

**Checklist for Hospital Event Materials for Heart Failure
MMCC Committee for ARIC**

Event ID:

Date Prepared: //

Material included

| | |
|-------------------------|---------------|
| Echocardiogram | Not available |
| Discharge Summary | Not available |
| History & Physical | Not available |
| Cardiology Consult Note | Not available |
| Nuclear Reports | Not available |
| Catheterization Report | Not available |
| Chest X-Ray Report # | Not available |
| *Other | |

*if available (need not be noted as missing if they do not exist)

Comments on materials: