

AORTIC STENOSIS CRF FORM		Legend: Elements in bold are required	
Vendor Name: _____		Vendor Software Version: _____	
Patient ID: _____			
DEMOGRAPHICS			
Sex	☐ Male ☐ Female ☐ Unknown		
Patient Gender Identify	☐ Male ☐ Female ☐ Female-to-Male (FTM)/Transgender Male/Trans Man ☐ Male-to-Female (MTF)/Transgender Female/Trans Woman ☐ Genderqueer, Neither Exclusively Male nor Female ☐ Additional Gender Category or Other. _____ ☐ Did Not Disclose		
Patient-Identified Sexual Orientation	☐ Straight or Heterosexual ☐ Lesbian or Gay ☐ Bisexual ☐ Queer, Pansexual, and/or Questioning ☐ Something Else (Please Specify): _____ ☐ Don't Know ☐ Declined to Answer		
Date of Birth	____/____/____ (MM/DD/YYYY)	Patient Postal Code	____-____ ☐ Homeless
Height:	_____ ☐ inches ☐ cm	☐ Height Not Documented	
Weight:	_____ ☐ lbs ☐ kg	☐ Weight Not Documented	
BMI:	_____ [Auto-calculated]		
BSA	_____ [Auto-calculated]		
Payment Source	☐ Medicaid Title 18 ☐ Medicare Title 19 ☐ Medicare - Private/HMO/PPO/Other	☐ Medicaid – Private/HMO/PPO/Other ☐ Private/HMO/PPO/Other ☐ Self-Pay/No Insurance	☐ VA/ CHAMPVA/ Tricare ☐ Other/Not Documented/UTD
External Tracking ID:	_____		
RACE AND ETHNICITY			
Race and/or Ethnicity	☐ American Indian or Alaska Native ☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Black or African American	☐ Hispanic or Latino ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ White ☐ UTD	
If Hispanic is Yes,	☐ Another Hispanic, Latino, or Spanish Origin ☐ Cuban	☐ Mexican, Mexican American, Chicano/a ☐ Puerto Rican	
END OF FORM			