

On the attached DIAGNOSIS & DOCTORS form, I've inserted some examples from my own medical history because it ceased being confidential long ago! My example is a snapshot of a random moment in my life as a cardiac patient. I offer it for clarity, only. It should never be used as a medical guide.

Pairing your DIAGNOSIS & DOCTORS with your MEDICATIONS (see Tips & Tools on www.deborahdawheffernan.com) provides a two-page summary of your case for clinicians' use during every check-up and emergency. These two documents make check-in easier, too, because you simply hand them over for copying to your file/chart. I keep a laminated, mini-version in my wallet, as does my husband—a precaution that has saved my life a few times.

Tips for ensuring that your case summary is useful to doctors

- Keep your DIAGNOSIS & DOCTORS and your MEDICATIONS current. Remember to date each form when you change it.
- Each form should be only one page, but for readability do not use type smaller than 11 point.
- Write concisely, making sure your abbreviations are understandable to everyone.
- Use bold type strategically (as shown in my examples) to help an attending physician quickly locate information.
- Because these two documents may become separated, head each page with your name, key doctor with pager number, diagnosis, birth date, blood type, emergency contact with phone number, and allergies.
- Under “Diagnosis,” list the most important current diagnosis. Before my heart transplant, I streamlined my diagnoses to “2 SCADs & 2 MIs (1997, 2006); V-tach; EF 15%.” Also include any non-cardiac diagnosis important to your care, like “diabetes” or “breast cancer.”

Please continue to page 2 for an example of your DIAGNOSIS & DOCTORS.

(updated 00/00)

DIAGNOSIS & DOCTORS for (YOUR FULL NAME)**Emergency:** (pager number) for Dr. (your cardiologist) @ (your hospital, city, state)**Diagnosis:** HEART TRANSPLANT, 8/06 @ Massachusetts General Hospital, Boston**Birth:** 00/00/00**Blood Type:** Important!**Allergies:** *List all! If you have allergies to meds, list both brand name and generic name.***Emergency Contacts:** *List only your top 3 emergency contacts and all their phone numbers.*

- **Spouse:** Name and phone numbers
- **Sister:** Name and phone numbers
- **Friend:** Name and phone numbers

Major Hospitalizations—all at Massachusetts General Hospital, Boston*Summarize your case succinctly and chronologically. Here's how I summarized mine at one point:*

1. 5/97 MI: LAD spontaneously dissected; double by-pass of LAD; ICD implanted
2. 2/06 MI: RCA dissected, angioplasty, 5 stents
3. 2/06 Supraventricular tachycardia; two failed cardiac conversions
4. 6/06 heart transplant evaluation
5. 8/06 heart transplant; ICD removed
6. 8/06 renal failure; full recovery
7. 5/07 Cytomegalovirus (CMV) & Campylobacteriosis
8. 8/08 Pseudo-aneurysm from annual biopsy (groin/femoral); ablation procedure; anemia & depression

PLEASE SEND REPORTS TO THESE DOCTORS:

This headline reminds your busy medical team to share your reports. List here the names and full contact information (phone, fax, email, address, and assistant's name and phone number) for your primary cardiologist, primary care physician, and, if applicable, two or three specialists who should always receive medical reports from their fellow physicians regarding your case. To keep this sheet one page, I created a grid in this section, for my four key doctors' contact information.

PRE-CARDIAC TRANSPLANT: *Since my transplant in 2006, I include this section at the bottom. Clinicians may find knowledge of your cardiac history useful in managing your case.*

2 MIs caused by SCADs—spontaneous coronary artery dissections—LAD (1997) & RCA (2006)

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|-----------------------------------|--|
| 1. Ischemic cardiomyopathy—EF 15% | 4. Ventricular tachycardia & ICD |
| 2. Congestive heart failure | 5. Supraventricular tachycardia |
| 3. Coronary artery disease | 6. LV aneurysm & regurgitating mitral valve. |