

ACUTE RHEUMATIC FEVER/RHEUMATIC HEART DISEASE NOTIFICATION FORM



NSW HEALTH USE ONLY

Date received: ___/___/___ PHU: _____ Record No: _____

PATIENT DETAILS

Last Name:
 First Name:
 Alias:
 Parent/Guardian's Name:
 Parent/Guardian's Name:
 Address: (permanent)
 State: Postcode:
 Address: (temporary)
 State: Postcode:
 Phone 1: Phone 2:
 Date of Birth: ___/___/___ Age:
 Gender: Male Female Other

NOTIFYING DOCTOR

Name:
 Patient's Hospital/Clinic Number:
 Hospital/Clinic:
 Address:
 State: Postcode:
 Phone: Fax:

Patient's Usual Health Service Provider

Patient's Hospital/Clinic Number:
 Address:
 State: Postcode:
 Phone: Fax:
 Language spoken at home:

Country of birth: Australia Other Unknown
 Indigenous status: Aboriginal Torres Strait Islander Unknown
 Both Aboriginal and Torres Strait Islander None of the above
 Ancestry: Maori Pacific Islander
 Other Unknown

ACUTE RHEUMATIC FEVER (ARF)

Current episode: Initial Recurrent Unknown
 Date of onset (current episode): ___/___/___ Date of onset (first episode): ___/___/___
Manifestations (tick all that apply)
 Carditis Chorea Erythema marginatum Fever $\geq 38^{\circ}\text{C}$
 Mono-arthralgia (aseptic) Mono-arthritis (aseptic) Polyarthralgia Polyarthritis
 Prolonged P-R interval on ECG Elevated ESR (≥ 30 mm/hr): _____ mm/hr ___/___/___
 Subcutaneous nodules Elevated CRP (≥ 30 mg/L): _____ mg/L ___/___/___
Supporting laboratory evidence
 Positive throat culture: Elevated ASOT: _____ IU/ml Elevated Anti-DNase B: _____ IU/ml
 Date: ___/___/___ Date: ___/___/___ Date: ___/___/___

RHEUMATIC HEART DISEASE (RHD)

Diagnosed with RHD by an echocardiogram according to the World Heart Federation guidelines? Yes No
 Date: ___/___/___
 Has consent been obtained for inclusion on the RHD Register? Yes No Not asked

**Please return completed notification by phone, post or secure fax to the local Public Health Unit.
 See over for your local Public Health Unit (PHU) contact details.
 For further information or to contact your PHU phone: 1300 066 055 or visit www.rhdaustralia.org.au**

Public Health Unit	Mailing Address	Contact
Albury <i>Murrumbidgee LHD</i>	PO Box 3095 Albury 2640	Fax: 02 6080 8999 (s)
Bathurst <i>Western NSW LHD</i>	PO Box 143 Bathurst, 2795	Fax: 02 6332 3137 (s)
Broken Hill <i>Far West LHD</i>	PO Box 457 Broken Hill, 2880	Fax: 08 8080 1196 (s)
Camperdown <i>Sydney LHD</i>	PO Box 374 Camperdown 1450	Fax: 02 9515 9467 (s)
Dubbo <i>Western NSW LHD</i>	PO Box 4061 Dubbo, 2830	Fax: 02 6841 2261 (s)
Gosford <i>Central Coast LHD</i>	PO Box 361 Gosford, 2250	Fax: 02 4320 9746 (s)
Goulburn <i>Southern NSW LHD</i>	Locked Bag 11 Goulburn, 2580	Fax: 02 4822 5038 (s)
Hornsby <i>Northern Sydney LHD</i>	Hornsby Hospital Palmerston Rd Hornsby 2077	Fax: 02 9482 1358 (s)
Lismore <i>Northern NSW LHD</i>	PO Box 498 Lismore 2480	Fax: 02 6620 2552 (s)
Liverpool <i>South Western Sydney LHD</i>	PO Box 38 Liverpool 1871	Fax: 02 8778 0838 (s)
Newcastle <i>Hunter New England LHD</i>	Locked Bag 10 Wallsend, 2287	Fax: 02 4924 6048 (s)
Parramatta <i>Western Sydney LHD</i>	Locked Bag 7118 Parramatta BC 2124	Fax: 02 9840 3591 (s)
Penrith <i>Nepean Blue Mountains LHD</i>	PO Box 63 Penrith 2751	Fax: 02 4734 3444 (s)
Port Macquarie <i>Mid North Coast LHD</i>	PO Box 126 Port Macquarie 2444	Fax: 02 6588 2837 (s)
Randwick <i>South Eastern Sydney LHD</i>	Locked Bag 88 Randwick 2031	Fax: 02 9382 8314 (s)
Tamworth <i>Hunter New England LHD</i>	Locked Mail Bag 9783 NEMSC 2348	Fax: 02 6766 3890 (s)
Wollongong <i>Illawarra Shoalhaven LHD</i>	Locked Bag 9 Wollongong 2500	Fax: 02 4221 6759 (s)

NOTE: (s) = secure fax number