

EVENT_ID NUMBER:

CONTACT NUMBER:

FORM CODE: H D X

VERSION: D _DATE:07/11/2017

Instructions: Please complete the Heart Failure Diagnosis Form using the attached Event Summary Form and the medical reports provided to assign a heart failure diagnosis. If you mark an answer in error, mark an "X" through the incorrect answer and circle the appropriate response.

PART A: ADMINISTRATIVE INFORMATION

0. Date Assigned:
 Month Day Year

1.a. Batch Number: -- H

b. Type of Review:

c. Date of HDX completion: / /
 Month Day Year

2. Code number of person completing this form:

PART B: REVIEW OF COMPUTER'S HF DIAGNOSIS

(*Question 3 deleted)

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
4. Is there evidence of (past or present):			
a. Abnormal LV systolic function?.....	Y	N	U
b. Abnormal RV systolic function?.....	Y	N	U
c. LV diastolic dysfunction?.....	Y	N	U

5. Estimated LVEF (worst; related to current hospitalization): a. $\geq 50\%$ b. 35-49% c. $< 35\%$ d. Unknown

6. Assign an overall heart failure diagnosis based on your clinical judgment (select only one)

Definite decompensated heart failure A

Possible decompensated heart failure.....B

Chronic stable heart failure.....C → Skip to Item 8

Heart failure unlikely.....D → Skip to Item 8

Unclassifiable.....E → Skip to Item 8

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
a. Was definite or possible decompensated heart failure present at admission?.....	Y	N	U

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
7. Was this event fatal?.....	Y	N → <input type="text"/> Skip to Item 8	

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
a. Was decompensated heart failure the primary cause of death?.....	Y	N	U

8. Comments: _____

9. Review complete? Enter 0 if yes, leave blank otherwise. __