PH Patient Passport

Personal/Contact Info

Name: ______________________ DOB: ______________
Address: ______________________________________
Home phone: ____________ Cell phone: ____________ Email: ______________

Medical Condition

I have pulmonary hypertension (PH).

Due to: ______________________ Year diagnosed with PH: __________
PA pressure from right heart catheterization: ____________ Date: ______________

Other conditions

Name: ______________________ Year diagnosed: __________
Name: ______________________ Year diagnosed: __________
Name: ______________________ Year diagnosed: __________
Name: ______________________ Year diagnosed: __________

Allergies: ______________________________________
____
____

Medications

No medications should be stopped nor dosages changed without first consulting this patient's PH-treating physician.

I am an infusion patient. Do not touch my medication pump. Call my specialty pharmacy for more information.

Medications

Name: ______________________ Dosage: ______________
Name: ______________________ Dosage: ______________
Name: ______________________ Dosage: ______________
Name: ______________________ Dosage: ______________

Oxygen/CPAP/BIPAP usage: ______________________________
____

Oxygen company: ______________ Company phone number: ______________

Emergency Contact Info

PH-treating physician, group or coordinator contact

Name: ______________________ Institution: ______________________

Daytime number: ______________________ After-hours number: ______________________

Email: ______________________

Primary care physician

Name: ______________________ Institution: ______________________

Daytime number: ______________________ After-hours number: ______________________

Email: ______________________

Insurance carrier: ______________________

Specialty pharmacy

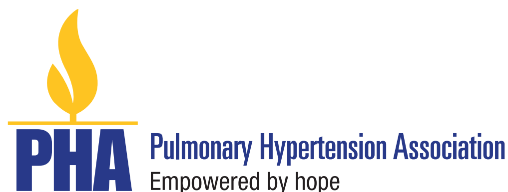
Name: ______________________ Company: ______________________

Phone number: ______________________ Email: ______________________

Personal emergency contact

Name: ______________________ Phone number: ______________________

Alternate number: ______________________ ☐ Check box if durable power of attorney



Approved by PHA's PHPN Education Committee, Jan. 11, 2018. | Copyright © 2018