

### Smoking History

Arthur Beales, Eastern Branch Clinic (Aboriginal Health Service) Sexual Health 09/10/2009 09:28 am

Comment	<input type="text"/>	Display on Summary: <input checked="" type="checkbox"/>
Date	09/10/2009	
Smoking status	<input type="text"/>	( 15/08/2005 Smoker - wants to quit now )
Number of cigarettes smoked per day on average	<input type="text"/>	
Smoking amount	<input type="text"/> cigarettes/day	( 15/08/2005 110 cigarettes/day )
How many years did you have you been smoking for?	<input type="text"/>	
Smoking Timescale	<input type="text"/> Years	( 15/08/2005 50 Years )
Number of pack years = (number of cigarettes smoked per day x number of years smoked)/20	<input type="text"/>	
Pack years smoked	<input type="text"/> pack years	( No previous values )
Do you live with/spend significant time around someone who smokes?		
Passive Smoking	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Blank	( 15/08/2005 Yes )
How often, if at all, do you now smoke cigarettes or other tobacco products?		
a) Daily		
b) Weekly		
c) Irregular - Less often than weekly		
d) Ex-smoker (quit during pregnancy) - not at all now, but has smoked at least 100 cigarettes or a similar amount of other tobacco product in her lifetime and did smoke at some stage during pregnancy		
e) Ex-smoker (quit before pregnancy) - not at all now, but has smoked at least 100 cigarettes or a similar amount of other tobacco product in her lifetime and did not smoke at all during pregnancy		
f) Non-smoker - Not at all and has smoked fewer than 100 cigarettes or a similar amount of other tobacco product in her lifetime		
Smoking during pregnancy	<input type="text"/>	( 15/08/2005 d. Ex-smoker (quit during preg) )
Shortness of breath	<input type="checkbox"/>	( No previous values )
Chest Pain	<input type="checkbox"/>	( No previous values )
Have you ever quit smoking or tried to quit smoking?		
Smoking cessation	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Blank	( No previous values )
Why did you quit/ try to quit/ continued smoking?		
Reasons	<input type="text"/>	( 15/08/2005 (Double click to view memo) )
Are there any substances or methods you have tried using to help you quit smoking?		
Methods	<input type="text"/>	( No previous values )
Why do you feel these methods worked/ did not work for you?		
Reasons for methods	<input type="text"/>	( No previous values )
Proposed Action	<input type="text"/>	( No previous values )

- Ex-smoker
- Non-smoker
- Smoker - intends to quit later
- Smoker - no intention to quit
- Smoker - wants to quit now

- a. Daily smoking
- b. Weekly smoking
- c. Irregular smoking
- d. Ex-smoker (quit during preg)
- e. Ex-smoker (quit before preg)
- f. Non-smoker

2 Add Clinical Item - AKAY, BRIAN DEREK, 77yrs Current Patient Male

### Check up: Sexually transmitted diseases

Arthur Beetles, Eastren Branch Clinic (Aboriginal Health Service) Sexual Health 09/10/2009 09:28 am

Reason for Encounter     Display on Summary

Current:  (No previous values)

Performed date: 09/10/2009

Actual duration (minutes):

Reason for presenting:  (No previous values)

Sexual and reproductive health history must be taken or updated

Sexual & reproductive health history    (No previous values)

Sexual health history details    (No previous values)

Asymptomatic:  Yes     No     Blank    (No previous values)

Discharge:  (No previous values)

Ulcers:  Yes     No     Blank    (No previous values)

Other options (specify):  (No previous values)

#### Investigations as required

Arrange or undertake investigations as clinically indicated.  
 Investigations and referrals should be formally recorded in the clinical record.

**\*Please note**  
 For HIV, Hepatitis B and Hepatitis C, please complete the Blood Borne Viruses clinical form.

Results of relevant investigations:  (No previous values)

Swabs taken:  (No previous values)

Urine sample taken (first void):  Yes     No     Blank    (No previous values)

Chlamydia/gonorrhoea PCR test performed:  (No previous values)

Syphilis RPR:  (No previous values)

HIV:  (No previous values)

PPD virus done:  Yes     No     Blank    (No previous values)

#### Contact Tracing

Confidentially discussed:  (No previous values)

Notifications explained:  (No previous values)

Reasons and methods used explained:  (No previous values)

Contact tracing performed:  Yes     No     Blank    (No previous values)

Contact tracing details:  (No previous values)

Discussed behaviour:  (No previous values)

Treatment plan:  (No previous values)

Save     Cancel     Help

Asymptomatic, patient initiated  
 Community screen  
 Opportunistic screen  
 Symptomatic

From ulcer/lesion  
 No swabs taken  
 Pharyngeal  
 Rectal  
 Urethral (males)  
 Vaginal (females)

Negative  
 Positive

Add Clinical Item - KRAY, BRIAN PERDIX 77 yrs. Current Patient Male

### Check up; Blood Borne & Hepatitides

Adria Swales, Eastern Branch Clinic (Original Health Service) Sexual Health 09/10/2009 09:20 am

Cognate: [Text Box] Reason for Encounter: [Text Box] Display on Summary: [Dropdown]

Planned date: 09/10/2009  
Actual duration (minutes): [Text Box]

Consent taken:  Yes  No  Blank (No previous values)

Notifications explained:  (No previous values)

Post-test information given:  Yes  No  Blank (No previous values)

### Risk Assessment

Have you ever shared any equipment used for tattooing or body piercing?  
Shared equipment:  Yes  No  Blank (No previous values)

Have you ever been in a correctional facility?  
Correctional facility:  Yes  No  Blank (No previous values)

Have you ever injected drugs?  
Injecting drug user:  Yes  No  Blank (No previous values)

When was the last time you had sex without a condom? Was this with your regular or casual partner?  
Unprotected intercourse: [Dropdown] (No previous values)

Acute STI status: [Dropdown] (No previous values)

Patient considers self at risk: [Dropdown] (No previous values)

### Previous investigation results

Hep A: [Dropdown] (No previous values)  
Date of last test (Hep A): [Dropdown] (No previous values)

Hep B: [Dropdown] (No previous values)  
Date of last test (Hep B): [Dropdown] (No previous values)

Hep C: [Dropdown] (No previous values)  
Date of last test (Hep C): [Dropdown] (No previous values)

HIV/AIDS: [Dropdown] (No previous values)  
Date of last test (HIV): [Dropdown] (No previous values)

Syphilis: [Dropdown] (No previous values)  
Date of last test (Syphilis): [Dropdown] (No previous values)

### Current results

HIV test: [Dropdown] (No previous values)

Hepatitis A tAg: [Dropdown] (No previous values)

Hepatitis B Surface antibody: [Dropdown] (No previous values)

Hepatitis B Surface Antigen: [Dropdown] (No previous values)

Hepatitis C antibody: [Dropdown] (No previous values)

Syphilis RPR: [Dropdown] (No previous values)

Syphilis TPPA: [Dropdown] (No previous values)

Post-test counselling given:  Yes  No  Blank (No previous values)

### Contact Tracing

Contact tracing performed:  Yes  No  Blank (No previous values)

Contact tracing details: [Text Box] (No previous values)

[Save] [Cancel] [Help]

- < 1 week
- 1 week - 1 month
- 1-6 months
- 6 months- 1 year
- > 1 year
- Never
- Frequently

- Asymptomatic, not tested
- Symptomatic, not tested
- Awaiting test results
- Tested negative
- Tested positive, under treatment
- Tested positive, completed treatment
- Tested positive, treatment incomplete

- Unknown
- Immune
- Non-immune

- Unknown
- Immune
- BsAg positive/ LFT normal
- BsAg positive/ LFT abnormal
- Under treatment

- Unknown
- Antibody negative
- Antibody positive/ PCR unknown
- Antibody positive/ PCR negative
- Antibody positive/ PCR positive/ LFT normal
- Antibody positive/ PCR positive/ LFT abnormal
- Under treatment

- Unknown
- Negative
- Positive
- Under treatment

- Unknown
- Negative
- Previously treated
- Positive, untreated
- Under treatment

October 2009

Mon	Tue	Wed	Thu	Fri	Sat	Sun
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

Today: 9/10/2009

Add Clinical Item: EXCEL - 3034 - 3034 27 yrs Current Patient Male  
**Surgery: Preadmission check**  
 Atha Swales, Eastern Branch Clinic (Aboriginal Health Services Social Health) 06/10/2009 09:25 am

Copies:  Reason for Encounter:  Display on Summary:

Performed date: 05/10/2009  
 Actual duration (minutes):

Type of Surgery:  (No previous values)  
 Date of surgery:  (No previous values)

Blood group:  (No previous values)  
 Medication usage to include STC and medication from other doctors:  
 Medication usage record provided:  (No previous values)

Medical history taken/updated:  (No previous values)

Results of relevant investigations:  (No previous values)

BP - Systolic blood pressure:  mm Hg (No previous values)  
 BP - Diastolic blood pressure:  mm Hg (No previous values)  
 Height:  cm (No previous values)  
 Weight:  kg (24/03/2009 80 kg)

BMI:  kg/m<sup>2</sup> (No previous values)

**Examination of the patient**

CVS Abnormalities:  (No previous values)  
 Respiratory system abnormality:  (No previous values)

**Risk factors**

Diabetes:  (No previous values)  
 Asthma:  (No previous values)  
 Hypertension:  (No previous values)  
 Myocardial Infarction/Heart attack:  (No previous values)  
 Epilepsy:  (No previous values)  
 Jaundice:  (No previous values)  
 Renal Damage:  (No previous values)

