RHEUMATIC FEVER WORKSHEET

Report Date ____/____/____ Reported by _____

Date of Rheumatic Fever Onset ____/____/____ New _____ Recurrence _____

Name _____ Parent/Guardian Name _____

Address _____ Telephone (_____)_____
Street City State ZIP

Date of Birth ___/___/___ Age _____ Sex _____ Race _____

Diagnosing Physician _____ Physician's Telephone (_____)_____

DIAGNOSIS ESTABLISHED BY: 2 Major criteria or 1 Major/2 Minor criteria AND evidence of preceding group A streptococcal infection
(Please check all that apply)

MAJOR CRITERIA

☐ POLYARTHRITIS
NO. OF JOINTS INVOLVED _____
MIGRATORY _____

☐ CARDITIS
- ☐ MITRAL REGURGITATION MURMUR
- ☐ AORTIC REGURGITATION MURMUR
- ☐ OTHER
- ☐ ABNORMAL ECHOCARDIOGRAM (Silent Mitral/Aortic Regurgitation)

☐ CHOREA

☐ ERYTHEMA MARGINATUM
(LOCATION)_____

☐ SUBCUTANEOUS NODULES
(LOCATION)_____

MINOR CRITERIA
(Clinical)

☐ FEVER
TEMP _____

☐ ARTHRALGIA (IN THE ABSENCE OF POLYARTHRITIS)

☐ PREVIOUS RHEUMATIC FEVER OR RHEUMATIC HEART DISEASE
DATE ____/____/____

(Laboratory)

☐ ELEVATED ERYTHROCYTE ☐ NOT DONE
(Sedimentation Rate)
ESR: _____ DATE: ____/____/____
ZSR: _____ DATE: ____/____/____

☐ ELEVATED C-REACTIVE PROTEIN (CRP) ☐ NOT DONE
RESULT: _____ DATE: ___/___/___

☐ EKG ☐ NOT DONE

☐ PROLONGED P-R INTERVAL ON ELECTROCARDIOGRAM

SUPPORTING EVIDENCE OF STREPTOCOCCAL INFECTION (Please check all that apply)

☐ POSITIVE THROAT CULTURE FOR GROUP A STREPTOCOCCUS DATE ___/___/___
☐ ANTI-STREPTOLYSIN O (ASO) DATE ___/___/___ RESULT: _____
☐ ANTI-DNASE B DATE ___/___/___ RESULT: _____
☐ STREPTOZYME DATE ___/___/___ RESULT: _____
☐ RECENT SCARLET FEVER DATE ___/___/___
☐ RECENT HISTORY OF SORE THROAT DATE ___/___/___