44515

THE RAINE STUDY

# Mother's Assessment Form - 16 year Follow-up ☐

**Date of Examination:** ☐☐ / ☐☐ / ☐☐☐☐ **RA** ☐☐

Weight: ☐☐☐.☐☐ kg Height: ☐☐☐.☐ cm L Arm Circ: ☐☐.☐ cm

BP / Heart Rate:

| | | | | | |
|---|---|---|---|---|---|
| 1. | ____ / ____ MmHg | Heart Rate: ____ | State: ____ | Dinamap: | ☐ 1 |
| 2. | ____ / ____ MmHg | Heart Rate: ____ | State: ____ | | ☐ 2 |
| 3. | ____ / ____ MmHg | Heart Rate: ____ | State: ____ | | ☐ 3 |
| 4. | ____ / ____ MmHg | Heart Rate: ____ | State: ____ | | ☐ 4 |
| Av. | ☐☐☐ / ☐☐☐ MmHg | Heart Rate: ☐☐☐ | State: ☐ | | ☐ Referred to GP |

Pregnant: ☐ Yes ☐ No ☐ NA ☐ Not stated

Cholesterol Lowering Spreads: ☐ Yes ☐ No ☐ Not stated
(Logical; Proactive; Smart Balance; Nuttelex Pulse)

**Medications:** Taken/used regularly over the last 4 weeks
(Prescription, over the counter and health food products)
(Tablets, creams or suppositories)

| | A. | B. | C. | D. | E. | F. |
|---|---|---|---|---|---|---|
| 1. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. | ☐ | ☐ | ☐ | ☐ | | |
| 3. | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 4. | ☐ | | | | | |
| 5. | ☐ | | | | | |
| 6. | ☐ | | | | | |
| 7. | ☐ | | | | | |
| 8. | ☐ | | | | | |
| 9. | ☐ | | | | | |

1. Antihypertensive drugs: A = ace inhibitor; B = diuretic; C = all antagonist; D = B-blocker; E = ca channel blocker; F = other
2. Hypoglycaemic agents: A = insulin; B = other; C = metformin
3. Lipid lowering agents: A = fibrates; B = statins; C = fish oil; D = other
   (eg. **lipid lowering spreads** - Logicol, Proactive, Smart Balance, Nuttelex Pulse)
4. Non-steroidal anti-inflammatories
5. Asprin
6. Multivitamins/Vitamins
7. Iron compounds / Haemophoetic agents
8. Antidepressants / Anti-anxiety
9. Other

**Date of Bloods:** ☐☐ / ☐☐ / ☐☐☐☐ RA ☐☐