Participant Name ..... Study ID ..... NHI | | | | | | | |

Medical Notes Check

The information requested for this form should be obtained from the LiLACS NZ participant's medical file notes that are held at their General Practice .

This form has two sections: 1) the General Practice Service Utilisation; and 2) the General Practice Medical Conditions. Please complete both sections and store the form with the LiLACS NZ participant's questionnaire and other study records.

Date of consent to view and record medical information | | | | | 2 | 0 | 1 | |
(dd) (mm) (yyyy)

(*Obtained at the LiLACS NZ participant's wave 5 interview*)

Form completed by: *Name* ..... *Position* .....

Practice/Hauora .....

If the participant joined this practice less than 12 months ago, please record the date they joined:

| | | | | 2 | 0 | 1 | |
(dd) (mm) (yyyy)

1. GENERAL PRACTICE SERVICE UTILISATION

Please complete this side of the form in relation to the 12 months preceding the date of completion below

Date of completion of this form | | | | | 2 | 0 | 1 | |
(dd) (mm) (yyyy)

GP1. In the last 12 months how many consultations has the participant had with the:

	In-person	Telephone
a. Practice Nurse		
b. General Practitioner		
c. Other health workers e.g. social worker		

GP2. Has the participant been enrolled in a health management plan?

(e.g., Careplus, CHF, DM Management Plan) No = 0 Yes = 1 Don't know = 2 ☐

GP3. Was the plan organised by...

DHB No = 0 Yes = 1 Don't know = 2 ☐
PHO No = 0 Yes = 1 Don't know = 2 ☐
Other No = 0 Yes = 1 Don't know = 2 ☐

GP4. Has the participant received any partly or fully funded health visits?

No = 0 Yes = 1 Don't know = 2 ☐

GP5. Does the participant receive home visits?

No = 0 Yes = 1 Don't know = 2 ☐

Participant Name ..... Study ID ..... NHI | | | | | | | |

2. GENERAL PRACTICE MEDICAL CONDITIONS

Please complete this side of the form for conditions, procedures and investigations reported since 1/1/2010

*0=no, 1=yes, existing, 2=yes, new since 2010, 3=don't know		Present*	Date noted Since 01/01/2010	Additional information
Medical conditions	Asthma	☐		Hospitalised for Asthma * ☐
	Osteoporosis	☐		Not required
	Hip fracture	☐		1 = right side, 2 = left side ☐
	Total hip joint replacement (THJR)	☐		1 = right side, 2 = left side, 3 = both ☐
	Total knee joint replacement (TKJR)	☐		1 = right side, 2 = left side, 3 = both ☐
	Other fracture	☐		Site .....
	Chronic bronchitis, Emphysema, or chronic lung disease caused by smoking	☐		Not required
	Stroke	☐		Cause: ☐ (1 = bleed, 2 = thrombotic, 3 = other, 4 = unknown) Recurrence* ☐ If yes, Date: .../.../201...
	Diabetes	☐		Type: ☐ (1 = Insulin-dependent, 2 = Non insulin-dependent)
	High blood pressure/hypertension	☐		Not required
	Heart attack/myocardial infarction	☐		Date of any additional MI: .....
	Congestive heart failure	☐		Hospitalised for CHF * ☐
	Epilepsy/ seizure disorder	☐		Not required
	Parkinson's disease	☐		Not required
	Dementia	☐		Type if known: .....
	Depression	☐		Not required
	Any cancer	☐		Site: ..... Date: ..... Site: ..... Date: ..... Site: ..... Date: ..... Site: ..... Date: .....
Surgery or procedures related to the heart/blood vessels	Carotid endarterectomy?	☐		1 = right side, 2 = left side, 3 = both ☐
	Coronary bypass surgery?	☐		Not required
	Bypass procedure on the arteries of the legs?	☐		Not required
	Repair of an aortic aneurysm?	☐		Not required
	Pacemaker implant?	☐		Not required
	Angioplasty of the coronary arteries?	☐		Not required
	Angioplasty of the lower extremity arteries?	☐		Not required
Investigations	Bone density (DEXA)	☐		Result: ....