

# 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 <sub>2</sub> DS <sub>2</sub> 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 <sub>2</sub> 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 CHADS<sub>2</sub> score ≥2 or CHA<sub>2</sub>DS<sub>2</sub>VASc 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 rational, supported by the CMS National Coverage Determination or Commercial Policy, to receive a WATCHMAN device.**

MD SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_