

# BEACH - Bettering the Evaluation And Care of Health

## NATIONAL MORBIDITY AND TREATMENT STUDY

### INSTRUCTIONS FOR PARTICIPATING DOCTORS

#### USING THESE INSTRUCTIONS

Use these instructions as a resource to complete the forms. While they may look daunting, most of the form is self-explanatory. The instructions contain:

- ◆ an example consultation scenario
- ◆ a completed form for the example scenario
- ◆ detailed explanations for each question on the form.

Reading these instructions will:

- ◆ show you how to fill out the forms
- ◆ **ultimately save you time**
- ◆ decrease the variation among practitioners in their recording techniques.

#### When to complete the forms

Complete the forms during the course of the consultation as

- ◆ some information needs to be asked of the patient
- ◆ it will be faster and more accurate than going back to your records at the end of the day. **To show the full range of your clinical activity it is vital that you take the pad with you to all hospital, home and nursing home visits.**

#### Informing patients

In your research pack there are two copies of a gloss board notice which tells patients about the study and of their right to refuse to allow inclusion of their unidentified data. Please ask your reception staff to **ensure your patients read the notice**. Patients who consult with you in another language should be made aware of their options regarding the study. For patients not seen, nursing home visits and palliative care, please use your professional discretion in this matter. The Human Research Ethics Committee of the University now requires that a mark be placed in the medical record of each patient who agrees to allow their data to be included in BEACH. Please record B ✓ or Beach Y (for yes) in the medical record. This action could be performed by any authorised staff member.

#### Patient information questions at the bottom of the form

These vary and are presented in blocks within the pad, so please read carefully the instructions relating to these questions. When the questions change in the pad, a green instruction sheet gives you instructions for the next block of forms.

#### EXAMPLE OF ONE TYPE OF RECORDED ENCOUNTER

This is a description of the data recorded on the sample recording form that follows.

*On April 30th 2009, Mr A comes to the surgery. He has read the patient information card while in the waiting room and agrees to be included in the study. The consultation starts at 9.10 am. From the medical record you note Mr A's date of birth is 13/3/1947, his postcode is 2145 and that he carries a Health Care Card. You ask if he is from a Non English-Speaking Background or identifies himself as an Aboriginal or Torres Strait Islander and he answers no. You use the tick boxes to show his responses.*

*He is a regular patient suffering from hypertension and says he has almost run out of Cardizem and requests a script. After examination you feel Mr A is not responding to medication and you refer him to a cardiologist but also provide him with the required script for Cardizem CD 180mg tablets to be taken once a day with two repeats. You also recommend he try to lose weight, advise a low-fat diet and send him for cholesterol screening.*

*Mr A then complains about his ribs. He says he slipped and bumped himself at his part-time job the day before and his ribs are hurting. You send him for an x-ray and advise him to take Panadol for the pain.*

*Finally, Mr A asks for his annual flu injection. You tell Mr A that you will arrange for the practice nurse to give him a FluVax injection from your practice supply.*

*You tell him you have to ask him a couple of extra questions for the study. He says that he is 170 centimetres tall and weighs about 90 kilos. He says he no longer smokes and has a drink most nights but never more than one or two. You show him the 'standard drinks' card and he confirms one or two standard drinks.*

*This has been a standard surgery consultation in the Item 23 category, with an Item 10993 for the practice nurse, which finishes at 9.28 am.*

Encounter Number	Date of encounter <u>30 / 04 / 09</u>	Date of Birth <u>13 / 03 / 1947</u>	Sex M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Patient Postcode <u>2145</u>	Yes / No New Patient ..... <input type="checkbox"/> <input checked="" type="checkbox"/> Health Care/Benefits Card... <input checked="" type="checkbox"/> <input type="checkbox"/> Veterans Affairs Card..... <input type="checkbox"/> <input checked="" type="checkbox"/> NESB..... <input type="checkbox"/> <input checked="" type="checkbox"/> Aboriginal..... <input type="checkbox"/> <input checked="" type="checkbox"/> Torres Strait Islander ..... <input type="checkbox"/> <input checked="" type="checkbox"/>	PATIENT SEEN BY GP ..... <input checked="" type="checkbox"/> PATIENT NOT SEEN BY GP..... <input type="checkbox"/> <b>Medicare</b> Item Nos: (if applicable) Workers comp paid..... <input type="checkbox"/> 1. <u>23</u> State Govt/Other paid... <input type="checkbox"/> 2. <u>10993</u> No charge ..... <input type="checkbox"/> 3. _____
START Time <u>9 : 10</u> (AM) PM (please circle)	Patient Reasons for Encounter	1. <u>Script for hypertension tablets</u> 2. <u>Sore ribs</u> 3. <u>Flu shot</u>				

