

PARK HILL SCHOOL DISTRICT

CARDIOVASCULAR WORKSHEET

NAME: _____

GRADE: _____

PARENT'S NAMES: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

PHYSICIAN'S NAME: _____

PHONE: _____

CARDIOLOGIST'S NAME: _____

PHONE: _____

DIAGNOSIS: _____

AGE OF ONSET: _____

MEDICATION: _____

PREVIOUS HOSPITALIZATIONS DUE TO CONDITION: _____

SURGICAL PROCEDURES: _____

NORMAL HEART RATE IF KNOWN: _____

NORMAL BLOOD PRESSURE: _____

HOW OFTEN DOES YOUR CHILD SEE THE CARDIOLOGIST FOR THIS CONDITION? _____

NEXT APPOINTMENT? _____

SPECIAL INSTRUCTIONS: _____

HOSPITAL PREFERENCE: _____

PARENT'S SIGNATURE: _____ DATE: _____

IF YOU WOULD LIKE TO SCHEDULE A MEETING WITH THE SCHOOL NURSE REGARDING YOUR STUDENTS HEALTH
CONDITION, PLEASE CONTACT KATHY COLE RN AT 359-4124.