIONS

1. _____ Problem(s) 1 2 3 4

2. _____ Problem(s) 1 2 3 4

3. _____ Problem(s) 1 2 3 4

IMAGING/Other tests

1. _____ Body site 1 2 3 4

2. _____ 1 2 3 4

3. _____ 1 2 3 4

Pathology

1. _____ Problem(s) 1 2 3 4

2. _____ Problem(s) 1 2 3 4

3. _____ Problem(s) 1 2 3 4

4. _____ Problem(s) 1 2 3 4

5. _____ Problem(s) 1 2 3 4

Patient reported

Height: _____ cm

Weight: _____ kg

To the patient if 18+:

Which best describes your smoking status?

Smoke daily

Smoke occasionally

Previous smoker

Never smoked

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)

BA12