

**Form 1**

---

Record ID

---

---

Patient's Encounter CSN

---

---

Patient's MRN

---

---

Pre-operative diagnosis?

- Paroxysmal Atrial Fibrillation  
 Persistent Atrial Fibrillation  
 Long-standing Persistent Atrial Fibrillation  
 other

---

What type of ablation occurred?

- Radiofrequency (RF) Ablation  
 Cryoablation

---

Date of Ablation

---

---

What method of esophageal protection was utilized? (if info is available)

- esophageal temperature monitor probe  
 EnsoETM (active esophageal cooling)  
 Not documented

---

Was there post-procedural pain event during admission?

- Yes  
 No

---

Chest pain during admission?

- Yes  
 No

---

Pericarditis during admission?

- Yes  
 No

---

Dysphagia during admission?

- Yes  
 No

---

Gastroparesis during admission?

- Yes  
 No

---

Was there a post-procedural pain event after discharge and within 30 days?

- Yes    No

---

Date of post-discharge pain event?

---

---

Chest pain after discharge and within 30 days

- Yes  
 No

---

Pericarditis after discharge and within 30 days

- Yes  
 No

---

Dysphagia after discharge and within 30 days

- Yes  
 No

---

Gastroparesis after discharge and within 30 days

- Yes
- No

---

What pain medication if any, was given? (generic name)

\_\_\_\_\_

---

Notes

\_\_\_\_\_