PVI Follow-Up

	30 Day Follow-Up	6 Month Follow-Up
Contact Date	_____/_____/_____	_____/_____/_____

Current Living Status	o Home
	o Nursing Home/Extended Care
	o Assisted Living
	o In Hospital
	o Not documented
	o Dead
	o Date of Death____/____/____
	o Cause of Death
	  o Cardiovascular
	  o Procedure Related
	  o Unknown/ Other
		o Home
		o Nursing Home/Extended Care
		o Assisted Living
		o In Hospital
		o Not documented
		o Dead
		o Date of Death____/____/____
		o Cause of Death
		  o Cardiovascular
		  o Procedure Related
		  o Unknown/ Other

Smoking	☐ Yes ☐ No ☐ Not documented	☐ Yes ☐ No ☐ Not documented
Antiplatelets	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated
Statin	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated
Aspirin	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated
Beta Blocker	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated
ACE Inhibitor	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated
Anticoagulant	☐ Yes ☐ No ☐ Not documented	☐ Yes ☐ No ☐ Not documented
ARBs	☐ Yes ☐ No ☐ Not documented	☐ Yes ☐ No ☐ Not documented
Other Cholesterol Lowering Agents	☐ Yes ☐ No ☐ Not documented	☐ Yes ☐ No ☐ Not documented
Repeat Procedure	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____
New Vascular Procedure	☐ Yes ☐ No ☐ Not documented | ☐ Surgical ☐ Percutaneous **Date:** ____/____/____	☐ Yes ☐ No ☐ Not documented | ☐ Surgical ☐ Percutaneous **Date:** ____/____/____
Vascular Access Complications	☐ Yes ☐ No ☐ Not documented | o Intervention o No Intervention **Date:** ____/____/____	☐ Yes ☐ No ☐ Not documented | o Intervention o No Intervention **Date:** ____/____/____
Thrombectomy/lysis	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____
ABIs	☐ Yes ☐ No ☐ Not documented | o Right ABI value _________ o Left ABI value _________	☐ Yes ☐ No ☐ Not documented | o Right ABI value _________ o Left ABI value _________
TBIs	☐ Yes ☐ No ☐ Not documented | o Right TBI value _________ o Left TBI value _________	☐ Yes ☐ No ☐ Not documented | o Right TBI value _________ o Left TBI value _________
Toe Pressure	☐ Yes ☐ No ☐ Not documented | o Right Toe value _________ o Left Toe value _________	☐ Yes ☐ No ☐ Not documented | o Right Toe value _________ o Left Toe value _________
Amputation	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____ | o Left AKA o Right AKA o Left BKA o Right BKA o Left foot o Right foot o Left Metatarsal o Right metatarsal o Left Digit o Right Digit o Left Hip Disarticulation o Right Hip Disarticulation	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____ | o Left AKA o Right AKA o Left BKA o Right BKA o Left foot o Right foot o Left Metatarsal o Right metatarsal o Left Digit o Right Digit o Left Hip Disarticulation o Right Hip Disarticulation
MI	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____
TIA/Stroke	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____
Renal Failure/Dialysis	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____
Transfusion	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____

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