Print Form

CARDIAC CATHETERIZATION CASES
PRIMARY CARDIAC DIAGNOSES

Facility _____ For the twelve month period from _____ to _____

PRIMARY DIAGNOSES (one per patient)	NUMBER OF PATIENTS, BY AGE			
	<1 month	1-12 months	1 yr - 21 yrs	>21 years
Atrial Septal Defect (all forms) (not including ostium primum complex)	_____	_____	_____	_____
Atrioventricular Canal (all forms)	_____	_____	_____	_____
Aortic Stenosis (discrete subvalvar)	_____	_____	_____	_____
Aortic Stenosis (valvar)	_____	_____	_____	_____
Aortic Stenosis (other)	_____	_____	_____	_____
Cardiac Dysrhythmia	_____	_____	_____	_____
Cardiomyopathy (non-rheumatic)	_____	_____	_____	_____
Coarctation of the Aorta	_____	_____	_____	_____
Coronary Artery-Cardiac Fistula	_____	_____	_____	_____
Ebstein's Anomaly	_____	_____	_____	_____
Hypoplastic Left Heart Syndrome	_____	_____	_____	_____
Kawasaki Disease, no Coronary Aneurysm	_____	_____	_____	_____
Kawasaki Disease, with Coronary Aneurysm	_____	_____	_____	_____
Ostium Primum Complex	_____	_____	_____	_____
Partial Anomalous Pulmonary Venous Return without ASD	_____	_____	_____	_____
Patent Ductus Arteriosus	_____	_____	_____	_____
Post-op Cardiac Transplant	_____	_____	_____	_____
Pulmonic Stenosis (discrete infundibular)	_____	_____	_____	_____
Pulmonic Stenosis (valvar)	_____	_____	_____	_____
Pulmonic Artery Stenosis (single or multiple)	_____	_____	_____	_____
Rheumatic Heart Disease (all forms)	_____	_____	_____	_____
Tetralogy of Fallot (Includes double outlet right ventricle with infundibular pulmonic stenosis)	_____	_____	_____	_____
Total Anomalous Pulmonary Venous Return (all forms)	_____	_____	_____	_____
Single Ventricle, with or without Transposition of the Great Vessels	_____	_____	_____	_____
Tricuspid Atresia (all forms)	_____	_____	_____	_____
Transposition of the Great Vessels (simple or with small VSD)	_____	_____	_____	_____
Truncus Arteriosus	_____	_____	_____	_____
Vascular ring	_____	_____	_____	_____
Ventricular Inversion (corrected transposition)	_____	_____	_____	_____
Ventricular Septal Defect (all forms)	_____	_____	_____	_____

For all reported numbers indicate in parentheses the number who previously underwent cardiac surgery.

CARDIAC CATHETERIZATION CASES
PRIMARY CARDIAC DIAGNOSES – (continued)

Facility _____ For the twelve month period from _____ to _____

PRIMARY DIAGNOSES (one per patient)	NUMBER OF PATIENTS, BY AGE			
	<1 month	1-12 months	1 yr - 21 yrs	>21 years
Other (indicate specific diagnoses if more than five occurrences during the reporting period)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Number of catheterizations performed during this reporting period by each cardiologist:

NAME	NUMBER OF PROCEDURES
_____	_____
_____	_____
_____	_____
_____	_____

Comments: _____