

**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"/> <b>SSN N/A</b> <sup>2031</sup>
<b>Patient ID</b> <sup>2040</sup> : (auto)	<b>Other ID</b> <sup>2045</sup> :	
<b>Sex</b> <sup>2060</sup> : <input type="radio"/> Male <input type="radio"/> Female	<b>Patient Zip Code</b> <sup>2065</sup> :	<input type="checkbox"/> <b>Zip Code N/A</b> <sup>2066</sup>
<b>Race:</b> (Select all that apply) <input type="checkbox"/> <b>White</b> <sup>2070</sup> <input type="checkbox"/> <b>Black/African American</b> <sup>2071</sup> <input type="checkbox"/> <b>American Indian/Alaskan Native</b> <sup>2073</sup> <input type="checkbox"/> <b>Asian</b> <sup>2072</sup> <input type="checkbox"/> <b>Native Hawaiian/Pacific Islander</b> <sup>2074</sup> <input type="checkbox"/> <b>Middle Eastern/North African</b> <sup>2075</sup>		
<b>Hispanic or Latino Ethnicity</b> <sup>2076</sup> : <input type="radio"/> No <input type="radio"/> Yes		

**EPISODE OF CARE**

<b>Arrival Date/Time</b> <sup>3001</sup> : mm / dd / yyyy / hh:mm
<b>Facility Classification Type</b> <sup>15605</sup> : <input type="radio"/> Ambulatory Surgical Center (ASC) <input type="radio"/> Office Based Lab (OBL)
<b>Health Insurance</b> <sup>3005</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>→ If Yes, 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
<b>→ If any Medicare, Medicare Beneficiary Identifier</b> <sup>12846</sup> : _____

**PATHWAY**

<b>CV ASC Pathway</b> <sup>15606</sup> : (Select one) <input type="checkbox"/> Diagnostic coronary angiography (Only) <input type="checkbox"/> PCI with or without coronary angiography <input type="checkbox"/> Implantable cardiac defibrillator <input type="checkbox"/> Permanent pacemaker
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**HISTORY AND RISK FACTORS**

CONDITION HISTORY <sup>12903</sup>	OCCURRENCE <sup>15510</sup>		→ If Yes,
	No	YES	
Atrial fibrillation	<input type="radio"/>	<input type="radio"/>	<b>AFib Classification</b> <sup>4400</sup> : <input type="radio"/> Paroxysmal (terminating spontaneously w/in 7 days) <input type="radio"/> Persistent (>7 days) <input type="radio"/> Long standing persistent (>1 year) <input type="radio"/> Permanent
Cardiac arrest	<input type="radio"/>	<input type="radio"/>	<b>Date</b> <sup>4225</sup> mm / dd / yyyy <b>Bradycardia Arrest</b> <sup>4240</sup> : <input type="radio"/> No <input type="radio"/> Yes
Cardiomyopathy (Any)	<input type="radio"/>	<input type="radio"/>	
Coronary artery disease	<input type="radio"/>	<input type="radio"/>	
Heart failure	<input type="radio"/>	<input type="radio"/>	
Myocardial infarction	<input type="radio"/>	<input type="radio"/>	<b>MI Date</b> <sup>4295</sup> mm / dd / yyyy
Primary valvular heart disease	<input type="radio"/>	<input type="radio"/>	
Syncope	<input type="radio"/>	<input type="radio"/>	
PROCEDURE HISTORY <sup>12905</sup>	OCCURRENCE <sup>15511</sup>		→ If Yes, Date <sup>15512</sup>
	No	YES	
Aortic valve procedure	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy
Coronary artery bypass graft	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy
CV implantable electronic device (pacemaker or defibrillator)	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy
Percutaneous coronary intervention	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy



**LEAD ASSESSMENT (COMPLETE FOR ALL LEADS, INCLUDING NEW LEADS IMPLANTED, EXISTING LEADS EXTRACTED, ABANDONED, OR REUSED)**

