PID: ☐☐☐☐☐☐☐☐☐ Visit Date: ☐☐ ☐☐☐ ☐☐
dd MMM yy

Visit: ☐☐☐☐

CARDIO VASCULAR DISEASE

ARRYTHMIA (ATRIAL AND VENTRICULAR)

1. Have you ever been told you have / had a heart rhythm problem called atrial fibrillation? ☐ Yes ☐ No ☐ Don't know → ***Skip to Item 2.***

   1.1. If Yes, provide date of first episode: ☐☐ ☐☐☐ ☐☐ ***OR*** ☐ Don't know
   dd MMM yy

   1.2. Did you go to a hospital / clinic to see a doctor?
   ☐ Yes, I went to hospital / clinic
   ☐ Yes, I saw a doctor
   ☐ No
   ☐ Don't know

2. Have you got a permanent pacemaker inserted? ☐ Yes ☐ No ☐ Don't know

   2.1. If Yes, what year was it inserted? ☐☐☐☐ ***OR*** ☐ Don't know
   yyyy

3. Have you taken or are you taking any of these cardiovascular medications:

   3.1. Anticoagulants (Coumadin; Warfarin; etc.)
   ☐ Yes, now
   ☐ Yes, not now
   ☐ No
   ☐ Don't know

   3.2. Antiarrhythmics (Quinidine; Procainmide; Norpace; Disopyramide; etc.)
   ☐ Yes, now
   ☐ Yes, not now
   ☐ No
   ☐ Don't know

RHEUMATIC FEVER / RHEUMATIC HEART DISEASE

4. Has a doctor ever said you had rheumatic fever (inflammatory rheumatism)? ☐ Yes ☐ No ☐ Don't know → ***Skip to end of form.***

   4.1. If yes, have you had it in the past 12 months? ☐ Yes ☐ No ☐ Don't know

   4.2. Are you taking any medication for it? ☐ Yes ☐ No ☐ Don't know

   4.2.1. If yes, please specify medication: _____

Date Completed: ☐☐ ☐☐☐ ☐☐ Staff Initials: ☐☐☐
dd MMM yy