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RAINE STUDY – YR 13 PARENTAL ASSESSMENT

Date of Examination: ___/___/___ **Place of Examination:** _____

Parent: mother father

Weight: _____kg Height: _____cm L. Arm Circ: _____cm

BP /Heart Rate:

1. ___/___MmHg Heart Rate: _____ State: _____ Instrument: _____

2. ___/___MmHg Heart Rate: _____ State: _____

Av. ___/___MmHg Heart Rate: _____ State: _____

Pregnant: Y N N/A

Medications:

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

		A.	B.	C.	D.	E.	F.
.....	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
.....	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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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
4. Non-steroidal anti-inflammatories
5. Aspirin
6. Multivitamins
7. Iron compounds/Haemopoetic agents
8. Antidepressants / Anti anxiety
9. Other

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