Patient/Case Registration Form
With Data Elements

MARCQI
MICHIGAN ARTHROPLASTY REGISTRY
COLLABORATIVE QUALITY INITIATIVE

PATIENT DEMOGRAPHICS		
First Name: DE:20		**90 Day Review & 150 Day Lock**
Middle Name (Initial) DE:22		**DOS:**
Last Name: DE:21		**Day 91:**
Suffix: DE:23		**Day 150:**
Date of Birth: DE:24	MM/DD/YYYY	
Gender: DE:25	☐ Male ☐ Female	☐ Unknown
SSN: DE:34		☐ SSN Declined: DE:120
Email Address: DE:32	☐ Not Available: DE:33	☐ Opt-out of emailing PROS: DE:141
Home Phone: DE:30	( )	-OPTIONAL
Cell Phone: DE:31	( )	-OPTIONAL
Home Address: DE:26		
City: DE:27		
State/Province: DE:28		
Zip/Postal Code: DE:29		
Marital Status (*): DE:39	☐ Married or Common Law ☐ Widowed ☐ Single	☐ Divorced or Separated ☐ Unknown
Ethnicity (*): DE:37	☐ Hispanic or Latino ☐ Unknown	☐ Not Hispanic or Latino
Race (*): DE:38	☐ Caucasian ☐ Black ☐ Native American ☐ Other	☐ Asian ☐ Native Hawaiian-Pacific Islander ☐ Unknown
___Pt/Case Registered	___FBA OR log Created	___FBA OR log Uploaded
___Demographics Updated	___Hospitalization File entered	___Devices Entered
___Day 91 Events(s)	___PROS Entered	

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CASE INFORMATION			
Planned Surgery Side: DE:56	☐ Left		☐ Right
Planned Surgery Joint: DE:55	☐ Hip ☐ Knee		☐ Bilateral
Planned Date of Surgery: DE:58	MM/DD/YYYY		
Actual Date of Surgery: DE:59	MM/DD/YYYY		
Planned Hospital: DE:52			
Hospital MRN: DE:53			
Encounter Number: DE:54			
Planned Surgeon: DE:57			
Pre-Op PRO Survey Method: DE:68	☐ Email ☐ Clinic		☐ Paper

Note: The case information form will match the entry when entering a new patient, however, when you are entering a new case or changing an old case the entry order is different.

*These data elements can only be entered manually once the patient has been registered and you are able to see the Demographics Form.