

Patient information	
Date of Admission Date of Discharge Discharge Status <input type="radio"/> Home <input type="radio"/> Rehab <input type="radio"/> Other acute care hospital <input type="radio"/> Nursing home / Extended care <input type="radio"/> Hospice / Comfort care <input type="radio"/> Left AMA <input type="radio"/> Death <input type="radio"/> Assisted Living <input type="radio"/> Homeless <input type="radio"/> Other Case Number Study Number DOB Gender F / M Zip Code	Height (cm) Weight (kg) Pre Admission Living Location <input type="radio"/> Home <input type="radio"/> Rehab <input type="radio"/> Nursing home / Extended care <input type="radio"/> Assisted Living <input type="radio"/> Other Race <input type="radio"/> White (Caucasian) <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> Other Ethnicity <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <input type="radio"/> ND
Insurance Coverage Insured Y / N Commercial Y / N <input type="radio"/> BCBSM <input type="radio"/> Other Payer HMO Y / N <input type="radio"/> Blue Care Network (BCN) MI <input type="radio"/> Other HMO Other Insurance Y / N	Government Provided Y / N <input type="radio"/> Medicare Original <input type="radio"/> Medicare Supplement Y / N <input type="radio"/> BCBSM <input type="radio"/> Other Payer Medicare <input type="radio"/> Medicare Advantage (Part C) <input type="radio"/> BCBSM <input type="radio"/> BCN <input type="radio"/> Other <input type="radio"/> Blue Cross Complete of Michigan <input type="radio"/> Medicaid <input type="radio"/> County Coverage <input type="radio"/> Other
Patient History / Comorbidity Ambulation Pre-Procedure <input type="radio"/> Ambulatory <input type="radio"/> Ambulates w/assistance <input type="radio"/> Wheelchair <input type="radio"/> Bedridden <input type="radio"/> ND Ever Smoked Y / N Current Smoker Y / N Smoked w/in 30 D before admit? (Circle all that apply) Cigars Pipe (tobacco) Cigarettes Marijuana Chew (tobacco) Smokeless	<input type="checkbox"/> Pre-procedure smoking cessation: Answer if Current Smoker is Yes Y / N <input type="checkbox"/> Physician delivered advice Pt ref <input type="checkbox"/> Pharmacotherapy Pt ref <input type="checkbox"/> Referral to smoking counseling svcs Pt ref <input type="checkbox"/> Local Counseling svc <input type="checkbox"/> MI Quitline <input type="checkbox"/> Other counseling svc Former Smoker Y / N Smoked any time in the past? (Circle all that apply) Cigars Pipe (tobacco) Cigarettes Marijuana Chew (tobacco) Smokeless Family h/o Premature CAD Y / N Hyperlipidemia Y / N HTN Y / N

Diabetes Mellitus Y / N <input type="radio"/> None <input type="radio"/> Diet only <input type="radio"/> Oral agent <input type="radio"/> Insulin <input type="radio"/> Other Prior CHF Y / N Ejection Fraction _____ % ND Significant Valve Disease Y / N COPD Y / N CVD or TIA Y / N CAD Y / N 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 Prior CABG 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)/Flutter Y / N Renal Failure Currently Requiring Dialysis Y / N Renal Transplant Y / N
Prior PVI Procedure 1	Prior PVI Procedure 2
Prior Procedure Date	Prior Procedure Date
Artery Location	Artery Location
PTA Y / N	PTA Y / N
Stent Y / N	Stent Y / N
Atherectomy Y / N	Atherectomy Y / N
Thrombolysis Y / N	Thrombolysis Y / N
Other PVI Y / N	Other PVI Y / N
Prior PVI Procedure 3	Prior PVI Procedure 4
Prior Procedure Date	Prior Procedure Date
Artery Location	Artery Location
PTA Y / N	PTA Y / N
Stent Y / N	Stent Y / N
Atherectomy Y / N	Atherectomy Y / N
Thrombolysis Y / N	Thrombolysis Y / N
Other PVI Y / N	Other PVI Y / N
Prior PVI Procedure 5	
Prior Procedure Date	
Artery Location	
PTA Y / N	
Stent Y / N	
Atherectomy Y / N	
Thrombolysis Y / N	
Prior VS Procedure 1	Prior VS Procedure 2
Bypass Y / N	Bypass Y / N
Bypass Date	Bypass Date
Bypass Origin	Bypass Origin
Insertion Point	Insertion Point
Insertion Point #2	Insertion Point #2
Type of Graft Vein / Synthetic / ND	Type of Graft Vein / Synthetic / ND
Endarterectomy Y / N	Endarterectomy Y / N
Endarterectomy Date	Endarterectomy Date
Endarterectomy Location	Endarterectomy Location
Aneurysm Repair Y / N	Aneurysm Repair Y / N
Aneurysm Repair Date	Aneurysm Repair Date
Aneurysm Repair Location	Aneurysm Repair Location
Amputation Y / N	Amputation Y / N
Amputation Date	Amputation Date
Amputation Point	Amputation Point
Prior VS Procedure 3	Prior VS Procedure 4
Bypass Y / N	Bypass Y / N

