

**RHEUMATIC HEART DISEASE REGISTER  
DATA COLLECTION FORM**  
*Expanded Database*

**PERSONAL DETAILS**

Name: ..... Address: .....  
 Date of Birth: ...../...../..... Clinic / Hospital Number: .....  
 Gender:  Male  Female Local Health Facility: .....  
 Ethnicity: ..... Current Disease Status:  ARF  Mild RHD  Moderate RHD  Severe RHD  
 Phone Number: ..... Status at Registration:  New Case  Known case

**SECONDARY PROPHYLAXIS**

Benzathine Penicillin G (3-wkly)  Penicillin V (2 daily)  
 Benzathine Penicillin G (4-wkly)  Erythromycin (2 daily)  No Prophylaxis  
 Date STARTED: ...../...../.....  
 Date to Cease: ...../...../.....  
 Date CEASED: ...../...../.....  
 Less than 80% of injections received in the last 12 months  Yes  No

**FOLLOW-UP APPOINTMENTS**

Next Echocardiogram: ...../...../.....  
 Next Primary Care Dr Review: ...../...../.....  
 Next Heart Specialist Review: ...../...../.....  
 Next Dental review: ...../...../.....  
 Expected Date of Heart Valve Surgery: ...../...../.....  
 This person requires Warfarin

**DIAGNOSIS**

Date	Diagnosis	This Diagnosis was discovered by:
...../...../.....	.....	<input type="checkbox"/> Associated ARF <input type="checkbox"/> Clinical Presentation <input type="checkbox"/> Coincidental Finding <input type="checkbox"/> Post Mortem <input type="checkbox"/> Pregnancy/Labour <input type="checkbox"/> School Health Check <input type="checkbox"/> Screening Program
...../...../.....	.....	<input type="checkbox"/> Associated ARF <input type="checkbox"/> Clinical Presentation <input type="checkbox"/> Coincidental Finding <input type="checkbox"/> Post Mortem <input type="checkbox"/> Pregnancy/Labour <input type="checkbox"/> School Health Check <input type="checkbox"/> Screening Program
...../...../.....	.....	<input type="checkbox"/> Associated ARF <input type="checkbox"/> Clinical Presentation <input type="checkbox"/> Coincidental Finding <input type="checkbox"/> Post Mortem <input type="checkbox"/> Pregnancy/Labour <input type="checkbox"/> School Health Check <input type="checkbox"/> Screening Program
...../...../.....	.....	<input type="checkbox"/> Associated ARF <input type="checkbox"/> Clinical Presentation <input type="checkbox"/> Coincidental Finding <input type="checkbox"/> Post Mortem <input type="checkbox"/> Pregnancy/Labour <input type="checkbox"/> School Health Check <input type="checkbox"/> Screening Program
...../...../.....	.....	<input type="checkbox"/> Associated ARF <input type="checkbox"/> Clinical Presentation <input type="checkbox"/> Coincidental Finding <input type="checkbox"/> Post Mortem <input type="checkbox"/> Pregnancy/Labour <input type="checkbox"/> School Health Check <input type="checkbox"/> Screening Program
...../...../.....	.....	<input type="checkbox"/> Associated ARF <input type="checkbox"/> Clinical Presentation <input type="checkbox"/> Coincidental Finding <input type="checkbox"/> Post Mortem <input type="checkbox"/> Pregnancy/Labour <input type="checkbox"/> School Health Check <input type="checkbox"/> Screening Program

**CARDIAC SURGERY**

Date	Surgical Procedure	Place of Surgery
...../...../.....	.....	.....
...../...../.....	.....	.....
...../...../.....	.....	.....
...../...../.....	.....	.....

**REVIEW RESULTS**

Date	Assessed by	Findings
...../...../.....	<input type="checkbox"/> Echocardiogram <input type="checkbox"/> Heart Specialist <input type="checkbox"/> Prim Care Doctor <input type="checkbox"/> Dentist	.....
...../...../.....	<input type="checkbox"/> Echocardiogram <input type="checkbox"/> Heart Specialist <input type="checkbox"/> Prim Care Doctor <input type="checkbox"/> Dentist	.....
...../...../.....	<input type="checkbox"/> Echocardiogram <input type="checkbox"/> Heart Specialist <input type="checkbox"/> Prim Care Doctor <input type="checkbox"/> Dentist	.....
...../...../.....	<input type="checkbox"/> Echocardiogram <input type="checkbox"/> Heart Specialist <input type="checkbox"/> Prim Care Doctor <input type="checkbox"/> Dentist	.....
...../...../.....	<input type="checkbox"/> Echocardiogram <input type="checkbox"/> Heart Specialist <input type="checkbox"/> Prim Care Doctor <input type="checkbox"/> Dentist	.....
...../...../.....	<input type="checkbox"/> Echocardiogram <input type="checkbox"/> Heart Specialist <input type="checkbox"/> Prim Care Doctor <input type="checkbox"/> Dentist	.....

**BENZATHINE PENICILLIN INJECTION DELIVERY**

Year (e.g. 2006)	Injections REQUIRED for full year	Injections GIVEN	RECEIVED %
.....	<input type="checkbox"/> <b>17</b> (3-wkly) <input type="checkbox"/> <b>13</b> (4-wkly)	.....	.....
.....	<input type="checkbox"/> <b>17</b> (3-wkly) <input type="checkbox"/> <b>13</b> (4-wkly)	.....	.....
.....	<input type="checkbox"/> <b>17</b> (3-wkly) <input type="checkbox"/> <b>13</b> (4-wkly)	.....	.....
.....	<input type="checkbox"/> <b>17</b> (3-wkly) <input type="checkbox"/> <b>13</b> (4-wkly)	.....	.....
.....	<input type="checkbox"/> <b>17</b> (3-wkly) <input type="checkbox"/> <b>13</b> (4-wkly)	.....	.....

**DEATH**

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

Cause of Death:

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

**NOTES**

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