

I have cardiomyopathy

This card tells you about my condition, its management and who to contact in an emergency

My name: _____

My address: _____

My date of birth: / /

My emergency contact (name/mobile):

My cardiologist (name/hospital):

My nurse (name/contact):

My GP (name/surgery):

Date: / /

Cardiomyopathy UK

Helpline: **0800 018 1024**

Email: **contact@cardiomyopathy.org**

Address: **Unit 10, Chiltern Court**

Asheridge Road,

Chesham, Bucks HP5 2PX

www.cardiomyopathy.org

My cardiomyopathy

My cardiomyopathy is:

What this means:

The symptoms I have are:

My medication

I take the following:

I take an anticoagulant:

(Please see my anticoagulation card)

I have a medical device

I have a pacemaker (*including CRT or cardiac resynchronisation therapy device*) - this sets the pace of the heart.

I have an ICD (*implantable cardioverter defibrillator, including S-ICD*) - this monitors and shocks the heart if a dangerous rhythm is detected

(Please see my device identification card)

I do not have a device

Important information

Use this space for any additional information.

You may want to carry a copy of your test results, such as a recent ECG showing your normal rhythm.