



A. PARTICIPANT ADMINISTRATION:

Participant ID¹⁰⁰⁰/Name¹⁰¹⁰: _____ Medicare Provider #¹⁰¹⁵: _____ Participant NPI¹⁰¹⁶: _____

B. DEMOGRAPHICS:

Last Name²⁰⁰⁰: _____ First Name²⁰¹⁰: _____ Middle Name²⁰²⁰: _____
SSN²⁰³⁰: _____ Unique Patient Id²⁰⁴⁰: _____ (automatic) Other ID²⁰⁴⁵: _____
Date of Birth²⁰⁵⁰: ____/____/____ Gender²⁰⁶⁰: Male; Female
Race²⁰⁷⁰: White; Black/African American; Asian; American Indian/Alaska Native; Native Hawaiian; Other
Hispanic Ethnicity²⁰⁷⁵: No; Yes
Auxiliary 1²⁰⁸⁰: _____ Auxiliary 2²⁰⁹⁰: _____

C. ADMISSION:

Admission Date³⁰⁰⁰: ____/____/____ Date of Implant³⁰¹⁰: ____/____/____
Insurance Payor-Primary³⁰²⁰: Government; Commercial; HMO; Non-U.S. Insurance; None/Self Pay
→ if Government, Type-Primary³⁰²⁵: Medicare; Medicaid; TriCare; VA Health Plan; Federal Employee Insurance
Insurance Payor-Secondary³⁰²⁷: Government; Commercial; HMO; Non-U.S. Insurance; None/Self Pay
→ if Government, Type-Secondary³⁰²⁹: Medicare; Medicaid; TriCare; VA Health Plan; Federal Employee Insurance
Reason for Admission³⁰³⁰: Admitted for this Procedure; Cardiac-CHF; Cardiac-Other; Non-Cardiac
Auxiliary 3³⁰⁴⁰: _____ Auxiliary 4³⁰⁵⁰: _____

D. HISTORY AND RISK FACTORS:

Syncope³⁰⁶⁰: No; Yes Family Hx Sudden Death³⁰⁷⁰: No; Yes
CHF³⁰⁸⁰: No; Yes
→ if Yes, CHF Duration³⁰⁹⁰: Within the past 3 months; 3 to 9 months; Greater than 9 months
→ if Yes, Prior CHF Hospitalization³⁰⁹⁵: Not Hospitalized; Yes-Within 6 months; Yes-Greater than 6 months
NYHA Functional Class (Current Status)³¹⁰⁰: Class I; Class II; Class III; Class IV
Cardiac Arrest³¹¹⁰: No Arrest; Brady Arrest; Tachy Arrest
→ if Brady Arrest, Brady Arrest Reason³¹¹¹: (Check all that apply)
 Acute MI Severe Electrolyte Disturbance Drug Induced Arrhythmia Sinus Node Dysfunction/AV Block
 Unknown Etiology
→ if Tachy Arrest, Tachy Arrest Reason³¹¹²: (Check all that apply)
 Acute MI Severe Electrolyte Disturbance Drug Induced Arrhythmia Primary VT/VF
 Unknown Etiology
Atrial Fibrillation or Flutter³¹²⁰: No; Yes
Ventricular Tachycardia³¹³⁰: No, Yes-VT, Non-Sustained; Yes-Monomorphic Sustained VT; Yes-Polymorphic Sustained VT
Sinus Node Function³¹⁴⁰: Normal; Abnormal
Cardiac Transplant³¹⁵⁰: No; Yes
Non-Ischemic Dilated Cardiomyopathy³¹⁶⁰: No; Yes-Within the past 3 months; Yes-3 to 9 months; Yes-Greater than 9 months
Ischemic Heart Disease³¹⁸⁰: No; Yes-At Least One Epicardial Artery > 70%; Yes-Other Diagnostic Tests
Previous MI³¹⁹⁰: No; Yes-Within 40 days; Yes-Greater than 40 days; Yes-Both Within 40 days/Greater than 40 days
Previous CABG³²⁰⁰: No; Yes → if Yes, Date³²¹⁰: ____/____/____
Previous PCI³²²⁰: No; Yes-Within the past 3 months; Yes-Greater than 3 months
Previous Valvular Surgery³²³⁰: No; Yes
Permanent Pacemaker³²⁴⁰: No; Yes-Atrial Chamber; Yes-Ventricular Chamber; Yes-Dual Chamber; Yes-Biventricular
Previous ICD³²⁵⁰: No; Yes-Single Chamber; Yes-Dual Chamber; Yes-Biventricular
→ if Yes, Date³²⁶⁰: ____/____/____
→ if Yes, Previous ICD Reason³²⁸⁰: (Check all that apply) Primary Prevention Syncope with Inducible VT
 Spontaneous Monomorphic Sustained VT Spontaneous Polymorphic Sustained VT Ventricular Fibrillation
 Cardiac Arrest/Arrhythmia-Etiology Unknown Syncope and High Risk Characteristics AFib
→ if Yes, Previous ICD Implant Site³²⁹⁰: Pectoral; Abdominal
Cerebrovascular Disease³³¹⁰: No; Yes Chronic Lung Disease³³²⁰: No; Yes
Diabetes³³³⁰: No; Yes Hypertension³³⁴⁰: No; Yes
Renal Failure Dialysis³³⁵⁰: No; Yes



