

RHEUMATIC HEART DISEASE REGISTER FOLLOW-UP FORM



NSW HEALTH USE ONLY

Registry No: _____ Date received: _____

When completing this form please complete the section on patient details and then only provide responses to update contact information or to provide new information on a patient's clinical status or follow-up.

PATIENT DETAILS

Last Name:
 First Name:
 Date of Birth: ___ / ___ / _____ Age:
 Gender: Male Female Other

CONTACT INFORMATION

Parent/Guardian's Name:
 Address: (permanent)
 State: Postcode:
 Address: (temporary)
 State: Postcode:
 Phone 1: Phone 2:

CASE MANAGER

Name:
 Hospital/Clinic:
 Address:
 Email:
 Postcode: Phone:
 Mobile: Fax:

CHANGE OF CLINIC INFORMATION

Hospital/Clinic:
 Address:
 Postcode: Clinic no.:
 Phone: Fax:

CLINICAL STATUS

Has the RHD status changed?	No RHD	Mild	Moderate	Severe
	Date status assessed: ___ / ___ / _____			
Has the frequency of treatment changed?	4 weekly	3 weekly	Other	
Is the patient deceased?	No	Yes	If yes, what was the date of death ___ / ___ / _____	
If yes, what was the cause of death?			
Has the person had heart valve surgery?	No	Yes	If yes, what was the date of death ___ / ___ / _____	
Which valve was involved?	Mitral	Aortic	Pulmonary	Tricuspid Other
What was the procedure?	Repair, including open valvuloplasty		Replacement, mechanical valve	
	Replacement, bioprosthetic valve		Percutaneous balloon valvuloplasty	
	Ross procedure		Other	

CLINICAL FOLLOW-UP

Type of clinical review:	Doctor	Specialist	Dental	Date: ___ / ___ / _____
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Type of clinical review:	Doctor	Specialist	Dental	Date: ___ / ___ / _____
Was an echocardiogram performed?	Yes	No	Date: ___ / ___ / _____	
Antibiotic administered/prescribed:	BPG	Other	Date: ___ / ___ / _____	

**Please return this form to the NSW RHD Coordinator at Health Protection NSW
 by fax to 02 9391 9189 or email nsw-rhd@health.nsw.gov.au**