Relevant family history:  (No previous values)

Previous anaesthetic complications:  (No previous values)

Previous surgical complications:  (No previous values)

Alcohol:  (No previous values)

Smoking status:  (14/05/2009 Smoker - wants to quit now)

Number of cigarettes smoked per day on average:  
 Smoking amount:  cigarettes/day (19/05/2009 110 cigarettes/day)

Patient questions:  Yes  No  Blank (No previous values)

- Arrhythmias
- Congenital heart disease
- Heart failure
- Hypertension
- Ischaemic heart disease
- Non-specified
- Rheumatic heart disease

- Ex-smoker
- Non-smoker
- Smoker - intends to quit later
- Smoker - no intention to quit
- Smoker - wants to quit now

### Check up; Dental Health

Arthur Beetles, Eastern Branch Clinic (Aboriginal Health Service) Sexual Health 09/10/2009 09:28 am

Comment   Reason for Encounter  Display on Summary

Performed date

Actual duration (minutes)

Dental assessment  ( No previous values )

Dental hygiene/access to dental services  ( No previous values )

Teeth exam  ( No previous values )

Teeth exam comments/action  ( No previous values )

Brushing Advice/Education  Yes  No  Blank ( No previous values )

Flossing Advice/Education  Yes  No  Blank ( No previous values )

Oral Hygiene Instructions  Yes  No  Blank ( No previous values )

Advice Oral Health  ( No previous values )

Other  ( No previous values )

- Nil problems noted
- Problem exist - needs referral
- Refused
- Under current treatment

- Normal
- Problem

### School screening

Segment  Display on Summary

Performed date

Informed consent obtained  (17/09/2009 Yes) [✕](#)

Name of person giving consent  (17/09/2009 care) [✕](#)

### Growth and Development Record

Weight  kg (17/09/2009 65 kg) [✕](#)

Height  cm (17/09/2009 165 cm) [✕](#)

Waist  cm (17/09/2009 82 cm) [✕](#)

BMI  kg/m<sup>2</sup> (17/09/2009 23.9 kg/m<sup>2</sup>) [✕](#)

Glucose  mmol/L (17/09/2009 7 mmol/L) [✕](#)

Fasting or non fasting  (17/09/2009 Non fasting) [✕](#)

Hb (Haemoglobin)  g/L (17/09/2009 170 g/L) [✕](#)

Urine assessment  (17/09/2009 Normal) [✕](#)

If abnormal comment  (16/09/2009 #ugJuly) [✕](#)

Dental assessment  (17/09/2009 Nil problems noted) [✕](#)

Skin Assessment  (17/09/2009 No problems) [✕](#)

Occupational Therapy Check  (17/09/2009 <Double click to view memo>) [✕](#)

Podiatrist  (17/09/2009 <Double click to view memo>) [✕](#)

Physiotherapist  (17/09/2009 <Double click to view memo>) [✕](#)

Speech Therapist  (17/09/2009 <Double click to view memo>) [✕](#)

### Vision

Fail if child makes 2 or more errors in the test 13 plates

Colour perception  (17/09/2009 Pass) [✕](#)

Convergent reflex exam  (17/09/2009 Normal) [✕](#)

Convergent reflex comments/action  (No previous values)

Visual acuity right eye  (17/09/2009 6/6) [✕](#)

Visual acuity left eye  (17/09/2009 6/6) [✕](#)

Pass if child can no longer read the G/S line  
Flipper test for long-sightedness  (17/09/2009 Pass) [✕](#)

Visual Health Check Result  (17/09/2009 No referral required) [✕](#)

### Hearing Health Check

Otology Left Ear  (17/09/2009 1 Normal) [✕](#)

Otology Left  (16/09/2009 slight wear build up) [✕](#)

Otology Right Ear  (17/09/2009 3 Inflamed) [✕](#)

Otology Right  (17/09/2009 just outside 3 fan tenderness++) [✕](#)

Tympanometry left ear  (16/09/2009 1 Type A) [✕](#)

Tympanometry right ear  (17/09/2009 5 flat perforated) [✕](#)

Audioty Degree Left  (17/09/2009 Pass) [✕](#)

Audioty Total Left (dB)  dB (17/09/2009 20 dB) [✕](#)

Audioty Degree Right  (17/09/2009 Moderate) [✕](#)

Audioty Total Right (dB)  dB (17/09/2009 32 dB) [✕](#)

Overall Hearing Recommendations  (17/09/2009 <Double click to view memo>) [✕](#)

The practitioners must develop a single strategy for good health for the patient and actions the patient should take, based on information from the health check.

Health advice provided to patient  (17/09/2009 <Double click to view memo>) [✕](#)