<table>
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<tr>
<th>Relationship:</th>
<th>Other contacts:</th>
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</table>

If cardiac care is needed or for more information about my heart defect, please contact the University of Mississippi Medical Center-
Adult Congenital Heart Program: 601.984.4567
Pediatric Congenital Heart Program: 601.984.5250

I DO / I DO NOT have an advance healthcare directive.

It can be found at: ____________________________________________

If cardiac care is needed or for more information about my heart defect, please contact the University of Mississippi Medical Center-
Adult Congenital Heart Program: 601.984.4567
Pediatric Congenital Heart Program: 601.984.5250

Other contacts: ________________________________________________
If cardiac care is needed or for more information about my heart defect, please contact the University of Mississippi Medical Center:

Pediatric Congenital Heart Program: 601.984.4567
Adult Congenital Heart Program: 601.984.4567

I do / I do not have an advance healthcare directive.

It can be found at: ________________________________________________

If you would like to have other contacts, please provide:

Other contacts: __________________________________________________
Home Phone: ___________________________ Work: _______________________
Relationship: _____________________________________________________
**PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
<th>Phone:</th>
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</thead>
</table>

**DIAGNOSIS:**
- ________________________________________________
- ________________________________________________
- ________________________________________________

**ALLERGIES:**
- ________________________________________________
- ________________________________________________
- ________________________________________________

**EMERGENCY CONTACT INFORMATION**

<table>
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<th>Name:</th>
<th>Date of Birth:</th>
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**IMPORTANT INFORMATION**
ATTENTION—I HAVE A HEART CONDITION!

- History of rhythm abnormalities: ______________________
- Implantable defibrillator
- Pacemaker
- Artificial heart valve(s): ______________________
- I am on a blood thinner: ______________________
- Risk of stroke
- History of stroke
- Risk of bacterial heart infection
- History of heart infection
- Fevers of unknown origin should be cultured
- Abnormal blood flow to left arm right arm

Blood pressure / pulse will be absent or diminished
- Persistent right to left shunt. IV air filters recommended.

Typical Hemoglobin / Hematocrit: _________ / _________
Typical oxygen saturation at rest:

OTHER SPECIAL CONSIDERATIONS

- Pneumovax and flu shot recommended
- Avoid metal detectors: wands walk-through
- Supplemental oxygen for air travel recommended
- Avoid sustained elevations over: _________________
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<th>Date:</th>
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<tbody>
<tr>
<td>Type of Surgery / Procedure:</td>
</tr>
<tr>
<td>Hospital:</td>
</tr>
<tr>
<td>Doctor:</td>
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</tbody>
</table>

Date: |
Type of Surgery / Procedure: |
Hospital: |
Doctor: |

**MY HEART**

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### Surgeries / Procedures / Conditions

- **Date:**
- **Type of Surgery / Procedure:**
- **Hospital:**
- **Doctor:**
EXERCISE RECOMMENDATIONS
- Unrestricted
- Avoid competitive sports
- Avoid contact sports
- Avoid heavy lifting
- Gentle exercise only
- Other _________________________

REPRODUCTION
- Genetic counseling recommended
  FEMALES
  - Pregnancy not advised
  - Planned pregnancy under supervision of ACHD center
  - Planned pregnancy after consultation with ACHD specialists
  CONTRACEPTION
  - Progestin only
  - Low dose estrogen / progestin
  - Barrier method
  - IUD
  - Other _________________________
ENDOCARDITIS PROPHYLAXIS

- Considered high risk for bacterial endocarditis; will need antibiotics prior to some dental procedures
  
  Please refer to current AHA SBE prophylaxis recommendations.

HEALTH TIPS / PRECAUTIONS

- Call your doctor if you develop fever without reason.
- Take care of your teeth and gums.
  
  See a dentist regularly for check-ups and cleanings.
- Monitor your weight, diet, blood pressure and cholesterol to stay healthy.
- Maintain your ideal body weight of __________
- Stay active and get exercise daily using the recommendations on page 4.
- Don’t smoke or use drugs.
- Don’t use alcohol in excess.
- Follow up with your heart specialist regularly, as scheduled.
# MEDICATIONS

List all current medications

**Primary Pharmacy:**

**Pharmacy Phone #:**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
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