Bypass Date			Bypass Date		
Bypass Origin			Bypass Origin		
Insertion Point			Insertion Point		
Insertion Point #2			Insertion Point #2		
Type of Graft Vein / Synthetic / ND			Type of Graft Vein / Synthetic / ND		
Endarterectomy Y / N			Endarterectomy Y / N		
Endarterectomy Date			Endarterectomy Date		
Endarterectomy Location			Endarterectomy Location		
Aneurysm Repair Y / N			Aneurysm Repair Y / N		
Aneurysm Repair Date			Aneurysm Repair Date		
Aneurysm Repair Location			Aneurysm Repair Location		
Amputation Y / N			Amputation Y / N		
Amputation Date			Amputation Date		
Amputation Point			Amputation Point		
Prior VS Procedure 5			Labs		
Bypass Y / N			Hb A1C _____ ND		
Bypass Date			HDL Cholesterol _____mg/dL ND		
Bypass Origin			LDL Cholesterol _____mg/dL ND NC		
Insertion Point			Discharge Creatinine _____mg/dL ND		
Insertion Point #2			Post Discharge Creatinine _____mg/dL ND		
Type of Graft Vein / Synthetic / ND			Discharge Hemoglobin _____g/dL ND		
Endarterectomy Y / N					
Endarterectomy Date					
Endarterectomy Location					
Aneurysm Repair Y / N					
Aneurysm Repair Date					
Aneurysm Repair Location					
Amputation Y / N					
Amputation Date					
Amputation Point					
Home meds PTA	Given	Contraindicated	Meds at DC	Given	Contraindicated
ACE-I			ACE-I		
ARBs			ARBs		
Apixaban (Eliquis)			Apixaban (Eliquis)		
Dose mg			Dose mg		
Aspirin			Aspirin		
Beta Blockers			Beta Blockers		
CCBs			CCBs		
Cilostazol (Pletal)			Cilostazol (Pletal)		
Clopidogrel (Plavix)			Clopidogrel (Plavix)		
Dabigatran (Pradaxa)			Dabigatran (Pradaxa)		
Dose mg			Dose mg		
Edoxaban (Savaysa)			Edoxaban (Savaysa)		
Dose mg			Dose mg		
Fondaparinux (Arixtra)			Fondaparinux (Arixtra)		
Other Cholesterol Lowering Agents			Other Cholesterol Lowering Agents		
Prasugrel (Effient)			Prasugrel (Effient)		
PSCK9 Inhibitor			PSCK9 Inhibitor		
Rivaroxaban (Xarelto)			Rivaroxaban (Xarelto)		
Dose mg			Dose mg		
Statins			Statins		
Thiazides			Thiazides		
Ticagrelor			Ticagrelor		
Warfarin/Coumadin			Warfarin/Coumadin		

<p>Discharge Education</p> <p>Smoking Cessation Counseling Answer if Current Smoker is Yes Y / N Physician delivered advice Pt ref Pharmacotherapy Pt ref <input type="checkbox"/> Referral to smoking counseling svcs Pt ref <input type="checkbox"/> Local Counseling svc <input type="checkbox"/> MI Quitline <input type="checkbox"/> Other counseling svc</p>	<p>Opioid Education Y / N Answer if Discharge Status is not Death</p>
<p>Michigan OPEN</p> <p>Pre-operative opioid use Y / N</p> <p>Name of opioid #1_____</p> <p>Opioid Dose prescribed_____ ND</p> <p>Unit mg ml mcg/hr mg/ml mcg/ml other</p> <p>Name of opioid #2_____</p> <p>Opioid Dose prescribed_____ ND</p> <p>Unit mg mL mcg/hr mg/mL mcg/mL other</p>	<p>Discharged with opioid: Answer if Discharge Status is not Death Y / N</p> <p>Name of opioid #1_____</p> <p>Opioid Dose prescribed_____ ND</p> <p>Unit mg m mcg/hr mg/ml mcg/ml other</p> <p>Quantity_____ ND</p> <p>Refills available Y / N/ ND</p> <p>Number of refills_____</p> <p>Name of opioid #2_____</p> <p>Opioid Dose prescribed_____ ND</p> <p>Unit mg mL mcg/hr mg/mL mcg/mL other</p> <p>Quantity_____ ND</p> <p>Refills available Y / N/ ND</p> <p>Number of refills_____</p>