CONGENITAL HEART
SURGEONS' SOCIETY

New Patient ☐
Follow-up Data ☐
Consent Obtained ☐

Patient Intake Form

(PLEASE COMPLETE FOR EACH PATIENT BEING ENROLLED)

FOR CHSS DATA CENTER USE ONLY

Date placed on Registry: _____ Study #: _____

Patient: _____ Phone: _____
Parent's Name: _____
Address: _____
_____
DOB: _____ Sex: _____
Race: _____ Language spoken: _____
Hospital #:_____ Date of first admission: _____
Date of discharge: _____ Date of death: _____
Birth Weight: _____ Birth Height: _____
Preliminary diagnosis: _____
_____
Operations: _____
_____
Institution: _____
Pediatric Cardiologist: _____
Surgeon: _____
Local M.D.: _____ Phone: _____
Address: _____
Contact Person: _____
Notes: _____
_____
_____
_____

What needs to be sent for each patient?

☐ Admission slip or equivalent for demographic information

☐ Cath report(s) (diagnostic or interventional)

☐ Echo report(s) (include any TEE)

☐ Post-op cath report (if applicable)

☐ Admission history and physical (to include height, weight, oxygen saturation, signs and symptoms)

☐ Any subsequent hospital admission (admit history and reports)

☐ MRI report

☐ Nuclear Medicine (MUGA, lung perfusion scans)

☐ Operative report(s)

☐ Discharge summaries

☐ Autopsy report / Death report (if applicable)

☐ Holter, exercise

☐ Clinic letters

HSC

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