<b>Diagnosis/ Problem ①: Hypertension</b> Problem Status: New <input type="checkbox"/> Old <input checked="" type="checkbox"/> Work related <input type="checkbox"/>										<b>Diagnosis/ Problem ②: Injury - ribs</b> Problem Status: New <input checked="" type="checkbox"/> Old <input type="checkbox"/> Work related <input checked="" type="checkbox"/>									
Drug Name AND Form for this problem										Drug Name AND Form for this problem									
Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status													
						New	Cont.												
1. <u>Cardizem CD tablets</u>	<u>180mg</u>	<u>1 tab</u>	<u>1 daily</u>	<u>2</u>			<input checked="" type="checkbox"/>	1. <u>Panadol tablets</u> <u>500mg</u> <u>2 tabs</u> <u>qid</u> <input checked="" type="checkbox"/>											
2.								2.											
3.								3.											
4.								4.											

Procedures, other treatments, counselling this consult for this problem 1. <u>Dietary advice</u> Prac Nurse? <input type="checkbox"/> 2. _____    Prac Nurse? <input type="checkbox"/>										Procedures, other treatments, counselling this consult for this problem 1. _____    Prac Nurse? <input type="checkbox"/> 2. _____    Prac Nurse? <input type="checkbox"/>									
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

<b>Diagnosis/ Problem ③: Immunisation</b> Problem Status: New <input type="checkbox"/> Old <input checked="" type="checkbox"/> Work related <input type="checkbox"/>										<b>Diagnosis/ Problem ④:</b> Problem Status: New <input type="checkbox"/> Old <input type="checkbox"/> Work related <input type="checkbox"/>									
Drug Name AND Form for this problem										Drug Name AND Form for this problem									
Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status													
						New	Cont.												
1. <u>FluVax injection</u>	<u>0.5 ml</u>	<u>1 inj</u>	<u>stat</u>	<u>0</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1.											
2.								2.											
3.								3.											
4.								4.											

Procedures, other treatments, counselling this consult for this problem 1. <u>Injection given</u> Prac Nurse? <input checked="" type="checkbox"/> 2. _____    Prac Nurse? <input type="checkbox"/>										Procedures, other treatments, counselling this consult for this problem 1. _____    Prac Nurse? <input type="checkbox"/> 2. _____    Prac Nurse? <input type="checkbox"/>									
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<b>NEW REFERRALS, ADMISSIONS</b> Problem(s)					<b>IMAGING/Other tests</b> Body site    Problem(s)					<b>PATHOLOGY</b> Problem(s)					<b>PATHOLOGY (cont)</b> Problem(s)				
1. <u>Cardiologist</u> ① 2 3 4					1. <u>X-ray</u> - <u>Ribs</u> 1 ② 3 4					1. <u>Lipid screen</u> ① 2 3 4					4. _____    1 2 3 4				
2. _____    1 2 3 4					2. _____ - _____    1 2 3 4					2. _____    1 2 3 4					5. _____    1 2 3 4				
3. _____    1 2 3 4					3. _____ - _____    1 2 3 4					3. _____    1 2 3 4									

