

Patient Information

Date of Admission _____ **Date of Discharge** _____

Discharge Status

- Home
- Rehabilitation
- Other acute care hospital
- Nursing home / extended care
- Hospice / Comfort care
- Left against medical advice
- Death
- Assisted living
- Homeless
- Other

Case # _____

Gender F / M

Height _____ cm

Study # _____

Zip Code _____

Weight _____ kg

Date of Birth _____

Pre Admission Living Location

- Home
- Rehabilitation
- Nursing home/ Extended Care
- Assisted Living
- Other

Race

- White (Caucasian)
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Other

Ethnicity

- Hispanic
- Non-Hispanic
- ND

Insurance coverage

Insured Y / N

Commercial Y / N

- BCBSM
- Other Payer

HMO Y / N

- Blue Care Network (BCN) MI
- Other HMO

Government Provided Y / N

Medicare Original

Medicare Supplemental Y / N

- BCBSM
- Other Payer

Medicare Advantage (Part C)

- BCBSM
- BCN
- Other

Blue Cross Complete of Michigan

Medicaid

County

Other

Other Y / N

Patient History / Comorbidity

Pre-procedure SBP _____

Pre-procedure DBP _____

Ambulation Pre-Procedure

- Ambulatory
- Ambulates w/assistance
- Wheelchair
- Bedridden
- ND

Y / N

Ever Smoked

Y / N

Current Smoker

Y / N

Smoked w/in 30 days before admission?

- Cigars
- Cigarettes
- Chew (tobacco)
- Pipe (tobacco)
- Marijuana
- Smokeless (vaping, e-cigarette)

Former Smoker

Y / N

Smoked any time in the past?

- Cigars
- Cigarettes
- Chew (tobacco)
- Pipe (tobacco)
- Marijuana
- Smokeless (vaping, e-cigarette)

Family History of Premature CAD

Y / N

Hyperlipidemia

Y / N

Hypertension

Y / N

Diabetes Mellitus

Y / N

Diabetes Therapy

- None
- Diet only
- Oral agent
- Insulin
- Other

Hb A1C _____

ND

Prior CHF

Y / N

Ejection Fraction _____%

ND

Significant Valve Disease

Y / N

Chronic Lung Disease (COPD)

Y / N

CVD or TIA

Y / N

<u>Patient History / Comorbidity (cont.)</u>		Prior CABG Y / N
History of CAD Y / N	<input type="radio"/> ≤30 days prior to procedure <input type="radio"/> >30 days-6 mos prior to procedure <input type="radio"/> >6 months prior to procedure <input type="radio"/> ND	
Prior PCI Y / N	<input type="radio"/> ≤30 days prior to procedure <input type="radio"/> >30 days-6 mos prior to procedure <input type="radio"/> >6 months prior to procedure <input type="radio"/> ND	
Previous MI Y / N	<input type="radio"/> ≤30 days prior to procedure <input type="radio"/> >30 days-6 mos prior to procedure <input type="radio"/> >6 months prior to procedure <input type="radio"/> ND	
		Current/Recent GI Bleed Y / N
		Atrial Fibrillation (AF)/ Aflutter Y / N
		Renal Failure Currently Requiring Dialysis Y / N
		Renal Transplant Y / N
		HDL Cholesterol _____mg/dl ND
		LDL Cholesterol _____mg/dl ND NC

<u>Prior PVI Procedures</u>	<u>Prior VS Procedures</u>
Prior PVI Procedure Date _____	Bypass Y / N
Artery Location _____	Bypass Date _____
PTA (percutaneous transluminal angioplasty) Y / N	Bypass Origin _____
Stent Y / N	Insertion Point _____
Atherectomy Y / N	Insertion Point #2 _____
Thrombolysis Y / N	Type of Graft Vein / Synthetic / ND
Other Peripheral Intervention Y / N	Endarterectomy Y / N
	Endarterectomy Date _____
	Endarterectomy Location _____
	Aneurysm Repair Y / N
	Aneurysm Repair Date _____
	Aneurysm Repair Location _____
	Amputation Y / N
	Amputation Date _____
	Amputation Point _____

Prior PVI Procedure Date _____	Bypass Y / N
Artery Location _____	Bypass Date _____
PTA (percutaneous transluminal angioplasty) Y / N	Bypass Origin _____
Stent Y / N	Insertion Point _____
Atherectomy Y / N	Insertion Point #2 _____
Thrombolysis Y / N	Type of Graft Vein / Synthetic / ND
Other Peripheral Intervention Y / N	Endarterectomy Y / N
	Endarterectomy Date _____
	Endarterectomy Location _____
	Aneurysm Repair Y / N
	Aneurysm Repair Date _____
	Aneurysm Repair Location _____
	Amputation Y / N
	Amputation Date _____
	Amputation Point _____

