

Patient information	
Date of Admission	Height (cm)
Date of Discharge	Weight (kg)
Discharge Status	Pre Admission Living Location
<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	<input type="radio"/> Home <input type="radio"/> Rehab <input type="radio"/> Nursing home / Extended care <input type="radio"/> Assisted Living <input type="radio"/> Homeless <input type="radio"/> Other
Case Number	Race
Study Number	<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
DOB	Ethnicity
Gender F / M	<input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <input type="radio"/> ND
Zip Code	
Insurance Coverage	
Insured Y / N	Government Provided Y / N
Commercial Y / N	<input type="radio"/> Medicare Original <input type="radio"/> Medicare Supplement Y / N <input type="radio"/> BCBSM <input type="radio"/> Other Payer Medicare
HMO Y / N	<input type="radio"/> Medicare Advantage (Part C) <input type="radio"/> BCBSM <input type="radio"/> BCN <input type="radio"/> Other
Other Insurance Y / N	<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	Pre-procedure smoking cessation: Answer if Current Smoker is Yes
<input type="radio"/> Ambulatory <input type="radio"/> Ambulates w/assistance <input type="radio"/> Wheelchair <input type="radio"/> Bedridden <input type="radio"/> ND	<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
Ever Smoked Y / N	Former Smoker Y / N
Current Smoker Y / N	Smoked any time in the past? (Circle all that apply)
Smoked w/in 30 D before admit? (Circle all that apply)	Smoked any time in the past? (Circle all that apply)
Cigars Pipe (tobacco)	Cigars Pipe (tobacco)
Cigarettes Marijuana	Cigarettes Marijuana
Chew (tobacco) Smokeless	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)/ Aflutter 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	C/I	Meds at DC Do not enter if DC Status is Death	Given	C/I
ACE-I			ACE-I		
ARBs			ARBs		
Apixaban (Eliquis)			Apixaban (Eliquis)		
Dose mg			Dose mg		
Aspirin			Aspirin		
Beta Blockers			Beta Blockers		
Calcium Channel Blockers			Calcium Channel Blockers		
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		

Smoking Cessation Counseling Answer if Current

Smoker is Yes Y / N

Physician delivered advice Pt ref

Pharmacotherapy Pt ref

- Referral to smoking counseling svcs Pt ref
 - Local Counseling svc
 - MI Quitline
 - Other counseling svc

Michigan OPEN

Pre-operative opioid use Y / N

Name of opioid #1_____

Opioid Dose prescribed_____ ND

Unit mg ml mcg/hr mg/ml mcg/ml other

Name of opioid #2_____

Opioid Dose prescribed_____ ND

Unit mg mL mcg/hr mg/mL mcg/mL other

Discharged with opioid: Answer if Discharge Status is not Death Y / N

Name of opioid #1_____

Opioid Dose prescribed_____ ND

Unit mg m mcg/hr mg/ml mcg/ml other

Quantity_____ ND

Refills available Y / N/ ND

Number of refills_____

Name of opioid #2_____

Opioid Dose prescribed_____ ND

Unit mg mL mcg/hr mg/mL mcg/mL other

Quantity_____ ND

Refills available Y / N/ ND

Number of refills_____

Opioid Education Y / N **Answer if Discharge Status is not Death**