



Clinical Nurse Specialist ACHD Clinic

Patient ID label

Date:

Next of Kin:

Carer:

Children:

Diagnosis:

Operations:

Medication:

College/ Uni:

Occupation:

Lifestyle

Healthy Eating:

Weight/ BMI:

Alcohol/Units per week:

Smoking: Yes No Ex smoker Smoking cessation referral

Exercise:

Contraception:

Inheritance:
