

	30-Day Follow-Up				1-Year Follow-Up					
<b>Contact Date</b>										
<b>Ambulation</b>	Independent Ambulates w/assist Wheelchair	Bedridden ND			Independent Ambulates w/assist Wheelchair	Bedridden ND				
<b>Current Living Status</b>	Home Rehab Other acute care Nsg Home/Extended Care Hospice/Comfort care Assisted Living Homeless	In Hospital Dead Date of Death Cause of Death Cardiovascular Operation Related Unk/Other ND			Home Rehab Other acute care Nsg Home/Extended Care Hospice/Comfort care Assisted Living Homeless	In Hospital Dead Date of Death Cause of Death Cardiovascular Operation Related Unk/Other ND				
<b>Readmission to Hospital</b>	Yes	No	ND	Lymph Leak Wound infection/ dehisce Graft infection Date	Anticoag complication Thrombectomy/lysis Other	Yes	No	ND	Lymph Leak Wound infection/ dehisce Graft infection Date	Anticoag complication Thrombectomy/lysis Other
<b>Blood Pressure</b>	ND				ND					
<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>Ca+ Channel Blocker</b>	Yes	No	ND	C/I			Yes	No	ND	C/I
<b>Thiazides</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 Agent</b>	Yes	No	ND			Yes	No	ND		
<b>Procedure Type</b>	<b>Select from below if applicable</b>				<b>Select from below if applicable</b>					
<b>OAAA Subsequent Operations</b>	Incision Graft Date	Intestine Leg Ischemia			Incision Graft Date	Intestine Leg Ischemia				
<b>EVAR Imaging Performed</b>	Date				Date					
<b>EVAR Current AAA Dia</b>	mm				mm					
<b>EVAR Current Endoleak</b>	Type 1 Type 2	Type 3 Indeterminate			Type 1 Type 2	Type 3 Indeterminate				
<b>EVAR Add'l Procedure</b>	Endoleak Sac Growth Date	Migration Limb Occlusion Symptoms-Rupture			Endoleak Sac Growth Date	Migration Limb Occlusion Symptoms-Rupture				
<b>EVAR Conversion to Open</b>	Endoleak Sac Growth Date	Migration Infection Symptoms-Rupture			Endoleak Sac Growth Date	Migration Infection Symptoms-Rupture				

	30-Day Follow-Up				1-Year Follow-Up					
<b>EVAR 1-Yr RF Replacement Therapy</b>					Date	ND				
<b>EVAR 1-Yr Cr</b>					(mg/dl)	Date				
<b>Open Bypass ABIs</b>	RT ABI	LT ABI		RT ABI	LT ABI					
<b>Open Bypass TBIs</b>	RT TBI	LT TBI		RT TBI	LT TBI					
<b>Open Bypass Toe Pressure</b>	RT TP	LT TP		RT TP	LT TP					
<b>Open Bypass Revision</b>	Surgical Date	Percutaneous		Surgical Date	Percutaneous					
<b>Open Bypass Patency</b>	Yes	No		Yes	No					
<b>Open Bypass Pulses</b>	Palpable graft pulse	ABI increase >0.15		Palpable graft pulse	ABI increase >0.15					
	Palpable distal pulse	Duplex		Palpable distal pulse	Duplex					
<b>OT Repeat Procedure</b>	Yes	No		Yes	No					
	Surgical Date	Percutaneous Date		Surgical Date	Percutaneous Date					
<b>OT Add'l Vascular Proc</b>	Yes	No		Yes	No					
	Surgical Date	Percutaneous Date		Surgical Date	Percutaneous Date					
<b>OT Vessel Patent</b>	Yes	No		Yes	No					
<b>Wound Complication</b>	Yes	No	ND	Date	Yes	No	ND	Date		
<b>Amputation</b>	Yes	No	ND	Date	Yes	No	ND	Date		
	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						
<b>Transfusion</b>	Yes	No	ND	Date						
<b>Still Taking Opioid 30-Day Follow-up ONLY</b>	No	Same as DC		New opioid/dose						
<b>Type of Opioid</b>	Hydrocodone (Norco, Vicodin, Lortab, Lorcet) Oxycodone (OxyContin, Percocet, Roxicodone) Codeine (Tylenol 2, 3, or 4) Tramadol (Ultram, Ultram ER) Other (Fentanyl, Morphine, Dilaudid, etc.)									
<b>Opioid 1 Dose/Unit</b>	Dose___ mg ml mcg/hr mg/ml other									
<b>Opioid 2 Dose/Unit</b>	Dose___ mg ml mcg/hr mg/ml other									
<b>Prescribing Provider</b>	Procedural physician/surgeon PCP Pain specialist Other surgical physician Oncologist Pain specialist Other									
<b>Refills Requested</b>	Yes	No	<b>Refills Given</b> Yes No							
<b>Refill Prescribing Provider</b>	Procedural physician/surgeon PCP Pain specialist Other surgical physician Oncologist Pain specialist Other									