E. DIAGNOSTIC STUDIES:

Ejection Fraction Assessed³³⁶⁰: No; Yes → if Yes, **EF%**³³⁷⁰: _____%

→ if Yes, **EF Timeframe**³³⁸⁰: 0-1 month; 1-2 months; 2-3 months; 3-6 months; 6-12 months; >12 months

Electrophysiology Study Done³³⁹⁰: No; Yes

→ if Yes, **EPS Timeframe**³⁴⁰⁰: 0-1 month; 1-2 months; 2-3 months; 3-6 months; 6-12 months; >12 months

→ if Yes, **EPS Findings**³⁴¹⁰: (Check all that apply. "No Arrhythmias Induced" is mutually exclusive.)

No Arrhythmias Induced VT Induced Non-sustained VT Sustained Monomorphic

Sustained Polymorphic Ventricular Flutter Induced Ventricular Fibrillation Induced Results Unattainable

QRS Duration³⁴²⁰: _____(msec) **PR Interval Attainable**³⁴²⁹ No; Yes → if Yes, **PR Interval**³⁴³⁰: _____(msec)

AV Conduction³⁴⁴⁰: Normal; Abnormal-1st Degree Heart Block Only; Abnormal-Heart Block 2nd or 3rd Degree(not paced); Paced (any)

Intraventricular Conduction³⁴⁵⁰:

Normal; Abnormal-Left Anterior Fascicular Block; Abnormal-Left Posterior Fascicular Block;

Abnormal-LBBB; Abnormal-RBBB; Abnormal-Intraventricular Conduction Delay, Nonspecific;

Paced; Abnormal-Bifascicular Block (RBBB Plus LAF); Abnormal-Bifascicular Block (RBBB Plus LPF)

Creatinine³⁴⁶⁰: _____ **BUN**³⁴⁷⁰: _____ **Sodium**³⁴⁸⁰: _____ **BNP Drawn**³⁴⁸⁵: No; Yes → if Yes, **BNP**³⁴⁹⁰: _____ **Systolic BP**³⁵⁰⁰: _____

F. ICD PROCEDURE:

ICD Indication³⁵⁰⁵: Primary Prevention; Secondary Prevention

Reason(s) for Re-implantation³⁵⁰⁶: (if Previous ICD³²⁵⁰ is Yes) (Check all that apply)

End of Battery Life Device Upgrade Device Infection Device Malfunction Device Under Manufacturer Advisory/Recalled

Multiple ICDs implanted during this admission³⁵⁰⁷: No; Yes

→ If Yes, **Reason(s) for device replacement during this admission**³⁵⁰⁸: (Check all that apply)

Device Upgrade Device Infection Device Malfunction Device Under Manufacturer Advisory/Recalled

Implant Operator's UPIN³⁵¹⁰: _____ **Implant Operator's NPI**³⁵¹⁵: _____

Implant Operator's Last Name³⁵³⁰: _____ **First Name**³⁵²⁰: _____ **Middle Name**³⁵²⁵: _____

ICD Type³⁵⁴⁰: Single Chamber; Dual Chamber; Biventricular

→ If Biventricular, **LV Lead Implant Method**³⁵⁵⁰: Coronary Sinus; Epicardial Lead; Other

	Manufacturer, Model Name, Model Number -or- ICD Device ID ^{3565/3570}	ICD Serial Number ^{3566/3571}
Implant:		
if Previous ICD ³²⁵⁰ is Yes then complete Explant below		
Explant:		

G. ADVERSE EVENTS: (During or after the implant procedure until discharge.)

Adverse Events Exist³⁵⁸⁰: No; Yes → if Yes, then complete **Adverse Events** below.

