



## Congenital Heart Defect Information Sheet

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cardiologist: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies

\_\_\_\_\_  
\_\_\_\_\_

Diagnosis

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Other:

\_\_\_\_\_



## Congenital Heart Defect Information Sheet

Devices

Date Inserted

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Medications

NAME

DOSE

FREQUENCY

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Congenital heart defect. Type: \_\_\_\_\_

History of rhythm abnormalities – see diagnosis/EKG

AICD

Pacemaker

Artificial valve(s)



## Congenital Heart Defect Information Sheet

In Emergency PLEASE CONTACT:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please transport to the following hospital if possible:

Name: \_\_\_\_\_

Address: \_\_\_\_\_