

**DEMOGRAPHICS**

<b>Last Name</b> <sup>2000</sup> :		<b>First Name</b> <sup>2010</sup> :		<b>Middle Name</b> <sup>2020</sup> :	
<b>Birth Date</b> <sup>2050</sup> : mm / dd / yyyy		<b>SSN</b> <sup>2030</sup> : - - <input type="checkbox"/> SSN N/A <sup>2031</sup>		<b>Sex</b> <sup>2060</sup> : <input type="radio"/> Male <input type="radio"/> Female	
<b>Patient ID</b> <sup>2040</sup> : (auto)		<b>Other ID</b> <sup>2045</sup> :		<b>Patient Zip Code</b> <sup>2065</sup> : <input type="checkbox"/> Zip Code N/A <sup>2066</sup>	
<b>Race</b> : (Select all that apply) <input type="checkbox"/> White <sup>2070</sup> <input type="checkbox"/> Black/African American <sup>2071</sup> <input type="checkbox"/> American Indian/Alaskan Native <sup>2073</sup>		<input type="checkbox"/> Asian <sup>2072</sup> <input type="checkbox"/> Native Hawaiian/Pacific Islander <sup>2074</sup>		<b>Hispanic or Latino Ethnicity</b> <sup>2076</sup> : <input type="radio"/> No <input type="radio"/> Yes	

**EPISODE OF CARE**

<b>Arrival Date</b> <sup>3000</sup> : mm/dd/yyyy	
<b>Reason for Admission</b> <sup>3040</sup> : <input type="radio"/> Admitted for this procedure <input type="radio"/> Heart failure <input type="radio"/> Other	
→ If Admitted for this procedure, <b>Reason</b> <sup>15780</sup> <input type="checkbox"/> Device embolization <input type="checkbox"/> Initial device implant <input type="checkbox"/> Infection (Select all that apply) <input type="checkbox"/> Generator device change <input type="checkbox"/> Lead dislodgement <input type="checkbox"/> Other	
<b>Health Insurance</b> <sup>3005</sup> : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, <b>Payment Source</b> <sup>3010</sup> : <input type="checkbox"/> Private health insurance <input type="checkbox"/> State-specific plan (non-Medicaid) (Select all that apply) <input type="checkbox"/> Medicare (Part A or B) <input type="checkbox"/> Medicare Advantage (Part C) <input type="checkbox"/> Medicaid <input type="checkbox"/> Military health care <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Non-US insurance	
→ If any Medicare, <b>Medicare Beneficiary Identifier (MBI)</b> <sup>12846</sup> : _____	
<b>Research Study</b> <sup>3020</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Study Name</b> <sup>3025</sup> , <b>Patient ID</b> <sup>3030</sup> _____, _____	

**PATHWAY (SELECT ALL THAT APPLY)**

**Electrophysiology Device Implant Pathway**<sup>15826</sup>:  Implantable cardioverter-defibrillator  Permanent pacemaker  Leads only

**HISTORY & RISK FACTORS**

PROCEDURE HISTORY <sup>12905</sup>	OCCURRENCE <sup>14268</sup>		Procedure Date <sup>14252</sup>	→ If Yes,
	No	Yes		
CV implantable electronic device	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	<b>Prior CIED Device Type</b> <sup>15793</sup> : Select from dynamic list

**PROCEDURE INFORMATION (COMPLETE FOR EACH LAB VISIT)**

<b>Procedure Room Entry Date/Time</b> <sup>15694</sup> : mm/dd/yyyy / hh:mm	<b>Procedure Start Date/Time</b> <sup>7000</sup> : mm/dd/yyyy / hh:mm
<b>Procedure End Date/Time</b> <sup>7005</sup> : mm/dd/yyyy / hh:mm	<b>Procedure Room Exit Date/Time</b> <sup>15695</sup> : mm/dd/yyyy / hh:mm
<b>Procedure Type</b> <sup>7010</sup> : <input type="radio"/> Generator change <input type="radio"/> Generator explant <input type="radio"/> Initial generator implant <input type="radio"/> Lead only	
<b>Shared Decision Making</b> <sup>14732</sup> : <input type="radio"/> No <input type="radio"/> Yes	
<b>Premarket Clinical Trial</b> <sup>7020</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Post-market Surveillance</b> <sup>15786</sup> : <input type="radio"/> No <input type="radio"/> Yes



**POST-PROCEDURE EVENTS**

**Set Screw Problem**<sup>9255</sup>:  No  Yes

**Lead Dislodgement**<sup>9260</sup>:  No  Yes → If Yes, **Lead Location**<sup>9265</sup>:

- |                                                |                                            |                                     |                                      |                                           |
|------------------------------------------------|--------------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------------|
| <input type="radio"/> Azygos vein              | <input type="radio"/> His bundle           | <input type="radio"/> Left bundle   | <input type="radio"/> LV endocardial | <input type="radio"/> LV epicardial (CVS) |
| <input type="radio"/> LV epicardial (surgical) | <input type="radio"/> RA endocardial       | <input type="radio"/> RA epicardial | <input type="radio"/> RV endocardial | <input type="radio"/> RV epicardial       |
| <input type="radio"/> Subcutaneous array       | <input type="radio"/> Subcutaneous (S-ICD) | <input type="radio"/> Substernal    | <input type="radio"/> SVC/subclavian | <input type="radio"/> Other               |

**DISCHARGE (COMPLETE FOR EACH EPISODE OF CARE/ADMISSION)**

**CABG**<sup>10005</sup> (During this admission):  No  Yes → If Yes, **CABG Date**<sup>10010</sup>: mm/dd/yyyy

**PCI**<sup>10015</sup> (During this admission):  No  Yes → If Yes, **PCI Date**<sup>10020</sup>: mm/dd/yyyy

**Discharge Date**<sup>10100</sup>: mm/dd/yyyy

**Discharge Status**<sup>10105</sup>:  Alive  Deceased

- If Alive, **Discharge Location**<sup>10110</sup>:  Home  Skilled nursing facility  Extended care/transitional care unit/rehab  
 Other  Other acute care hospital  Left against medical advice (AMA)

→ If Deceased, **Death During Procedure**<sup>10120</sup>:  No  Yes

→ If Deceased, **Cause of Death**<sup>10125</sup>:  Cardiac  Non-Cardiac  Undetermined

**DISCHARGE MEDICATIONS**

Medications prescribed at discharge are not required for patients who expired or are discharged to "Other acute care hospital," or "AMA"

MEDICATION <sup>10200</sup>	PRESCRIBED <sup>10205</sup>			
	YES	No – NO REASON	No – MEDICAL REASON	No – PATIENT REASON
Aldosterone Antagonist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin Converting Enzyme Inhibitor (ACE-I) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin Receptor-Nepriylsin Inhibitor (ARNI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin II Receptor Blocker (ARB) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renin Inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiarrhythmic Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiplatelet Agent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beta Blocker (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Betrixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dabigatran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Edoxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rivaroxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>