ICC - NATIONAL HEART FAILURE REGISTRY PROFORMA

1. DEMOGRAPHIC AND CONTACT DETAILS

Demographics

MRD Number* : ☐☐ ☐☐ ☐☐ ☐☐

Age* : ☐☐☐

Education* : 1) Nil ☐ 2) Primary ☐ 3) Secondary ☐ 4) Graduate ☐ 5) Post Graduate ☐

Sex* : M F

Address* :

Pin code* : ☐☐☐☐☐☐

Place of Residence* : 1) Urban ☐ 2) Rural ☐

Mob (1)* : ☐☐☐☐☐☐☐☐☐☐

Mob (2) : ☐☐☐☐☐☐☐☐☐☐

Mob (3) : ☐☐☐☐☐☐☐☐☐☐

Date of Admission* : ☐☐ ☐☐ ☐☐☐☐

Date of Discharge : ☐☐ ☐☐ ☐☐☐☐

Type of HF* : 1) Denovo HF ☐ 2) A/c on Chronic HF ☐

Condition at discharge : Alive ☐ Dead ☐

APL / BPL : APL BPL

Insurance* : Y N

Govt. Reimbursement* : Y N

Chief Presenting Symptoms*

Chest Pain	Y	N
Breathlessness	Y	N
Pedal Edema	Y	N
Fatigue	Y	N
Palpitation	Y	N

Giddiness	Y N
Others	Y N
If Yes, Specify	

Past H/o

Dyspnoea	Y N
If Yes, Dyspnoea NYHA	Class I / Class II / Class III / Class IV U
Angina	Y N
If Yes, Angina NYHA	Class I / Class II / Class III / Class IV U
Fatigue	Y N
Palpitation	Y N
Syncope	Y N

Heart Failure Risk Factors

Diabetes	Y N U
Dyslipidemia	Y N U
Hypertension	Y N U
Smoking & Smokeless Tobacco (15 days back)	Y N U
If Yes, frequency	Once Daily / Once Weekly / Once Yearly
Alcohol (At least 2 weeks)	Y N U
If Yes, frequency	Once Daily / Once Weekly / Once Yearly
Ischemic Heart Disease	Y N U
If Yes	Stable Angina / ACS (STEMI/NSTEMI/ UA) U
Myocarditis	Y N U
CHD	Y N U
RHD	Y N U
Post-Surgical	Y N U
Obesity / OSA	Y N U

Pregnancy	Y	N	U
Family History of Heart Failure	Y	N	U
Chemotherapy	Y	N	U
H/o anemia	Y	N	U
HIV	Y	N	U
Thyroid disease	Y	N	U
Prior PCI / Cardiac Surgery	Y	N	U

Current Medication

Aspirin	Y	N
Clopidogrel	Y	N
Statins	Y	N
Diuretics	Y	N
Betablockers	Y	N
ACE	Y	N
ARB	Y	N
CCB	Y	N
Amiodarone	Y	N
OAC	Y	N
NOAC	Y	N
SU	Y	N
Metformin	Y	N
Glitazone	Y	N
Gliptin	Y	N
Insulin	Y	N
SGLT2 Inhibitors	Y	N
NSAID	Y	N

Physical Examination

Pulse Rate	/Min Regular/Irregular
BP Systolic*	/MmHg
BP Diastolic*	/MmHg
Respiratory Rate	/Min U
SpO2	U
Pedal Oedema	Y N U
Thyroid	Y N U

CVS

JVP	Y N U
Cardiomegaly	Y N U
S3	Y N U
Murmur	Y N U
Basal Creps	Y N U
Hepatomegaly	Y N U
Ascites	Y N U
Neurological status	Normal ☐ Impaired ☐ Unknown ☐

Completed By

Name : Date :

2. INVESTIGATION

Blood Investigation

HB*	Y N
If yes, Please Enter Value*	
TC	
DC	
ESR	
RBS*	Y N
If Yes, Please Enter Value*	
S. Chol	
Blood urea	
Creatitine*	Y N
If Yes, Please Enter Value*	
T3	
T4	
TSH	
Na+	
K+	
S. Bilirubin	
SGOT	
SGPT	
Trop T / Trop I	Unknown ☐
BNP/NT Pro BNP	Unknown ☐
D-dimer	Unknown ☐

ECHO

Aetiology of HF	CHD/RHD/IHD/HTHD/DCM/RCM Unknown ☐
LVEF	>50% ☐ 40-50% ☐ <40% ☐
LVIDd	
LVIDs	
LA Size & Volume	☐ Cm ☐ Mm^3
RVID	
MR	1 ☐ 2 ☐ 3 ☐ 4 ☐
AR	1 ☐ 2 ☐ 3 ☐ 4 ☐
PAPR*	☐ + ☐ Unknown ☐
Per. Effusion	Y ☐ N ☐
Others*	

ECG

Normal / Abnormal*	Normal ☐ Abnormal ☐
Arrhythmia	Y N
If Yes	CHB / SVE/ AF / VPC/VT Unknown ☐
IHD	Y N
If Yes	Pathological Q / ST↑/ ST↓
MI	Y N
LVH	Y N Unknown ☐
RVH	Y N Unknown ☐
LBBB	Y N Unknown ☐
RBBB	Y N Unknown ☐
IVCD	Y N Unknown ☐

Chest X ray

Normal / Abnormal*	Normal ☐	Abnormal ☐
Cardiomegaly	Y N	Unknown ☐
PVC	Y N	Unknown ☐
Pleural effusion	Y N	Unknown ☐

