

## Voluntary PVI Follow-Up Worksheet

Contact Date	30-Day Follow-Up					6-Month Follow-Up				
<b>Current Living Status</b>	Home Nsg Home/Extended Care Assisted Living In Hospital ND	Dead Date of Death Cause of Death Cardiovascular Operation Related Unk/Other				Home Nsg Home/Extended Care Assisted Living In Hospital ND	Dead Date of Death Cause of Death Cardiovascular Operation Related Unk/Other			
<b>Smoking</b>	Yes	No	ND			Yes	No	ND		
<b>Antiplatelets</b>	Yes	No	ND	C/I		Yes	No	ND	C/I	
<b>Statin</b>	Yes	No	ND	C/I		Yes	No	ND	C/I	
<b>Aspirin</b>	Yes	No	ND	C/I		Yes	No	ND	C/I	
<b>Beta Blocker</b>	Yes	No	ND	C/I		Yes	No	ND	C/I	
<b>ACE Inhibitor</b>	Yes	No	ND	C/I		Yes	No	ND	C/I	
<b>Anticoagulant</b>	Yes	No	ND			Yes	No	ND		
<b>ARBs</b>	Yes	No	ND			Yes	No	ND		
<b>Other Cholesterol Lowering Agents</b>	Yes	No	ND			Yes	No	ND		
<b>Repeat Procedure</b>	Yes	No	ND	Date		Yes	No	ND	Date	
<b>New Vascular Procedure</b>	Yes	No				Yes	No			
	Surgical Date		Percutaneous Date			Surgical Date		Percutaneous Date		
<b>Vascular Access Complications</b>	Yes	No	Date			Yes	No	Date		
	Intervention		No Intervention			Intervention		No Intervention		
<b>ABIs</b>	RT ABI		LT ABI			RT ABI		LT ABI		
<b>TBIs</b>	RT TBI		LT TBI			RT TBI		LT TBI		
<b>Toe Pressure</b>	RT TP		LT TP			RT TP		LT TP		
<b>Amputation</b>	Yes	No	ND			Yes	No	ND		
	RT	LT				RT	LT			
	AKA	BKA	Foot	Metatarsal	Digit	AKA	BKA	Foot	Metatarsal	Digit
	Hip disarticulation					Hip disarticulation				
<b>MI</b>	Yes	No	ND	Date		Yes	No	ND	Date	
<b>TIA/Stroke</b>	Yes	No	ND	Date		Yes	No	ND	Date	
<b>Renal Failure/Dialysis</b>	Yes	No	ND	Date		Yes	No	ND	Date	
<b>Transfusion</b>	Yes	No	ND	Date		Yes	No	ND	Date	