

Conditions Filtering

Conditions are divided into four tabs to allow for a greater number of conditions to be selected. These are

- Conditions – Chronic
- Conditions – Mental Health
- Cancer
- Conditions - Other

General	Ethnicity	Conditions	Medications	Date Range (Results)	Date Range (Visits)	Patient Name	Patient Status	Providers	Risk Factors	Health Care Homes	MBS Attendance	Custom Filters	Saved Filters
Chronic Mental Health Cancer Other													
Diabetes		Respiratory		Cardiovascular				Musculoskeletal		Renal Impairment			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Type II <input type="checkbox"/> No		<input type="checkbox"/> Asthma <input type="checkbox"/> No		<input type="checkbox"/> Hypertension <input type="checkbox"/> No				<input type="checkbox"/> Inflammatory <input type="checkbox"/> No		<input type="checkbox"/> Chronic Renal <input type="checkbox"/> No			
<input type="checkbox"/> Type I <input type="checkbox"/> No		<input type="checkbox"/> COPD <input type="checkbox"/> No		<input type="checkbox"/> Cardiovascular Disease (CVD):				<input type="checkbox"/> Musculoskeletal <input type="checkbox"/> No		<input type="checkbox"/> Acute Renal Failure <input type="checkbox"/> No			
<input type="checkbox"/> Undefined <input type="checkbox"/> No				<input type="checkbox"/> Heart Failure <input type="checkbox"/> No				<input type="checkbox"/> Bone Disease <input type="checkbox"/> No		<input type="checkbox"/> Dialysis <input type="checkbox"/> No			
<input type="checkbox"/> Type I or II				<input type="checkbox"/> CHD <input type="checkbox"/> No				<input type="checkbox"/> Osteoporosis <input type="checkbox"/> No					
				<input type="checkbox"/> Stroke <input type="checkbox"/> No				<input type="checkbox"/> Osteoarthritis <input type="checkbox"/> No					
<input type="checkbox"/> Gestational <input type="checkbox"/> No				<input type="checkbox"/> MI <input type="checkbox"/> No				<input type="checkbox"/> PAD <input type="checkbox"/> No		<input type="checkbox"/> Kidney Transplant <input type="checkbox"/> No			
				<input type="checkbox"/> Carotid Stenosis <input type="checkbox"/> No						<input type="button" value="Clear Conditions"/>			
				<input type="checkbox"/> Renal Artery <input type="checkbox"/> No									

General	Ethnicity	Conditions	Medications	Date Range (Results)	Date Range (Visits)	Patient Name	Patient Status	Providers	Risk Factors	Health Care Homes	MBS Attendance	Custom Filters	Saved Filters
Chronic Mental Health Cancer Other													
Mental Health		MH - Degenerative		MH - Developmental		MH - Other							
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Dementia <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Postnatal <input type="checkbox"/> No							
<input type="checkbox"/> High Prevalence:				<input type="checkbox"/> ADHD <input type="checkbox"/> No									
<input type="checkbox"/> Anxiety <input type="checkbox"/> No				<input type="checkbox"/> Autism <input type="checkbox"/> No									
<input type="checkbox"/> Depression <input type="checkbox"/> No													
<input type="checkbox"/> Low Prevalence:													
<input type="checkbox"/> Schizophrenia <input type="checkbox"/> No													
<input type="checkbox"/> Bipolar <input type="checkbox"/> No								<input type="button" value="Clear Conditions"/>					

General	Ethnicity	Conditions	Medications	Date Range (Results)	Date Range (Visits)	Patient Name	Patient Status	Providers	Risk Factors	Health Care Homes	MBS Attendance	Custom Filters	Saved Filters
Chronic Mental Health Cancer Other													
Blood and Immune System		Breast		Digestive		Genitourinary and Gynecologic		Skin		Thoracic and Respiratory			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Breast <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Melanoma <input type="checkbox"/> No		<input type="checkbox"/> Lung <input type="checkbox"/> No			
<input type="checkbox"/> Leukemia <input type="checkbox"/> No				<input type="checkbox"/> Bowel (Colorectal) <input type="checkbox"/> No		<input type="checkbox"/> Cervical <input type="checkbox"/> No		<input type="checkbox"/> Ovarian <input type="checkbox"/> No					
<input type="checkbox"/> Lymphoma <input type="checkbox"/> No				<input type="checkbox"/> Pancreatic <input type="checkbox"/> No		<input type="checkbox"/> Prostate <input type="checkbox"/> No		<input type="checkbox"/> Uterine <input type="checkbox"/> No					
<input type="checkbox"/> Multiple Myeloma <input type="checkbox"/> No										<input type="button" value="Clear Conditions"/>			

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Chronic Mental Health Cancer Other													
Atrial Fibrillation		Hyperlipidaemia		Pregnancy		Drug Abuse		Hepatitis and Liver		STI			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Hepatitis A <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Familial Hypercholesterolemia								<input type="checkbox"/> Hepatitis B <input type="checkbox"/> No		<input type="checkbox"/> Chlamydia <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Hepatitis C <input type="checkbox"/> No		<input type="checkbox"/> Gonorrhoea <input type="checkbox"/> No			
COVID-19								<input type="checkbox"/> Liver Disease <input type="checkbox"/> No		<input type="checkbox"/> Trichomoniasis <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No										<input type="checkbox"/> Syphilis <input type="checkbox"/> No			
										<input type="checkbox"/> HIV <input type="checkbox"/> No			
										<input type="button" value="Clear Conditions"/>			



Please check the 'conditions mapping' for your clinical system for full details on which conditions are mapped to the filter options. Diagnosis mapping for cancer can be found here

Best Practice: [BP cancer diagnosis mapping](#)

MD3: [MD3 cancer diagnosis mapping](#)

Zedmed: [Zedmed cancer diagnosis mapping](#)

Selecting Conditions by ticking the boxes will limit your data to look at only patients that match all the conditions ticked:

Condition – Yes, No, no selection = All

Please note that the 'Gestational Diabetes' filter will also identify patients where the conditions is marked as 'inactive' as well as 'active' in the clinical system. This enables you to produce a list of patients who have ever been diagnosed with gestational diabetes. Other condition filters will only filter for 'active' conditions as diagnosed in the clinical system.

You can select to filter by patients that

- Have a condition (tick the Yes box)
- Do not have a condition (tick the No box)

If you tick one of the main condition headings (**bolded**) the sub-heading selections will not be available and all patients matching any of the conditions listed below will be selected. This is an OR search, as opposed to selecting each condition separately which will result in an AND search.

In some filters there is a heading in *italics* and underlined , for example the Cardiovascular Disease (CVD) and Bone Disease in the first screenshot above. Selecting this heading will create a filter for patients with any of the specific conditions listed below, in this case CHC, Stroke, MI, PVD, Carotid Stenosis and Renal Artery Stenosis. This is an OR search, meaning that all patients with at least one of the listed conditions will be shown.