



## MEDICAL CENTER/CHILDREN'S HOSPITAL PROFILE

### MEDICAL CENTER/HOSPITAL INFORMATION

<b>Date of Submission:</b>	
<b>Medical Center/Hospital Name:</b>	
<b>Heart Center or PCM Clinic Name:</b>	
<b>Street Address:</b>	
<b>City/State/Zip Code:</b>	
<b>Mailing Address (if different):</b>	
<b>City/State/Zip Code:</b>	
<b>Phone:</b>	
<b>Website:</b>	
<b>Medical School Affiliation:</b>	

### PEDIATRIC CARDIOMYOPATHY PROGRAM

<b>Offers a pediatric cardiomyopathy <u>or</u> hypertrophic cardiomyopathy program:</b>	PCM Clinic <input type="checkbox"/> HCM Clinic <input type="checkbox"/> Neither <input type="checkbox"/> Both Clinics <input type="checkbox"/>
<b>Medical Director of Pediatric Cardiomyopathy (PCM) Program:</b>	
<b>PCM Program Coordinator:</b>	
<b>Provides specific clinic hours for pediatric cardiomyopathy patients:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>PCM Clinic Days:</b>	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU <input type="checkbox"/>
<b>PCM Clinic Hours:</b>	

### PEDIATRIC CARDIOLOGY STAFF

<b>Chief of Pediatric Cardiology:</b>	
<b>Medical Director of Heart Center:</b> <i>(if different)</i>	
<b>Medical Director of Pediatric Cardiac Transplant Program:</b>	
<b>Cardiologist Name:</b>	
<b>Cardiologist Name:</b>	
<b>Cardiologist Name:</b>	
<b>Cardiologist Name:</b>	
<b>Cardiologist Name:</b>	
<b>Cardiologist Name:</b>	

**HEALTHCARE STAFF**

Social Worker Name:	
Child Life Specialist Name:	
Genetic Counselor Name:	
Cardiac Nurse Name:	
Cardiac Nurse Name:	
Cardiac Nurse Name:	

**PEDIATRIC CARDIOLOGY SERVICES**

<b>Medical center/children's hospital offers all of the following pediatric cardiomyopathy related services:</b>	
High Quality Imaging (echocardiogram, cardiac magnetic resonance imaging) <input type="checkbox"/>	
Interventional Cardiology (catheterization, endomyocardial biopsy) <input type="checkbox"/>	
Cardiac Surgical Services (septal myectomy, cardiac device implantation) <input type="checkbox"/>	
Pediatric Heart Transplant Program or Collaboration with Another Pediatric Heart Transplant Center <input type="checkbox"/>	
Pediatric Mechanical Support Program or Collaboration with Another Pediatric Mechanical Support Center <input type="checkbox"/>	
Heart Failure Management <input type="checkbox"/>	Electrophysiology <input type="checkbox"/>
Prenatal or Fetal Echocardiography <input type="checkbox"/>	Genetic Testing and Counseling <input type="checkbox"/>
Pediatric Neurology <input type="checkbox"/>	Cardiac Rehabilitation Service <input type="checkbox"/>
Social Work <input type="checkbox"/>	Child Life <input type="checkbox"/>
Nutritionist <input type="checkbox"/>	Other <input type="checkbox"/> _____

**PEDIATRIC CARDIOMYOPATHY PATIENT POPULATION**

<b>Total # of pediatric cardiomyopathy patients (DCM, HCM, RCM, LVNC, ARVC) seen in the past 12 months, which includes both primary and secondary forms of cardiomyopathy in children under age 18:</b>			
<b>Total # of PCM Patients Managed:</b>		<b>Total # of PCM Patient Visits:</b>	
<b>Data Source:</b>	Database <input type="checkbox"/> Estimate <input type="checkbox"/> Business Office <input type="checkbox"/> Other <input type="checkbox"/>		
<b>Distribution of PCM Patients by Type:</b>	<b>DCM:</b>	<b>Data based on: (check one)</b>	
	<b>HCM:</b>	Number of patients <input type="checkbox"/> % of patients <input type="checkbox"/>	
	<b>RCM:</b>		
	<b>LVNC:</b>		
	<b>ARVC:</b>		
<b>Data Source:</b>	Database <input type="checkbox"/> Estimate <input type="checkbox"/> Business Office <input type="checkbox"/> Other <input type="checkbox"/>		
<b>Total # of PCM related surgical operations (myectomy, ICD implantation) performed in the past 12 months?</b>			
<b>Data Source</b>	Database <input type="checkbox"/> Estimate <input type="checkbox"/> Business Office <input type="checkbox"/> Other <input type="checkbox"/>		
<b>Total # of VAD support procedures performed in the past 12 months?</b>			
<b>Data Source</b>	Database <input type="checkbox"/> Estimate <input type="checkbox"/> Business Office <input type="checkbox"/> Other <input type="checkbox"/>		
<b>Total # of pediatric cardiac transplants performed in the past 12 months?</b>			
<b>Data Source</b>	Database <input type="checkbox"/> Estimate <input type="checkbox"/> Business Office <input type="checkbox"/> Other <input type="checkbox"/>		

**RESEARCH PARTICIPATION**

<b>Engages in Research Involving Pediatric Cardiomyopathy Patients:</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Contributes or Participates in the Below PCM Related Research Groups or Efforts:</b>		
<b>Pediatric Cardiomyopathy Registry</b> <input type="checkbox"/>	<b>Pediatric Cardiomyopathy Repository</b> <input type="checkbox"/>	
<b>Pediatric Heart Transplant Study Group</b> <input type="checkbox"/>	<b>Pediatric Heart Network</b> <input type="checkbox"/>	

The Children’s Cardiomyopathy Foundation (CCF) offers comparative information on medical centers and children’s hospitals that meet CCF’s criteria for a Cardiomyopathy Center of Care. Although recognition by CCF indicates that a center is experienced in medical services specific to cardiomyopathy in children, please note that all data is self-reported by the medical center/children’s hospital and has not been verified with a site visit by CCF. It is also important to note that medical centers/children’s hospitals vary widely in size, training, and services offered. Families are encouraged to evaluate each medical center on its own merits and in relation to their child’s medical diagnosis and needs, family situation, and insurance coverage.