



Acute Rheumatic Fever & Rheumatic Heart Disease NOTIFICATION FORM

ARF and RHD are notifiable conditions. All confirmed and suspected cases must be reported.
Refer to the [2025 Australian guidelines](#) to assist with diagnosis of suspected ARF.

Please submit this form to the WA RHD Register and Control Program via
email at RHD.Register@health.wa.gov.au or call [1300 622 745](tel:1300622745) if you have any questions.

Patient Details

First Name:
Last Name:
DOB: UMRN:
Address:
Contact No.:
Email:
Gender: Male Female Other
Ethnicity:
Parent/Carer Name:
Parent/Carer Contact No.:
Pregnant: Yes No

Notifying Clinician Details

Full Name:
HE Number (if applicable):
Health Site:
Contact No.:
Email:

Patient's Usual Healthcare Provider

Health Site:
Contact No.:
Email:

Case Details

ARF Diagnosis: Yes No

RHD Diagnosis: Yes No

Echocardiogram Performed: Yes No

Secondary Prophylaxis: Yes No Other

Hospital Admission: Yes No Unknown

