

ICD Implant Data Form

Core Demographics:

Patient HIC #: _____
 Patient First Name: _____
 Patient Last Name: _____
 Provider Name: _____
 Admit Date: _____
 Discharge Date: _____
 Date of Implant: _____
 Pt. Date of Birth: _____
 Patient's Gender: Male Female

 Patient's Race: Caucasian African-American
 (select one) American Indian/Alaska Native
 Asian Hispanic
 Native Hawaiian/Pacific Islander
 Other

Patient History & Clinical Characteristics:

Does the patient have history of any of the following?
(check all that apply)

None Hypertension
 Angina Pectoris Myocardial Infarction
 Atrial Fibrillation Pacemaker
 CABG Surgery PTCA
 Cancer Sudden Cardiac Arrest
 Congestive Heart Failure Syncope
 Coronary Artery Disease Ventricular Arrhythmias
 Diabetes

Cigarette Smoker? Current Former Never
 Left ventricular ejection fraction (LVEF) % _____

LVEF Test? Angiogram Echocardiogram
 Radionuclide Scan Other

Heart Rate: _____
 Systolic BP: _____
 Diastolic BP: _____
 QRS Interval: _____ msec

Left bundle branch block? Yes No
 Right bundle branch block? Yes No

New York Heart Association Class:
 I II III IV

Duration of heart failure (in months): _____

Ischemic dilated cardiomyopathy? Yes No
 Non-ischemic dilated cardiomyopathy? Yes No

Medications on Admission:

Is the patient currently taking the following medications?
(check all that apply)

None Digoxin
 ACE Inhibitor Diuretic
 Adenosine Dofetilide
 Amiodarone Isuprel
 Antiarrhythmic Other Procainamide
 Beta Blocker Propafenone
 Coumadin Sotalol
 Angiotensin receptor blocker (ARB)

Facility/Provider Information:

Where was the procedure performed?

Electrophysiology Lab Catheterization Lab
 Operating Room Other

Person implanting the device:

Cardiologist – Electrophysiology certified
 Cardiologist – not Electrophysiology certified
 Cardiac Surgeon
 Non-cardiac Surgeon
 Other

Physician Medicare Provider #: _____

ICD Indications:

IDCM documented prior MI and LVEF $\leq 30\%$?

Yes No

NIDCM > 9 months and LVEF $\leq 30\%$?

Yes No

IDCM documented prior MI, NYHA Class II-III, LVEF >30% and $\leq 35\%$?

Yes No

NIDCM > 3 months, NYHA Class II-III, LVEF $\leq 35\%$?

Yes No

NYHA Class IV and CRT-D Implantation?

Yes No

Documented familial or inherited conditions with high risk of life-threatening VT?

Yes No

Device Information:

Single Chamber Double Chamber CRT-D
 ICD Manufacturer: Biotronik Guidant
 Medtronic St. Jude Other

ICD Model No.: _____

In-Hospital Complications: (check all that apply)

None Infection related to device
 Cardiac Arrest Lead dislodgement
 Cardiac Perforation Myocardial infarction
 Death Pericardial tamponade
 Drug reaction Pneumothorax
 Stroke Pocket hematoma
 Hemothorax Erosion of ICD pocket
 TIA Coronary venous dissection
 Drug reaction Cardiac valve injury