

	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 CEA Only	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 Answer if Neuro Deficit is Yes	RT Retinal	LT Hemispheric	Vertebrobasilar	Unk		RT Retinal	LT Hemispheric	Vertebrobasilar	Unk	
Modified Rankin Score CAS only	Yes	No	1 2 3 4 5 6							
Carotid Duplex	Yes	No	ND	≤50% >80% >50% Occluded >60% Not Occluded >70%		Yes	No	ND	≤50% >80% >50% Occluded >60% Not Occluded >70%	
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 CEA only	Yes	No	Infection	Hematoma	Other	Yes	No	Infection	Hematoma	Other

	30-Day Follow-Up	
Still Taking Opioid	No	Same as DC New Opioid/dose
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	