

NORTHWEST CENTER FOR CONGENITAL HEART DISEASE

Congenital Heart Disease Evaluation Form

(Please fill out/check boxes as best as you can)

Patient's Name: _____ Date of Appointment: _____

Birth Date: _____ Age: _____ Sex: Male Female

Primary Care Provider (PCP): _____

Referring Provider (if different from PCP): _____

Reason for Cardiology Visit: _____

Past Cardiac History: (Explain briefly as well as you can) _____

Past Cardiac Cath Lab Intervention History: (Include dates, location, and Doctors; examples: Balloon, stents, devices)
No prior cath lab procedures

Past Cardiac Surgical History: (List prior surgeries, date, location and Doctors)
No prior cardiac surgeries

Past Arrhythmia History: (List prior procedures, dates, location and Doctors; examples: ablations, pacemakers, ICD)
No prior EP procedures

Current Medications: (List all medications, concentration, dosage, and frequency)

