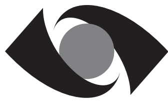


SOUTHLAKE
REGIONAL HEALTH CENTRE

596 Davis Drive
Newmarket, ON L3Y 2P9

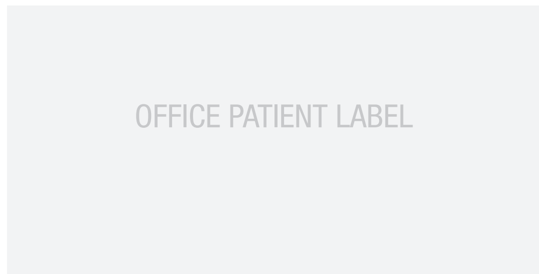
Surgical Services

Health Record #: ______________________ Complete or place barcoded patient label here
Patient Name: (Print first, last) ______________________
DOB: mm / dd / yy Age: ______ ❑ Female ❑ Male
OHIP #: ______________________ Version Code: ______________________
Account #: ______________________ Date of Admission: mm / dd / yy

Lower Extremity Occlusive Disease (LEOD) Vascular Registry Data Collection Form

DI ONLY Interventional Radiology

PRE-PROCEDURE



Patient Email (optional):

Address Type: ❑ Home ❑ Mailing ❑ Temporary

Race: ❑ Caucasian ❑ Aboriginal ❑ South Asian ❑ Asian ❑ Black ❑ Middle Eastern ❑ Unknown ❑ Other ______________

Height (cm): ______________ Weight (kg): ______________

History of smoking: ❑ Never ❑ Former ❑ Current ❑ Unknown

Hypertension: ❑ Yes ❑ No ❑ Unknown

Diabetes: ❑ Yes* ❑ No ❑ Unknown
(If Yes* ➡) Diabetes-Control: ❑ Diet only ❑ Oral ❑ Insulin ❑ Unknown ❑ No Treatment

Hyperlipidemia: ❑ Yes ❑ No ❑ Unknown

COPD: ❑ Yes ❑ No ❑ Unknown

Cerebral Vascular Disease: ❑ Yes ❑ No ❑ Unknown

Previous Myocardial Infarction: ❑ No ❑ Yes, Within last 30 days ❑ Yes, Greater than 30 days ago ❑ Unknown

Previous PCI: ❑ Yes* ❑ No ❑ Unknown (If Yes* ➡) Date: mm / dd / yy (most recent)

Previous CABG Procedure: ❑ Yes* ❑ No ❑ Unknown (If Yes* ➡) Date: mm / dd / yy (most recent)

History of Heart Failure: ❑ Yes ❑ No ❑ Unknown

Dialysis: ❑ Yes ❑ No ❑ Unknown

Dye Allergy: ❑ Yes ❑ No ❑ Unknown

Previous Vascular Intervention:
❑ None ❑ Aorta ❑ Carotid ❑ Lower Extremity ❑ Mesenteric
❑ Amputation PAD ❑ Iliac ❑ Upper Extremity ❑ Renal

Medication

ACE-Inhibitor/ARB: ❑ Yes ❑ No ❑ Unknown
Beta Blocker: ❑ Yes ❑ No ❑ Unknown
P2Y12 Antagonist: ❑ Yes ❑ No ❑ Unknown
Statin: ❑ Yes ❑ No ❑ Unknown
Anticoagulant(s): ❑ Yes* ❑ No ❑ Unknown
(If Yes* ➡) Indicate the type
Acetylsalicylic Acid (ASA/aspirin): ❑ Yes ❑ No IIb/IIIa Inhibitors: ❑ Yes ❑ No
Apixaban: ❑ Yes ❑ No Dabigatran: ❑ Yes ❑ No LMWH: ❑ Yes ❑ No
Clopidogrel: ❑ Yes ❑ No Heparin: ❑ Yes ❑ No Rivaroxaban: ❑ Yes ❑ No
Coumadin: ❑ Yes ❑ No Other: ______________________ ❑ Yes ❑ No

