

Encounter details

Date * 10/03/2024

Duration * Max 120 minutes

Billing * Private Bulk bill Workers comp No charge Other

Medicare (MBS) Items * Maximum 4 items

Patient details

Age * Years Months

Gender * Male Female Non Binary

New to practice * Yes No

New to me * Yes No

Aboriginal Yes No

Torres Strait Islander Yes No

Non English speaking background Yes No

Consulted in a language other than English Please specify language used

Problem/Prov Diagnosis 1

Description *

Status * Old New

How confident are you in your provisional diagnosis? * Very unconfident Unconfident Confident Very Confident

If your problem formulation is a description of symptoms rather than a specific diagnosis, then select 'Very unconfident'.

All fields are required

Add more

Observations and physical examinations

Observations

| | | | |
|--------------------|------------|---|-------------|
| Blood pressure | Heart rate | Height and/or weight and/or BMI calculation | Temperature |
| Oxygen saturations | | Respiratory rate | |

Physical examinations

| | | |
|--|-------------------------------|-------------------------------|
| Ear and/or nose and/or throat | Respiratory | Skin and/or hair and/or nails |
| 1 | 1 | 1 |
| Musculoskeletal and/or rheumatological | Baby check (0-12 months) | Gastrointestinal |
| 1 | 1 | 1 |
| Eye | Pregnancy-related examination | Cardiovascular |
| 1 | 1 | 1 |
| Genital examination | Breast examination | Neurological |
| 1 | 1 | 1 |
| Urological | Mental state examination | Thyroid |
| 1 | 1 | 1 |
| Haematological | Developmental assessment | |
| 1 | 1 | |

Medication(s) prescribed

Linked to problem(s) 1 Drug name

Drug status New Continued

Administration route

Add more

Medication(s) deprescribed

Linked to problem(s) 1 Drug name

Prescription duration < 3 months ≥ 3 months

Administration route

Add more

Pathology ordered

Linked to problem(s) 1 Test name

Add more

Referred imaging / other tests

Linked to problem(s) 1 Test name Body site

Add more

Procedures performed

Linked to problem(s) 1 Procedure name

Add more

Referrals made

Public clinic / specialist 1 Specify

Private specialist 1 Specify

Private allied health 1 Specify

Other agency 1 Specify

ED / hospital 1 Specify

Scheduled follow-ups

GP appointment with you 1

GP appointment with another Dr at the practice 1

Practice nurse appointment 1

Telephone follow-up 1

Generated learning goals

Linked to problem(s) 1

Sources of information for patient care during consultation

Supervisor/other Dr in practice 1 Diagnosis Management

Specialist 1 Diagnosis Management

Other health professional 1 Diagnosis Management Specify

Books 1 Diagnosis Management Specify

Electronic resources 1 Diagnosis Management Specify

Others 1 Diagnosis Management Specify

Antibiotics prescribed

If you prescribed or recommended an antibiotic, was it:

For immediate use Provided as a script to be filled later Arranged for patient to collect script later