

Pair your DIAGNOSIS & DOCTORS form with your MEDICATIONS form (also available on www.deborahdawheffernan.com) to give clinicians a quick, 2-page case summary of your medical situation. They appreciate the help! These 2 documents will also make check-in easier for you. Simply hand them to clinicians, instead of filling out yet more medical questionnaires. I keep laminated, mini-versions in my wallet, as does my husband—a precaution that has saved my life a few times. To help guide you, the attached form contains examples from my medical history, which ceased being confidential long ago.

Tips for ensuring that your 2-page case summary is useful to doctors

- Write concisely and clearly. Imagine a clinical team meeting you for the first time in the ER. They are stressed and trying to do the right thing quickly. So, when you write this document, think SKIM—can your life-saving team skim your summary to glean vital information quickly? Make sure your abbreviations are understandable to every reader, including clinicians for whom English is a second language.
- Keep both your DIAGNOSIS & DOCTORS sheet and your MEDICATIONS sheet current and dated.
- Each form should be one page, but do not use type smaller than 11 point, for readability.
- Use bold type strategically to help an attending physician quickly locate information.
- Because these 2 documents may become separated, repeat key identifying information at the top of each, as you see on my examples.
- 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 your DIAGNOSIS & DOCTORS form.

(updated __/__/__)

DIAGNOSIS & DOCTORS for (YOUR FULL NAME)**Emergency:** (pager number) for Dr. (your cardiologist) @ (hospital, city, state)**Diagnosis:** HEART TRANSPLANT, 8/06 @ Massachusetts General Hospital, Boston**Birth:** __/__/__**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 & phone numbers
- **Sister:** Name & phone numbers
- **Friend:** Name & phone numbers

Major Hospitalizations—[all at Massachusetts General Hospital, Boston]

List your history succinctly and chronologically. Include treating hospitals, unless the same hospital cared for you throughout, as in my case. Here is how I summarized my hospitalizations 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, no more than 2 or 3 specialists who should always receive medical reports regarding your case. To keep this sheet one page, I created a grid in this section, for my four key doctors' contact information.

DIAGNOSIS PRE-CARDIAC TRANSPLANT: Since my transplant in 2006, I include this section at the bottom. Clinicians may find a quick summary of your early cardiac history useful.

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. |