ASA (aspirin) Within 36 Hours of Surgery: ❑ Yes ❑ No ❑ Unknown

PVI = Peripheral Vascular Intervention

SL2259_01 (05/16) "Surgical Surgery" Review (05/19)

SOUTHLAKE
REGIONAL HEALTH CENTRE

596 Davis Drive
Newmarket, ON L3Y 2P9

Surgical Services

Health Record #: ______________________ Complete or place barcoded patient label here
Patient Name: (Print first, last) ______________________
DOB: mm / dd / yy Age: ______ ❑ Female ❑ Male
OHIP #: ______________________ Version Code: ______________________
Account #: ______________________ Date of Admission: mm / dd / yy

Lower Extremity Occlusive Disease (LEOD) Vascular Registry Data Collection Form

DI ONLY Interventional Radiology

LVEF Assessment Method: ❑ MUGA (Nuclear) ❑ Echocardiogram ❑ Ventriculogram (Coronary Angiogram)

LVEF Value: ❑ Unknown ❑ ≥ 50% ❑ 35-49% ❑ 20-34% ❑ <20%

Date of LVEF Assessment: mm / dd / yy ❑ Unknown

Creatinine: ❑ Done ❑ Not Done ❑ Unknown

Creatinine: ______________ μmol/L Hemoglobin: ______________ g/L

eGFR (local lab value): ______________ ml/min/1.73m² ❑ Not Available

OFFICE PATIENT LABEL

PRE-PROCEDURE INVESTIGATION DATA

Pre-procedure Investigation: ❑ None ❑ CTA ❑ DSA ❑ Duplex ❑ MRA ❑ Other

Target Revascularization Side: ❑ Left Leg ❑ Right Leg

Indication for Current Procedure: ❑ Acute Ischemia ❑ Asymptomatic ❑ Major Tissue Loss ❑ Rest/Night Pain ❑ Aneurysm ❑ Claudication ❑ Minor Tissue Loss ❑ Other: ______________________

Previous Vascular Procedure:

❑ **Left Leg**

❑ None ❑ Amputation ❑ Endovascular/Angioplasty
❑ Surgery (Bypass/Endarterectomy)

Previous Amputation Location:
❑ Above Knee ❑ Below Knee ❑ Foot

Previous Endovascular/Angioplasty – Target Vessel:
❑ Inflow (aorta/iliac) ❑ CFA ❑ SFA ❑ Popliteal
❑ Tibial (or distal)

Previous Surgery – Target Vessel:
❑ CIA ❑ EIA ❑ CFA ❑ Infrainguinal

❑ **Right Leg**

❑ None ❑ Amputation ❑ Endovascular/Angioplasty
❑ Surgery (Bypass/Endarterectomy)

Previous Amputation Location:
❑ Above Knee ❑ Below Knee ❑ Foot

Previous Endovascular/Angioplasty – Target Vessel:
❑ Inflow (aorta/iliac) ❑ CFA ❑ SFA ❑ Popliteal
❑ Tibial (or distal)

Previous Surgery – Target Vessel:
❑ CIA ❑ EIA ❑ CFA ❑ Infrainguinal

Ankle-Brachial Index (ABI):

Left Leg: ❑ ABI value: ____________ ❑ Unable to occlude (measure) ❑ Unknown ❑ Not applicable

Right Leg: ❑ ABI value: ____________ ❑ Unable to occlude (measure) ❑ Unknown ❑ Not applicable

Toe-Brachial (TBI):

Left Leg: ❑ TBI value: ____________ ❑ Unable to occlude (measure) ❑ Unknown ❑ Not applicable

Right Leg: ❑ TBI value: ____________ ❑ Unable to occlude (measure) ❑ Unknown ❑ Not applicable

Admission Date: mm / dd / yy

Transferred From: ______________________________________

❑ Not Applicable ❑ Acute care hospital ❑ Complex continuing centre ❑ Long-term care centre ❑ Rehabilitation hospital

PVI = Peripheral Vascular Intervention

SL2259_01 (05/16) "Surgical Surgery" Review (05/19)