# 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

<table>
<thead>
<tr>
<th>System Modification (device/leads):</th>
<th>□ NO  □ YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Device changed? □ NO □ YES, specify:</td>
<td>Manufacturer______________ Model ______________</td>
</tr>
<tr>
<td>Pacemaker implanted? □ NO □ YES, specify:</td>
<td>Manufacturer______________ Model ______________</td>
</tr>
<tr>
<td>Additional leads □ NO □ YES, specify:</td>
<td>□ RA Reason:________________________</td>
</tr>
<tr>
<td>implanted? □ YES</td>
<td>□ RV Reason:________________________</td>
</tr>
<tr>
<td></td>
<td>□ LV Reason:________________________</td>
</tr>
<tr>
<td>Lead changed? □ NO □ YES, reason:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Lead repositioned? □ NO □ YES, reason:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Lead extracted? □ NO □ YES, reason:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Pocket modification? □ NO □ YES, reason:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Induction test performed?: □ NO □ YES</td>
<td></td>
</tr>
<tr>
<td>Effective: □ First attempt □ Next attempt □ Ineffective, describe__________</td>
<td></td>
</tr>
<tr>
<td>Device programming modification: □ NO □ YES, specify: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Device printed report: □ NO □ YES</td>
<td></td>
</tr>
<tr>
<td>Notes/additional information: ________________________________</td>
<td></td>
</tr>
</tbody>
</table>