



CAMPER CARDIOLOGY FORM

Dear Pediatric Cardiologist,

Your patient is planning to attend The Nick and Kelly Children's Heart Camp at the end of July. Please complete all 6 sections of this form as soon as possible and return it with a copy of the most recent progress note. Our medical staff will review the information and be in touch with you if we have any questions.

I give permission for the care provider below to release information to the Nick and Kelly Children's Heart Camp, its delegates, and other medical care providers that they deem appropriate and necessary.

Parent Signature _____ Date _____

PATIENT/CAMPER INFORMATION

1	Last Name	First Name	Date of Birth	Date of Last Appointment
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2	<p>BASIC CARDIOLOGY INFORMATION</p> <p>- PRIMARY CARDIAC DIAGNOSIS: _____</p> <p>- PACEMAKER OR ICD? YES / NO</p> <p>- TRANSPLANT RECIPIENT? YES / NO</p> <p>- ON ANTICOAGULANT THERAPY OTHER THAN ASPIRIN? YES / NO INR RANGE (IF APPLICABLE): _____</p> <p>- <u>CONTRAINDICATED</u> MEDICATIONS/CATEGORIES: _____</p>
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3	<p>ACTIVITY PARTICIPATION: Indicate the level of activity in which the camper may participate:</p> <p><input type="checkbox"/> FULL PARTICIPATION/MODERATE EXERCISE. Non-competitive games, involves running short distances.</p> <p><input type="checkbox"/> PARTIAL ACTIVE PARTICIPATION/LIGHT EXERCISE. Needs to rest more often. Participates in limited activities.</p> <p><input type="checkbox"/> LIMITED ACTIVE PARTICIPATION/VERY LITTLE EXERCISE. Must rest frequently. Sedentary activities only.</p> <p>Activities are structured to the camper's level of endurance. Campers are always able to rest as needed. The camp is at approximately 6300 ft elevation which most camper have tolerated well. A pediatric cardiologist and/or NP are on site.</p> <p><i>If you have any concerns about this camper's ability to live at 6300 ft elevation for 5 days, or would like them to have additional monitoring at camp, please contact Kelley Bonowski DNP, RN, CPNP-PC, Medical@nkheartcamp.org</i></p>
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4	Is there anything else we should be aware of regarding this camper?
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5	(Pt Name) _____ is cleared to participate in camp with restrictions as above.		
	Cardiologist Name	Cardiologist Signature	Date Signed
	Office Phone Number	Office Fax Number	

6	<p>Attach most recent progress note(within the past 6 months), medication list, and pacemaker/ICD check and return to:</p> <p>Directly from Cardiologist office secure email: Medical@nkheartcamp.org</p>
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