Follow-up

Center Code:___________ **Patient ID:___** **Subject Initials Name/Surname:___/___**

General information / Clinical History

Follow-up: □ In OFFICE □ REMOTE

Scheduled Follow-up : □ NO Reason:_________________________ □ YES

Follow-up date: __/__/____ Weight: ___ kg NYHA: □ I □ II □ III □ IV

Quality of Life: □ NO □ YES, SF-12 □ YES, EQ-5D □ YES, ICDC-8: □ YES, HADS

ECG Follow-up

New onset of conduction system abnormalites:
- □ NO
- □ YES(Ventricular): □ LBBB □ RBBB □ LAH □ LPH □ IVCD □ Other
- □ YES (AV): □ AVB I □ AVB II Mobitz I □ AVB II Mobitz II □ Persistent AVB III □ Paroxysmal AVB III

Sick Sinus Disease: □ NO □ YES Chronotropic incompetence: □ NO □ YES
Other pacing indications: □ NO □ YES, Specify: ____
Rhythm at implant: □ Sinus rhythm □ Atrial Fibrillation/Flutter □ Paced rhythm
Heart rate: ___ bpm
PR duration: ___ ms
Intrinsic QRS duration: ___ ms Paced QRS duration (PM dependent): ___ ms

Drug treatment

ACE-inhibitors: □ NO □ YES Diuretics: □ NO □ SI ARB : □ NO □ YES
Betablocker: □ NO □ YES Specify:________________ Dose: _____[mg/day]
Statins: □ NO □ YES Ivabradine: □ NO □ YES
Antiarrhythmics: □ NO □ YES, Specificy: ____

Oral Anti Platelet: None □ Single □ Double □

Oral Anti Coagulants (OAC):
- □ NO
- □ YES, Standard OAC Specify: ________________________________
- □ YES, New OAC Specify: ________________________________

Follow Up Ecocardiographic Assesment

Left Ventricle LV
LVEF: ____ % LVFS: ____ %
ESV: ____ ml EDV: ____ ml
ESD: ____ mm EDD: ____ mm Z score: ___________

Other information/additional notes: ____
____

Mitral Regurgitation (0, 1+, 2+, 3+, 4+): ___ degree   Tricuspid Regurgitation (0, 1+, 2+, 3+, 4+): ___ degree

Device data

Programming modification? ☐ NO ☐ YES, specify___________________________________
Conditional zone (bpm): ☐ NO ☐ 170 ☐ 180 ☐ 190 ☐ 200 ☐ 210 ☐ 220 ☐ 230 ☐ 240
Shock zone (bpm): ☐ 170 ☐ 180 ☐ 190 ☐ 200 ☐ 210 ☐ 220 ☐ 230 ☐ 240 ☐ 250
Shock polarity: ☐ Standard ☐ Reversed
Pacing post-shock: ☐ NO ☐ YES
Sensing vector: ☐ Primary ☐ Secondary ☐ Alternate
Gain: ☐ 1x ☐ 2x
Device optimization: ☐ NO ☐ YES
New Sensing Vector : ☐ NO ☐ YES
If YES, Setup: ☐ Automatic ☐ Manual
Reason:____
Template acquisition: ☐ NO ☐ YES
Smart Charge:__________seconds
Battery Status: _______%
SMART PASS : ☐ NO ☐ YES
AF MONITOR: ☐ NO ☐ YES
If YES, Number of days in AF________________
% of AF_____________________________
Additional information about programming: ____
____

Remote Monitoring Programming

Remote monitoring system: ☐ NO ☐ YES
Weekly alert check: ☐ NO ☐ YES specify the day:__________________________________
Scheduled remote follow up : ☐ NO ☐ YES specify the frequency :___________________________

Events

Hospitalizations for cardiovascular events: ☐ NO ☐ YES, complete the “Adverse Event” Form
System revision: ☐ NO ☐ YES, complete the “Adverse Event” Form
Device re-programming, without system revision: ☐ NO ☐ YES, specificy ___________________________

Arrhythmias and device diagnostics (since last follow-up)

New onset of Arial Fibrillation:	☐ NO ☐ YES, Paroxysmal (spontaneous termination) ☐ YES, Persistent (>7 days, requiring intervention) ☐ YES, Permanent

<table>
<tr><td>Atrial Cardioversion in the last 12 months?</td><td colspan="2">□ NO
□ YES, electrical cardioversion
□ YES, pharmacological cardioversion</td></tr>
<tr><td rowspan="4">Ventricular arrhythmias:</td><td colspan="2">Device therapy (Ventricular Events since last visit)</td></tr>
<tr><td>Therapy</td><td></td></tr>
<tr><td>Appropriate</td><td>□ NO
□ Shock N° shock______
Date 1° episode: __ / __ / ____
Total N° of events: ___
Ineffective?
□ NO □ YES, specify____________________________</td></tr>
<tr><td>Inappropriate</td><td>□ NO □ YES, reason:__________________________
Date 1° episode: __ / __ / ____
Total N° of events: ___</td></tr>
<tr><td colspan="3">Syncope? □ NO □ YES Specify:
____
Non Sustained Ventricular Tachycardia? □ NO □ YES, Total N° of events ____________________________
Device re-programming: □ NO □ YES
Specifiy:__ ____
____
Print Device report (arrhythmic events and VT/VF burden): □ NO □ YES</td></tr>
</table>