NATIONAL CARDIOVASCULAR DISEASE DATABASE FOLLOW UP FORM AT 1 YEAR

For NCVD Use only:	
	ID:
	Centre:
	Certifie.

Instruction: This form is to be completed at patient follow-up 1 year ± 1 month after admission. Following may be performed by clinic visit or telephone interview.

Where check boxes \blacksquare are provided, check (\lor) one or more boxes. Where radio button \bigcirc are provided, check (\lor) one box only. A. Name of reporting centre: **B. Patient Name:** Hj/Hjh/Dato'/Dr. C. Identification MyKad / MyKid: Old IC: Card Other ID document No. Specify type (eg.passport, armed force ID): Number: D. Date of Follow up Notification: (dd/mm/yy) **SECTION 1: OUTCOME** 1. Outcome: 1. Alive a. Date of death: 2. Died (dd/mm/yy) Cardiovascular Non Cardiovascular of Death: Other, specify Transferred to a. Date of last follow-up: (dd/mm/yy) another centre: b. Name of Centre: a. Date of last follow-up: 4. Lost to Follow up: (dd/mm/yy) 2. Cardiovascular readmission: a. Date: 1. ACS (dd/mm/yy) STEMI b. ACS Stratum: NSTEMI UA a. Date: 2. Heart failure (dd/mm/yy) a. Date: 3. Revascularization (dd/mm/yy) b. Type of Revascularization: 1. PCI Elective Urgent 2. CABG Elective Urgent a. Date: 4. Stroke (dd/mm/yy) **SECTION 2: CLINICAL HISTORY AND EXAMINATION** 1. Angina Status: Class IV (CCS classification) None Class I Class II Class III 2. Functional capacity: None NYHA I NYHA II NYHA III NYHA IV (NYHA classification) 3. BP a. Systolic: b. Diastolic: mmHg mmHg 4. Anthropometric: a. Weight: b. Waist circumference: kg cm c. Hip circumference: **SECTION 3: INVESTIGATIONS** Values 1. Lipid profile: Unit a. Total cholesterol: mmol/L b. HDL-C: mmol/L c. LDL-C: mmol/L d. Triglycerides: mmol/L 2. Left Ventricular Ejection Fraction: % **SECTION 4: MEDICATIONS** Group Given Given Group 1. ASA 9. Statin Yes Yes No No 2. ADP antagonist 10. Other lipid lowering agent Yes No Yes No 3. GP receptor inhibitor 11. Diuretics Yes No Yes No 4. Warfarin Yes No 12. Calcium antagonist Yes No 5. LMWH 13. Oral Hypoglycaemic agent Yes No Yes No 6. Beta blocker 14. Insulin Yes No No Yes 7. ACE Inhibitor Yes 15. Anti-arrhythmic agent No No Yes 8. Angiotensin II receptor blocker Yes No **SECTION 5: REHABILITATION AND COUNSELLING** 1. Was patient referred to cardiac rehabilitation? Yes No 2. Has patient stopped smoking? Yes No