

**FINAL REPORT OF MORBID
EVENT**

Date of Admission/Morbid Event as it appeared on Initial Notification:

Actual Date of Admission/Morbid Event: / / 1 Exact Date 2 Estimated Date

FORM STATUS

CODES: 1=ATTACHED 0=REQUIRED, NOT ATTACHED 9=NOT REQUIRED

1 Discharge Abstract Form

1 0 9
Copy of Discharge Summary 1 0 9
Copy of Initial History+Physical 1 0 9

2 Cardiovascular Procedure Reports

Report from Coronary Angiography 1 0 9
Report from Treadmill Exercise Test 1 0 9
Report from CT of the head 1 0 9
Report from MRI of the head 1 0 9

3 Hospital Record Summary

ECGs: 1 0 9
How Many
Copies sent to EPICORE? 1 Yes 0 No
Films from CT of the head 1 0 9
Films from MRI of the head 1 0 9

**4 Physician Questionnaire For
Coronary Heart Disease**

How Many
Physician's notes only? 1 Yes 0 No

**5 Physician Questionnaire For
Stroke/ TIA**

How Many
Physician's notes only? 1 Yes 0 No

6 Acute Precipitants

1 0 9
Proxy Version? 1 Yes 0 No
Narrative Only 1 Yes 0 No

**7 Neurologic Evaluation For
Stroke/TIA**

1 0 9
Copy of All Neurologist's Notes 1 0 9
Copy of Carotid Ultrasound and/or
Duplex reports 1 0 9
Copy of Echocardiogram report 1 0 9
Copy of MR Angiography report 1 0 9

8 Acute Precipitants For Stroke/TIA

1 0 9
Proxy Version? 1 Yes 0 No
Narrative Only 1 Yes 0 No

9 Report Of Chest X-Ray

1 0 9

10 Other, Specify:

1 0 9

11 Other, Specify:

1 0 9

Comments _____

Abstractor ID

Abstraction Date

0717158177

