Hospital: _____ Patient initials: _____ Patient DOB: _____ Date of TAVR Implant: _____

Please indicate which of the following clinical factors prompted your Heart Team to recommend TAVR despite an STS predicted mortality for isolated AVR of $\leq$ 3.0%. Please list all factors (and available qualifying information).

Please also circle most important factor in this decision.

☐ Frailty: ☐ 6m walk test ____ seconds   ☐ Uses walker or cane

                                ☐ Wheelchair dependent   ☐ Does not live independently

                                ☐ Malnutrition   list albumin level ____

☐ Extreme Body Habitus: ☐ Obesity   ☐ Emaciation/small stature   list BMI ____

☐ Hostile Chest Anatomy: ☐ Ascending aorta calcifications   ☐ Previous chest radiation

                                ☐ Graft or RV under sternum   ☐ Previous sternal infection or nonunion

                                ☐ Other   list: _____

☐ Severe Pulmonary Disease: list % Predicted FEV1 _____   list % Predicted DLCO _____

                                ☐ Supplemental Oxygen   ☐ Nocturnal BiPap

☐ Severe Pulmonary Hypertension: list PA systolic pressure _____ mmHg

☐ Liver Disease: Describe: _____

☐ High Risk of Stroke: Describe: _____

☐ Bleeding Concern: ☐ Thrombocytopenia   ☐ Coagulopathy   ☐ Jehovah's Witness

        Describe: _____

☐ Malignancy: Describe: _____

☐ Need to undergo additional medical procedure in near future:

        Describe: _____

☐ Other not listed above:

        Describe: _____

                _____

Please list additional relevant information regarding Heart Team's decision to recommend TAVR for this patient: _____

_____