<b>Patient reported</b> Height: <u>170</u> cm Weight: <u>90</u> kg	<b>To the patient if 18+:</b> Which best describes your smoking status? Smoke daily ..... <input type="checkbox"/> Smoke occasionally ..... <input type="checkbox"/> Previous smoker ..... <input checked="" type="checkbox"/> Never smoked ..... <input type="checkbox"/>	<b>To the patient if 18+:</b> How often do you have a drink containing alcohol? Never ..... <input type="checkbox"/> Monthly or less ..... <input type="checkbox"/> Once a week/fortnight..... <input type="checkbox"/> 2-3 times a week ..... <input type="checkbox"/> 4+ times a week ..... <input checked="" type="checkbox"/>	How many 'standard' drinks do you have on a typical day when you are drinking? <u>2</u>	How often do you have 6 or more standard drinks on one occasion? Never ..... <input checked="" type="checkbox"/> Less than monthly ..... <input type="checkbox"/> Monthly ..... <input type="checkbox"/> Weekly ..... <input type="checkbox"/> Daily or almost daily ..... <input type="checkbox"/>	<b>FINISH Time</b> <u>9 : 28</u> (AM) PM (please circle)
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Encounter Number	Date of encounter <u>30 / 04 / 09</u>	Date of Birth <u>13 / 03 / 1947</u>	Sex M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Patient Postcode <u>2145</u>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>New Patient .....</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Health Care/Benefits Card...</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Veterans Affairs Card.....</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NESB.....</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Aboriginal.....</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Torres Strait Islander .....</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	New Patient .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Health Care/Benefits Card...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Veterans Affairs Card.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NESB.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aboriginal.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Torres Strait Islander .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PATIENT SEEN BY GP ..... <input checked="" type="checkbox"/> PATIENT NOT SEEN BY GP..... <input type="checkbox"/> <b>Medicare</b> Item Nos: (if applicable) 1. <u>23</u> 2. <u>10993</u> 3. _____ Workers comp paid..... <input type="checkbox"/> State Govt/Other paid... <input type="checkbox"/> No charge ..... <input type="checkbox"/>
	Yes	No																									
New Patient .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>																									
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NESB.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>																									
Aboriginal.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>																									
Torres Strait Islander .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>																									

**DATE:** Enter day, month and year of encounter.

**BIRTH:** Enter day, month and FULL YEAR of patient's birth.

**SEX:** Tick box for sex of patient.

**PATIENT POSTCODE:** Postcode of patient's home address.

**ENCOUNTER NUMBER:** Pre-stamped with consecutive encounter number 001-105. A few extra forms allow for error - please complete up to 102. This is not a patient identification number. If you see the same patient more than once during the recording period, complete a new form for each encounter. No linking of forms is required.

Ask the patient the following questions and tick either 'Yes' or 'No' for each item.

- ◆ **New Patient:** If this is the patient's first visit to your practice, tick the 'New' box. If the patient has been seen previously at this practice by you or one of your associates, tick the 'Old' box.
- ◆ **Health Care / Benefits Card Holder:** eg unemployed, pensioner, low income earner.
- ◆ **Veterans' Affairs Card holder:** Indicate whether the patient has a Veterans' Card. Patients may hold both Veterans' and Health Care cards.
- ◆ **NESB:** Non-English Speaking Background i.e. primary language spoken at home is NOT English.
- ◆ **Aboriginal / Torres Strait Islander:** Ask the patient "Are you of Aboriginal or Torres Strait Islander origin?" The patient may answer "Yes" to either or both. If both, tick both 'Yes' boxes. Otherwise, tick 'Yes' to whichever option the patient nominates and 'No' to the other, or tick 'No' for both options if that is the patient's response.\*\*

**PATIENT SEEN / NOT SEEN.**

Tick 'PATIENT SEEN' if this is a face-to-face encounter

Tick 'PATIENT NOT SEEN' if a service is provided where your clinical action results in entry of information into the patient's record but the patient is not seen e.g: referrals, renewals for prescription/certificates, case conferences/EPC items, where the patient is not seen face-to-face.

**NB - Informed consent** must be obtained from the patient or their carer prior to inclusion in the study, either by telephone or in person.

\*\* This question was formally adopted in 1995 by the Australian Bureau of Statistics as the standard for measuring membership of the Indigenous population.

