BEACH (Bettering the Evaluation And Care of Health) - Morbidity and Treatment Survey - National DOC 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 BY GP ☐
PATIENT NOT SEEN BY GP ☐
Home visit ☐
Workers comp paid ☐
Other paid ☐
No charge ☐

Medicare Item Nos: (if applicable)
1. _____
2. _____
3. _____

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

Patient Reasons for Encounter
1.
2.
3.

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

Drug Name AND Form for this problem	Strength of product	Dose	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. Prac Nurse? ☐ 2. Prac Nurse? ☐

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

Drug Name AND Form for this problem	Strength of product	Dose	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. Prac Nurse? ☐ 2. Prac Nurse? ☐

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

Drug Name AND Form for this problem	Strength of product	Dose	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. Prac Nurse? ☐ 2. Prac Nurse? ☐

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

Drug Name AND Form for this problem	Strength of product	Dose	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. Prac Nurse? ☐ 2. Prac Nurse? ☐

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
3. _____ - _____ 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

Approx. how many times has this patient seen any GP in the past 12 months (including today)?
No: _____
☐ Don't know

Does the patient have any chronic conditions/ problems? (Tick all that apply)

Musculoskeletal
☐ Osteoarthritis
☐ Rheumatoid arthritis
☐ Other arthritis
☐ Osteoporosis
☐ Chronic back pain

Psychological
☐ Depression
☐ Anxiety
☐ Insomnia
☐ Dementia (incl Alzheimer's)

Endocrine / nutritional
☐ Hyperlipidaemia
☐ Diabetes Type 1
☐ Diabetes Type 2
☐ Obesity (BMI ≥30)
☐ Hypothyroidism
☐ Hyperthyroidisim

Cardiovascular
☐ Hypertension
☐ IHD
☐ CHF
☐ Periph.Vasc. Dis
☐ CVA/stroke
☐ Atrial fibrillation

Other chronic problems
☐ Asthma
☐ COPD
☐ Sleep apnoea
☐ Chronic renal failure
☐ GORD
☐ Glaucoma
☐ Malignant neoplasm → Site: _____

Other chronic problems not listed: *(please specify)*
_____
_____
_____

☐ **NO chronic problems in this patient → Go to last question**

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

BL148B