

# Patient demographics

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Clinical Records is used to run consultations and access Zedmed's clinical features. This guide explains the patient summary section, which records demographic information, displays key indicator icons, and provides quick access to forms and letters.

Patient demographics are divided into 7 tabs, each of which is explained below. To open the tabs, select the Demographics cog icon. Some information requires Zedmed v36.1.0 or later.



#### **Patient Details**

This tab contains the information in the **patient's record** in Zedmed Office. Any updates made in Office are reflected here.

acreme becamb	NOK and Emergency Contact	Family, Social & Past Hi	story Smoking A	Icohol Illicit Dr	ugs Other Clir 4
Personal			Practice		
Title	Mr Pronouns	He/Him 🗸	File Number	41	PID 4
Given Name	Knut Initia	il l	Hosp UR No.		
Popular Name			ACIR		
Family Name	Holloway		Child II	D	<b>–</b>
Date of Birth	19/05/1952 Sex at B	irth M 🗸	Community Cod	e	-
ATSI Status	Torres Strait Islander but not	Aboriginal origin 🛛 🗸	Next Appointme	nt	
	CTG PBS Co-Payment Relief	1	None schedule	d	
EHealthID - Inc	lividual Healthcare Identifier (I	HI)			
IHI Number	8003 6083 3339 0375		eRx Noti	fications Consent	Yes 🗸
Number Status	Active		Му Н	ealth Record Uplo	ad Consent
Record Status	Verified				
Last Updated	29/11/2022 10:10:18 AM				
Cardent					
Address 1	5 Jacob Pl		Home Phone		
Address 2			Work Phone		
Suburb	BUGLE BANGES		Mobile Phone	0422555555	
Jabaro	5251		Email Address	khollowa/@5555	5 com
Portroda	5251			SMS messages to	this natient
Postcode			be not serie	. ss messages to	and parters
Postcode Card Numbers			Clinical		
Postcode Card Numbers Medicare	59502861421	Exp	Clinical Blood Group		
Postcode Card Numbers Medicare Veteran	59502861421 VSS123343	Exp T	Clinical Blood Group Elite Sportsp	erson	
Postcode Card Numbers Medicare Veteran Health Care	59502861421 V55123343		Clinical Blood Group Elite Sportsp	erson	
Postcode Card Numbers Medicare Veteran Health Care Safety Net	59502861421 V55123343	Exp	Clinical Blood Group Elite Sportsp Health Fund Fund Name: AHS	erson	
Postcode Card Numbers Medicare Veteran Health Care Safety Net	59502861421 VS5123343	Exp	Clinical Blood Group Elite Sportsp Health Fund Fund Name: AHS Membership No:	erson A 121212 Expiry: N	lo expiry set

#### Quick access menu

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Sum	nary	Vie	ws	

Provides fast access to key features, in this order:

- Observation graphs open key physical measurements.
- Quick Documents access popular documents and templates.
- Quick Documents search search or filter the documents and templates (requires v37 or later).
- Patient To Do List open the patient's To Do List.
- Perform ECG Open WelchAllyn or Office Medic if used by the practice.
- Yellow Icon Opens the patient's MyHealthRecord (MHR).
- Blue icon Toggle on and off automatic MHR uploading.

Shown in the row of icons in the screenshot below.

## NOK and Emergency Contact

Any details entered here will also be visible through the Patient Details Screen.

Patient Details NOK and Emergency Contact Family, Social & Past History Smoking Alcohol Illicit Drugs Othern Next of Kin Relationship Sister Name Emelia Holloway Home Phone Mobile Phone Emergency Contact Name Emelia Holloway	ails NOK and Emergency Contact Family, Social & Past History Smoking Alcohol Illict Drugs Other Cliv	atient - Hollowa	ay, Mr Knut (He/Him)						×
Next of Kin Relationship Sister Name Emelia Holloway Home Phone Mobile Phone Emergency Contact Name Emelia Holloway	in	Patient Details	NOK and Emergency Contact	Family, Social & Past History	Smoking	Alcohol	Illicit Drugs	Other Clin	þ
Relationship Sitter Name Emelia Holloway Home Phone Mobile Phone Emergency Contact Name Emelia Holloway	Iship Site Image I	Next of Kin							
Name     Emelia Holloway       Home Phone     Work Phone       Mobile Phone	Name       Emelia Holloway         hone       Work Phone         y Contact         Name       Emelia Holloway         hone       Work Phone         hone       Work Phone	Relationship	Sister						
Home Phone Work Phone Benergency Contact Name Emelia Holloway	hone Work Phone Contact Same Emelia Holloway None Work Phone Work Phone None None None None None None None N	Name	Emelia Holloway						
Mobile Phone Emergency Contact Name Emelia Holloway	hone	Home Phone		Work Phone					
Emergency Contact Name Emelia Holloway	ny Contact Name Emelia Holloway None Work Phone None 0422 555555	Mobile Phone							
Emergency Contact           Name         Emelia Holloway	y Contact Jame Emelia Holloway hone Work Phone hone 0422 555555								
Name Emelia Holloway	Name         Emelia Holloway           hone         Work Phone           hone         0422 555555	Emergency Cor	ntact						
	hone         Work Phone           hone         0422 555555	Name	Emelia Holloway						
Home Phone Work Phone	0422 555555	Home Phone		Work Phone					
Mobile Phone 0422 555555		Mobile Phone	0422 555555						
				7 Help		V OK		X Cancel	

#### Family, Social & Past History

This tab has a selection of text fields for recording key personal information, including the patient's Marital Status, Sexuality, Family History and Social History. If the patient has preferred pronouns, this information should be recorded in the Alerts section of the Patient Record in Office.

