



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

Medications

NAME

DOSE

FREQUENCY

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: _____