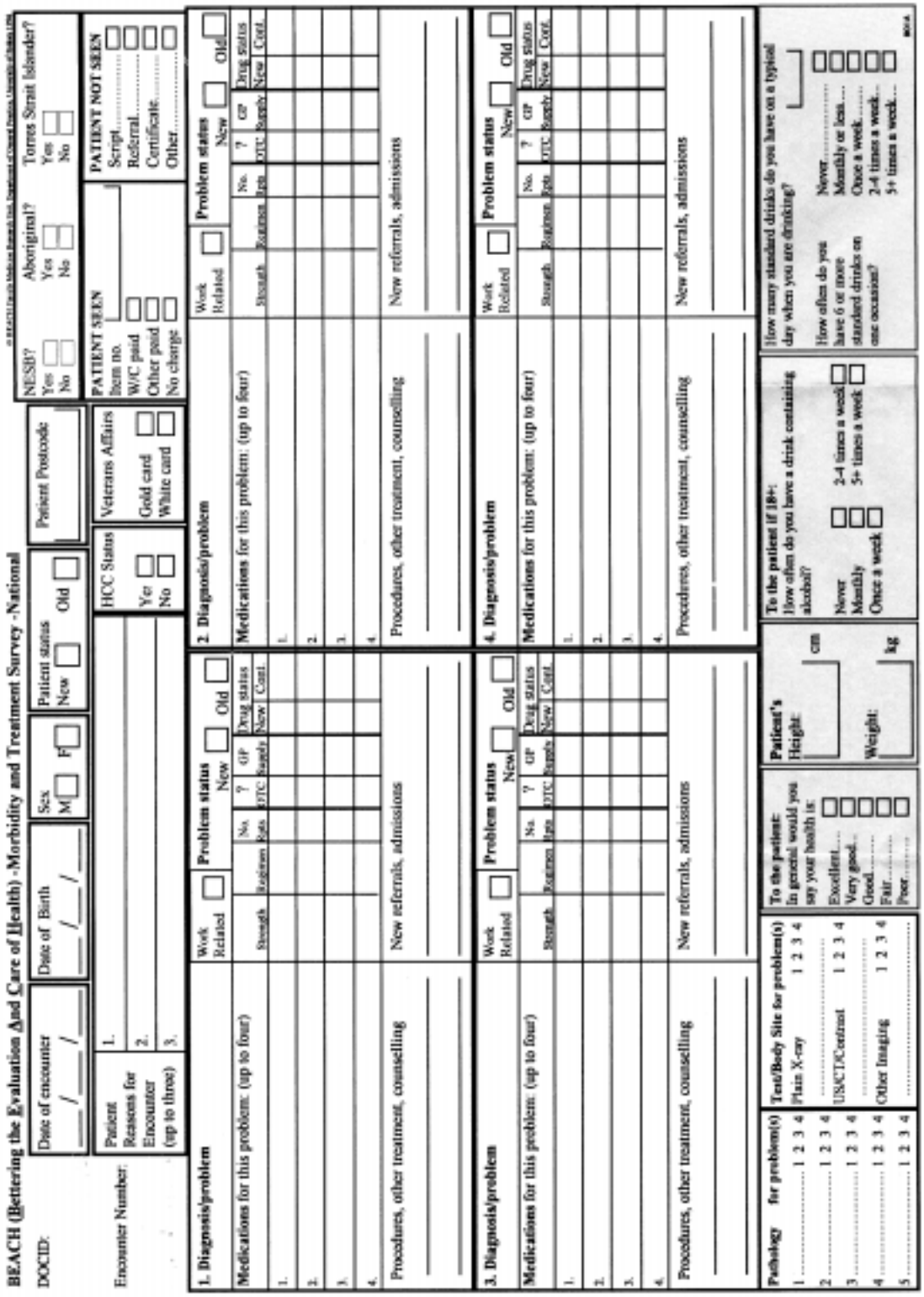
Appendix 1



BEACH (Bettering the Evaluation And Care of Health) -Morbidity and Treatment Survey -National

DOCID:

Date of encounter / / | Date of Birth / / | Sex M F | Patient status New Old | Patient Postcode

NESB? Yes No | Aboriginal? Yes No | Torres Strait Islander? Yes No

Encounter Number:

Patient Reasons for Encounter (up to three): 1. 2. 3.

HCC Status Yes No | Veterans Affairs Gold card White card

PATIENT SEEN Item no. W/C paid Other paid No charge

PATIENT NOT SEEN Script Referral Certificate Other

1. Diagnosis/problem — Work Related — Problem status New Old

Medications for this problem: (up to four) — Strength | Regimen | No. Rpts | ? OTC | GP Supply | Drug status New | Cont.

1. 2. 3. 4.

Procedures, other treatment, counselling — New referrals, admissions

2. Diagnosis/problem — Work Related — Problem status New Old

Medications for this problem: (up to four) — Strength | Regimen | No. Rpts | ? OTC | GP Supply | Drug status New | Cont.

1. 2. 3. 4.

Procedures, other treatment, counselling — New referrals, admissions

3. Diagnosis/problem — Work Related — Problem status New Old

Medications for this problem: (up to four) — Strength | Regimen | No. Rpts | ? OTC | GP Supply | Drug status New | Cont.

1. 2. 3. 4.

Procedures, other treatment, counselling — New referrals, admissions

4. Diagnosis/problem — Work Related — Problem status New Old

Medications for this problem: (up to four) — Strength | Regimen | No. Rpts | ? OTC | GP Supply | Drug status New | Cont.

1. 2. 3. 4.

Procedures, other treatment, counselling — New referrals, admissions

Pathology for problem(s)
1 ..... 1 2 3 4
2 ..... 1 2 3 4
3 ..... 1 2 3 4
4 ..... 1 2 3 4
5 ..... 1 2 3 4

Test/Body Site for problem(s)
Plain X-ray 1 2 3 4
US/CT/Contrast 1 2 3 4
Other Imaging 1 2 3 4

To the patient: In general would you say your health is:
Excellent
Very good
Good
Fair
Poor

Patient's Height: cm
Weight: kg

To the patient if 18+: How often do you have a drink containing alcohol?
Never
Monthly
Once a week
2-4 times a week
5+ 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
Monthly or less
Once a week
2-4 times a week
5+ times a week