



## **Clinical Nurse Specialist ACHD Clinic**

atient ID label	Date:
	Next of Kin:
	Carer:
	Children:
Diagnosis:	
Operations:	
Medication:	
College/ Uni:	
Occupation:	
<u>Lifestyle</u>	
Healthy Eating:	
Weight/ BMI:	
Alcohol/Units per week:	
Smoking: Yes [] No [] Ex smoker [] Smo	oking cessation referral [ ]
Exercise:	
Contraception:	

Endocarditis (Note tattoo's/piercings):	
Last visit to dentist:	
Capacity/Learning Disabilities	
Capacity: Yes [] No [] Require capacity assessment:	
Best Interest meeting required:	
Learning disability risk assessment:	
Patient Passport:	
Continuation:	