Adverse Event ³⁵⁸¹		Date ³⁵⁸³	Adverse Event ³⁵⁸¹		Date ³⁵⁸³
Cardiac Arrest ^{ae001} :	<input type="checkbox"/>	___/___/___	Phlebitis - Deep ^{ae014} :	<input type="checkbox"/>	___/___/___
Drug Reaction ^{ae002} :	<input type="checkbox"/>	___/___/___	TIA ^{ae015} :	<input type="checkbox"/>	___/___/___
Cardiac Perforation ^{ae003} :	<input type="checkbox"/>	___/___/___	CVA/Stroke ^{ae016} :	<input type="checkbox"/>	___/___/___
Cardiac Valve Injury ^{ae004} :	<input type="checkbox"/>	___/___/___	MI ^{ae0017} :	<input type="checkbox"/>	___/___/___
Conduction Block ^{ae005} :	<input type="checkbox"/>	___/___/___	Pericardial Tamponade ^{ae018} :	<input type="checkbox"/>	___/___/___
Coronary Venous Dissect ^{ae006} :	<input type="checkbox"/>	___/___/___	AV Fistula ^{ae019} :	<input type="checkbox"/>	___/___/___
Hematoma ^{ae007} :	<input type="checkbox"/>	___/___/___	Infection Related to Device ^{ae020} :	<input type="checkbox"/>	___/___/___
Lead Dislodgement ^{ae008} :	<input type="checkbox"/>	___/___/___		<input type="checkbox"/>	___/___/___
Hemothorax ^{ae009} :	<input type="checkbox"/>	___/___/___		<input type="checkbox"/>	___/___/___
Pneumothorax ^{ae010} :	<input type="checkbox"/>	___/___/___			
Peripheral Nerve Injury ^{ae011} :	<input type="checkbox"/>	___/___/___			
Peripheral Embolus ^{ae012} :	<input type="checkbox"/>	___/___/___			
Phlebitis - Superficial ^{ae013} :	<input type="checkbox"/>	___/___/___			



H. DISCHARGE: (Complete this section at discharge)

CABG During this Admission³⁵⁹⁰: No; Yes → if Yes, **Date**³⁶⁰⁰: ____/____/____

PCI During this Admission³⁶¹⁰: No; Yes → if Yes, **Date**³⁶²⁰: ____/____/____

Vital Status³⁶³⁰: Alive; Deceased-Cardiac Death; Deceased-Non-Cardiac Death

→ if Deceased, **Date**³⁶⁴⁰: ____/____/____ → if Deceased, **Death in Lab**³⁶⁴⁵: No; Yes

Discharge Date³⁶⁵⁰: ____/____/____

I. DISCHARGE MEDICATIONS: (Medications prescribed at discharge.)

if Vital Status³⁶³⁰ is **Alive** then complete **Discharge Medications** below.

Category	Medication Name ³⁶⁶⁰	Prescribed ³⁶⁶⁵				Category	Medication Name ³⁶⁶⁰	Prescribed ³⁶⁶⁵				
		No	Yes	Con	Blind			No	Yes	Con	Blind	
Ace Inhibitor	ACE-Inhibitor (any) ^{m001}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calcium Channel Blocker	Diltiazem ^{m016}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							Verapamil ^{m017}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							Other CCB ^{m018}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Antiarrhythmic Agent	Amiodarone ^{m002}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coumadin	Coumadin ^{m019}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Disopyramide ^{m003}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	Dofetilide ^{m004}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digoxin	Digoxin ^{m020}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Flecainide ^{m005}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	Mexiletine ^{m006}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diuretic	Diuretic (any) ^{m021}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Procainamide ^{m007}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	Propafenone ^{m008}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nitrate	Nitroglycerin SL, PRN ^{m022}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Quinidine ^{m009}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Nitroglycerin Long Acting ^{m023}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sotalol ^{m010}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	Other Anti. Arrhy. ^{m011}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Antihypertensive	Hydralazine ^{m012}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Platelet Aggregation Inhibitor	Clopidogrel ^{m024}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								Ticlopidine ^{m025}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARB	ARB (any) ^{m013}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Statin	Statin (any) ^{m026}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ASA	ASA ^{m014}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Beta Blocker	Beta-Blocker (any) ^{m015}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

MD Signature _____

Date _____