**Patient Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Discharge: |  | NCDR Cath PCI Other ID: |  |
| NCDR Cath PCI Pt ID: |  | Date of Birth: |  |

**Insurance Coverage:**

|  |  |  |
| --- | --- | --- |
| **Insured**: Y/N**Commercial**: Y/N ○ BCBSM  ○ Other**HMO** Y/N ○ BCN ○ Other HMO | **Government Provided:**  **Y/N**○ Medicare Original Medicare Supplement Y/N ○ BCBSM ○ Other○ Medicare Advantage (Part C) ○ BCBSM ○ BCN ○ Other | Government (cont.)○ Blue Cross Complete of MI○ Medicaid○ County Coverage○ Other**Other Insurance: Y/N** |

**Patient History/Comorbidity:**

|  |  |
| --- | --- |
| Current/Recent GIB: Y/NAfib/Aflutter: Y/NTIA/CVA Y/NDiabetes Tx: ○ IDDM ○ NIDDM ○ N/AHeart Team Eval: Y/NCTS+Additional Int. Consult Y/N | **Cardiac Arrest w/in 24 hrs:** Y/N **If yes:**  Hypothermia in cardiac arrest Date: Time:   Location: ◌ ER ◌ Cath Lab  ◌ ICU ◌ N/A |

**Medications at Admission:**

|  |  |  |
| --- | --- | --- |
| Opioid: □ Given □ Not GivenNSAID: □ Given □ Not Given |  | GLP-1: □ Given □ Not GivenSGLT2 Inhibitor: □ Given □ Not Given |

**Medications at Discharge:**

|  |  |  |
| --- | --- | --- |
| Aldosterone Antagonist: □ Prescribed □ Not PrescribedOpioid: □ Prescribed □ Not PrescribedNSAID: □ Prescribed □ Not PrescribedIcosapent Ethyl □ Prescribed □ Not Prescribed  |  | PPI: □ Prescribed □ Not PrescribedEntresto: □ Prescribed □ Not PrescribedSGLT2 Inhibitor: □ Prescribed □ Not PrescribedGLP-1: □ Prescribed □ Not Prescribed |

**Discharge:**

|  |  |  |
| --- | --- | --- |
| Lipid Panel Y/N Total\_\_\_\_\_\_ HDL\_\_\_\_\_ LDL\_\_\_\_ Triglycerides\_\_\_\_\_\_\_\_\_\_ LVEF Assessment this admit: Y/N If “Yes”: \_\_\_%P2Y12 Duration: Y/N Cardiac Rehab Liaison: Y/N  LDL Goal: Y/N  |   |  Smoking Cessation Counseling Y/N ○Not Applicable If “Yes”:  □ Physician delivered advice  □ Pt. refused □ Nicotine Replacement Therapy □ Pt. refused □ Referral to smoking counseling services □ Pt. refused □ Local counseling service □ Michigan Quitline □ Other counseling service     |

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