

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.

A. Reporting Centre	<input style="width: 100%;" type="text"/>		
B. Patient Name:	<input style="width: 100%;" type="text"/>		
C. Identification Card Number:	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)	
D. Type of Follow Up:	<input type="radio"/> 30 days	<input type="radio"/> 6 months	<input type="radio"/> 12 months
E. Date of Follow Up: (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"/>	NOAC	<input type="radio"/>	<input type="radio"/>
	Clopidogrel	<input type="radio"/>	<input type="radio"/>	ARB	<input type="radio"/>	<input type="radio"/>	Other antiplatelet,	<input type="radio"/>	<input type="radio"/>
	Ticlopidine	<input type="radio"/>	<input type="radio"/>	Warfarin	<input type="radio"/>	<input type="radio"/>	specify:		
	Statin	<input type="radio"/>	<input type="radio"/>	Prasugrel	<input type="radio"/>	<input type="radio"/>	Others, specify	<input type="radio"/>	<input type="radio"/>
	Beta blocker	<input type="radio"/>	<input type="radio"/>	Ticagrelor	<input type="radio"/>	<input type="radio"/>		

Death →

a) Date of Death (dd/mm/yy): / /

b) Cause of death: Cardiac Non cardiac
 Others, specify:

Transferred to other hospital →

a) Date of Transfer (dd/mm/yy): / /

b) Name of hospital:

Lost to follow up →

a) Date of last follow up (dd/mm/yy): / /

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 No information available

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