

Section 1 PATIENT DETAILS

1.1 Procedure No.

1.2 UR No.

1.3 Patient DOB / /

1.4 **Hospital code**
 Hospital codes
 1 Melbourne Private 9 Box Hill
 2 Geelong Private 10 Geelong
 3 Peninsula Private 11 Frankston
 4 Warringal Private 12 Knox
 5 Royal Melbourne 13 Western
 6 Alfred 14 Cabrini
 8 Austin 15 Northern

Section 2 FOLLOW-UP DETAILS

2.1 Type of Follow-up 30 day 12 month

2.2 Date of Follow-up / /

2.3a Vital Status Alive Deceased →

2.3b Primary Cause
 Cardiac
 Non cardiac
 Unknown

2.3c Date of Death / /

2.4 Smoking Status current prior never unknown

2.5 Height cm

2.6 Has patient been readmitted to hospital? Yes No **If YES, record all events below.**

Section 3 CURRENT MEDICATIONS

	Yes	No	Unk
3.1 Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2 Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.3 Prasugrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.4 Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.5 Nitrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.6 Spironolactone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.7 Eplerenone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.8 Fibrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.9 Ezetimibe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.10 Ivabradine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 4 READMISSION DETAILS

	4.1 Readmission Date	4.2 Readmission Location	4.3 Readmission Reason	4.4 Angio	4.5 AMI	4.6 PCI	4.7 CABG
1	<input type="text"/> <input type="text"/> <input type="text"/> DD - MM - YYYY	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> STEMI <input type="radio"/> NSTEMI	<input type="radio"/> No <input type="radio"/> TLR → <input type="text"/> <input type="radio"/> TVR <input type="radio"/> Non TVR Lesion No.	<input type="radio"/> No <input type="radio"/> Yes → TVR <input type="radio"/> Yes <input type="radio"/> No
2	<input type="text"/> <input type="text"/> <input type="text"/> DD - MM - YYYY	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> STEMI <input type="radio"/> NSTEMI	<input type="radio"/> No <input type="radio"/> TLR → <input type="text"/> <input type="radio"/> TVR <input type="radio"/> Non TVR Lesion No.	<input type="radio"/> No <input type="radio"/> Yes → TVR <input type="radio"/> Yes <input type="radio"/> No
3	<input type="text"/> <input type="text"/> <input type="text"/> DD - MM - YYYY	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> STEMI <input type="radio"/> NSTEMI	<input type="radio"/> No <input type="radio"/> TLR → <input type="text"/> <input type="radio"/> TVR <input type="radio"/> Non TVR Lesion No.	<input type="radio"/> No <input type="radio"/> Yes → TVR <input type="radio"/> Yes <input type="radio"/> No
4	<input type="text"/> <input type="text"/> <input type="text"/> DD - MM - YYYY	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> STEMI <input type="radio"/> NSTEMI	<input type="radio"/> No <input type="radio"/> TLR → <input type="text"/> <input type="radio"/> TVR <input type="radio"/> Non TVR Lesion No.	<input type="radio"/> No <input type="radio"/> Yes → TVR <input type="radio"/> Yes <input type="radio"/> No
5	<input type="text"/> <input type="text"/> <input type="text"/> DD - MM - YYYY	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> STEMI <input type="radio"/> NSTEMI	<input type="radio"/> No <input type="radio"/> TLR → <input type="text"/> <input type="radio"/> TVR <input type="radio"/> Non TVR Lesion No.	<input type="radio"/> No <input type="radio"/> Yes → TVR <input type="radio"/> Yes <input type="radio"/> No
6	<input type="text"/> <input type="text"/> <input type="text"/> DD - MM - YYYY	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> STEMI <input type="radio"/> NSTEMI	<input type="radio"/> No <input type="radio"/> TLR → <input type="text"/> <input type="radio"/> TVR <input type="radio"/> Non TVR Lesion No.	<input type="radio"/> No <input type="radio"/> Yes → TVR <input type="radio"/> Yes <input type="radio"/> No
7	<input type="text"/> <input type="text"/> <input type="text"/> DD - MM - YYYY	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> STEMI <input type="radio"/> NSTEMI	<input type="radio"/> No <input type="radio"/> TLR → <input type="text"/> <input type="radio"/> TVR <input type="radio"/> Non TVR Lesion No.	<input type="radio"/> No <input type="radio"/> Yes → TVR <input type="radio"/> Yes <input type="radio"/> No
8	<input type="text"/> <input type="text"/> <input type="text"/> DD - MM - YYYY	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="text"/> <input type="text"/> Code If Other, specify	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> STEMI <input type="radio"/> NSTEMI	<input type="radio"/> No <input type="radio"/> TLR → <input type="text"/> <input type="radio"/> TVR <input type="radio"/> Non TVR Lesion No.	<input type="radio"/> No <input type="radio"/> Yes → TVR <input type="radio"/> Yes <input type="radio"/> No

3.11a Beta Blocker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	3.11c Dose _____ mg	<input type="radio"/> Unk	Freq
3.11b Agent							
3.12a ACE Inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	3.12c Dose _____ mg	<input type="radio"/> Unk	Freq
3.12b Agent							
3.13a All Blocker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	3.13c Dose _____ mg	<input type="radio"/> Unk	Freq
3.13b Agent							
3.14a Ca Channel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	3.14c Dose _____ mg	<input type="radio"/> Unk	Freq
3.14b Agent							
3.15a Statin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	3.15c Dose _____ mg	<input type="radio"/> Unk	
3.15b Agent							

CODES

Dose Frequency: 1 = Once daily
 2 = Twice daily
 3 = Three times daily
 4 = Other

Readmission Reason: 1 = CHF
 2 = AMI
 3 = Recurrent Angina
 4 = Arrhythmia
 5 = PCI - Planned
 6 = PCI - Unplanned
 7 = CABG
 8 = Other, please specify
 9 = CVA / Stroke

