

Initial CVD Registration, History And Consent Sheet

General Practitioner's Name and Address Use Stamp If Available		Date: / / Division: • Dandenong • GSE Program Registration: • Primary • Secondary • Unstable Angina • CHF	
Patient Details			
Last Name	First Name	ID (Office Use Only)	
Address	Postcode	Sex • Male • Female	
	D.O.B.		
Language Used at Home (if not English)		• Aboriginal	
Immediate Family History:		• Father • Mother • Siblings • Stroke • Father • Mother • Siblings • Diabetes • Father • Mother • Siblings • Hypertension • Father • Mother • Siblings	
Patient History: • Hypertension • Hyperlipidaemia • Overweight/Obese • Diabetes		Smoking Current / Never / Previous / Unknown Cigs / Day _____ Quit Date ____/____/____ Alcohol Nil / Social / Excess	
Physical Activity • Sedentary • Moderate • Vigorous			
Presenting CVD Diagnosis (if filling in for Secondary Prevention Programs)			
Other Medical Problems			
_____ _____ _____			

Patient Consent

I _____ hereby agree to my cardiovascular record being kept in the computer database of the Dandenong District Division of General Practice. I acknowledge that the purpose of the database is firstly to assist in the management of my cardiovascular disease and secondly to establish cardiovascular outcome goals in the community (to help improve Cardiovascular Care).

This consent is subject to:
 1/ The information on the database being kept on a strictly confidential basis
 2/ Any information required for research being used is kept anonymous
 3/ My right to withdraw consent at any time by completing a withdrawal from requesting my computer file to be destroyed.

Signature of Patient _____ Date: ____/____/____

Signature of Doctor _____ Date ____/____/____

Please fax this form (do NOT send original) with the first set of data on the Management Review Sheet to the Dandenong Division of General Practice, 9706 8060