Completed By

Name : ____________ Date : ____________

3. CO-MORBID CONDITION

Co-morbid Conditions

CVA	Y N U
CKD	Y N U
PVD	Y N U
COPD	Y N U
CLD	Y N U

Completed By

Name : Date :

4. IN HOSPITAL MEDICATION

Inhospital Medical Treatment

Is Data Available ?	Y	N
If Yes,		
Diuretics	Y	N
ACE / ARB	Y	N
Nitrates	Y	N
Digoxin	Y	N
Betablockers	Y	N
Hydralazine	Y	N
Aspirin	Y	N
Clopidogrel	Y	N
MRA (Aldactone)	Y	N
Anti-Arrhythmias	Y	N
ARNI (Sacubitril)	Y	N
OAC	Y	N
NOAC	Y	N
Ivabradine	Y	N

Drugs / Device Therapy

ICD	Y	N	U
CRT-P	Y	N	U
CRT-D	Y	N	U
Pacemaker	Y	N	U
ECMO	Y	N	U

Completed By

Name : Date :

5. DISCHARGE

Discharge Medication

Is Data Available ?	Y N
If Yes,	
Diuretics	Y N
ACE / ARB	Y N
Nitrates	Y N
Digoxin	Y N
Betablockers	Y N
Hydralazine	Y N
Aspirin	Y N
Clopidogrel	Y N
MRA (Aldactone)	Y N
Anti-Arrhythmias	Y N
ARNI (Sacubitril)	Y N
OAC	Y N
NOAC	Y N
Ivabradine	Y N

Completed By

Name : Date :

6. FOLLOW-UP ONE MONTH

Follow-Up One Month

Is Data Available : Yes ☐ No ☐

If Yes,

---

1. Type of visit*

Hospital ☐ Home ☐ Telephone ☐ Postal ☐ Unknown ☐

---

2. Symptoms

Y ☐ N ☐ Unknown ☐

---

3. NYHA Classification

Class I ☐ Class II ☐ Class III ☐ Class IV ☐ Unknown ☐

---

4. ECHO

LVEF<30% ☐ LVEF 30-40% ☐ LVEF 40-50% ☐ LVEF >50% ☐

Unknown ☐

---

5. BNP

Y ☐ N ☐ Unknown ☐

---

6. Alive/dead*

Y ☐ N ☐ Unknown ☐

---

7. Rehospitalisation*

Y ☐ N ☐ Unknown ☐

Details Of Medication

Is Data Available ?	Y N
If Yes,	
Diuretics	Y N
ACE / ARB	Y N
Nitrates	Y N
Digoxin	Y N
Betablockers	Y N
Hydralazine	Y N
Aspirin	Y N
Clopidogrel	Y N
MRA (Aldactone)	Y N
Anti-Arrhythmias	Y N
ARNI (Sacubitril)	Y N
OAC	Y N
NOAC	Y N
Ivabradine	Y N

Completed By

Name : ______ Date : ______

7. FOLLOW-UP 6 MONTH

Follow-Up 6 Month

Is Data Available : Yes ☐ No ☐

If Yes,

1. Type of visit*

Hospital ☐ Home ☐ Telephone ☐ Postal ☐ Unknown ☐

2. Symptoms

Y ☐ N ☐ Unknown ☐

3. NYHA Classification

Class I ☐ Class II ☐ Class III ☐ Class IV ☐ Unknown ☐

4. ECHO

LVEF<30% ☐ LVEF 30-40% ☐ LVEF 40-50% ☐ LVEF >50% ☐

Unknown ☐

5. BNP

Y ☐ N ☐ Unknown ☐

6. Alive/dead*

Y ☐ N ☐ Unknown ☐

7. Rehospitalisation*

Y ☐ N ☐ Unknown ☐

Details Of Medication

Is Data Available ?	Y N
If Yes,	
Diuretics	Y N
ACE / ARB	Y N
Nitrates	Y N
Digoxin	Y N
Betablockers	Y N
Hydralazine	Y N
Aspirin	Y N
Clopidogrel	Y N
MRA (Aldactone)	Y N
Anti-Arrhythmias	Y N
ARNI (Sacubitril)	Y N
OAC	Y N
NOAC	Y N
Ivabradine	Y N

Completed By

Name : Date :

8. FOLLOW-UP ONE YEAR

Follow-Up One Year

Is Data Available : Yes ☐ No ☐

If Yes,

5. Type of visit*

Hospital ☐ Home ☐ Telephone ☐ Postal ☐ Unknown ☐

6.Symptoms

Y ☐ N ☐ Unknown ☐

7. NYHA Classification

Class I ☐ Class II ☐ Class III ☐ Class IV ☐ Unknown ☐

8. ECHO

LVEF<30% ☐ LVEF 30-40% ☐ LVEF 40-50% ☐ LVEF >50% ☐

Unknown ☐

5.BNP

Y ☐ N ☐ Unknown ☐

8. Alive/dead*

Y ☐ N ☐ Unknown ☐

9. Rehospitalisation*

Y ☐ N ☐ Unknown ☐

Details Of Medication

Is Data Available ?	Y N
If Yes,	
Diuretics	Y N
ACE / ARB	Y N
Nitrates	Y N
Digoxin	Y N
Betablockers	Y N
Hydralazine	Y N
Aspirin	Y N
Clopidogrel	Y N
MRA (Aldactone)	Y N
Anti-Arrhythmias	Y N
ARNI (Sacubitril)	Y N
OAC	Y N
NOAC	Y N
Ivabradine	Y N

Completed By

Name : Date :