McLennan, W. & Madden, R. (1999) The health and welfare of Australia's Aboriginal and Torres Strait Islander Peoples ABS 4704.0 p.149

*These items ask about the type of remuneration claimable for the encounter.*

**Medicare Encounters**

**Item No:**

- ◆ Write the item number/s when there is a charge through Medicare, **bulk-billed or otherwise**.
- ◆ When multiple item numbers are involved, record the **consultation item**, e.g. 23 **and up to 2 others**.
- ◆ If unsure of item number, please provide type and level of consultation e.g. NHV-B (nursing home visit - level B) or diabetes care plan - C.
- ◆ Include item numbers (when applicable) for services when the patient is not seen e.g. case conferences, enhanced primary care (EPC) items.

**Non-Medicare**

**Workers Compensation paid:** For consultations claimable through workers compensation.

**State Govt / Other paid:** If the encounter is being paid for by a state government (e.g. hospital or other state agency), insurance company or other source. DOES NOT include additional cash payments made by patients charged through Medicare, but would include 'cash only' patients e.g. overseas travellers.

**No charge:** For services you provide free - with no payment from **ANY** source.

Encounter Number	Date of encounter ___/___/___	Date of Birth ___/___/___	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Patient Postcode _____
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<b>START Time</b> 9 : 10 <input checked="" type="radio"/> AM <input type="radio"/> PM (please circle)	Patient Reasons for Encounter
	1. <i>Script for hypertension tablets</i>
	2. <i>Sore ribs</i>
	3. <i>Flu shot</i>

<b>Diagnosis/ Problem ①:</b> <i>Hypertension</i>	<b>Problem Status</b> New <input type="checkbox"/> Old <input checked="" type="checkbox"/> Work related <input type="checkbox"/>							
<b>Drug Name AND Form</b> for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status New Cont.	
1. <i>Cardizem CD tablets</i>	<i>180mg</i>	<i>1 tab</i>	<i>1 daily</i>	<i>2</i>				<input checked="" type="checkbox"/>
2.								
3.								
4.								
<b>Procedures, other treatments, counselling this consult</b> for this problem								
1. <i>Dietary advice</i>		Prac Nurse? <input type="checkbox"/>	2.		Prac Nurse? <input type="checkbox"/>			

**PATIENT REASON FOR ENCOUNTER (RFE):**  
Record at least 1 and up to 3 patient reasons for the encounter.

- ◆ The reason for encounter is the patient's view of the reasons he/she is consulting you. The **patient's own words** should be used. May include:
  - ◆ symptoms e.g. "runny nose",
  - ◆ diagnoses e.g. "diabetes",
  - ◆ requests for service e.g. "script for BP", "referral".
  - ◆ other examples - "Worried about...", "follow-up", "check-up circulatory"
- ◆ Specify the body system even when this is not stated by the patient but is understood between you.

**WORK RELATED:** Irrespective of the source of payment for the encounter, tick if:

- ◆ it is likely in your view that the symptom or problem has resulted from work-related activity or workplace exposures.
- ◆ where there is uncertainty but it is more likely than not that the condition is work-related
- ◆ if there is a pre-existing condition which is thought to have been significantly exacerbated by work activity or workplace exposures.

**PROBLEM STATUS:**  
Tick 'New' if:

- ◆ this is a new problem to the patient, or
- ◆ this is a new episode of a recurrent problem (e.g. URTI), or
- ◆ the patient has not been treated for that problem by any medical practitioner before.

Tick 'Old' if the patient has been seen before by ANY medical practitioner for this chronic problem or this episode of an acute problem.

**START TIME**  
Record the time the consultation STARTED in hours and mins and circle whether the time was AM or PM.  
eg. 9 : 10  
 AM  PM

**DIAGNOSIS/PROBLEM:** Record at least one and up to four problems.

- ◆ Use one Diagnosis/problem box for each diagnosis/problem
- ◆ Only record problems actually dealt with at this encounter
- ◆ Include ill-defined conditions (e.g. "cough"), preventive care (e.g. "pap smear", "contraception", "immunisation" or "checkup"), and social problems (e.g. "problems with spouse").
- ◆ Diagnose at the highest level possible with the information available (e.g. for diabetes, differentiate between IDDM/NIDDM/Type 1/Type 2 etc.)
- ◆ The order in which you record the problems is not significant - they do not have to match the order of the RFEs.
- ◆ If more than four problems are managed at the consultation, record the four problems that best describe the breadth of the consultation.