<b>Lead Counter</b> <sup>7710</sup> :	<b>1</b>		<b>2</b>	
<b>Identification</b> <sup>7715</sup> :	<input type="radio"/> New lead	<input type="radio"/> Existing lead	<input type="radio"/> New lead	<input type="radio"/> Existing lead
<b>→ If Existing Lead, Implant Date</b> <sup>7740</sup> :	mm/dd/yyyy		mm/dd/yyyy	
<b>→ If Existing Lead, Lead Status</b> <sup>7745</sup> :	<input type="radio"/> Extracted	<input type="radio"/> Abandoned	<input type="radio"/> Reused	<input type="radio"/> Extracted
<b>Lead ID</b> <sup>7720</sup> :	_____		_____	
<b>Serial Number</b> <sup>7725</sup> :	_____		_____	
<b>Lead Location</b> <sup>7735</sup> :	<input type="radio"/> Azygos vein	<input type="radio"/> His bundle	<input type="radio"/> Azygos vein	<input type="radio"/> His bundle
	<input type="radio"/> Left bundle	<input type="radio"/> LV endocardial	<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"/> LV epicardial (CVS)	<input type="radio"/> LV epicardial (surgical)
	<input type="radio"/> RA endocardial	<input type="radio"/> RA epicardial	<input type="radio"/> RA endocardial	<input type="radio"/> RA epicardial
	<input type="radio"/> RV endocardial	<input type="radio"/> RV 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"/> Subcutaneous array	<input type="radio"/> Subcutaneous (S-ICD)
	<input type="radio"/> Substernal	<input type="radio"/> SVC/subclavian	<input type="radio"/> Substernal	<input type="radio"/> SVC/subclavian
	<input type="radio"/> Other		<input type="radio"/> Other	

**INTRA OR POST-PROCEDURE EVENTS**

<b>EVENT(S)</b> <sup>9001</sup>	<b>EVENT(S) OCCURRED</b> <sup>9002</sup>	<b>EVENT(S)</b> <sup>9001</sup>	<b>EVENT(S) OCCURRED</b> <sup>9002</sup>
Cardiac arrest	<input type="radio"/> No <input type="radio"/> Yes	Hemothorax	<input type="radio"/> No <input type="radio"/> Yes
Cardiac perforation	<input type="radio"/> No <input type="radio"/> Yes	Myocardial infarction	<input type="radio"/> No <input type="radio"/> Yes
Cardiac tamponade	<input type="radio"/> No <input type="radio"/> Yes	Pneumothorax	<input type="radio"/> No <input type="radio"/> Yes
Coronary venous dissection	<input type="radio"/> No <input type="radio"/> Yes	Stroke	<input type="radio"/> No <input type="radio"/> Yes
Hematoma (Re-op, evac, or transfusion)	<input type="radio"/> No <input type="radio"/> Yes	Transient ischemic attack (TIA)	<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**

**Discharge Date/Time**<sup>10101</sup>: mm/dd/yyyy / hh:mm

**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  Acute care hospital  Left against medical advice (AMA)

→ **If Acute care hospital, Emergent Transfer**<sup>15608</sup>:  No  Yes

→ **If Acute care hospital, Suspected Condition(s)**<sup>15702</sup>:  
(Select all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bleeding - Gastrointestinal     | <input type="checkbox"/> Bleeding - Other             | <input type="checkbox"/> Bleeding - Retroperitoneal |
| <input type="checkbox"/> NSTEMI                          | <input type="checkbox"/> Other vascular complications | <input type="checkbox"/> Stroke                     |
| <input type="checkbox"/> Transient ischemic attack (TIA) | <input type="checkbox"/> Other                        | <input type="checkbox"/> None documented            |

**DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE)** *Not required for patients who expired or were discharged to "Acute care hospital" or "Left AMA".*

DISCHARGE MEDICATION <sup>10200</sup>	PRESCRIBED <sup>10205</sup>			
	YES	NO - NO REASON	NO - MEDICAL REASON	NO - PT. REASON
ALDOSTERONE RECEPTOR ANTAGONIST (ANY)	<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 BLOCKER (ARB) (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANGIOTENSIN II RECEPTOR BLOCKER NEPRILYSIN INHIBITOR (ARNI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANTIARRHYTHMIC DRUG (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANTIPLATELET DRUG (ANY)	<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"/>
BETA BLOCKER (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DIRECT ORAL ANTICOAGULANT (DOAC) (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"/>
SELECTIVE SINUS NODE L/F CHANNEL INHIBITOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STATIN (ANY)	<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"/>