For more information on the study on long term outcome, please fill out the following information:

Name of person with a congenital heart defect: _____

DOB: _____

Type of heart defect:
□ Tetralogy of Fallot
□ Truncus Arteriosis
□ Interrupted Aortic Arch

Where was the diagnosis made: _____

Where is the patient currently followed for their heart problem:

_____

Patient's parents' names: _____

Patient's Address: _____

_____

Contact phone #: Mother - _____(home/work/cell)
Father - _____(home/work/cell)

Email address: _____