NATIONAL CARDIOVASCULAR DISEASE DATABASE **FOLLOW UP FORM AT 30 DAYS**

For NC	VD Use only	<i>'</i> :
ID:	/	
Centre:		

Instruction: This form is to be completed at patient follow-up 30 days (+ 2 weeks) after admission. Following may be performed by clinic visit or telephone interview.

Where check boxes	are provided, check (*	one or more boxes.	Where radio button	are provided, check (*	\checkmark) one box only

												-								
A. Name of reporting centre:																				
B. Patient Name: Hj/Hjh/Dato'/Dr.																				
C. Identification	MyKad / MyKid:			_ _																
Card Number :	Other ID docume	nt No:				5	Speci	ify ty	pe (eg	.pass	port,	arme	ed fo	rce IE	D):					
D. Date of Follow up Notification:						(dd/r	nm/yy	/)												<u> </u>
	СТІО	ON 1: OUTCOME																		
1. Outcome: 1. Alive																				
2. Die						a. D	. Date of death: (dd/mm									(dd/mm/	yy)			
					b. C	aus	use Cardiovascu					r								
					0	f De	ath:		Other											
	3. T	ansferred to				a. D	ate o	of last follow-up:										(dd/mm/yy)		
	aı	nother centre :							of Centre :											
	ost to Fo	st to Follow up:			a. Date of last t				follow-up:						(dd/mm/yy)					
2. Cardiovascular readm	nission: 1. A	CS	■ → a. I				ate :							(dd/r	nm/y	m/yy)				
						b. A	cs	Strat	um:			STE	ΜI	0	NST	ЕМІ		UA		
	2. H	eart failu	ire		→	a. D	ate :							(dd/r	nm/y	y)				
	3 R	evascula	arization		-	а П	ate ·							(dd/r	nm/v	w)				-
	0.10	Ovasouic	evascularization				a. Date : b. Type of Revascularization :								iiiii/y	у)				
							1. P									Fle	ctive			
								CABG	· —	-					-		ctive			
]																
4. Stroke a. Date: (dd/mm/yy)																				
SECTION 2: CLINICAL HISTORY AND EXAMINATION (OPTIONAL)																				
1. Angina Status: (CCS classification)				None O											Class III Class IV					
2. Functional capacity: (NYHA classification) 3. BP a. Systolic:				None NYH						HA II) IN Y	NYHA III NYHA						
	a. Systolic: a. Weight:									b. Diastolic:				201	m					ig
_	c. Hip circumfere	nco:					9			Waist circumference:									cm	
	. Hip circuillere		OTION		INIV / E /	TIO	cr		\ (OD	TION										
1. Lipid profile:		<u> 51</u>	CTION	ن : ۱ Valu		STIG	AII	ONS		<u>HON</u> Unit	AL)									
a. Total cholesterol:				values				mmol/L												
b. HDL-C:										mol/L										
c. LDL-C:									mmol/L											
d. Triglycerides:									mmol/L											
2. Left Ventricular Ejection Fraction:										%										
SECTION 4: MEDICATIONS (OPTIONAL)																				
Group			Giv	⁄en						(Grou	р						Given	1	
1. ASA		○ Y	es	s			9. Statin												(N	lo
2. ADP antagonist		① Y	es	s		0		10. Other lipi			pid lowering agent					Yes				lo
3. GP receptor inhibitor		① Y	es	s ON		0		11. [11. Diuretics			5				① Yes (lo	
4. Warfarin		○ Y	es	s			12. Calcium antago					nist					Yes			lo
5. LMWH		○ Y	es	. O No			1	13. C	Oral H	ypog	lycae	emic	emic agent				Yes			lo
6. Beta blocker		○ Y	es				1	14. Insulin									Yes			lo
7. ACE Inhibitor		○ Y	es			0	1	15. <i>A</i>	Anti-aı	rhyth	mic	agent				O Yes				lo
8. Angiotensin II recepto	or blocker	① Y	es			0] "													
SECTION 5: REHABILITATION AND COUNSELLING (OPTIONAL)																				
1. Was patient referred to cardiac rehabilitation?				Y	'es) No)							
2. Has patient stopped smoking?				(a) Y	' es			○ No												