

AACVPR Outpatient Cardiac Rehabilitation Registry Data Sheet

DEMOGRAPHICS

Patient Name FREEBALL, ODIE		Medical Record ID 0000001	
Clinician VITCENDA	PCP JENKINS	Registry ID	
DOB 2/25/1945	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	ZIP Code 53711	
Race		Education Level	
<input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Non-white Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Not listed <input type="checkbox"/> Unknown	<input type="checkbox"/> Eighth grade or less <input type="checkbox"/> Some HS <input type="checkbox"/> HS graduate <input type="checkbox"/> Technical training <input type="checkbox"/> Some college/university	<input type="checkbox"/> College/university graduate <input checked="" type="checkbox"/> Post-grad study <input type="checkbox"/> Unknown <input type="checkbox"/> Prefers not to state
Insurance		Office Use	
<input checked="" type="checkbox"/> Medicare (PRIMARY) <input type="checkbox"/> HMO <input type="checkbox"/> Medicaid <input type="checkbox"/> PPO <input checked="" type="checkbox"/> BC/BS	<input type="checkbox"/> Aetna <input type="checkbox"/> Tricare/Military <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> None	DESX 2 to RCA	

MEDICAL HISTORY

Risk Factors/Diabetes		Diagnoses/Procedures		STEMI	NSTEMI (PRIMARY)	CABG	PCI
<input checked="" type="checkbox"/> HLP <input type="checkbox"/> No DM <input type="checkbox"/> DM Type 1 <input type="checkbox"/> DM Type 2	<input type="checkbox"/> HTN <input type="checkbox"/> IFG <input type="checkbox"/> IGT <input type="checkbox"/> Unknown	<input type="checkbox"/> Valve <input type="checkbox"/> CTX		Date	Date	Date	Date
		Date	Date	Date	Date	Date	Date

Comorbidities		PROGRAM: INTAKE	
<input type="checkbox"/> AIDS <input type="checkbox"/> Cerebrovascular disease <input type="checkbox"/> Connective tissue disease <input checked="" type="checkbox"/> Dementia <input type="checkbox"/> Liver disease <input type="checkbox"/> Malignancy <input type="checkbox"/> Metastatic cancer	<input type="checkbox"/> Pulmonary disease <input type="checkbox"/> Renal disease <input type="checkbox"/> Ulcer disease <input type="checkbox"/> Peripheral artery disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Previous MI	Referral Date 3/3/12	AACVPR Risk Category <input type="checkbox"/> High <input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Unknown
		Enrollment Date 3/25/12	Justification <input type="checkbox"/> Insurance <input type="checkbox"/> Protocol <input checked="" type="checkbox"/> Risk Stratification <input type="checkbox"/> Other
		Prescribed Sessions 18	

PROGRAM: INTAKE

Clinical Outcomes					
Lipids Date 3/2/12	Total 237	TG 145	HDL 38	LDL 121	Units: <u>mg/dl</u> mmol/L POC? <input type="checkbox"/>
Glucose Date	FBG POC? <input type="checkbox"/>	A1C Date	A1C POC? <input type="checkbox"/>		
Intake BP (avg of 3) 114/68	WT 233.5 lbs	HT 73.5 "	WC 38.8 "		

Medications	Prescribed?	Adherent?	Exception
Aspirin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	
Beta-antagonists	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	
ACEI/ARBs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	contraindicated
Statins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	

Tobacco Use Status	<input type="checkbox"/> Never <input checked="" type="checkbox"/> Former <input type="checkbox"/> Recent <input type="checkbox"/> Current	Oral Tobacco Yrs	Quit Date
If Not "Never":	Avg Pks/Day 1	Yrs 20	1/1/1990

Dietary Outcomes	Functional Capacity	Physical Activity	
6 Kcal Sat Fat Intake 15%	Max METs (GXT) -	Exercise Mins/Day 20	DASI
Daily F/V Svgs 2	TM BK AE OTH UNK	Exercise Days/Wk 2	MET-Mins/Wk (IPAQ)
	Peak METs (CR) 5.5		Steps/Day
	6MWD (FT)/6MCD (MI) -		

Psychosocial Tool Scores	Tool Name: PHQA	Tool Name: SF36	Tool Name:
	Score: 4	Score: PCS 44 MCS 52	Score:

PROGRAM: DISCHARGE

Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If did not complete, select reason(s):		
Discharge Date 6/18/12	<input type="checkbox"/> Not interested in continuing	<input type="checkbox"/> Illness	<input type="checkbox"/> Deceased
# Sessions Completed 17	<input type="checkbox"/> Work commitments	<input type="checkbox"/> Readmission	<input type="checkbox"/> Other
# ECG Monitored Sessions 17	<input type="checkbox"/> Home commitments	<input type="checkbox"/> Relocated out of area	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Insurance copay issues	<input type="checkbox"/> Previous participation in CR	
	<input type="checkbox"/> Transportation issues	<input type="checkbox"/> Physician advice	

