



Rheumatic Heart Disease (RHD) notification form for clinicians

RHD is a notifiable condition. Report all suspected NEW cases or previously unnotified cases by submitting this form to the Notifiable Conditions System team to the Notifiable Conditions System team via email: CDIS-NOCS-Support@health.qld.gov.au or fax: 3328 9434

This is an approved form for the use and purpose of the *Queensland Public Health Act 2005* (Chapter 3 Part 2 Division 2 - Notices about Notifiable Conditions) and the *Public Health Regulation 2018* (Schedules 1 and 2)

Patient details (Affix patient identification label here)	Notifying clinician
URN: <input style="width: 150px;" type="text"/> Last Name: <input style="width: 120px;" type="text"/> First Name: <input style="width: 120px;" type="text"/> Address: <input style="width: 380px;" type="text"/> Date of birth: <input style="width: 120px;" type="text"/> Telephone: <input style="width: 150px;" type="text"/> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other Name of parent/carer <input style="width: 450px;" type="text"/>	Name <input style="width: 450px;" type="text"/> Telephone <input style="width: 220px;" type="text"/> Practice/facility <input style="width: 450px;" type="text"/> Notification date <input style="width: 220px;" type="text"/>
General practitioner/Usual healthcare provider	
Name <input style="width: 920px;" type="text"/> Telephone <input style="width: 220px;" type="text"/> Practice/facility <input style="width: 920px;" type="text"/>	
Case details	
Indigenous Status: <input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Not Stated/Unknown	
Other Ethnicity: <input type="checkbox"/> Māori <input type="checkbox"/> Pacific Islander (specify): <input style="width: 440px;" type="text"/> <input type="checkbox"/> Australian South Sea Islander <input type="checkbox"/> Not Stated/Unknown <input type="checkbox"/> Other (specify): <input style="width: 440px;" type="text"/>	
Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other (specify): <input style="width: 440px;" type="text"/>	
Date of arrival in Australia: <input style="width: 240px;" type="text"/>	

Last name First name DOB

RHD diagnosis criteria

Diagnosed according to World Health Federation criteria for echocardiographic diagnosis of RHD

Echocardiogram date

Diagnosing Cardiologist

Echocardiogram service provider

RHD diagnosis is:

New Existing (but not previously notified)

Earliest date of RHD diagnosis

Location at time of initial RHD diagnosis: suburb/town

History of ARF

Yes (Year of onset if known)

No

Unknown

RHD severity (as per Australian ARF/RHD Guidelines*)

Severe RHD

Moderate RHD

Mild RHD

Borderline RHD (only for ≤ 20 years)

*RHD Australia (ARF/RHD writing group). The 2020 Australian guideline for prevention, diagnosis and management of acute rheumatic fever heart disease (3.2 edition); March 2022 <https://www.rhdaustralia.org.au/arf-rhd-guidelines>