

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

PERSONAL DETAILS

Name:

Date of Birth:/...../.....

Gender: Male Female

Address / Phone Number:

Clinic / Hospital Number:

Local Health Facility:

SECONDARY PROPHYLAXIS

Benzathine Penicillin G (3-wkly) Penicillin V (2 daily)

Benzathine Penicillin G (4-wkly) Erythromycin (2 daily) No Prophylaxis

Date STARTED/...../.....

Date CEASED/...../.....

Less than 80% of injections received in the last 12 months Yes No

BENZATHINE PENICILLIN INJECTION DELIVERY

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

DIAGNOSIS AND MANAGEMENT

Status at Registration: New Case Known case

Current Disease Status: ARF Mild RHD Moderate RHD Severe RHD

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 Heart Valve Surgery:/...../.....

FOLLOW-UP APPOINTMENTS

Next Medical Specialist appointment:/...../.....

Next Echocardiogram:/...../.....

Next Dental Review:/...../.....

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

DEATH

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

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