**PROCEDURES, OTHER TREATMENTS, COUNSELLING:**  
For each problem:

- ◆ Record up to two procedures, other treatments or counselling.
- ◆ Only include those ACTUALLY PROVIDED at the encounter.
- ◆ **Include in this section actions such as**
  - ◆ pap smears, injections, excisions, ear syringe
  - ◆ psychosocial counselling
  - ◆ diet and exercise advice
  - ◆ medical certificates
- ◆ **Do NOT include in this section:**
  - ◆ history
  - ◆ routine physical examinations e.g. blood pressure checks
  - ◆ discussion
  - ◆ referrals, imaging, or pathology ordered (there are sections for these).

**NB - If a practice nurse performs the procedure, please tick the box marked 'Prac Nurse?'**

**MEDICATIONS: NB - ONLY** record medications that were prescribed / advised / supplied **at this encounter**

Record medications when

- ◆ a prescription is written at this encounter,
- ◆ you recommend that the patient take an “over the counter” (OTC) medication.
- ◆ you administer or supply a medication/vaccine. eg. If ‘Immunisation’ is the problem managed, please enter drugs administered at this encounter, (e.g. CDT, DTP) or any drug samples you provide.

Diagnosis/ Problem ①: <i>Hypertension</i>		Problem Status						Work related <input type="checkbox"/>		Diagnosis/ Problem ②: <i>Injury - ribs</i>		Problem Status						Work related <input checked="" type="checkbox"/>	
		New <input type="checkbox"/>	Old <input checked="" type="checkbox"/>							New <input checked="" type="checkbox"/>	Old <input type="checkbox"/>								
Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status		Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status		Prac Nurse? <input type="checkbox"/>	Prac Nurse? <input type="checkbox"/>
							New	Cont.								New	Cont.		
									1. <i>Panadol tablets</i>	<i>500mg</i>	<i>2 tabs</i>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
									2.										
									3.										
									4.										
Procedures, other treatments, counselling this consult for this problem																			
1. <span style="float: right;">Prac Nurse? <input type="checkbox"/></span>																			

**Drug name and Form:** the brand or generic name of the medication and its form eg Cardizem CD tablets; Panadol syrup; Ventolin nebulas etc.

**Dose:** the quantity of medication to be taken e.g. 2 tabs; 25 mls; 1 inj; 2 puffs etc.

**OTC:** tick if the medication advised can be bought Over The Counter i.e. an S2 or S3 product. Otherwise leave blank.

**Drug status:** If the medication is being used for the management of this problem for the first time then tick the 'New' box. If it is a continuation or repeat of previous therapy then tick the 'Cont.' box.

**GP supply:** tick box if medication is from the practice supplies eg drug sample or vaccine. Otherwise, leave blank.

**DO NOT TICK IF YOU HAVE PROVIDED A PRESCRIPTION, ONLY IF YOU HAVE PROVIDED A MEDICATION.**

**PLEASE RECORD INFORMATION IN AS MUCH DETAIL AS YOU WOULD WRITE ON A PRESCRIPTION.**

For OTCs, provide as much detail as the patient would need to buy the medication over the counter.

**Strength of product:** Please specify the strength of the product you are prescribing/ supplying/advising. We are attempting to differentiate between product strengths, e.g. 250mg or 500mg of the same product.

**Frequency:**

- ◆ how often the dose is to be taken.
- ◆ record in accepted abbreviations e.g. “bd”, “tds”, etc.
- ◆ if drug is to be taken “as required”, write PRN.

**No. of Rpts:** for all prescriptions please specify the number of repeats ordered. If no repeats are given, please write '0' or '-'. Please do not leave blank.