Clinical Outcomes				
Lipids Date 6/17/12	Total 156	TG 83	HDL 43	LDL 72
Glucose Date	FBG POC? <input type="checkbox"/>	A1C Date	Units: (mg/dl) mmol/L POC? <input type="checkbox"/>	
Discharge BP (avg of 3) 116/73	WT 221.8 lb	WC 36.8 "		

Medications	Prescribed?	Adherent?	Exception
Aspirin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	
Beta-antagonists	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	
ACEI/ARBs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	contraindicated
Statins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Exception <input type="checkbox"/> Unknown	
Tobacco Use Status	<input checked="" type="checkbox"/> Abstaining <input type="checkbox"/> Not abstaining <input type="checkbox"/> Unknown	Influenza vacc? <input checked="" type="checkbox"/>	Pneumococcal? <input type="checkbox"/>

Dietary Outcomes		Functional Capacity		Physical Activity	
% Kcal Sat Fat Intake 1290	Daily F/V Svgs 3	Max METs (GXT) 10.6	(M) BK AE OTH UNK	Exercise Mins/Day 40	DASI
		Peak METs (CR) 7.5		Exercise Days/Wk 4	MET-Mins/Wk (IPAQ)
		6MWD (FT)/6MCD (MI)			Steps/Day

Psychosocial Tool Scores	Tool Name: PHQ9 Score: 1	Tool Name: SF36 Score: PCS 56 MCS 53	Tool Name: Score:
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Adverse Event(s)	Unexpected Event(s)	Date(s)	Disposition
Check all that apply as result of or during CR session <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Respiratory arrest <input type="checkbox"/> Myocardial infarction/Acute Coronary Syndrome <input type="checkbox"/> Cerebrovascular accident (stroke) <input type="checkbox"/> Death	Check all that apply: <input type="checkbox"/> Chest pain <input type="checkbox"/> New onset angina <input type="checkbox"/> Syncope <input type="checkbox"/> Significant dyspnea <input type="checkbox"/> Hypotension <input type="checkbox"/> Significant hypertension <input type="checkbox"/> Significant hypoglycemia <input type="checkbox"/> Significant hyperglycemia <input checked="" type="checkbox"/> New onset tachyarrhythmia <input type="checkbox"/> New onset bradyarrhythmia <input type="checkbox"/> Significant Ectopy <input type="checkbox"/> Fall with injury <input type="checkbox"/> Other non-cardiac event	3/27/12 SVT with exercise	<input type="checkbox"/> MD called <input type="checkbox"/> ED <input type="checkbox"/> Admission <input type="checkbox"/> MD called <input type="checkbox"/> ED <input type="checkbox"/> Admission <input type="checkbox"/> MD called <input type="checkbox"/> ED <input type="checkbox"/> Admission <input type="checkbox"/> MD called <input type="checkbox"/> ED <input type="checkbox"/> Admission <input type="checkbox"/> MD called <input type="checkbox"/> ED <input type="checkbox"/> Admission <input type="checkbox"/> MD called <input type="checkbox"/> ED <input type="checkbox"/> Admission <input type="checkbox"/> MD called <input type="checkbox"/> ED <input type="checkbox"/> Admission <input type="checkbox"/> MD called <input type="checkbox"/> ED <input type="checkbox"/> Admission <input type="checkbox"/> MD called <input checked="" type="checkbox"/> ED <input type="checkbox"/> Admission <input type="checkbox"/> MD called <input type="checkbox"/> ED <input type="checkbox"/> Admission <input type="checkbox"/> MD called <input type="checkbox"/> ED <input type="checkbox"/> Admission <input type="checkbox"/> MD called <input type="checkbox"/> ED <input type="checkbox"/> Admission

Hospital Readmission(s)	Check all that apply:	Date(s)	# Admission Days
Hospital readmission(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete sections to right.	<input type="checkbox"/> Acute coronary syndrome <input type="checkbox"/> Adverse medication reaction <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Chest pain <input type="checkbox"/> Decompensated HF <input type="checkbox"/> Infection/complication of event <input type="checkbox"/> MI <input type="checkbox"/> New bradyarrhythmia <input type="checkbox"/> New onset or unstable angina <input type="checkbox"/> New tachyarrhythmia <input type="checkbox"/> Severe hypertension <input type="checkbox"/> Severe hypotension <input type="checkbox"/> Stroke/TIA <input type="checkbox"/> Syncope <input type="checkbox"/> Other cardiac event <input type="checkbox"/> Other		

Follow-up date scheduled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 9/15/12
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