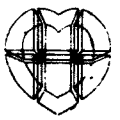
Affix computer I.D. here



HOSPITAL DISCHARGE

Name _____

Date of this admission ____/____/____ (Mo. Day Yr.) DATE14

Date of Discharge ____/____/____ (Mo. Day Yr.) DVDSCH14

Date of Death (if applicable) ____/____/____ (Mo. Day Yr.) DVDTH14

Was this the initial CASS admission? 1 Yes ☐ 2 No ☐

Was this admission at a CASS institution? 1 Yes 2 No ☐

If no, give name of Hospital _____

City _____

A. General Information

1. **Was this hospitalization for cardiac reasons?** 1 Yes ☐ 2 No ☐ CRDIAC14

If yes, indicate reason(s)

WORKUP14 Initial workup and therapy ☐ Cardiac catheterization ☐ CATHTR14 Surgery ☐ SURG14

REEVAL14 Scheduled reevaluation ☐ Unscheduled admission ☐ UNSCH14

If no, give reason: _____

2. **Procedures performed during this admission.**

		1 Yes	2 No
Electrocardiogram	ECG14	☐	☐
Exercise test	EXTEST14	☐	☐
Coronary angiography	CORANG14	☐	☐
LV angiography	LVANG14	☐	☐
Surgery	SURGRY14	☐	☐

If yes,

coronary artery surgery ☐ CORART14

other cardiac surgery ☐ CARD14

noncardiac surgery ☐ NONCRD14

For clinic use: _____

☆GPO 699-694

D. Hospital Diagnosis and Course

1. **Did patient have chest pain** (not associated with exercise test, catheterization, or cardiac surgery) **during the course of hospitalization?** 1 Yes ☐ 2 No ☐ CHPAIN14

   If yes,

   1 Definite angina ☐ 2 Probable angina ☐
   3 Definitely not angina ☐ ANGINA14 4 Probably not angina ☐

   If definite or probable angina, indicate pattern exhibited: 1 Stable ☐ 2 Unstable ☐ PATTRN14

2. **Did patient have a suspected myocardial infarction either immediately preceding admission or while hospitalized?** SUSPMI14 1 Yes ☐ 2 No ☐

   If yes,

   1 Definite MI ☐ 2 Probable MI ☐
   3 Acute coronary insufficiency ☐ 4 Angina episode ☐ DIAGNO14
   5 Not ischemic in origin ☐

3. **If definite or probable myocardial infarction is indicated above:**

   3.1 Give probable date of onset of MI___/___/___ DVMI14

   3.2 Indicate how MI was diagnosed

		1 Yes	2 No
New Q waves on ECG	QWAVES14	☐	☐
Evolutionary ST-T		☐	☐
wave segments of ECG	ESTSEG14	☐	☐
Enzyme changes	ENZYME14	☐	☐

   3.3 Indicate if MI was associated with the following

		1 Yes	2 No
Congestive heart failure	MICHF14	☐	☐
Cardiogenic shock	SHOCK14	☐	☐
Severe arrhythmia	ARRHYT14	☐	☐

4. **If definite or probable MI *or* coronary insufficiency,** indicate electrocardiographic site of damage or ischemia.

   Anterior ☐ ANT14 Lateral ☐ LAT14 Inferior ☐ INF14 True Posterior ☐ POST14 Subendocardial ☐

5. **Congestive heart failure** (except transient, in association with acute MI)

   1 Yes ☐ 2 No ☐ CHF14

6. **Did complications occur during this admission?** 1 Yes ☐ 2 No ☐ CMPLIC14

   Did complications occur on the same date as cardiac catheterization, surgery, or exercise test?

   1 Yes ☐ 2 No ☐ CMPWHN14

   (A complications form must be filled out for all untoward events which occur during hospital admission.)

7. **Did the patient die during this admission?** 1 Yes ☐ 2 No ☐ DEATH14

_____
Name of person filling out form

☆GPO 699-694