MedSun
Medical Product Safety Network

FDA

PATIENT INFORMATION

Patient identifier: (DO NOT USE the patient's name, initials, social security number, date of birth, medical record number or other personal identifiers)

[?]

(Please limit your response to 8 characters)

Patient's age at time of event: [?]

| Years | ▼ |

Patient's gender [?] ⊘

○ Male   ○ Female
○ Not known   ○ Not applicable

Patient's weight: (select unit or "do not know") [?]

| Kilograms | ▼ |

Patient's race and ethnic background (check all that apply): [Optional] [?]

☐ American Indian or Alaskan Native   ☐ Asian

☐ Black or African American   ☐ Hispanic or Latino

☐ Native Hawaiian or other Pacific Islander ☐ White

☐ Unknown   ☐ Not applicable

Did the patient have any of the following preexisting characteristics that may have contributed to the event? (Check all that apply) [?]

☐ Allergies   ☐ Alcohol/drug use

☐ COPD   ☐ Coronary heart disease

☐ Diabetes   ☐ Hepatic/renal dysfunction

☐ Hypertension   ☐ Immuno-compromised

☐ Morbidly obese   ☐ Pneumonia

☐ Pregnancy   ☐ Premature infant

☐ Smoking   ☐ Status post total hysterectomy or
                                 salpingo-oophorectomy

☐ Stroke   ☐ Surgery

☐ Relevant accidents   ☐ Electrophysiology related
  (e.g. Hit head)   characteristic (ACC registry)

☐ Other   ☐ No preexisting characteristics

☐ Not known   ☐ Not applicable

Please provide any other information about the patient that may have influenced the outcome of the event. [limit: 50 lines of text] [?]

| Cancel | | Save » |