

**RHEUMATIC HEART DISEASE REGISTER
DATA COLLECTION FORM**
MS EXCEL Database

Case Registration Date:/...../..... Status at Registration: New Case Known case **ROW NUMBER:**

Name: Date of Birth:/...../..... Gender: Male Female

Clinic / Hospital Number:

Address / Phone Number:

Current Disease Status: ARF Mild RHD Moderate RHD Severe RHD

Local Health Facility:

Date of Heart Valve Surgery:/...../.....

Secondary Prophylaxis Medication: Benzathine Penicillin G (3-wkly) Penicillin V (2 daily) Benzathine Penicillin G (4-wkly) Erythromycin (2 daily) No Prophylaxis

Date Prophylaxis STARTED/...../..... Date Prophylaxis CEASED/...../.....

Year Injections Calculated (e.g. 2006):	Injections REQUIRED (Jan-Dec)	Injections GIVEN (Jan-Dec)	Injections RECEIVED (%)
.....	<input type="checkbox"/> 17 (3-wkly) / <input type="checkbox"/> 13 (4-wkly)%
.....	<input type="checkbox"/> 17 (3-wkly) / <input type="checkbox"/> 13 (4-wkly)%
.....	<input type="checkbox"/> 17 (3-wkly) / <input type="checkbox"/> 13 (4-wkly)%
.....	<input type="checkbox"/> 17 (3-wkly) / <input type="checkbox"/> 13 (4-wkly)%

Date of last **ARF** diagnosis:/...../..... ARF Discovered by: Clinical Presentation Post mortem School Health Check Screening Program

Date of **RHD** Diagnosis:/...../..... RHD Discovered by: Associated ARF Clinical Presentation Coincidental Finding Post Mortem
 Pregnancy/Labour School Health Check Screening Program

Date of Death:/...../.....

Cause of Death: Other cause (Not RHD) RHD – Haemorrhage RHD - Heart Failure RHD - Endocarditis RHD - Stroke Unknown Cause

Next Review 1: Echocardiogram Heart Specialist Dental Review Heart Valve Surgery Next Review Date 1:/...../.....

Next Review 2: Echocardiogram Heart Specialist Dental Review Heart Valve Surgery Next Review Date 2:/...../.....