## Form K012: Hospital Readmission Form

**INSTRUCTIONS:** Complete one form for each readmission.

Section A: KEY IDENTIFYING INFORMATION		
A1.	Study Identification Number	
A2.	Acrostic Identifier	
A3.	Date readmitted	$\frac{1}{M} \frac{1}{M} \frac{1}{D} \frac{1}{D} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y}$
A4.	Name of person completing form	PRINT FULL NAME
A5.	Date of form completion	$\frac{1}{M} \frac{1}{M} \frac{1}{D} \frac{1}{D} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y}$
Section B: HOSPITAL READMSSION		
B1.	Primary reason for readmission	
	PERSIS	STENT FEVER 1
	RECRU	JDESCENT FEVER2
	ENLAR	GING CORONARY ARTERIES3
	CORON	NARY ARTERY THROMBOSIS4
	OTHER	2
	a. Specify:	
B2.	IVIG retreatment during hospital readmission	YES2 (B3)
	a. Number of IVIG retreatmen	ts (Complete Retreatment Form K011)
B3.	Date discharged	$\frac{1}{M} \frac{1}{M} \frac{1}{D} \frac{1}{D} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y}$