

# NATIONAL CARDIOVASCULAR DISEASE DATABASE (PCI REGISTRY) FOLLOW UP FORM

For NCVD Use only:

Centre:

ID:

**Instruction:** This form is to be completed at patient follow up *after 30 days, 6 months or 12 months of 1st admission.*  
Where check boxes  are provided, please check (✓) one or more boxes. Where radio buttons  are provided, check (✓) only one option.

<b>A. Reporting Centre</b>	<input style="width: 100%;" type="text"/>		
<b>B. Patient Name:</b>	<input style="width: 100%;" type="text"/>		
<b>C. Identification Card Number:</b>	MyKad: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Old IC No. <input style="width: 100%;" type="text"/>	
	Other ID Document No. <input style="width: 100%;" type="text"/>	Specify type : <input style="width: 100%;" type="text"/> (eg. passport, armed force ID)	
<b>D. Type of Follow Up:</b>	<input type="radio"/> 30 days	<input type="radio"/> 6 months	<input type="radio"/> 12 months
<b>E. Date of Follow Up:</b> (dd/mm/yy)	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>		

## SECTION 1: OUTCOME

**1. Outcome:**

**Alive** →

	a) Medication:	Yes	No	Yes	No	Yes	No
	Aspirin	<input type="radio"/>	<input type="radio"/>	ACE inhibitor	<input type="radio"/>	<input type="radio"/>	Others, specify <input type="radio"/> <input type="radio"/> .....
	Clopidogrel	<input type="radio"/>	<input type="radio"/>	ARB	<input type="radio"/>	<input type="radio"/>	
	Ticlopidine	<input type="radio"/>	<input type="radio"/>	Warfarin	<input type="radio"/>	<input type="radio"/>	
	Statin	<input type="radio"/>	<input type="radio"/>	Prasugrel	<input type="radio"/>	<input type="radio"/>	
	Beta blocker	<input type="radio"/>	<input type="radio"/>	Ticagrelor	<input type="radio"/>	<input type="radio"/>	

**Death** →

a) <u>Date of Death</u> (dd/mm/yy):	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	b) Cause of death:	<input type="radio"/> Cardiac	<input type="radio"/> Non cardiac	<input type="radio"/> Others, specify: .....
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**Transferred to other hospital** →

a) <u>Date of Transfer</u> (dd/mm/yy):	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	b) Name of hospital: .....
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**Lost to follow up** →

a) <u>Date of last follow up</u> (dd/mm/yy):	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
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**2. Has patient stopped smoking?**     Yes (quit >30 days)     No     Not Applicable

## SECTION 2: READMISSION (within the follow up duration)

**1. Has patient been readmitted to hospital?**     Yes     No

<p><b>1. Date of readmission:</b></p> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> (dd/mm/yy) <p><b>Readmission location:</b></p> <input style="width: 100%;" type="text"/>	<p><b>Readmission reason:</b></p> <input type="radio"/> Non cardiac <input type="radio"/> ACS → <input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> UA <input type="radio"/> CHF <input type="radio"/> Recurrent angina <input type="radio"/> Staged revascularization → <input type="radio"/> PCI <input type="radio"/> CABG <input type="radio"/> Arrhythmia	<p><b>CCS:</b></p> <input type="radio"/> Asymptomatic <input type="radio"/> CCS 1 <input type="radio"/> CCS 2 <input type="radio"/> CCS 3 <input type="radio"/> CCS 4 <input type="radio"/> Not Available	<p><b>Angiography:</b></p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable
<p><b>2. Date of readmission:</b></p> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> (dd/mm/yy) <p><b>Readmission location:</b></p> <input style="width: 100%;" type="text"/>	<p><b>Readmission reason:</b></p> <input type="radio"/> Non cardiac <input type="radio"/> ACS → <input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> UA <input type="radio"/> CHF <input type="radio"/> Recurrent angina <input type="radio"/> Staged revascularization → <input type="radio"/> PCI <input type="radio"/> CABG <input type="radio"/> Arrhythmia	<p><b>CCS:</b></p> <input type="radio"/> Asymptomatic <input type="radio"/> CCS 1 <input type="radio"/> CCS 2 <input type="radio"/> CCS 3 <input type="radio"/> CCS 4 <input type="radio"/> Not Available	<p><b>Angiography:</b></p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable
<p><b>3. Date of readmission:</b></p> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> (dd/mm/yy) <p><b>Readmission location:</b></p> <input style="width: 100%;" type="text"/>	<p><b>Readmission reason:</b></p> <input type="radio"/> Non cardiac <input type="radio"/> ACS → <input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> UA <input type="radio"/> CHF <input type="radio"/> Recurrent angina <input type="radio"/> Staged revascularization → <input type="radio"/> PCI <input type="radio"/> CABG <input type="radio"/> Arrhythmia	<p><b>CCS:</b></p> <input type="radio"/> Asymptomatic <input type="radio"/> CCS 1 <input type="radio"/> CCS 2 <input type="radio"/> CCS 3 <input type="radio"/> CCS 4 <input type="radio"/> Not Available	<p><b>Angiography:</b></p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable