Clinical Report Form Study of the implementation of a stroke prevention initiative through structured Atrial Fibrillation (AF), blood pressure (BP) and smoking risk detection in Cork Kerry Community Healthcare.

GP/Practice number	
File/patient number	
DOB (DD/MM/YYYY)	
Date of screening (DD/MM/YYYY)	

Gender	Female □	Male □
Weight (kg):_____	**Height (m): _____**	**BMI (kg/m²): _____**
Existing AF:	Yes □	No □

Reason for visit	Flu vaccine □	Repeat prescription □	BP check □	Chronic condition □	Other □

Screening

Smoking status	Current smoker □	Ex-smoker □	Never smoker □
Offered smoking cessation therapy	Yes □	No □	N/A □

ECG recording (Kardia device)	Positive AF □	Normal □	Unreadable □

12 lead ECG confirms AF	Yes □	No □
Commenced on anticoagulant	Yes □	No □

Blood pressure (mmHg)	Systolic: _____	Diastolic: _____
Clinical diagnosis (hypertension)	New □	Existing □
Initiated/intensified anti-hypertensives	Yes □	No □

Medical history

Hypertension □	Diabetes □	Stroke Ischaemic/and/or TIA □	Intracranial bleed □
Renal disease □	Previous CVD – MI/CABG □	Previous history AF □	PVD □
Heart failure □	Thyroid disease □		

Current medication	ACEi/ ARB □	Anti-arrhythmic □	ARB's □	Beta-blocker □
	Calcium channel blocker □	Cholesterol lowering agents □	Digoxin □	Diuretics □
	Oral anti-coagulation; warfarin, aspirin, DOAC/NOAC □	Thyroid replacement therapy □		

Referrals			**Referred to:**
GP Follow up	Yes □	No □	
Echo	Yes □	No □	
Cardiology OPD	Yes □	No □	
Cardiology private	Yes □	No □	
Emergency department	Yes □	No □	

Willing to participate in qualitative interview	Yes □	No □