

My Child's Health			
<i>Please check the box that applies to your child right now.</i> MY CHILD:	<i>Yes, he/she knows this</i>	<i>He/she needs to learn more</i>	<i>Not applicable</i>
understands the long term potential issues associated with his/her heart condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knows why he/she should take his/her medications (what they are supposed to do)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knows what cardiac symptoms require more urgent medical attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knows what his/her typical vital signs should be (heart rate, blood pressure, oxygen saturation) and has a copy of his/her electrocardiogram (EKG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wears a medical alert bracelet or tag to indicate his/her cardiac condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knows what kinds of physical activity (exercise) are safest and healthiest for him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knows what kinds of food (diet) are safest and healthiest for him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knows about medicines or supplements that could interfere with his/her heart medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knows if and when he/she should take antibiotics prior to dental procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knows that he/she should talk to his/her heart doctor about traveling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knows that he/she should talk to his/her heart doctor before starting to have sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
understands the impact of high-risk behaviors (tobacco, alcohol, illicit drug use, tattoos, and unprotected sex) on his/her heart and overall health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knows how his/her heart and cardiac care needs might change in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
can explain his/her heart problem (congenital heart disease) to another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Parents of Females Only			
<i>Please check the box that applies right now.</i> MY CHILD:	<i>Yes, she knows this</i>	<i>She needs to learn more</i>	<i>Not applicable</i>
understands what types of contraception (strategies to prevent pregnancy) are safe for her based on her heart condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
understands the risk of pregnancy and the need for pre-pregnancy counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>