DISCHARGE ABSTRACT FORM

*** Attach Copy of Hospital Discharge Summary ***
*** Attach Copies of Cardiovascular Procedure Reports Required ***

1 The data on this form is from:

- ○ 1 MEDICAL RECORDS
- ○ 2 HCFA DATA ONLY
- ○ 3 OTHER, SPECIFY: _____

2 Reason Form Not Completed:

_____

_____

3 Type of Care Facility:

- ○ 0 HOSPITAL
- ○ 1 ECF/OTHER NON-HOSPITALIZED STAY

4 Admission Date:

__ / __ / ____
Month Day Year

5 Discharge Date/Date of Death:

__ / __ / ____
Month Day Year

6 Vital Status at Discharge:

○ 0 ALIVE ○ 1 DEAD

7 Hospital code: ___

Name: _____

Addres: _____ _____
City State

8 Attending physician:

Name: _____

Address: _____

9 ICD9-CM Discharge Diagnosis Codes:

Record all ICD9-CM diagnosis codes in the order they are listed on the hospital record face sheet. If there are more diagnosis codes than space available record on a separate page and append to this form.

1 ____.__ 6 ____.__
2 ____.__ 7 ____.__
3 ____.__ 8 ____.__
4 ____.__ 9 ____.__
5 ____.__ 10 ____.__

10 Discharge Diagnoses:

Record all discharge diagnoses in the order they are listed on the hospital record face sheet. If there are more diagnoses than space available, record on a separate page and append to this form.

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

0206157630 ___

11 ICD9-CM Procedure codes:

Record all ICD9-CM procedure codes in the order they are listed on the hospital record face sheet. If there are more procedure codes than space available, record on a separate page and append to this form.

1	.	6	.
2	.	7	.
3	.	8	.
4	.	9	.
5	.	10	.

12 Procedures:

Record all procedures in the order they are listed on the hospital record face sheet. If there are more procedures than space available, record on a separate page and append to this form.

Attach copies of the reports from the following procedures if performed:

- * coronary angiography
- * treadmill exercise test
- * computerized tomography (CT) of the head
- * magnetic resonance imaging (MRI) of the head
- * peripheral vascular procedures

1
2
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10

13 Discharge Summary Diagnoses

Review the hospital Discharge Summary (or Discharge Note, Death Summary or Death Note) carefully to determine whether the following events were mentioned.

	1 Yes	0 No
A. MYOCARDIAL INFARCTION	○	○
B. ANGINA PECTORIS, CORONARY INSUFFICIENCY OR OTHER CHRONIC ISCHEMIC HEART DISEASE	○	○
C. CONGESTIVE HEART FAILURE OR CONGESTIVE CARDIOMYOPATHY	○	○
D. INTERMITTENT CLAUDICATION OR OTHER PERIPHERAL VASCULAR DISEASE	○	○
E. STROKE(CVA)	○	○
F. TRANSIENT ISCHEMIC ATTACK	○	○
G. CARDIAC ARREST	○	○

14 Hospital Record Summary Form required?

○ 1 Yes ○ 0 No

A Hospital Record Summary Form must be completed if:

1. Question 13A, 13B, 13C or 13G is answered yes, or participant has any other diagnosis corresponding to ICD9-CM code 410, 411, 413, 414, 425, 427.4, 427.5 or 428, AND
2. Either:
   * participant was at risk for an incident event of the cardiovascular endpoint that occurred, or
   * Participant died during the admission.

15 Neurologic Evaluation for Stroke/TIA required?

○ 1 Yes ○ 0 No

A neurologic Evaluation for Stroke/TIA must be completed if:

1. Question 13D or 13E is answered yes, or participant has any other diagnosis corresponding to ICD9-CM code 430-432, 434, or 435, AND
2. Either:
   * participant was at risk for anincident event of the cardiovascular endpoint that occurred, or
   * Participant died during the admission.

Comments: _____

Abstractor ID

Month / Day / Year