

LEFT ATRIAL APPENDAGE CLOSURE ASSESSMENT

NAME _____ MALE DOB _____ MD _____ INSURANCE _____
 FEMALE ____ / ____ / ____

THE FOLLOWING CLINICAL DOCUMENTATION IS SUPPORTED WITHIN PATIENT CHART NOTES, WHICH ARE INCLUDED

	INTRACRANIAL	EPISTAXIS	GASTROINTESTINAL	OTHER
Clinically Relevant Bleeding Event/Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased Risk/History of Falls	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Bleed Risk Considered Prohibitive Based on HASBLED	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Pre-TEE Documented	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

CHA ₂ DS ₂ VASc Score	CHF (1) <input type="checkbox"/>	HTN (1) <input type="checkbox"/>	DM (1) <input type="checkbox"/>	STROKE, TIA, OR THROMBO-EMBOLISM (2) <input type="checkbox"/>	65-74 (1) <input type="checkbox"/>	≥75 (2) <input type="checkbox"/>	FEMALE (1) <input type="checkbox"/>	PRIOR MI, PAD OR AORTIC PLAQUE (1) <input type="checkbox"/>
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CHADS ₂ Score	CHF (1) <input type="checkbox"/>	HTN (1) <input type="checkbox"/>	DM (1) <input type="checkbox"/>	STROKE, TIA, OR THROMBO-EMBOLISM (2) <input type="checkbox"/>	≥75 (1) <input type="checkbox"/>			
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HAS-BLED Score	UNCONTROLLED HTN (1) <input type="checkbox"/>	ABNORMAL RENAL FX (1) <input type="checkbox"/>	ABNORMAL LIVER FX (1) <input type="checkbox"/>	HEMORRHAGIC STROKE (1) <input type="checkbox"/>				
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Bleed Risk	BLEEDING HISTORY /DISPOSITION (1) <input type="checkbox"/>	LABILE INR (1) <input type="checkbox"/>	AGE >65 (1) <input type="checkbox"/>	CURRENT ANTI-PLATELET OR NSAIDS (1) <input type="checkbox"/>	CURRENT EXCESS ALCOHOL OR DRUG USE (1) <input type="checkbox"/>			
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ELIGIBILITY (MAY DIFFER FOR COMMERCIAL PAYER; PLEASE REFERENCE AND INCLUDE POLICY)

Increased risk for stroke and systemic embolism based on CHADS₂ score ≥2 or CHA₂DS₂VASc score ≥3 and recommended for anticoagulation therapy. YES NO

Increased risk for bleeding on long-term anticoagulation therapy based on history or HAS-BLED score. YES NO

Patient able to take short term Coumadin, but deemed unable to take long term oral anticoagulation (appropriate rationale to seek a non-pharmacologic alternative to Coumadin). YES NO

Additional description: _____

After discussion, the patient has agreed that they wish to pursue a left atrial appendage closure procedure. YES NO

Based on the above assessment, this patient meets the criteria and has the clinical rationale, supported by the CMS National Coverage Determination or Commercial Policy, to receive a WATCHMAN device.

MD SIGNATURE _____ DATE ____ / ____ / ____