# Health Care Utilization

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

## Health Care Utilization

Date of Reporting: __/__/____

Management of the event:
- □ Ambulatory management
- □ Emergency Room
- □ Hospitalization

## Unscheduled additional in-office visit

Date of visit: __/__/____
Reason : _____
Notes/Additional information on the visit: _____
Drug therapy modification? □ NO □ YES, Specify: _____
Actions taken? □ NO □ YES, Specify: _____

## Emergency Room

Date of visit: __/__/____
Primary discharge diagnosis: _____
Notes/Additional information on the visit:_____
_____

## Hospitalization

Date of entry: __/__/____

Entry mode:
- □ General practitioner
- □ HF physician/electrophysiologist
- □ ER
- □ Other Hospital

Discharge date: __/__/____
Primary discharge diagnosis: _____
Primary Procedure: _____
Other procedures? □ NO □ YES, Specify: _____
Intensive Care? □ NO □ YES, number of days in IC: ___
System revision? □ NO □ YES, please complete the "System Modification"
Notes/ additional information on the visit: _____

| **S-ICD System Modification** |
|---|
| System Modification (device/leads): □ NO □ YES |
| Device changed? □ NO □ YES, specify: Manufacturer _____ Model _____ |
| Pacemaker implanted? □ NO □ YES, specify: Manufacturer _____ Model_____ |
| Additional leads implanted? □ NO □ YES specify: □ RA Reason: _____ □ RV Reason: _____ □ LV Reason: _____ |
| Lead changed? □ NO □ YES, reason:_____ |
| Lead repositioned? □ NO □ YES, reason:_____ |
| Lead extracted? □ NO □ YES, reason:_____ |
| Lead abandoned? □ NO □ YES, reason:_____ |
| Pocket modification? □ NO □ YES, reason: _____ |
| **Induction test performed?:** □ NO □ YES<br>Effective: □ First attempt □ Next attempt □ Ineffective, describe_____<br>Effective attempt: Delivered Energy: ___ J Shock Impedance: _____Ohm<br>Shock Polarity: □ standard □ reversed |
| Device programming modification: □ NO □ YES, specify: _____<br>_____<br>_____<br><br>Device printed report: □ NO □ YES<br><br>Notes/additional information:_____<br>_____<br><br>_____ |