

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



**BIR**  
Biologic Interventions Register

**Event of Special Interest: Serious Congestive Heart Failure**

Diagnosis Confirmed? Yes  No

New onset:  Or Worsening:  Unknown:

Cardiac function investigation performed:

Chest Xray – Signs of heart failure? Yes  No

Yes  No

Details of Results:

LV ejection fraction \_\_\_%

**Cardiac history:**

Coronary heart disease

Previous myocardial infarction

Valvular disease

Other: (Describe)

**Cardiovascular risk factors:**

	Yes	No	Unknown
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypercholesterolemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Outcome** Resolved

Drug therapy

Coronary Stenting

CABG

Valvular Heart Surgery

Fatal

**If you have any questions please call the Register office on: 0161 306 1911**

Form completed

By: \_\_\_\_\_

On: \_\_\_ / \_\_\_ / \_\_\_

Please note this ESI form needs to be entered directly onto the BADBIR database in the adverse section