



FOLLOW – UP VISIT

(Attach Patient Identification Label)	<p>Valve Study Group 5th Floor, East Wing St. Thomas' Hospital London SE1 7EH Tel 020 7188 0726 Fax 020 7188 0728</p>
Date:	Primary Consultant: Consultant / Nurse / Sonographer
Visit: Scheduled / Unscheduled	Valve Pathology: AS / AR / Mixed MS / MR / Mixed AVR / MVR / Repair Other:
Reason for Visit:	
<p>Symptoms & Events: NYHA : I II III IV SAS: 1 2 3 4 Exertional SOB: N / Y Syncope/presyncope : N / Y Chest Pain : N / Y New arrhythmia : N / Y New ankle swelling N/Y TIA/CVA: N / Y ACS : N / Y Endocarditis: N / Y Other Events : N / Y</p>	Comments:
<p>Investigations in Clinic: Echo: N / Y ECG: N / Y Bloods: N / Y Specify: BNP: N / Y Result: Exercise Test: N / Y Result: Pacemaker check N / Y EP Opinion N / Y</p>	<p>Examination: BP : Heart Sounds: Chest Auscultation:</p>
Medication:	<p>Advice : Dental : Regular / Reminded / Dentures / N/A Antibiotic Prophylaxis Card : Given / Has / N/A Contraception : Y / N/ n/a INR therapeutic (mech Valves only) : Y / N / n/a</p>
<p>Plan: Rebook : 3mnths / 6mnths / 1 Year / Other : Consultant/ Nurse / Sonographer Instructions: Echo / BNP / Ex Test / ECG / Bloods Medical Referral: Yes / No 1 = event/change in symptoms 2 = echo threshold reached 3 = patient request 4 = sonographer/nurse request 5 = change in medication JAN 2020</p>	<p>Signature: Designation: Date:</p>