



EVENT FORM

1. Person completing form (Name): _____ (Initials):

2. CSSCD Code number of person completing form (if known):

3. Date form completed (Month, Day, Year): _____ / _____ / _____

4. Date of Event (Month, Day, Year): _____ / _____ / _____

5. Event (SPECIFY: SEE CHOICES AT BOTTOM OF PAGE): _____

OFFICE USE

OFFICE USE

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6. Has the patient been seen for the same type of event within the week preceding this visit?

1. NO 2. YES

6.1 Do the present history, symptoms, and/or physical exam indicate that this event is a continuation of the previous event? 1. NO 2. YES 9. DK

7. Was the patient admitted to the hospital because of this event?

1. NO 2. YES

7.1 Date of hospital admission (Month, Day, Year): _____ / _____ / _____

7.2 Date of hospital discharge (Month, Day, Year): _____ / _____ / _____

8. Were there other events associated with this event? 1. NO 2. YES

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COMPLETE SEPARATE EVENT FORM FOR EACH EVENT

9. Was the event an infection (sepsis, meningitis, osteomyelitis, or other type)?

1. NO 2. YES

9.1 Was a specific organism identified? 1. NO 2. YES

9.2 Specify organism: _____

OFFICE USE

9.3 Cultured from: _____

10. Was the patient transfused for this event? 1. NO 2. YES 8. NOT APPLICABLE - EVENT DEATH

Mail Log Data Entry

Code	Type of Event
010	Pain
020	Acute chest
030	Fever w/o source
	Infection
041	Sepsis
042	Meningitis
043	Osteomyelitis
044	Other infection (SPECIFY TYPE)

Code	Type of Event
050	CNS event (unspecified)
051	Occlusive stroke
052	Hemorrhagic stroke
053	Seizure
054	Other CNS event (SPECIFY TYPE)
060	Acute anemia (unspecified)
061	Sequestration
062	Aplastic
063	Other anemia (SPECIFY TYPE)

Code	Type of Event
070	Right upper quadrant
080	Pruritus
090	Surgery (SPECIFY TYPE)
100	New leg ulcer
110	New aseptic necrosis
111	Hip
112	Shoulder

Code	Type of Event
120	Renal complications (unspecified)
121	Urinary tract infection
122	Hematuria
123	Proteinuria
124	Renal insufficiency
130	Delivery
140	Pregnancy complication
150	Death (COMPLETE DEATH FORM)
160	Other event not specified above (SPECIFY TYPE)