

National Cardiogenic Shock Initiative

30 Day Follow-Up

(Version 1.0)

Upon completion, please email this form via **[SECURE]** email to: NationalCSI@hfhs.org.

Please email/call if there are any questions or concerns.

NCSI #: _____

Hospital: _____

Hospital - City, State: _____

Date of Impella Implant: _____

Date of Follow-Up: _____

Patient Follow-Up – ≥ 30 Days from Date of Impella Implant:

Did the patient survive to 30 Days?

- YES
- NO
- Unknown
- Patient Unavailable
- Refused
- Other: _____

Point of Contact for Follow-up:

Patient Spouse LAR/Proxy Other: _____

Method of Follow-up:

- Phone Call
- Electronic Medical Record Review (patient signed-in for visit with ID at 30 or more days)
- Mail
- Email
- Other: _____

NOTES: _____

Follow-up performed by: _____

Title: _____

Signature: _____ **Date:** _____