## OTHER MEDICATION EXAMPLES

**ALWAYS SPECIFY  
NAME and FORM,  
STRENGTH,  
DOSE and**

**Syrups**  
Dose may be written in "mg" or "ml" but strength must be specified.

Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status	
							New	Cont.
1. <i>Amoxil syrup</i>	250mg/5ml	2.5ml	<i>tds</i>	0			✓	
2. <i>Panadol syrup</i>	120mg/5ml	10ml	4 hrly		✓		✓	

**Creams**  
Specify the name, form, strength and no. of applications per day. There is no need to specify pack size.

Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status	
							New	Cont.
1. <i>Aristocort cream</i>	0.02%		<i>tds</i>	-			✓	

**Multiple strengths of same drug**  
If prescribing multiple strengths of the same drug to achieve a particular dose, specify both.

Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status	
							New	Cont.
1. <i>Warfarin tablets</i>	1mg	1 tab	<i>mane</i>	2				✓
2. <i>Warfarin tablets</i>	2mg	1 tab	<i>mane</i>	2				✓

**Injections**  
Tick GP supply only if you have provided the vaccine / medication yourself.  
**NB** Please write 'injection given' in the "Procedures, other treatments ..." section if you have given the injection at this encounter.

Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status	
							New	Cont.
1. <i>Fluvax inject</i>	0.5ml	1 inj	<i>stat</i>	0			✓	
2. <i>Engerix B Adult inject</i>	20mcg/ml	1 inj	<i>stat</i>	0		✓	✓	

**Insulin**  
Specify the number of units prescribed.

Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status	
							New	Cont.
1. <i>Mixtard 30/70 injection</i>	100iu/ml	20units	<i>mane</i>	1				✓
2. <i>Mixtard 30/70 injection</i>	100iu/ml	12units	<i>nocte</i>	1				✓

**Inhaled medications**  
Specify the mode of delivery, e.g. inhaler, turbuhaler, nebulas, etc. and the strength.

Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status	
							New	Cont.
1. <i>Pulmicort turbuhaler</i>	400mcg	2 puffs	<i>bd</i>	1			✓	
2. <i>Prednisone tablets</i>	25mg	½ tab	1 daily	0			✓	
3. <i>Ventolin inhaler</i>	100mcg	2 puffs	4/24 prv			✓		✓

**NEW REFERRALS / ADMISSIONS:**

- ◆ Specify the type of specialist(s) or allied health professional(s) to whom the referral has been made, e.g. dermatologist, physiotherapist, hospital emergency department etc.
- ◆ Record new referrals only. Do not include continuation referrals.
- ◆ Indicate the problem or problems for which the referral was made by circling the appropriate problem number.
- ◆ Include referrals for clinical measurements such as spirometry and ECG

**IMAGING/Other tests (+ Body site):**

**Imaging**

- ◆ write the name of the imaging (e.g. x-ray) and body site
- ◆ circle the number(s) of the Diagnosis/problem which is being investigated

**Other tests**

- ◆ specify the type of test
- ◆ circle the relevant Diagnosis/problem number(s)

Lateralization is not required.

**PATHOLOGY:**

- ◆ Give details of up to five pathology tests ordered at the encounter. Document one test per line.
- ◆ Circle the associated Diagnosis/problem number(s).
- ◆ For single tests, write the test name (e.g. *HBA1C*, *pap smear*). If ordering a set of tests such as a FBC or LFT or lipids or thyroid function, record them in this grouped form. You don't need to list each of the individual tests incorporated in the set.
- ◆ Do not record simple urine dip stick tests.

NEW REFERRALS, ADMISSIONS	Problem(s)	IMAGING/Other tests	Body site	Problem(s)	PATHOLOGY	Problem(s)	PATHOLOGY (cont)	Problem(s)
1. <i>Cardiologist</i>	① 2 3 4	1. <i>X-ray</i>	- <i>Ribs</i>	1 ② 3 4	1. <i>Lipid screen</i>	① 2 3 4	4. _____	1 2 3 4
2. _____	1 2 3 4	2. _____	- _____	1 2 3 4	2. _____	1 2 3 4	5. _____	1 2 3 4
3. _____	1 2 3 4	3. _____	- _____	1 2 3 4	3. _____	1 2 3 4		