

	30-Day Follow-Up					1-Year Follow-Up				
Contact Date										
Current Living Status	Home Rehab Other acute care Nsg Home/Extended Care Hospice/Comfort care Assisted Living Homeless In Hospital ND	Dead Date of Death _____ Cause of Death Neurologic Cardiac Pulmonary Vascular Infection Renal Unknown				Home Rehab Other acute care Nsg Home/Extended Care Hospice/Comfort care Assisted Living Homeless In Hospital ND	Dead Date of Death _____ Cause of Death Neurologic Cardiac Pulmonary Vascular Infection Renal Unknown			
Additional Procedure	Yes	No	CAS	CEA	Date	Yes	No	CAS	CEA	Date
Cranial Nerve Injury	Yes	No	ND	Resolved	Persistent	Yes	No	ND	Resolved	Persistent
Neurologic Deficit(s) Occurred Since Discharge	Yes	No	ND	Deficit occurred & resolved w/in 24 hrs (i.e., TIA) Deficit occurred & duration was > 24 hrs, but did completely resolve Persistent deficit occurred, lasted > 24 hrs, & did not completely resolve Date		Yes	No	ND	Deficit occurred & resolved w/in 24 hrs (i.e., TIA) Deficit occurred & duration was > 24 hrs, but did completely resolve Persistent deficit occurred, lasted > 24 hrs, & did not completely resolve Date	
Territory of Neurologic Deficit	Yes	No	RT	LT	Retinal	Hemispheric	Vertebrobasilar	Unk		
Carotid Duplex	Yes	No	ND	≤50%	>80%	>50%	Occluded	>60%	Not Occluded	>70%
Blood Pressure	ND					ND				
Smoking	Yes	No	ND			Yes	No	ND		
ACE-I	Yes	No	ND	C/I		Yes	No	ND	C/I	
Anticoagulant	Yes	No	ND			Yes	No	ND		
Antiplatelet	Yes	No	ND	C/I		Yes	No	ND	C/I	
ARBs	Yes	No	ND			Yes	No	ND		
Aspirin	Yes	No	ND	C/I		Yes	No	ND	C/I	
Beta Blocker	Yes	No	ND	C/I		Yes	No	ND	C/I	
CCB	Yes	No	ND	C/I		Yes	No	ND	C/I	
Other Cholesterol Lowering Agent	Yes	No	ND			Yes	No	ND		
Statin	Yes	No	ND	C/I		Yes	No	ND	C/I	
Thiazides	Yes	No	ND	C/I		Yes	No	ND	C/I	
MI	Yes	No	ND	Date		Yes	No	ND	Date	
Wound Complication	Yes	No	Infection	Hematoma	Other	Yes	No	Infection	Hematoma	Other
Still Taking Opioid	No	Same as DC	New Opioid/dose							

30-Day Follow-Up	
Type of Opioid	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	Dose _____ mg ml mcg/hr mg/ml mcg/ml Other
Opioid 2 Dose/Unit	Dose _____ mg ml mcg/hr mg/ml mcg/ml Other
Prescribing Provider	Procedural physician/surgeon PCP Other surgical physician Pain specialist Oncologist Other
Refills Requested	Yes No Refills given Yes No
Refill Prescribing Provider	Procedural physician/surgeon PCP Other surgical physician Pain specialist Oncologist Other