

Give clinicians your DOCS & HISTORY form with your MEDICATIONS form to provide a quick, 2-page summary of your case. Both can be printed-out and adapted from my website, deborahdawheffernan.com under TIPS & TOOLS. Vital in an emergency, they also make routine check-in easy and accurate, eliminating your need to fill out yet more medical questionnaires. I keep a laminated, mini-version in my wallet, as does my husband—twice a life-saver.

Tips for ensuring that your DOCS & HISTORY report is useful to doctors

- Keep it one page, current, and dated.
- Though you will hand this document to clinicians with your MEDICATIONS form, these 2 documents may become separated. Repeat key identifying information at the top of each, as you see on my examples.
- Use concise, clear language for readers in a hurry; for example, ER specialists. Make sure your abbreviations and dates are understandable to every reader, including clinicians not in the field of your diagnoses or for whom English is not their first language.
- For readability, do not use type smaller than 11 point. Use bold type and all capital letters minimally and strategically to help clinicians quickly locate information.
- Under Diagnosis, if you have several diagnoses, streamline the list with consideration for both medical priority and speed-reading. Before my heart transplant, I streamlined my diagnoses to “2 SCADs & 2 MIs (1997, 2006); V-tach; EF 15%.” After careful thought, I concluded that the actual diagnoses of cardiomyopathy and heart failure were obvious from and less helpful than the stunning details. What language will save your life the fastest? Be sure to include any non-cardiac diagnosis important to your general care; for example, diabetes, breast cancer, spinal surgery.

Please continue to page 2 for my example of a DOCS & HISTORY report to help you create your own.

Patient name: *Deborah Daw Heffernan (at one point post-transplant)* **DOB:** June 27, 1952
Call in Emergency: [pager] for Dr. [your cardiologist] @ [hospital, city, state]

Diagnosis: SCAD leading to HEART TRANSPLANT, 8/06, Massachusetts General Hospital, Boston
Blood Type: *Important if you need a transfusion.* **(Primary Hospital) ID#** [optional]
Allergies: *All, and if you have allergies to meds, list both brand name and generic name.*

Emergency Personal Contacts: *List only your top 3 intimates and all their phone numbers.*

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

MAJOR HOSPITALIZATIONS at _____ *[In my case, all at Mass. General Hospital, Boston. If you have been cared for at different hospitals, list below.]*

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

SEND REPORTS TO THESE DOCTORS

This headline reminds your busy medical team to share your reports! List here the names and contact information (phone, fax, email, address) for your primary cardiologist, primary care physician, and only 1 or 2 specialists who must receive medical reports regarding your case. To keep this sheet 1-page, I created a grid in this section to include my most critical 4 doctors.

HISTORY PRE-CARDIAC TRANSPLANT (Optional) *I include the below because SCAD remains a medical mystery to most clinicians. Note that I write it out for clarity—to aid and educate clinicians while I save my own life, should I SCAD again.*

2 MIs from SCADs—spontaneous coronary artery dissections of 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. |

Updated /