## PATIENT DEMOGRAPHIC INFORMATION FORM

**Study:**

Check as applicable:

- [ ] Initial Consent
- [ ] Continuing Consent (i.e., Participant has turned 18 years of age while in the study, or now has the capacity to consent for him/herself to continue in the study [as applicable, and in accordance with governing regulations])

[attach a copy of the signed and dated consent form (and authorization, as applicable); otherwise explain]

### CONTACT INFORMATION

Participating institutions may complete this form and submit it to the CHSS Data Center OR provide an admission slip with the required fields below.

**Patient's Name:**

**Parent's Names:**

**Address:**

**Phone Number:**

**Alternate Phone Number:**

**Email Address:**

- [ ] Work
- [ ] Mobile

**Alternate Contact Person:**

**Relationship to Parent:**

**Alternate Contact Phone Number:**

### PATIENT INFORMATION

**MRN:**

**Institution Name:**

**Date of Birth:**

**Date of Death (if applicable):**

**Birth Weight:**

**Birth Height:**

**Gender:**

- [ ] Male
- [ ] Female

**Race:**

**Language:**

### DIAGNOSIS INFORMATION

**Date of First Admission:**

**Date of Discharge:**

**Preliminary Diagnosis:**

**Diagnosis Date:**

**Operation:**

**Surgeon:**

**Cardiologist:**

**Primary Physician:**

**Notes:**

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Version Date: 30 November 2015