

# Camp LionHeart Cardiac Kids Camp 2022

## Cardiology Form

Your patient is applying to attend Camp LionHeart Cardiac Kids Camp, July 24-July 28, 2022. Your cooperation is requested to provide our medical staff and medical care providers with pertinent medical history about your patient. **Their visit must be within 1 year of the application. In addition, a copy of the last clinic note is required.**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Cardiac Diagnosis:

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### Summary of Exam:

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### History:

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### Physical Exam:

Date of Most Recent Visit: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (kg)

HR: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ SaO2 Range: \_\_\_\_\_

Neurologic: \_\_\_\_\_

Lungs: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_

Murmurs: \_\_\_\_\_

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### Surgical History:

Intervention	Date of Service	Reason for Procedure
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Allergies:** Does the patient require an EPI Pen for any Allergies? \_\_\_\_\_

Medication/Trigger	Date of last reaction	Type of Reaction
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Prescribed Medication:** Please be specific and PRINT CLEARLY

Type of Medication	Strength	Dosage	Frequency	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please note any special instructions for any of the above listed medications:  
(i.e. refrigerate, take pulse prior to giving, watch for bleeding, or history of seizures)

\_\_\_\_\_

\_\_\_\_\_

Do you recommend SBE Prophylaxis? \_\_\_\_\_

**Non-prescription medications we stock in the camp infirmary are listed below:**

**Please circle those in which we should NOT administer**

- Sudafed Pepto Bismol Ibuprofen Benadryl Caladryl Acetaminophen Chloraseptic Spray

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### Cardiac Rhythm /Device History

Does the camper have a history of dysrhythmia? If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last episode: \_\_\_\_\_ Does the applicant have a PACEMAKER or ICD? \_\_\_\_\_

Reason for Implantable Device: \_\_\_\_\_

Brand: \_\_\_\_\_ Model: \_\_\_\_\_ Date of Last Interrogation: \_\_\_\_\_

Programmed to: \_\_\_\_\_ Mode: \_\_\_\_\_ Lower rate: \_\_\_\_\_ Upper Rate: \_\_\_\_\_

Has ICD discharged recently & how often? \_\_\_\_\_

***Please send a copy of the last interrogation***

**Activity Participation:** Cardiologist approved activity level (Please circle one)

A = FULL ACTIVE PARTICIPATION WITH MODERATE EXERCISE  
Participates in non-contact games, which may involve running short distances.

B = PARTIAL ACTIVE PARTICIPATION WITH LIGHT EXERCISE  
Participates in limited activities. Camper rests occasionally.

C = LIMITED ACTIVE PARTICIPATION WITH NO EXERCISE  
Must rest frequently and often. May participate in sedentary activities only.

**If camper fits Category C,** please reconsider his/her suitability for camp. If you perceive that this applicant may benefit from actively participating in our programs, please submit a written explanation.

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We would like to thank you for helping us to make Camp LionHeart a safe place for children with heart disease/defects. If any event occurs while your patient is at camp, we will contact you as soon as possible as instructed below:

### Doctor's Statement

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

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Numbers: Office \_\_\_\_\_ On-Call \_\_\_\_\_

**Deadline for receipt of completed form is July 1<sup>st</sup>, 2022:**

Camp LionHeart - Children's Heart Group

121 N. Nye's Road, Suite D

Harrisburg, PA 17112

Fax: 717-531-0401 Phone: 717-531-8674

Email: [camplionheart@gmail.com](mailto:camplionheart@gmail.com)

For more information: <http://www.camplionheart-elliesheartfoundation.org/>