Hole in the Heart CHD ECHO Case Study Form

Please complete as much of the form as you can. We understand you might not have all the data. If you have any questions regarding this form, please contact HoleInTheHeartASD@yahoo.com.

This information is privileged and confidential. It is intended only for use in the CHD ECHO program. Any dissemination, distribution or copying is prohibited. *Please do not include or attach any patient-specific files or private health information which violates HIPPA privacy laws.*

Presentation Date:_____ PCP Name/Credentials:_____

What is the primary congenital cardiology question(s) you have regarding this patient?

GENERAL INFORMATION/DEMOGRAPHICS	
Type of Patient:	☐ New Patient ☐ Follow-Up Patient
Age:	**Other:**

MEDICAL DIAGNOSES/HISTORY	

PHYSICAL EXAM	**Date of Exam:**
BP:	SpO2:
Asthma/Pulmonary Issues:	Heart Murmur:
HR: RR:	Oxygen Sat: Room or Oxygen (how much):
CURRENT MEDICATIONS (Rx, OTC, Supplements):	

Please list any echo cardiogram or EKG results, if applicable:

Please list any additional pertinent information about the patient:

AAP (American Academy of Pediatrics) CARDIAC SCREENING QUESTIONS:

(1) Have you ever fainted, passed out or had an unexplained seizure suddenly and without warning, especially during exercise or in response to sudden loud noises such as doorbells, alarm clocks and ringing telephones?
□ YES □ NO

(2) Have you ever had exercise-related chest pain or shortness of breath? □ YES □ NO

(3) Has anyone in your immediate family (parents, grandparents, siblings) or other more distant relatives (aunts, uncles, cousins) died of heart problems or had an unexpected sudden death before age 50? This would include unexpected drownings, unexplained car accidents in which the relative was driving or sudden infant death syndrome. □ YES □ NO

(4) Are you related to anyone with hypertrophic cardiomyopathy or hypertrophic obstructive cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia, or anyone younger than 50 years with a pacemaker or implantable defibrillator?
□ YES □ NO

PSYCHIATRIC HISTORY: ***Enhancement Mental & Behavior Health is available for help/resources***

Patient:
□ Depression
□ Anxiety
□ PTSD (Post Traumatic Stress Disorder)

Parents/Siblings:
□ Depression
□ Anxiety
□ PTSD (Post Traumatic Stress Disorder)

If you need a referral for Therapy/Counseling, please contact https://ecmentalhealth.com/