

# RHEUMATIC HEART DISEASE REGISTER REGISTRATION FORM



NSW HEALTH USE ONLY

Registry No:

Date received:

## PATIENT DETAILS

Last Name:

First Name:

Date of birth: \_\_\_/\_\_\_/\_\_\_\_\_ Age:

Gender: Male Female Other

## CASE MANAGER

## CLINIC INFORMATION\*

Name:

Patient's clinic no.:

Organisation:

Treating doctor:

Address:

Hospital/clinic:

Address:

Email:

P/code:

Phone:

P/code:

Mob:

Fax:

Phone:

Fax:

## CLINICAL STATUS

Type of antibiotic treatment: Benzathine Penicillin G (BPG) Erythromycin  
Phenoxymethylpenicillin (Penicillin V) Other

Reason patient is not receiving BPG (if applicable):

If the patient has reported an allergy to penicillin has it been confirmed? Yes No

Date treatment commenced: \_\_\_/\_\_\_/\_\_\_\_\_ Last date of treatment: \_\_\_/\_\_\_/\_\_\_\_\_

Frequency of treatment: 3 weekly 4 weekly other

Last date of medical review: \_\_\_/\_\_\_/\_\_\_\_\_ Last date of specialist review: \_\_\_/\_\_\_/\_\_\_\_\_

Last date of dental review: \_\_\_/\_\_\_/\_\_\_\_\_ Last date of echocardiogram: \_\_\_/\_\_\_/\_\_\_\_\_

RHD status: No RHD Mild  
Moderate Severe  
Date status assessed: \_\_\_/\_\_\_/\_\_\_\_\_

Please return this form to the NSW RHD Coordinator at Health Protection NSW  
by fax to 02 9391 9189 or [email nsw-h-rhd@health.nsw.gov.au](mailto:nsw-h-rhd@health.nsw.gov.au)