

	30-Day Follow-Up					1-Year Follow-Up						
Contact Date												
Current Living Status	Alive Home Rehab Other acute care Nsg Home/Extended care Hospice/Comfort care Assisted Living Homeless In Hospital Not Documented Dead Date of Death Cause of Death Neurologic Cardiac Pulmonary Vascular Infection Renal Unknown Unknown					Alive Home Rehab Other acute care Nsg Home/Extended care Hospice/Comfort care Assisted Living Homeless In Hospital Not Documented Dead Date of Death Cause of Death Neurologic Cardiac Pulmonary Vascular Infection Renal Unknown 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	LT	Retinal	Hemispheric	Vertebrobasilar	Unk	RT	LT	Retinal	Hemispheric	Vertebrobasilar	Unk
Modified Rankin Score CAS only	Yes	No	1	2	3	4	5	6				
Carotid Duplex	Yes	No	ND	≤50%	>50%	>60%	>70%	>80%	Occluded	Not Occluded		
Smoking	Yes	No	ND									
ACE-I	Yes	No										
Anticoagulant	Yes	No	C/I									
Antiplatelet	Yes	No	C/I									
ARBs	Yes	No										
Aspirin	Yes	No	C/I									
Beta Blocker	Yes	No										
CCB	Yes	No										
Other Cholesterol Lowering Agent	Yes	No										
Statin	Yes	No	C/I									



Thiazides	Yes No ND	Yes No ND
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	