

	30-Day Follow-Up					1-Year Follow-Up														
<b>Contact Date</b>																				
<b>Current Living Status</b>	<b>Alive</b> Home Rehab Other acute care Nsg Home/Extended care Hospice/Comfort care Assisted Living Homeless In Hospital Not Documented <b>Dead</b> Date of Death Cause of Death Neurologic Cardiac Pulmonary Vascular Infection Renal Unknown <b>Unknown</b>					<b>Alive</b> Home Rehab Other acute care Nsg Home/Extended care Hospice/Comfort care Assisted Living Homeless In Hospital Not Documented <b>Dead</b> Date of Death Cause of Death Neurologic Cardiac Pulmonary Vascular Infection Renal Unknown <b>Unknown</b>														
<b>Additional Procedure</b>	Yes	No	CAS	CEA	Date	Yes	No	CAS	CEA	Date										
<b>Cranial Nerve Injury</b> <b>CEA Only</b>	Yes	No	ND	Resolved	Persistent	Yes	No	ND	Resolved	Persistent										
<b>Neurologic Deficit(s) Occurred Since Discharge</b>	Yes	No	ND	Deficit occurred & resolved w/in 24 hrs (i.e., TIA) Deficit occurred & duration was > 24 hrs, but did completely resolve Persistent deficit occurred, lasted > 24 hrs, & did not completely resolve Date		Yes	No	ND	Deficit occurred & resolved w/in 24 hrs (i.e., TIA) Deficit occurred & duration was > 24 hrs, but did completely resolve Persistent deficit occurred, lasted > 24 hrs, & did not completely resolve Date											
<b>Territory of Neurologic Deficit</b> <b>Answer if Neuro Deficit is Yes</b>	RT	LT	Retinal	Hemispheric	Vertebrobasilar	Unk	RT	LT	Retinal	Hemispheric	Vertebrobasilar	Unk								
<b>Modified Rankin Score</b> <b>CAS only</b>	Yes	No	1	2	3	4	5	6												
<b>Carotid Duplex</b>	Yes	No	ND	≤50%	>80%	>50%	Occluded	>60%	Not Occluded	>70%	Yes	No	ND	≤50%	>80%	>50%	Occluded	>60%	Not Occluded	>70%
<b>Smoking</b>	Yes	No	ND																	
<b>ACE-I</b>	Yes	No																		
<b>Anticoagulant</b>	Yes	No	C/I																	
<b>Antiplatelet</b>	Yes	No	C/I																	
<b>ARBs</b>	Yes	No																		
<b>Aspirin</b>	Yes	No	C/I																	
<b>Beta Blocker</b>	Yes	No																		
<b>CCB</b>	Yes	No																		
<b>Other Cholesterol Lowering Agent</b>	Yes	No																		
<b>Statin</b>	Yes	No	C/I																	



	<b>30-Day Follow-Up</b>	<b>1-Year Follow-Up</b>
<b>Thiazides</b>	Yes No ND	Yes No ND
<b>MI</b>	Yes No Date	Yes No Date
<b>Wound Complication</b> <b>CEA only</b>	Yes No Infection Hematoma Other	Yes No Infection Hematoma Other
<b>Still Taking Opioid</b>	No Same as DC New Opioid/dose	
<b>Type of Opioid</b>	Hydrocodone (Norco, Vicodin, Lortab, Lorcet) Oxycodone (OxyContin, Percocet, Roxicodone) Codeine (Tylenol 2, 3, or 4) Tramadol (Ultram, Ultram ER) Other (Fentanyl, Morphine, Hydromorphone, Dilaudid, Methadone, etc)	
<b>Opioid 1 Dose/Unit</b>	Dose _____ mg ml mcg/hr mg/ml mcg/ml Other	
<b>Opioid 2 Dose/Unit</b>	Dose _____ mg ml mcg/hr mg/ml mcg/ml Other	
<b>Prescribing Provider</b>	Procedural physician/surgeon PCP Other surgical physician Pain specialist Oncologist Other	
<b>Refills Requested</b>	Yes No	
<b>Refills given</b>	Yes No	
<b>Refill Prescribing Provider</b>	Procedural physician/surgeon PCP Other surgical physician Pain specialist Oncologist Other	