In Zedmed v36.3.3 and later, you can add the patient's ethnicity from the list of options provided. Select **Set** to open the **Select Ethnicity** screen, tick the applicable box from the list provided and select **Close** to save the selection.

Miscellaneous Occupation Sexuality Unknown Family History Gay, lesbian or homosexual Bisexual or pansexual Asexual Other Don't know Prefer not to say Unknown Past History	hnicity Sc	Marital SI Set Au ocial Histo	itatus Unk	known 20ples; OCEA	ANIAN	×
Occupation Sexuality Unknown Straight or heterosexual Gay, lesbian or homosexual Asexual Other Don't know Prefer not to say Unknown Past History	hnicity Sc	Marital SI Set Au ocial Histo	tatus Unk ustralian Pe ory	known Poples; OCEA	ANIAN	× ×
Sexuality Unknown   Family History  Gay, lesbia no homosexual  Asexual  Other  Don t know  Prefer not to say Unknown  Past History  Etite  Etite Et	hnicity Sc	Set Au	ustralian Pe	eoples; OCEA	ANIAN	() () ()
Family History Straight or heterosexual Gay, Esbian or homosexual Bisexual or pansexual Asexual Other Don't know Prefer not to say Unknown Past History		ocial Histo	ory			~
Asexual Other Don't know Prefer not to say Unknown						~
Past History						~
						~

# Smoking

Details of the patient's smoking and vaping status can be recorded here. Selecting either will add the cigarette icon to the patient's Clinical Record home page. Requires Zedmed v37 or later.

Hollowa	v. Mr Knut				
Q	,			ā†	
itient - Hollov	vay, Mr Knut				×
atient Details	NOK and Emergency Cont	act Family, Social & Past	History Smoking	Alcohol Illicit Dru	igs Other Cliv
Current Smo	oking Status n ○Non Smoker ○E>	Smoker  Smoker	Smokes or Previo	usly Smoked Cigars O Pipe	○ Vape
Year Started Smoking Det	Year Stopped				
Days / Week	2 days/week	Cigarettes / Day			
Smoking Deta	ails (Prev Smoker)				
Days / Week		Cigarettes / Day			
Other Details					
Certer Details					^
					>
			Smo	king Details Last Up	dated: 08/11/2022
		<b>?</b> H	elp	✓ <u>O</u> K	X Cancel

# Alcohol

The Alcohol Audit Questionnaire was created by the World Health Organisation. If the full questionnaire is completed, it will generate an audit score indicating whether the patient has hazardous alcohol use or dependency. You can also choose to complete only the first few questions to have some basic drinking information merged into documents.

Holloway, Mr Knut			
R	<b>P</b>	ġį	8

itient - Holloway, IVII Kn	ut (He/Him)					
atient Details NOK and	Emergency Contact	Family, Social & Past Hist	ory Smoking	Alcohol	Illicit Drugs	Other Clin 4
Frequency of consump Never 2 -3 days / week	tion of drinks containin O Mc O 4+	ng alcohol onthiy or less days / week	02.	4 days / mo	onth	
On days when drinking O 1 - 2	g number of standard d 〇 3 - 4	rinks consumed O 5 - 6	07-9	C	) 10 +	
Frequency with which Never	6 or more standard drin O Less than monthly	iks are consumed on one Monthly	Occasion Weekly	C	Daily or Alm	ost Daily
Has the patient or some as a result of the patien	one else been injured t's drinking?	○ No ○ Yes - during the last	year (	) Yes - not i	n the last year	
Has a relative or a frienc health worker been con patient's drinking or su cut down?	l or a doctor or another cerned about the ggested the patient	○ No ○ Yes - during the last	( year	) Yes - not i	n the last year	
Further Questions	Not Required To	tal AUDIT questionna	ire score: N	A Incomp	olete	
Total scores of 8 or mor as well as possible alco Other Details	e are recommended as i hol dependence.	indicators of hazardous ar	ıd harmful alcı	ohol use,		

## **Illicit Drugs**

Select if Illicit drugs are used and provide information about the drugs. This will add the drugs icon to the patient's Clinical Record home page.

Requires Zedmed v37 or later.

Holloway, Mr Knu	ut				↠-	_\ <b>2</b>
atient - Holloway, Mr Knut						×
NOK and Emergency Contact	Family, Social & Past History	Smoking	Alcohol	Illicit Drugs	Other Clinicians	4 )
		7 Help		<b>√</b>	K 3	Cancel

## **Other Clinicians**

This tab is used to link other practitioners involved in the patient's care. Select the magnifying glass next to the relevant field to search the address book and select the appropriate addressee. Multiple other clinicians can be recorded for each patient.

Linked practitioners can make entries in the record and are the default recipients for letters. For example, a specialist could add a patient's General Practitioner so that when they write a letter, it will default to that GP and add Other Clinicians to the Cc: list.

itient - Holloway, Mir i	Knut (He/Him)					
IOK and Emergency Co	ontact Family, Social & Past H	History Smoking	Alcohol	Illicit Drugs	Other Clinicians	
General Practitioner	George Benson	Q				
Other Clinicians	Dr Vivian Mortier Dr Rupali Sureesh	٩				
- MuMadicara Statur						
Registered						