



Cardiology Form (Hardcopy) 2023

All information you provide is confidential and solely for use by the Camp del Corazon medical staff. If your patient is a returning camper, we have done our best to pre-populate this form with information from last year. Please enter/update the information below based on the most recent visit within the last 12 months.

Please submit this form at your earliest convenience so that we may sooner accept your patient to camp. **The Deadline is June 15th.**

Email info@campdelcorazon.org, or call 818-754-0312 with any questions or issues.

Patient Information

1. * Name (first and last): _____
2. * Gender/Sex (male, female, non-binary, etc.): _____
3. * DOB (MM/DD/YYYY): _____
4. * Cardiologist: _____
5. * Date of Last Cardiologist Visit: (MM/DD/YYYY): _____

Cardiac Diagnosis

1. * Cardiac Diagnosis: _____
2. * Procedures Performed (If Yes to Procedure(s), please List and give details below. If you need more room, please write on the back of this page)? **Y / N**
 - a.
 - b.
 - c.
 - d.

* Add another Diagnosis entry? **Y / N**

Cardiac Diagnosis: _____

Procedures Performed (If Yes to Procedure(s), please List and give details below. If you need more room, please write on the back of this page)? **Y / N**

- a.
- b.
- c.
- d.

D.

Add another Diagnosis entry? **Y / N**

Cardiac Diagnosis: _____

Procedures Performed (If Yes to Procedure(s), please list on the back of this page)? **Y / N**

If applicable, add any more Diagnosis entries to the back of this page. Thanks!

Physical Exam

1. * Units? English (ft/lbs) or Metric (cm/kg)
2. * Height: _____
3. * Weight: _____
4. * HR: _____
5. * SaO₂ saturation range: _____
6. * Neurological Normal? **Y / N**
 - a. Details: _____
7. * Lungs Normal? **Y / N**
 - a. Details: _____
8. * Cardiovascular
 - a. Details: _____

9. * Pulses Normal? **Y / N**

a. Details: _____

10. * GI Normal? **Y / N**

a. Details: _____

Allergies

1. * Does your patient have any allergies? **Y / N**

a. Details: _____

2. * Does your patient carry an EpiPen? **Y / N**

a. Details: _____

Medication

1. * Please list your patient's medications below. If you run out of space, add additional Medications to the back of this page. Thank you!

High Risk Medications

1. * Is your patient taking anticoagulation medication? **Y / N**

a. Details: _____

2. * Recommended Sub - Acute Bacterial Endocarditis Prophylaxis

a. None

b. Standard Amoxicillin Regimen

c. Other (Please specify) : _____

Cardiac Rhythm/Device History

1. * Does the applicant have a history of dysrhythmia? **Y / N**
 - a. Please Describe: _____
 - b. Date of Last Episode: (MM/DD/YYYY): _____
2. * Does the applicant have a PACEMAKER or ICD? **Y / N**
 - a. Select Device: **Pacemaker** or **ICD**
 - b. Manufacturer: _____
 - c. Reason for implantable device: _____
 - d. Date of Insertion (MM/DD/YYYY): _____
 - e. Date of last interrogation (MM/DD/YYYY): _____
 - f. Lower Rate: _____
 - g. Interrogation: _____

Cardiac Transplant Only

1. * Has this participant had a transplant? **Y / N**
 - a. Surgeon: _____
 - b. Name of Center: _____
 - c. Phone #: _____
 - d. Date of Transplant (MMD/D/YYYY): _____
 - e. Any recent events? **Y / N**
 - i. Details: _____

Pulmonary Hypertension

1. * Is there a diagnosis of pulmonary hypertension for your patient? **Y / N**
 - a. Details: _____
2. * Is your patient on IV medication for pulmonary hypertension? **Y / N**
 - a. Details: _____

Non-Cardiac Diagnoses & Behavioral Information

1. * Describe non-cardiac diagnoses and/or any treatments or surgeries you are aware of: **Y / N**

a.

b.

c.

d.

2.* Describe any behavioral concerns you think could impact this patient's participation: **Y / N**

a.

b.

c.

d. .

3. * Have there been any recent cardiac concerns / medical events?: **Y / N**

a. .

b. .

c. .

d. .

4. * Is there anything else we should know?: **Y / N**

a. .

b. .

c. .

d. .

Activity Participation

1. * Does applicant participate in a physical education program at school? **Y / N**
2. * Please select one of the letters below describing the level of activity at which the applicant is able to participate
 - a. FULL ACTIVE PARTICIPATION WITH MODERATE EXERCISE -
Participates in non-competitive games which may involve running short distances.
 - b. PARTIAL ACTIVE PARTICIPATION WITH LIGHT EXERCISE -
Participates in limited activities. Rests occasionally.
 - c. LIMITED ACTIVE PARTICIPATION WITH NO EXERCISE - Must rest frequently and often. May participate in sedentary activities only.
3. * Is there anything else we should know? **Y / N**

a. Details:

Doctor's Statement

* Role (NP, RN, PA, MA, etc.): _____

* Direct Phone Line: _____

* Direct Email Address: _____

I have examined this child, who is physically able to engage in camp activities, except for the limitations and restrictions listed above.

* Your Signature: _____ Date: _____

* *Some of my other patients may benefit from attending Camp del Corazon. Please send me a few brochures.* **Y / N**

* Office Phone Number / Office Fax: _____

* Emergency/after-hours contact: _____

* Pediatric Cardiologist Address: _____

* City: _____ * Zip Code: _____

* State: _____ * Country: _____

* Office Fax: _____



Camp Office

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