<p>Prior PVI Procedure Date _____</p> <p>Artery Location _____</p> <p>PTA (percutaneous transluminal angioplasty) Y / N</p> <p>Stent Y / N</p> <p>Atherectomy Y / N</p> <p>Thrombolysis Y / N</p> <p>Other Peripheral Intervention Y / N</p>	<p>Bypass Y / N</p> <p>Bypass Date _____</p> <p>Bypass Origin _____</p> <p>Insertion Point _____</p> <p>Insertion Point #2 _____</p> <p>Type of Graft Vein / Synthetic / ND</p> <p>Endarterectomy Y / N</p> <p>Endarterectomy Date _____</p> <p>Endarterectomy Location _____</p> <p>Aneurysm Repair Y / N</p> <p>Aneurysm Repair Date _____</p> <p>Aneurysm Repair Location _____</p> <p>Amputation Y / N</p> <p>Amputation Date _____</p> <p>Amputation Point _____</p>				
<p><u>Labs at Discharge</u></p> <p>Discharge Creatinine _____mg/dl ND</p> <p>Post Discharge Creatinine _____mg/dl ND</p> <p>Discharge Hemoglobin _____g/dl ND</p>					
<p><u>Home medications prior to admission</u></p>	<p><u>Medications at Discharge</u></p>				
	Given	C/I		Given	C/I
Beta Blockers			Beta Blockers		
ACE Inhibitors			ACE Inhibitors		
Angiotensin II Receptor Antagonist (ARBs)			Angiotensin II Receptor Antagonist (ARBs)		
Calcium Channel Blockers			Calcium Channel Blockers		
Thiazides			Thiazides		
Statins			Statins		
Aspirin			Aspirin		
Clopidogrel (Plavix)			Clopidogrel (Plavix)		
Prasugrel (Effient)			Prasugrel (Effient)		
Dabigatran (Pradaxa) Dose mg			Dabigatran (Pradaxa) Dose mg		
Ticagrelor (Brilinta)			Ticagrelor (Brilinta)		
Cilostazol (Pletal)			Cilostazol (Pletal)		
Edoxaban (Savaysa) Dose mg			Edoxaban (Savaysa) Dose mg		
Other Cholesterol Lowering Agents			Other Cholesterol Lowering Agents		
Fondaparinux (Arixtra)			Fondaparinux (Arixtra)		
Rivaroxaban (Xarelto) Dose mg			Rivaroxaban (Xarelto) Dose mg		
Apixaban (Eliquis) Dose mg			Apixaban (Eliquis) Dose mg		

<i>Home medications prior to admission</i>	Given	C/I	<i>Medications at Discharge</i>	Given	C/I
Warfarin/Coumadin			Warfarin/Coumadin		
PSCK9 Inhibitor			PSCK9 Inhibitor		

Discharge

Discharge SBP _____

Discharge DBP _____

Smoking Cessation Counseling Y / N

- Physician delivered advice
 - Pt ref
- NRT
 - Pt ref
- Referral to smoking counseling services
 - Pt ref
 - Local counseling service
 - Michigan Quitline
 - Other counseling service

Exercise Counseling Y / N

Opioid Education Y / N

Michigan OPEN

Pre-operative opioid use Y / N

- Hydrocodone (Norco, Vicodin, Lortab, Lorcet)
- Oxycodone (OxyContin, Percocet, Roxicodone)
- Codeine (Tylenol 2, 3, or 4)
- Tramadol (Ultram, Ultram ER)
- Other (Fentanyl, Morphine, Hydromorphone, Dilaudid, Methadone, etc.)

Opioid 1 Dose _____ ND

Unit mg ml mcg/hr mg/ml mcg/ml other

Opioid 2 Dose _____ ND

Unit mg ml mcg/hr mg/ml mcg/ml other

Enter dose, Quantity and Refill for each Opioid that is prescribed at discharge

Discharged with opioid Y / N

- Hydrocodone (Norco, Vicodin, Lortab, Lorcet)
- Oxycodone (OxyContin, Percocet, Roxicodone)
- Codeine (Tylenol 2, 3, or 4)
- Tramadol (Ultram, Ultram ER)
- Other (Fentanyl, Morphine, Hydromorphone, Dilaudid, Methadone, etc.)

Opioid 1 Dose _____

Unit mg ml mcg/hr mg/ml mcg/ml other

Quantity _____ ND

Refills available Y / N / ND

Number of refills _____

Opioid 2 Dose _____

Unit mg mL mcg/hr mg/ml mcg/ml other

Quantity _____ ND

Refills available Y / N / ND

Number of refills _____