



VASCERN



VASCERN EMERGENCY CARD: MARFAN SYNDROME (MFS)

PATIENT FIRST NAME & SURNAME:

DATE OF BIRTH: ____/____/____

DUE TO THIS CONDITION, THERE IS AN INCREASED RISK OF:

- **AORTIC ANEURYSM/DISSECTION/RUPTURE**
- **PNEUMOTHORAX**
- **LENS DISLOCATION, RETINAL DETACHMENT**
- **INGUINAL HERNIA**

IN CASE OF EMERGENCY NOTIFY

NAME:..... TEL:..... spouse child friend caregiver Other

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DOCTOR/GP/PHYSICIAN:..... TEL:.....

MFS SPECIALIST:..... TEL:.....

OTHER HEALTHCARE PROVIDER:..... TEL:..... SPECIFY:.....

ESSENTIAL PATIENT INFORMATION

pacemaker ICD

Contra-indication for MRI: yes no not known

Contrast-allergy: yes no not known

Other CAVEAT/allergies to medication:.....

MEDICAL HISTORY

Vascular

Aortic dissection:

type A

type B

Aortic aneurysm

Root

Ascending

Arch

Descending thoracic

Abdominal

Maximum aortic diameter:

Location:.....

mm:..... date:..... mm:..... date:..... mm:..... date:.....

Location:.....

mm:..... date:..... mm:..... date:..... mm:..... date:.....

Other aneurysm:

Location:.....

Ophthalmological:

Lens dislocation)

Contact lenses)

Intraocular lenses)

Spine/neurological:

Cervical instability)

Sternum surgery)

Scoliosis (level/severity):.....

Other relevant diagnoses:

SURGICAL HISTORY

Aortic valve:

Mechanical

Bioprosthetic

Plasty

Mitral valve:

Mechanical

Bioprosthetic

Plasty

Ascending aorta:

Bentall

Valve sparing

Supra-coronary

Descending aorta:

Endoprosthesis

Open surgery

Other: Specify:.....

MEDICAL TREATMENT (D* = PLEASE SPECIFY THE NAME OF THE MEDICATION, DOSAGE IN MILLIGRAMS AND FREQUENCY)

Antihypertensive drugs:

Beta-blocker (BB)

D*:.....

Angiotensin II receptor blocker (ARB, Sartan)

D*:.....

Angiotensin converting enzyme inhibitors (ACE))

D*:.....

Calcium channel blockers (CCB))

D*:.....

Other:

D*:.....

Anticoagulant: D*:.....

Target INR:.....

Other: D*:.....

D*:.....

D*:.....

D*:.....

D*:.....

D*:.....

